

Inspection Report

21 & 25 October 2022



Whiteabbey Care Home

Type of service: Nursing Home
Address: 104-106 Doagh Road, Newtownabbey, BT37 9QP
Telephone number: 028 9085 3021

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Beaumont Care Homes Limited Responsible Individual: Mrs Carol Cousins	Registered Manager: Mrs Anne McCracken (Acting)
Person in charge at the time of inspection: Mrs Anne McCracken, Manager	Number of registered places: 59
Categories of care: Nursing Home (NH) I – old age not falling within any other category PH – physical disability other than sensory impairment PH (E) - physical disability other than sensory impairment – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 41
Brief description of the accommodation/how the service operates: Whiteabbey Care Home is a registered nursing home which provides nursing care for up to 59 patients. The home is divided into two units, one on the ground floor and one on the first floor. Patient bedrooms are located over the two floors.	

2.0 Inspection summary

An unannounced medicines management inspection took place on 21 October 2022 from 10.30am to 2.15pm followed by a care inspection on 25 October 2022 from 9.30am to 4.30pm. The inspections were completed by two pharmacist inspectors and two care inspectors.

At the last inspection on 13 September 2022, serious concerns were identified with the management of medicines and with management and governance systems within the home. Following a meeting with the Responsible Individual and manager, two Failure to Comply (FTC) notices; FTC000199 & FTC000200 were issued on 22 September 2022.

The medicines management inspection was completed to assess compliance with the actions detailed in the FTC notices. The outcome of the inspection evidenced that management and staff within the home had taken appropriate action to comply with FTC notice, FTC000200. Medicine related records were maintained to a satisfactory standard and patients had supply of their prescribed medicines. Safe systems were in place for the management of warfarin and the date of opening was recorded on all medicines to facilitate audit.

Evidence was not available at the inspection on 21 October 2022 to validate compliance with FTC notice, FTC000199. However, there was evidence of improvement and progress had been made to address the required actions within the notice. Following a meeting with RQIA senior management, the decision was made to extend the compliance date to 8 December 2022. This will enable further progress to be made and embed all improvements into practice; FTC notice - FTC000199E was issued.

The care inspection focused on care delivery and also assessed progress with the areas for improvement identified at the last care inspection on 5 July 2022. Positive feedback was received from staff and patients in regard to working and living in Whiteabbey Care Home. Some deficits continue in regard to care documentation and governance arrangements and are detailed in Section 5.1 and 5.3 of the report.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The medicines element of the inspection was completed by validating compliance with the actions specified in the issued FTC notices; FTC000199 and FTC000200. This involved examining a sample of medicine related records, the auditing systems used to ensure the safe management of medicines and the leadership and governance arrangements in Whiteabbey Care Home. Staff views were also obtained.

4.0 What people told us about the service

The pharmacist inspectors met with care staff, nursing staff, the manager and the regional manager. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff said they had worked hard to implement and sustain improvements identified at the last inspection and had received help and support from senior management within Beaumont Care Homes Ltd in order to do so.

The care inspectors engaged with 14 patients and four staff. Patients told us they were well looked after and enjoyed the food in Whiteabbey Care Home. Three patients commented; "I like it here" "I'm well looked after, I would prefer to be at home but I need the help" and "the staff are good". Staff shared with us that it has been quite difficult in the home recently due to increased quality monitoring by the Trust and other agencies and the ongoing reliance on agency staff due to staffing vacancies.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

Areas for improvement from the last inspection on 13 September 2022		
Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 12 (1) Stated: Third time	The registered person shall ensure that repositioning records evidence the delivery of pressure area care as prescribed in the patients care plan.	Met
	Action taken as confirmed during the inspection: A review of records evidenced this area for improvement has been met.	
Area for improvement 2 Ref: Regulation 12 (1) (a) (b) Stated: Second time	The registered person shall ensure supplementary care records for patients who require enteral feeding evidence the following: <ul style="list-style-type: none"> • Mouth care as prescribed in the patients plan of care 	Met
	Action taken as confirmed during the inspection: A review of records evidenced this area for improvement has been met.	
Area for improvement 3 Ref: Regulation 20 (1) (c)(i) Stated: First time	The registered person shall ensure that newly appointed staff are provided with a robust induction programme, and this is completed in a timely manner, signed off by the Manager and available for inspection in staff recruitment records.	Not met
	Action taken as confirmed during the inspection: Review of recruitment records evidenced induction information was not available or not completed. This area for improvement has not been met and is stated for a second time.	

<p>Area for improvement 4</p> <p>Ref: Regulation 20 (1) (c)(i)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all staff receive and complete mandatory training appropriate to their job role.</p> <hr/> <p>Action taken as confirmed during the inspection: This area for improvement is carried forward for review at the next inspection. A new on-line training programme and suite of courses has been introduced and staff are working towards completing their mandatory training requirements.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that neurological observations are managed in line with best practice guidance in the event of an actual/suspected head injury.</p> <p>This specifically relates to:</p> <ul style="list-style-type: none"> • The contemporaneous and accurate recording of clinical observations by registered nurses • If observations are stopped before the recommended timeframe a clear rationale must be recorded. <hr/> <p>Action taken as confirmed during the inspection: Review of four records evidenced only one record was completed as recommended.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure thickening agents are securely stored when not in use.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 27 (4) (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all corridors are kept clear and unobstructed at all times.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of the environment evidenced this area for improvement was met.</p>	<p>Met</p>

<p>Area for improvement 8</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person must review the management of medicines on admission to the home. Medicine regimens must be confirmed in writing from the prescriber and any discrepancies must be followed up in a timely manner to ensure that medicines are administered as prescribed.</p> <hr/> <p>Action taken as confirmed during the inspection: Admissions to the home have currently been suspended. There had been no patients requiring hospital care and re-admitted to Whiteabbey Care Home since the last inspection on 13 September 2022.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes, April 2015</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: Third time</p>	<p>The registered person shall ensure the following in regard to those patients who are assessed as requiring a pressure relieving mattress:</p> <ul style="list-style-type: none"> • The type of mattress in use must reflect the patients assessed need. • The mattress should be set correctly to meet the assessed need of the patient. • The type of mattress and correct setting must be documented correctly on the patients repositioning charts. <hr/> <p>Action taken as confirmed during the inspection: Review of records evidenced repositioning booklets were not completed to include the patients assessed mattress and setting. Further review of mattress settings on a number of patients' beds did not reflect their assessed setting.</p> <p>This area for improvement has not been met and will be subsumed into a new area for improvement under Regulation.</p>	<p>Not met</p>

<p>Area for improvement 2</p> <p>Ref: Standard 41.7</p> <p>Stated: First time</p>	<p>The registered person shall ensure that competency and capability assessments for nurses in charge of the home in the absence of the Manager are kept up to date and regularly reviewed.</p> <p>Action taken as confirmed during the inspection: Review of records evidenced this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p> <p>Action taken as confirmed during the inspection: Review of a new admission just after the last care inspection evidenced this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall review the dining experience for patients to ensure:</p> <ul style="list-style-type: none"> • The menu is appropriately displayed in both dining rooms • The service of food in the downstairs dining room is reviewed so that the food is not plated and served at one time to ensure the food patients receive is at the required temperature. <p>Action taken as confirmed during the inspection: This area for improvement has been carried forward for review at the next care inspection as the home was experiencing a COVID outbreak the dining rooms were not in use.</p>	<p>Carried forward to the next inspection</p>

<p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure fluid recording charts are accurately and comprehensively maintained at all times and reconciled daily.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of records did not evidence that fluid charts were reconciled daily.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 6</p> <p>Ref: Standard 44</p> <p>Stated: First time</p>	<p>The registered person shall ensure the identified laundry floor is either repaired or replaced.</p> <hr/> <p>Action taken as confirmed during the inspection: The laundry floor has not been repaired however, RQIA were advised the home have obtained a quote and are awaiting work to commence. Progress will be reviewed at the next care inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 7</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all governance audits evidence oversight by the home Manager.</p> <hr/> <p>Action taken as confirmed during the inspection: A number of governance audits did not evidence oversight by the home manager.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 8</p> <p>Ref: Standard 16.11</p> <p>Stated: First time</p>	<p>The registered person shall ensure complaint records are accurately and comprehensively maintained at all times to include details of all communication with the complainant, investigation, actions taken or identified and the complaint outcome.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of records did not provide evidence of the full compliant process as outlined above.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	<p>Not met</p>

<p>Area for improvement 9</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure identified actions from the monthly monitoring visits are actioned within the specified timeframe.</p> <hr/> <p>Action taken as confirmed during the inspection: Review if records evidenced this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 10</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure detailed care plans are in place for the management of distressed reactions.</p> <hr/> <p>Action taken as confirmed during the inspection: Care plans were in place for two patients reviewed. The care plans reviewed required updating to include more detail including the name of the medicine prescribed for the management of distressed reactions.</p> <p>This area for improvement is stated for a second time.</p>	<p>Partially met</p>
<p>Area for improvement 11</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure detailed care plans are in place on occasions when medicines are crushed to assist administration. The suitability of crushing tablets must be confirmed with the pharmacist.</p> <hr/> <p>Action taken as confirmed during the inspection: Care plans were in place for two patients who required their medicines to be crushed to aid administration. Despite permission being obtained from the GP to crush the medicines, the suitability of doing so had not been confirmed with the pharmacist.</p> <p>This area for improvement is stated for a second time.</p>	<p>Partially met</p>

5.2 Inspection findings

FTC Ref: FTC000199

Notice of failure to comply with regulation:

The Nursing Homes Regulations (Northern Ireland) 2005

Registered person: general requirements

Regulation 10.—

(1) The registered provider and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.

In relation to this notice the following six actions were required to comply with this regulation:

1. A robust system of medicines management audit and review is implemented, monitored and reviewed by the manager on an ongoing basis; this system should encompass all aspects of the management of medicines to ensure that there are safe systems in place.
2. Guidance on how and when to escalate discrepancies in medicines management is provided to all registered nursing staff working within the home and embedded into practice.
3. When a deficit is identified through the audit process, there is documented evidence of the actions that have been put in place to effectively address the deficit and prevent reoccurrence.
4. All statutory notifications submitted to RQIA must contain sufficient detail to provide assurance that they have been robustly managed in keeping with best practice.
5. A robust induction process is put in place for new staff members and agency staff involved in the management of medicines; this induction process should be regularly reviewed by either the manager or an appropriately delegated staff member.
6. A comprehensive review of staffing is undertaken to identify the staff required to complete the medicine administration process in a safe, timely and effective manner. In developing this system, the quantity and complexity of the medicines prescribed to be administered must be taken into account in addition to the dependency of patients.

Action taken by the registered persons:

Evidence in relation to the six action points in the Failure to Comply notice was gathered to establish if Whiteabbey Care Home had complied with the regulation. The following was established in relation to each action:

1. The medicines management audit process had been reviewed and improved. Daily medication audits, including increased focused audits of high risk medicines such as anticoagulants, were completed by members of the management team and records were available for inspection. Running stock balances were maintained of all boxed medicines and the counts recorded on the medicine administration records accurately reflected the stock. The audits completed by the inspectors showed the medicines had been administered as prescribed. This action has been assessed as met.
2. Documented evidence that nurses had received guidance on how and when to escalate discrepancies in medicines management was not available for review. Records of nurse competency assessments completed in August 2022 which included the action to take when a shortfall in medicines management is identified were available for review. However, no further nurse supervisions or competency assessments had been completed following the issue of the FTC notice, FTC000199 on 22 September 2022. This action has been assessed as not met.
3. Action plans were in place when deficits were identified through the audit process. Relevant learning was shared with staff in order to prevent a reoccurrence. This action has been assessed as met.
4. The statutory notifications submitted to RQIA since the last inspection on 13 September 2022 contained sufficient detail. The notifications submitted included information on the impact the incident may have had on the patient and that advice had been sought from the prescriber when an incident occurred. However, audits completed by the inspectors showed that the information submitted to RQIA for two statutory notifications may not have accurately reflected what happened in each instance. This area for improvement has been assessed as not met.
5. Review of induction records for one identified agency nurse showed the record had not been signed off by the manager or an appropriately delegated member of staff from Whiteabbey Care Home. The same identified agency nurse had also signed off the induction records of three other agency nurses. One other identified nurse who normally works in another Beaumont Care Homes nursing home was covering a shift in Whiteabbey Care Home on the day of the inspection. Despite the nurse being familiar with the home's policies, no record of induction specific to Whiteabbey Care Home was available for review. This action has been assessed as not met.
6. No documentary evidence of a comprehensive staffing review was available on the day of the inspection. The manager and regional manager informed inspectors that staffing had been increased to include one extra nurse working 8am – 2pm and one extra care assistant covering night shifts. Additional clinical support including completion of the medicine audits had also been provided by the care quality manager. The manager informed the inspectors that the home continues to rely heavily on agency nursing staff to cover shifts and the additional 8am – 2pm shift had not always been covered due to late cancellations by agency staff. It was noted the upstairs morning medicines round was completed by 11.15am. However, the downstairs morning medicines round was not completed until 12.15pm as the nurse had to deal with telephone calls. This action has been assessed as not met.

As three of the actions have been assessed as not met, compliance with this FTC notice has not been achieved.

FTC Ref: FTC000200

Notice of failure to comply with regulation:

The Nursing Homes Regulations (Northern Ireland) 2005

Health and welfare of patients

Regulation 13.—

(4) Subject to paragraph (5), the registered person shall make suitable arrangements for the ordering, storage, stock control, recording, handling, safe keeping, safe administration and disposal of medicines used in or for the purposes of the nursing home to ensure that –

- (a) any medicine which is kept in a nursing home is stored in a secure place; and***
- (b) medicine which is prescribed is administered as prescribed to the patient for whom it is prescribed, and to no other patient; and***
- (c) a written record is kept of the administration of any medicine to a patient.***

In relation to this notice the following six actions were required to comply with this regulation:

1. Patients have a supply of their currently prescribed medicines which are administered as prescribed
2. Medicine administration records are fully and accurately completed
3. The date of opening is recorded on all medicines in a consistent manner so as to allow for effective auditing
4. Personal medication records are fully and accurately completed and a robust system is in place to ensure that updates to personal medication records are managed appropriately
5. Safe systems are in place for the management of insulin
6. Safe systems are in place for the management of warfarin

Action taken by the registered persons:

Evidence in relation to the six action points in the Failure to Comply notice was gathered to establish if Whiteabbey Care Home had complied with the regulation. The following was established in relation to each action:

1. Audits completed by the inspectors identified patients had a supply of their currently prescribed medicines. The ordering system for medicines had been reviewed to ensure medicines were ordered in a timely manner and sufficient time was allowed to follow up any discrepancies. This action has been assessed as met.
2. The sample of medicine administration records (MARs) reviewed were completed accurately. Running stock balances of medicines maintained on the MARs were reflective of the actual stock. The records were filed once completed and readily retrievable for audit/review. This action has been assessed as met.

3. The date of opening was recorded on all medicines in a consistent matter to facilitate audit. This action has been assessed as met.
4. The personal medication records reviewed at the inspection were complete and accurate. Updates to personal medication records including when medicines were discontinued or the dosage was changed were managed appropriately. This action has been assessed as met.
5. No patients were currently prescribed insulin on the day of the inspection. The management of insulin will be reviewed at a future inspection if/when a patient is prescribed insulin.
6. Safe systems were in place for the management of warfarin. The latest INR blood result and prescribed warfarin dose were accurately recorded and readily available for review. Audits completed by the inspectors identified warfarin had been administered as prescribed and records of the administration accurately maintained. This action has been assessed as met.

As all actions have been assessed as met, compliance has been achieved with this FTC notice.

5.3 Care inspection findings

5.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Two recruitment files were examined. The records did not contain staff induction documentation; this was discussed with the management team who advised the induction documentation would be forwarded to the inspector via email for review. Following the inspection RQIA were advised one induction record was incomplete and the other could not be found. An area for improvement was stated for a second time.

Training statistics were reviewed and some improvement was seen in staff compliance with their training requirements. The management team told us that a new on line training platform had been introduced and this subsequently reset staff compliance percentage to zero and a new suite of training was required to be completed by staff, therefore; overall compliance had been affected. An area for improvement was carried forward for review at the next care inspection.

The duty rotas accurately reflected the staff working in the home over a 24 hour period. It was evident from the duty rota that the home was heavily reliant on agency staff due to a number of vacant posts. It was not clear from the duty rota which nurse was in charge of the home in the absence of the Manager and it was also observed that the full name of agency staff was not always recorded. An area for improvement was identified.

A review of agency staff induction records evidenced that as detailed in Section 5.2, agency staff were completing other agency staff induction documentation. This was discussed with the management team and this would not be recommended practice. Substantive staff or the Manager from Whiteabbey Care home should be involved in the induction of agency staff. This is included in FTC notice, FTC000199E.

Patients spoke highly on the care that they received and confirmed that staff attended to them when they needed them.

It was observed that staff responded to requests for assistance in a timely manner. Patients who could not verbalise their feelings appeared to be settled and content in their environment.

5.3.2 Care Delivery and Record Keeping

Review of a sample of care records evidenced that care plans and risk assessments were in place to direct the care required. However, it was noted that a number of care plans and risk assessments required updating and the review of care plans and risk assessments was inconsistent. An area for improvement was identified.

Patients who were less able to mobilise were assisted by staff to change their position regularly. A review of repositioning records evidenced that patients were frequently repositioned. However, review of repositioning booklets evidenced the front cover was incomplete or was seen to have the wrong information in regards to patient details, repositioning regime, mattress type and setting. It was also observed that patients who required the assistance of two staff to reposition; two staff signatures was not always seen. This is disappointing as an area for improvement regarding the accurate completion of repositioning booklets has been stated since 6 January 2021.

Review of a number of fluid recording charts evidenced accurate completion of fluid intake however; the charts were not reconciled to give the 24 hour total fluid intake for patients. An area for improvement was stated for a second time.

Both the above deficits were discussed with the management team and the introduction of a robust system to ensure the accurate completion of supplementary care was recommended; an area for improvement regarding the accurate completion of repositioning booklets was subsumed into a new area for improvement under regulation and an additional area for improvement was identified in respect to the introduction of a system to oversee supplementary care documentation.

Examination of care documentation for patients who had experienced a fall evidenced that care plans and risk assessments were appropriately reviewed and updated after a fall. However, the inspectors requested four specific patients neurological observation charts; one chart was completed appropriately, two charts could not be located and the last chart evidenced the timing of the observations was not as recommended. An area for improvement was stated for a second time.

5.3.3 Management of the Environment and Infection Prevention and Control

Due to a COVID outbreak in the home on the day of inspection, footfall was minimised by the care inspectors. However, it was observed that several bedrooms required painting and some pieces of bedroom furniture and vanity units were in need of refurbishment or replacement. This was discussed with the management team who advised that a refurbishment plan would be formulated and this would be shared with RQIA when available. This will be followed up on the next care inspection.

The flooring in the laundry was still in need of repair or replacement. RQIA were advised that a quote had been obtained from a contractor to replace the floor but the work had not started. An area for improvement was carried forward for review at the next care inspection.

The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.3.4 Management and Governance Arrangements

There has been a change in the management of the home since the last care inspection. Mrs Anne McCracken has been the Manager in this home since 25 July 2022. RQIA were informed of this change.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The Manager or members of the nursing team completed audits; it was not clear that the Manager had complete oversight of the audits reviewed. An area for improvement was stated for a second time.

There was a system in place to manage complaints. A review of records did not provide a full account of the nature of the complaints reviewed; a log of complaints was kept. An area for improvement was stated for a second time.

RQIA has requested that the monthly monitoring reports are sent for review by the care inspector until further notice. This is to monitor progress with the areas for improvement identified.

6.0 Conclusion

The medicines management inspection completed on 21 October 2022 sought to assess if the home had taken the necessary actions to ensure compliance with the two FTC notices, FTC000199 & FTC000200, issued by RQIA on 22 September 2022.

The outcome of the inspection concluded that the home had taken appropriate action to comply with FTC notice, FTC000200. Evidence was not available to validate full compliance with FTC notice, FTC000199. However, there was evidence of improvement and progress had been made to address the required actions within the notice. RQIA decided to extend the compliance of the FTC notice to 8 December 2022; FTC notice - FTC000199E was issued on 25 October 2022.

A follow up inspection will be undertaken to determine if compliance has been achieved.

Improvement is required to ensure that care is safe and effective. Several areas for improvement have not been addressed since the last care inspection and have been restated. Addressing the areas for improvement will improve safe and effective staff practice and the patient experience.

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	7*	8*

* The total number of areas for improvement includes seven that have been stated for a second time and four which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 20 (1) (c)(i)</p> <p>Stated: Second time</p> <p>To be completed by: 25 November 2022</p>	<p>The registered person shall ensure that newly appointed staff are provided with a robust induction programme, and this is completed in a timely manner, signed off by the Manager and available for inspection in staff recruitment records.</p> <p>Ref: 5.1 and 5.3.1</p> <p>Response by registered person detailing the actions taken: Induction booklets are issued to staff on commencement of employment who is required to bring them to each shift for completion. The Home Manager will review these on a weekly basis to monitor compliance and sign them off on completion when they will be retained in the staff members personnel file. There have been no new starters since the inspection date, personnel files are included in Reg 29 report and new starters inductions will be reviewed going forward.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect (25 October 2022)</p>	<p>The registered person shall ensure that neurological observations are managed in line with best practice guidance in the event of an actual/suspected head injury.</p> <p>This specifically relates to:</p> <ul style="list-style-type: none"> • The contemporaneous and accurate recording of clinical observations by registered nurses • If observations are stopped before the recommended timeframe a clear rationale must be recorded. <p>Ref: 5.1 and 5.3.2</p> <p>Response by registered person detailing the actions taken: The regional guidelines and falls protocol are available on each floor for staff reference. All accidents/incidents are reviewed by the Home Manager and any identified deficits are followed up with relevant nurse. Completion of neurological observations will be monitored by the Home Manager during accident investigations and will be also spot checked during Reg 29 visits by Operations Manager.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 20 (1) (c) (i)</p>	<p>The registered person shall ensure that all staff receive and complete mandatory training appropriate to their job role.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is</p>

<p>Stated: First time</p> <p>To be completed by: 31 August 2022</p>	<p>carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (18 August 2022)</p>	<p>The registered person must review the management of medicines on admission to the home. Medicine regimens must be confirmed in writing from the prescriber and any discrepancies must be followed up in a timely manner to ensure that medicines are administered as prescribed.</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (25 October 2022)</p>	<p>The registered person shall ensure the following in regard to those patients who are assessed as requiring a pressure relieving mattress:</p> <ul style="list-style-type: none"> • The type of mattress in use must reflect the patients assessed need. • The mattress should be set correctly to meet the assessed need of the patient. • The type of mattress and correct setting must be documented correctly on the patients repositioning charts. <p>Ref: 5.1 and 5.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: A full audit has been completed to ensure triangulation of residents needs is accurate across all records. The Home Manager and trained staff will continue to monitor records and this will also be spot checked as part of the Reg 29 visits. The importance of accuracy of records and mattress settings was also discussed at recent staff meetings.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 25 November 2022</p>	<p>The registered person shall ensure care records and risk assessments are kept up to date and regularly reviewed to accurately reflect the assessed needs of the patient.</p> <p>Ref: 5.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: A Care File Evaluation Report is completed on a monthly basis for each resident where staff record the date risk assessment and care plan evaluations were completed and these are monitored by Home Manager. Care plan audits are also completed on a monthly basis which also includes monthly evaluations, an action plan is developed and discussed with the</p>

	relevant trained staff member, these are reviewed to ensure actions have been addressed
<p>Area for improvement 7</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p> <p>To be completed by: 25 November 2022</p>	<p>The registered person shall implement a robust system to regularly monitor the quality of supplementary care documentation. This specifically relates to repositioning booklets and patient fluid intake records.</p> <p>Ref: 5.3.2</p> <p>Response by registered person detailing the actions taken: Supplementary booklets are spot checked by trained staff and initialled to evidence oversight, any issues identified are recorded on 24 Hour Shift Report and addressed immediately with staff concerned. The Home Manager/Deputy Manager also carry out spot checks on supplementary booklets during their walk round of the home. Ongoing supervisions with care staff is taking place in relation to completion of supplementary booklets. Supplementary charts are also spot checked during Reg 29 visits.</p>

Action required to ensure compliance with Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect (25 October 2022)</p>	<p>The registered person shall ensure fluid recording charts are accurately and comprehensively maintained at all times and reconciled daily.</p> <p>Ref: 5.1 and 5.3.2</p> <p>Response by registered person detailing the actions taken: There is ongoing monitoring by both trained staff and Home Manager and spot checks completed monthly as recorded in Area of Improvement 7 Regulation 17 above and will be reviewed as part of the Reg 29 visits.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p> <p>To be completed by: 30 November 2022</p>	<p>The registered person shall ensure that all governance audits evidence oversight by the home Manager.</p> <p>Ref: 5.1 and 5.3.4</p> <p>Response by registered person detailing the actions taken: All audits which are not completed directly by the Home Manager are spot checked, signed and dated on completion of review. These are also reviewed by the Operations Manager as part of the Reg 29 visits.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 16.11</p> <p>Stated: Second time</p> <p>To be completed by: 30 November 2022</p>	<p>The registered person shall ensure complaint records are accurately and comprehensively maintained at all times to include details of all communication with the complainant, investigation, actions taken or identified and the complaint outcome.</p> <p>Ref: 5.1 and 5.3.4</p> <p>Response by registered person detailing the actions taken: Complaints are reviewed and recorded as per Beaumont policy and within a clear time frame. Where complaints cannot be responded to within the time frame then the complainant is informed and given an explanation. Complaint records are reviewed during Reg 29 visits.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 8 December 2022</p>	<p>The registered person shall ensure detailed care plans are in place for the management of distressed reactions.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: Care plans are in place and reviewed monthly or more frequently if required. Supervision has been carried out with all trained staff, including agency staff, in relation to management of distressed reactions.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 8 December 2022</p>	<p>The registered person shall ensure detailed care plans are in place on occasions when medicines are crushed to assist administration. The suitability of crushing tablets must be confirmed with the pharmacist.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: Care plans are in place and detailed in relation to crushed medications. There is written evidence from both the GP and pharmacist in relation to suitability for crushing tablets.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (5 July 2022)</p>	<p>The registered person shall review the dining experience for patients to ensure:</p> <ul style="list-style-type: none"> • The menu is appropriately displayed in both dining rooms • The service of food in the downstairs dining room is reviewed so that the food is not plated and served at one time to ensure the food patients receive is at the required temperature. <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 7</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2022</p>	<p>The registered person shall ensure the identified laundry floor is either repaired or replaced.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 8</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The registered person shall ensure the staff duty rota includes:</p> <ul style="list-style-type: none"> • the full names of staff including agency staff • the nurse in charge of the home in the absence of the manager is identified. <p>Ref: 5.3.1</p>

<p>With immediate effect (25 October 2022)</p>	<p>Response by registered person detailing the actions taken: Full names are recorded on all duty rosters and the nurse in charge is highlighted. This is spot checked by Operations Manager during Reg 29 visits.</p>
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The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
🐦 @RQIANews

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