Unannounced Care Inspection Report
30 January 2018

Fairfields Care Centre

Type of Service: Nursing Home (NH)
Address: 80a Fair Hill Road, Cookstown, BT80 8DE
Tel no: 028 8676 6294
Inspector: Heather Sleator and Dermot Walsh

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 70 persons.

3.0 Service details

Organisation/Registered Provider: Care Facilities and Management Ltd **Responsible Individual:** Mrs Barbara Haughey	**Registered Manager:** Mr Phillip McGowan
Person in charge at the time of inspection: Phillip McGowan	**Date manager registered:** 18 April 2016
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP (E) - Mental disorder excluding learning disability or dementia – over 65 years. LD (E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. RC-I, residential care, old age not falling within any other category	**Number of registered places:** 70 70 comprising: 28 patients in category NH-DE 33 patients in categories NH-I and NH-PH, 1 patient in category NH-MP(E) 1 identified patient in category NH-LD (E). 3 named residents in category RC-I The home is also approved to provide care on a day basis for 5 persons.

4.0 Inspection summary

An unannounced inspection took place on 30 January 2018 from 09.40 to 18.10 hours.

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

The term ‘patients’ is used to describe those living in Fairfields Care Centre, which provides both nursing and residential care.

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 maintaining good relationships within the home and there was an improvement in the care planning process. The environment of the home was generally conducive to the needs of the patients and was attractive and comfortable.

Areas identified for improvement under regulation were in relation to; adherence to the infection prevention and control regional guidance and procedures, fire safety procedures, adult safeguarding and an effective quality monitoring and governance systems. Six regulations pertaining to these areas have been stated for a second time, refer to section 6.2.

Areas requiring improvement were identified under the care standards and included; enhancing the patients dining experience in the dementia units, ensuring the registered manager's hours are recorded on the duty rota and the Regulation 29 monthly quality monitoring report is not completed retrospectively. Two standards have been stated for a second time, refer to section 6.2.

Patients said they were happy living in the home. Comments included, "This is a fine place and the food is very good." Further comments can be viewed in section 6.6 of the 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	*6	*5

*The total number of areas for improvement includes six regulations and two standards which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Phillip McGowan, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

As a result of this inspection, RQIA were concerned that the quality of services within Fairfields Care Centre was below the minimum standard expected regarding fire safety procedures, infection prevention and control procedures and the governance arrangements in the home.

Following the inspection, senior management in RQIA agreed that the registered persons would be required to attend a meeting on 6 February 2018 in RQIA with the intention of issuing a failure to comply notice in regards to a breach of The Nursing Homes Regulations (Northern Ireland) 2005; Regulation 27 (4); fire safety procedures. A concurrent serious concerns meeting in respect of infection prevention and control procedures, the control of substances hazardous to health and the governance arrangements of the home was also held. The responsible person, Barbara Haughey, Kieran Haughey, Director, Care Facilities and Management Ltd and Phillip McGowan, Registered Manager attended the meetings.

During the meeting Mrs Haughey and Mr McGowan provided information that the areas of concern regarding fire safety procedures had been addressed. Given the submission of additional information and a detailed action plan for the future it was concluded that a breach in The Nursing Homes Regulations (Northern Ireland) 2005 had not occurred and therefore a failure to comply notice under Regulation 27 (4) was not issued.

A serious concerns meeting was held concurrently. At this meeting an action plan was submitted by the responsible individual and the registered manager as to how and when the concerns raised at the inspection would be addressed by management. Appropriate assurances were provided to RQIA as to how the concerns would be addressed and a follow up inspection will be planned to validate compliance.

Further inspection is planned to validate compliance and drive improvements.

The enforcement policies and procedures are available on the RQIA website.

https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/

Enforcement notices for registered establishments and agencies are published on RQIA's website at https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity with the exception of children's services.

4.2 Action/enforcement taken following the most recent inspection dated 4 December 2017

The most recent inspection of the home was an unannounced premises inspection undertaken on 4 December 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- 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 13 patients individually and others in small groups, eight staff and two patients' visitors/patients representatives. Questionnaires were also left in the home to obtain feedback from patients' and patients' representatives. A poster was left with the registered manager to display which informed staff of how to submit a questionnaire to RQIA electronically.

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 for weeks commencing 15 and 22 January 2018
- staff training records
- incident and accident records

- six patient care records
- six patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly 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 4 December 2017

The most recent inspection of the home was an unannounced premises inspection.

The completed QIP was returned and approved by the estates inspector.

6.2 Review of areas for improvement from the last care inspection dated 1 and 3 November 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 16 (1) and (2) **Stated:** Second time	The registered provider must ensure that registered nurses assess, plan, evaluate and review care in accordance with legislative and professional standards.	**Met**
	Action taken as confirmed during the inspection: The review of six patient care records evidenced that nurses generally assessed, planned, evaluated and reviewed care in accordance with professional standards.	

Area for improvement 2 **Ref:** Regulation 13 (7) **Stated:** First time	The registered person shall ensure the infection prevention and control procedures are in accordance with regional guidance and are monitored as part of the homes quality auditing systems.	**Not met**
	Action taken as confirmed during the inspection: We were unable to evidence adherence to the regional infection prevention and control procedures, refer to section 6.4.	
Area for improvement 3 **Ref:** Regulation 20 (1) (i) **Stated:** First time	The registered person shall ensure the identified safeguarding champion for the home has completed the necessary training for the role and the regional procedures of July 2015 are embedded into practice in the home.	**Partially met**
	Action taken as confirmed during the inspection: We were unable to evidence that the identified safeguarding champion for the home had completed the required training. The registered manager stated that 92 percent of staff had completed adult safeguarding training at the time of the inspection.	
Area for improvement 4 **Ref:** Regulation 27 (4) **Stated:** First time	The registered person must ensure that fire safety procedures are in accordance with legislation including: • the provision and maintenance of personal emergency evacuation plans for patients (PEEP's) • the recommendations of the fire risk assessors report are addressed in a timely manner	**Not met**
	Action taken as confirmed during the inspection: We were unable to evidence that the recommendations of the most recent fire risk assessor's report of September 2017 had been addressed. Personal Emergency Evacuation Plans (PEEP's) had not been completed for all patients.	

Area for improvement 5 **Ref:** Regulation 27 (4) (f) **Stated:** First time	The registered person must ensure that fire safety procedures are in accordance with legislation including: • ensure, by means of fire drills and practices at suitable intervals, that the persons working in the nursing home and, so far as practicable, patients, are aware of the procedure to be followed in the event of fire. Evidence must be present that staff had completed the required attendance at fire safety awareness training on a minimum of two occasions per year.	**Partially met**
	Action taken as confirmed during the inspection: The review of the record of fire drills evidenced that these are undertaken and the names of staff who attended were available. We were unable to evidence that all staff had undertaken the required number of fire drills.	
Area for improvement 6 **Ref:** Regulation 14 (3) **Stated:** First time	The registered person must ensure that staff complete the practical module in respect of safe moving and handling training.	**Met**
	Action taken as confirmed during the inspection: The review of the staff training planner and discussion with staff evidenced that moving and handling training had been arranged and scheduled on a monthly basis until all staff had completed the practical module.	
Area for improvement 7 **Ref:** Regulation 10 **Stated:** First time	The registered person shall ensure that effective quality monitoring and governance systems are implemented. For example; robust quality audits regarding the following should be present: • infection prevention and control • fire safety • the environment • staff training • competency and capability assessments • staff support systems	**Partially met**

	Action taken as confirmed during the inspection: We were unable to evidence that robust system for monitoring the quality of nursing and other services provided by the home. We evidenced shortfalls in infection prevention and control procedures, fire safety procedures and the auditing of patient care records.	
Area for improvement 8 **Ref:** Regulation 20 (1) (c) (i) **Stated:** First time	The registered person shall ensure that training is provided for staff in relation to: • the management of behaviours that challenge • the care planning process (for registered nurses) • percutaneous endoscopic gastrostomy tube (PEG) feeding • deprivation of liberty in dementia care	**Partially met**
	Action taken as confirmed during the inspection: We were unable to evidence that training in respect of responding to behaviours that challenge and the deprivation of liberty standards had either taken place or that dates had been arranged.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 4.8 **Stated:** First time	The registered person shall ensure that repositioning records reflect the frequency of the change of position prescribed and are determined in accordance with guidance in respect of pressure relieving equipment.	**Met**
	Action taken as confirmed during the inspection: The review of patient repositioning records evidenced that the records were being maintained in accordance with professional standards.	
Area for improvement 2 **Ref:** Standard 35.6 **Stated:** First time	The registered person shall ensure that the auditing of patient care records is completed in a systematic, consistent and robust manner. Where shortfalls are identified evidence should be present that the shortfall has been addressed and validated by the registered manager.	**Partially met**

	Action taken as confirmed during the inspection: We were unable to evidence that a systematic and robust system in respect of auditing patient care records had been implemented. There was evidence that five care records had been audited from the date of the last inspection of 1 and 3 November 2017.	
Area for improvement 3 **Ref:** Standard 40 **Stated:** Second time	The registered provider should ensure that a more structured and systematic approach to staff appraisal and supervision is established.	**Met**
	Action taken as confirmed during the inspection: The registered manager stated that a staff supervision and annual appraisal planner was in place and it was stated that the majority of staff had been in receipt of same.	
Area for improvement 4 **Ref:** Standard 41.7 **Stated:** First time	The registered person shall ensure that there is a system in place to identify the person in charge of the home in the absence of the registered manager.	**Met**
	Action taken as confirmed during the inspection: The person in charge of the home in the absence of the manager was identified on the staff duty rota. However, the electronic information monitor at the entrance of the home was not working at the time of the inspection therefore there was no visual information available for staff or visitors to the home.	
Area for improvement 5 **Ref:** Standard 22.10 **Stated:** First time	The registered person shall ensure that falls/accidents that occur in the home are reviewed and analysed on a monthly basis to identify any patterns or trends and that the appropriate action is taken.	**Not met**
	Action taken as confirmed during the inspection: There had been no thematic review of accidents/falls that had occurred in the home from the date of the last inspection. The registered manager stated he had proposed to commence this in January 2018. A template for the analysis had yet to be completed.	

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 the weeks commencing 15 and 22 January 2018 evidenced that the planned staffing levels were generally adhered to. There were no concerns raised by patients or patient representatives however staff commented; “think we could do with more staff as a lot of patients need to be fed” and “think staffing could be better, when people phone in sick it’s not covered”. The registered manager should review the staffing arrangements and deployment of staff to ensure there are sufficient staff on duty at the times patients need maximum support.

Discussion with staff and a review of the staff training records confirmed that online training had been provided in all mandatory areas and records were kept up to date. A review of staff training records confirmed that staff completed training modules on for example; COSHH (control of substances hazardous to health), fire safety and infection prevention and control. It was concerning that despite staff having completed training in these identified areas the knowledge had not been embedded into practice. There was evidence of three fire exit doors being obstructed, hazardous substances left in sluice rooms that patients could access and the ineffective management of the risks of cross infection between patients in respect of the use and laundering of hoist slings. The registered manager stated face to face training had been arranged regarding moving and handling and fire drills and evacuations.

Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager had been identified as the safeguarding champion however; training had not been completed or sourced. This had been identified as an area for improvement at the previous inspection of November 2017 and has been stated for a second time. Refer to section 7.2

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 and fresh smelling throughout. Patients spoken with were complimentary in respect of the home’s environment.

Fire exits and corridors were observed and three fire exits were observed to be obstructed with patients’ equipment. There was evidence of door wedges and bedroom doors wedged open by chairs. These practices must cease. We discussed the progress made in respect of actioning the recommendations of the fire risk assessors’ report of September 2017. The registered manager was unable to confirm all the recommendations had been addressed but was aware that work in this area was on-going. These issues had been identified as an area for improvement at the previous inspection of November 2017 and have been stated for a second time. Refer to section 7.2

The observation of the environment did not evidence infection prevention and control measures in the home were being adhered to. Concerns were identified in relation to; inappropriate storage in sluice rooms, hazardous substances were being stored in sluice and patients had ready access to these areas and there was ineffective management of the risks of cross infection between patients in respect of the use, laundering and storage of hoist slings. This has been identified as an area for improvement in the previous inspection report of November 2017 and has been stated for a second time. Refer to section 7.2.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Review of six patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that some risk assessments informed the care planning process.

Care records examined generally evidenced a systematic approach to assessing, planning and evaluating care. Risk assessments and care plans were regularly updated in response to the changing needs of patients.

Shortfalls were identified in two care records reviewed. In discussion with the registered manager it was stated that he was aware of the shortfalls and would be addressing the issues with the registered nurses in the identified unit.

Care plans were reviewed in respect of the management of behaviours that challenge. The review evidenced that care had been planned in accordance with the patient's needs.

The review of patient care records included the management of weight loss and the management patients' receiving nutrition via a percutaneous endoscopic gastrostomy tube (PEG). There were no shortfalls in evidence.

A number of care records are audited on a monthly basis as part of the home's governance procedures. Evidence was present that five care records had been audited from the date of the previous inspection. A more robust system for the auditing of patient care records should be established by the registered manager. This had been identified as an area for improvement at the previous inspection and has been stated for a second time. Refer to section 6.7 and 7.2 for further information in respect of governance arrangements.

Personal or supplementary care records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements in respect of patients' daily food and fluid intake. The review of repositioning records evidenced the frequency of repositioning or information relating to the monitoring of mattress settings based on the weight of the patient.

Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005; the registered manager confirmed that the patient register was checked on a regular basis.

Discussion with staff confirmed that nursing and senior care assistants were required to attend a handover meeting at the beginning of each shift and discussions. Senior care assistants then inform the care assistants of the pertinent information gained at the handover report. No issues were raised by staff and staff stated that the handover provided the necessary information regarding any changes in patients' condition. Staff also confirmed that communication between all staff grades was effective.

The serving of the midday meal was observed. Tables were attractively set with cutlery, condiments and napkins. Those patients who had their lunch in the lounge or their own bedroom were served their meal on a tray which was set with cutlery and condiments and the food was covered prior to leaving the dining room. The meals were nicely presented and smelt appetising. However, the serving of the midday meal in one of the units, which was identified to the registered manager, was not in accordance with the care standards and best practice in dementia care. The meal service was disorganised, dining tables were not set, registered nurses were not observed supervising and assisting patients in the dining room, meals were not always transported by tray to those patients who did not come to the dining room and staff were not assisting patients with their meals in a manner conducive to a pleasant mealtime experience. This was discussed with the registered manager and has been identified as an area for improvement under the care standards.

Areas of good practice

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

Areas for improvement

The following area identified for improvement was in relation to enhancing the dining experience for patients living with dementia.

	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.

Fairfields Care Centre provides nursing and residential care and nursing care for persons living with dementia. Staff interactions with patients were observed to be caring and timely. Consultation with 13 patients individually and with others in smaller groups, confirmed that patients were afforded privacy and respect. The observation of care in the dementia unit evidenced that staff were assisting patients in a sensitive manner and actively engaging with patients when assisting with everyday tasks. However, as discussed in section 6.5 staff interaction and support of patients living with dementia was not in accordance with best practice. The dining experience should be a relaxed and enjoyable experience and patients informed at all stages of the meal service of the meal choices. This was not apparent in one of the dementia units and was discussed with the manager. Dementia awareness training had been identified as an area for improvement at the previous inspection of November 2018; this had not been arranged and has been stated for a second time in this report. It was observed that in one of the dementia units' bedroom doors are locked during the day however, there were not as many bedroom doors locked as had been observed on the previous inspection. The registered manager reiterated that this was the preference of relatives as a small number of patients went into other patients' bedrooms. This remains an area of staff management as the locking of bedroom doors removed the right and ability of some patients of going to their bedroom and accessing their personal space, without having to ask staff.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Patients and relatives stated they would either take their concerns to 'the nurse' or 'the manager'.

During the inspection, we met with 13 patients, five care staff, five registered nurses and two patients' representatives. Some comments received are detailed below:

Staff

- "I like working in Spires unit, it's more homely."
- "Think staffing could be better, when people phone in sick it's not covered, that means some patients' don't get personal care until lunchtime as we have to do breakfast."
- "We had face to face training last week which was good."
- "Love it here."
- "Think we could do with more staff as a lot of patients need to be fed."
- "I'm happy here and would have no hesitation going to the manager if I needed to."

Patients

- "Home from home, very clean home."
- "This is a fine place, the food is very good."
- "Its fine, I like it here."
- "It's lovely, the place is well done up."
- "I like this home and have no complaints."

Patients' representative

- "The care is very good."
- "Staff are very diligent and let us know if anything changes."
- "Its fine here, always someone to talk to if we have any concerns."

We also issued ten questionnaires to patients and relatives respectively. There were no questionnaires returned within the timeframe for inclusion in this report. There were no questionnaires submitted to RQIA electronically from staff.

Areas of good practice

There were examples of good practice found throughout the inspection in respect of listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

There were no new areas for improvement identified.

	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 registered manager and observation of patients evidenced that the home was operating within its' registered categories of care. The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussions with the staff confirmed that there were generally good working relationships and that management were responsive to any suggestions or concerns raised. Staff and patients consulted with described the registered manager in positive terms and that they felt confident that the registered manager would respond positively to any concerns/suggestions raised.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff consulted with confirmed that they had been given a job description on commencement of employment and were able to describe their roles and responsibilities. The review of the staff duty rota did not evidence that the hours worked by the registered manager and in what capacity were recorded. This has been identified as an area for improvement under the care standards.

Discussion with the registered manager and a 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 Care Standards for Nursing Homes 2015.

Staff, patients and patients' representatives spoken with confirmed that they were aware of the home's complaints procedure.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed for example; in relation to falls, wound management, infection prevention and control, environment, complaints, incidents/accidents and bed rails. However, as discussed in the previous sections of the report there have been a number of areas identified for improvement in relation to the governance arrangements in the home including; infection prevention and control measures, patient care records and a thematic review of any accident or falls which have occurred. Whilst systems were in place to monitor the quality of the services provided by the home the efficacy of the systems requires review as has been demonstrated by the areas identified for improvement under regulation and the care standards. This had been identified as an area for improvement at the previous inspection of November 2017 and has been stated for a second time. Refer to sections 6.4, 6.5 and 6.6 for further detail.

A review of the patient falls audit did not evidence that this was analysed to identify patterns and trends, on a monthly basis. The audit did not identify for example; if the same patient was involved in the accident, the time of day or the area of the home where the accident occurred. This information should be included to provide a more comprehensive review. This had been identified as an area for improvement at the previous inspection of November 2017 and has been stated for a second time.

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

Discussion with the registered manager and the review of records evidenced that quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, and copies of the reports were available for patients, their representatives, staff, and trust representatives. An action plan was generated to address any areas for improvement; discussion with the manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed. However, the registered manager stated the reports were completed retrospectively; for example the report dated December 2017 was the report of the November 2017 monitoring visit. The reports should be completed in 'real time' and reflect the findings and the observation of the visit at the actual time of the visit. This has been identified as an area for improvement under the care standards.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships within the home.

Areas for improvement

The following areas were identified for improvement under the care standards: the hours and capacity worked by the registered manager should be recorded on the duty rota and the Regulation 29 quality monitoring report should not be a retrospective report.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Phillip McGowan, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

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

Area for improvement 1 **Ref**: Regulation 13 (7) **Stated:** Second time **To be completed by:** 1 April 2018	The registered person shall ensure the infection prevention and control procedures are in accordance with regional guidance and are monitored as part of the homes quality auditing systems. Ref: Sections 6.2 and 6.4
	Response by registered person detailing the actions taken: As detailed in section 6.4 Inappropraite storage in sluice room - All liquids required to be maintained in a sluice room for cleaning and IPC purposes are now stored in units. Equipment which is not required for cleaning of a commode is removed from sluice areas Sluice room doors have all key bolt locks placed on their door Hoist laundering plan is in place in accordance with regional good practice guidance
Area for improvement 2 **Ref:** Regulation 20 (1) (i) **Stated:** Second time **To be completed by:** 1 April 2018	The registered person shall ensure the identified safeguarding champion for the home has completed the necessary training for the role and the regional procedures of July 2015 are embedded into practice in the home. Ref: Sections 6.2 and 6.4
	Response by registered person detailing the actions taken: This training was booked agin for the 27th February 2018 and cancelled by the provider. The Manager is currently looking at online courses as the next face to face is August 2018.
Area for improvement 3 **Ref:** Regulation 27 (4) **Stated:** Second time **To be completed by:** 1 April 2018	The registered person must ensure that fire safety procedures are in accordance with legislation including: • the provision and maintenance of personal emergency evacuation plans for patients (PEEP's) • the recommendations of the fire risk assessors report are addressed in a timely manner Ref: Sections 6.2 and 6.4
	Response by registered person detailing the actions taken: PEEP's are in place for all residents and kept/maintained in the Fire Safety Cupboard All recommendations from the report have been completed.

Area for improvement 4 **Ref:** Regulation 27 (4) (f) **Stated:** Second time **To be completed by:** 1 April 2018	The registered person must ensure that fire safety procedures are in accordance with legislation including: • ensure, by means of fire drills and practices at suitable intervals, that the persons working in the nursing home and, so far as practicable, patients, are aware of the procedure to be followed in the event of fire. Evidence must be present that staff had completed the required attendance at fire safety awareness training on a minimum of two occasions per year. Ref: Sections 6.2 and 6.4
	Response by registered person detailing the actions taken: As demonstarted to the RQIA the staff have yearly online training which covers the theoretical aspect of fire safety The Home has increased the Fire Drill prevalence to ensure that all staff will be covered in 2018
Area for improvement 5 **Ref:** Regulation 10 **Stated:** Second time **To be completed by:** 9 April 2018	The registered person shall ensure that effective quality monitoring and governance systems are implemented. For example; robust quality audits regarding the following should be present: • infection prevention and control • fire safety • the environment Sections 6.2 and 6.7
	Response by registered person detailing the actions taken: The audits for the above areas have been reviewed and each one extended to a monthly audit which will be discussed at the homes governance reviews
Area for improvement 6 **Ref:** Regulation 20 (1) (c) **Stated:** Second time **To be completed by:** 9 April 2018	The registered person shall ensure that training is provided for staff in relation to: • the management of behaviours that challenge • the care planning process (for registered nurses) • deprivation of liberty in dementia care Sections 6.2 and 6.6
	Response by registered person detailing the actions taken: Training recommendations have been taken on board and the home is working on putting together training packs for the above

Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
Area for improvement 1 **Ref**: Standard 35.6 **Stated:** Second time **To be completed by:** 1 April 2018	The registered person shall ensure that the auditing of patient care records is completed in a systematic, consistent and robust manner. Where shortfalls are identified evidence should be present that the shortfall has been addressed and validated by the registered manager. Sections 6.2, 6.5 and 6.7
	Response by registered person detailing the actions taken: As shown to the RQIA in there vist the area for improvement was being worked on from the alst inspecation 7 weeks prior and the Deputy Audit booklet is now completed and covers this area
Area for improvement 2 **Ref**: Standard 22.10 **Stated:** Second time **To be completed by:** 1 April 2018	The registered person shall ensure that falls/accidents that occur in the home are reviewed and analysed on a monthly basis to identify any patterns or trends and that the appropriate action is taken. Sections 6.2 and 6.7
	Response by registered person detailing the actions taken: As above
Area for improvement 3 **Ref**: Standard 25 **Stated:** First time **To be completed by:** 9 April 2018	The registered person shall ensure that the dining experience for persons living with dementia is a relaxed, pleasurable experience and in accordance with best practice in dementia care. Ref: Section 6.6
	Response by registered person detailing the actions taken: THe dining experience audit has been done and the areas for improvement identified and action put in place
Area for improvement 4 **Ref**: Standard 41 **Stated:** First time **To be completed by:** 1 April 2018	The registered person shall ensure the hours and capacity worked by the registered manager are recorded on the staff duty rota. Ref: Section 6.7
	Response by registered person detailing the actions taken: Completed

Area for improvement 5 **Ref**: Standard 35.7 **Stated:** First time **To be completed by:** 1 May 2018	The registered person shall ensure that the Regulation 29 monthly quality monitoring report is not a retrospective report. Ref: Section 6.7
	Response by registered person detailing the actions taken: The report details are accrate for the day of the visit. However, the details in relations to incidnet findings, complaint findings are recorded as a review of the previous audit. The schedule 29 visit form has been adjusted to show this clearly

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

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