



Unannounced Care Inspection Report 16 May 2018



Rathmena House Care Home

Type of Service: Nursing Home (NH)
Address: 26 Rathmena Gardens, Ballyclare, BT39 9HU
Tel No: 02893322980
Inspector: Karen Scarlett

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 29 persons.

3.0 Service details

Organisation/Registered Provider: MD Healthcare Ltd Responsible Individual: Lesley Catherine Megarrity	Registered Manager: Methyl Dagooc
Person in charge at the time of inspection: Methyl Dagooc	Date manager registered: 29 June 2017
Categories of care: Nursing Home (NH) PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. LD – Learning disability. LD(E) – Learning disability – over 65 years. I – Old age not falling within any other category. Residential Care (RC) I – Old age not falling within any other category.	Number of registered places: 29 Not more than four persons in categories NH-LD and NH-LD(E) to be accommodated at any one time.

4.0 Inspection summary

An unannounced inspection took place on 16 May 2018 from 08.50 to 15.00 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 'patient' is used to describe those living in Rathmena House 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.

There were examples of good practice found throughout the inspection. Staffing, staff recruitment and induction were well managed. The environment was well maintained and was found to be clean and safe. The systems for patient risk assessment and care planning were effective and were particularly commended in relation to weight loss and wound management. Staff reported good team working and there was effective communication amongst the staff team and with relatives. Care was provided with dignity and respect and positive relationships were evident between staff and patients. The views of patients and their representatives were sought and

action taken to address any concerns. Robust systems were in place to monitor quality with new audit documentation acknowledged as a positive development.

Areas requiring improvement were identified in relation to the provision of practical basic life support training, record keeping and activities provision.

Patients consulted were happy living in the home and were complimentary of the staff. One patient raised a concern with RQIA and this was managed via the home's complaints process.

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	4

Details of the Quality Improvement Plan (QIP) were discussed with Methyl Dagooc, registered manager, and Heather Murray, regional 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 30 October 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 30 October 2017. There were no further actions required to be taken following the most recent inspection.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with seven patients and with others in small groups, six staff, one visiting professional and three patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey and staff not on duty during the inspection.

A poster informing visitors to the home that an inspection was being conducted was displayed. Leaflets and calling cards were left for patients and their representatives on making a complaint and how to contact RQIA if required, following the inspection.

The following records were examined during the inspection:

- duty rota for all staff from 7 to 20 May 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records for previous three months
- one staff recruitment and induction file
- three patient care records
- seven patient care charts including weight, observation and reposition charts
- wound care file
- a sample of governance audits
- complaints record for previous three months
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 in the previous three months.
- annual service user satisfaction survey.

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 30 October 2017

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 27 July 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 21 (1) (b) Stated: First time	The registered person shall ensure that the recruitment information specified in Schedule 4 is at all times available for inspection in the home by any authorised person. The manager should have oversight of the recruitment information and a record kept.	Met
	Action taken as confirmed during the inspection: Recruitment files were available to review. There was clear evidence that the manager had oversight of the recruitment process. The file was well maintained in accordance with the regulation. This area for improvement has been met.	
Area for improvement 2 Ref: Regulation 29 (5) Stated: First time	The registered person shall ensure that monthly quality monitoring reports in accordance with Regulation 29 are available for inspection	Met
	Action taken as confirmed during the inspection: The monthly quality monitoring reports were available for inspection. There was evidence that actions identified had been addressed and they were signed by the reviewer and the registered manager. The registered manager confirmed that she found these visits supportive. This area for improvement has been met.	
Area for improvement 3 Ref: Regulation 13 (1) Stated: First time	The registered person shall review the use of the front door exit keypad in conjunction with guidance from the Department of Health on human rights and the deprivation of liberty (DoLs); and the home's registered categories of care and statement of purpose.	Met

	<p>Action taken as confirmed during the inspection: Since the previous inspection the door code was clearly displayed for service users and visitors. However, the keypad was not accessible to all residents. This was discussed with the registered and regional managers and it was agreed that further review of this was required. An email was received by RQIA on 23 May 2018 confirming that a push-button exit had been fitted to the front door. This area for improvement has been met.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 38 Stated: First time</p>	<p>The registered person shall ensure that recruitment records include evidence or a declaration that the person is physically and mentally fit for the purposes of working in the nursing home.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of one recruitment file evidenced that a declaration of health form had been introduced. This area for improvement has been met.</p>	
<p>Area for improvement 2 Ref: Standard 44.8 Stated: First time</p>	<p>The registered person shall ensure that the identified, worn bed bumpers are replaced and that all such equipment is appropriately maintained.</p>	Met
	<p>Action taken as confirmed during the inspection: Observation of a sample of bedrooms evidenced that there were no worn bed bumpers. The registered manager confirmed that these had all been replaced since the last care inspection. This area for improvement has been met.</p>	

Area for improvement 3 Ref: Standard 35 Stated: First time	The registered person shall ensure that the negative comments made within the returned questionnaires are addressed with staff, patients and their representatives and action is taken to address any concerns	Met
	Action taken as confirmed during the inspection: Since the previous inspection there was evidence that questionnaires had been sent out to all service users and the information used to inform the annual quality report. A review of the complaints records evidenced that these were handled promptly and effectively. Staff spoken with on the day had no major concerns with the home. A number of their comments are included in the report and shared with the registered manager for her attention.	

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 from 7 to 20 May 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Rathmena House. Three patients' representatives spoken with did not raise any concerns regarding staff or staffing levels. Observation evidenced that that staff attended to patients needs in a timely and caring manner.

Review of a staff recruitment file 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. A review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2018. A review of the training records demonstrated high levels of compliance in manual handling, fire, health and safety, infection control and adult safeguarding. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. A matrix was maintained to record compliance with training and to highlight any gaps. There was further evidence of relevant staff attending other training such as, human rights and equality and dysphagia in order to meet the needs of their patients.

Staff spoken with confirmed that they were enabled to complete e-learning training but were of the opinion that this was not as useful as face to face training. They particularly highlighted issues with practical training in basic life support. This was discussed with the registered and regional managers. They had identified this and were trying to source 'train the trainer' courses so they could deliver this more effectively. A review of records evidenced that few staff had attended first aid training, which would include basic life support. An area for improvement was identified. Staff confirmed that they were offered practical manual handling training. Observation of the delivery of care evidenced that this training had been embedded into practice.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice and a champion was in place. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from the previous three months in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. From a review of records, observation of practices and discussion with the registered manager and staff there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge, dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients' representatives spoken with were complimentary in respect of the home's environment. Flooring had been replaced in the dining room and new chairs purchased. Staff commented that one shower was not working properly. This was reported to the registered manager by RQIA and prior to the conclusion of the inspection this had been attended to by the maintenance person. Fire exits and corridors were observed to be clear of clutter and obstruction.

Observation of practices and care delivery, discussion with staff and review of records evidenced that infection prevention and control measures were adhered to. One exception was noted as one staff member was not in adherence with the dress code of the home. This had been

identified by the regional manager and action taken to address this. The manager had an awareness of the importance of monitoring the incidents of health care acquired infections (HCAI's) and/or when antibiotics were prescribed. A record was maintained to monitor the incidents of HCAI's and the manager understood the role of PHA in the management of infectious outbreaks.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment and induction. The environment was well maintained and systems were in place to manage identified risks.

Areas for improvement

Areas for improvement were identified in relation to the provision of practical basic life support training.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

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

We reviewed the management of nutrition, patients' weight, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. A new audit process had been introduced to manage patient weight loss and to identify those at high risk. These were well maintained and there was evidence that appropriate actions had been taken to address the weight loss. This was commended.

In three repositioning charts reviewed it was noted that the times recorded did not appear to be accurate and contemporaneous. For example the three charts were consistently completed at exactly the same time past the hour throughout the night. In addition, in other charts staff would be unable to put in the exact time as the times were pre-populated. There were no incidences of pressure ulcers in the home. It was evident that patients were being actively repositioned throughout the inspection but the charts needed to reflect the exact times of care delivery in order to provide a meaningful patient record. There was also no frequency of repositioning noted on the chart to guide staff. It was noted that observation charts had been completed for one patient and no name or date was completed on the form. An area for improvement under the standards has been made.

There was evidence that wound care was delivered in accordance with best practice guidelines. Care plans were in place and were reflective of the patients' current needs and dressing regime. Wound assessment charts were maintained which evidenced regular dressings in accordance with the care plan and these were supported with photographs. The manager carried out a monthly wound audit and was able to identify patients with wounds and their progress. This was commended.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT, physiotherapy, falls clinic 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), the speech and language therapist (SALT) or the dietician.

In one patient record it was noted that 'ramble guards' and an alarm mat was in use to help to prevent falls. On review of the record there was no discussion evident around the use of these potentially restrictive practices in their best interests, nor was a care plan in place for their use. This was discussed with the registered manager who agreed to address this. An area for improvement was identified.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. A daily diary was maintained for nursing staff with daily tasks and reminders which demonstrated evidence that issues were followed up for patients.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records. Patient and their representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the process of risk assessment and care planning, particularly in relation to weight loss and wound management. Systems were in place to facilitate good team working and communication amongst the staff team and with relatives.

Areas for improvement

Areas for improvement were identified in relation to contemporaneous record keeping in supplementary care charts and documentation in regards to potentially restrictive practices.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

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

We arrived in the home at 08:50 hours and were greeted by staff who were helpful and attentive. Patients were enjoying their breakfast or a morning cup of tea/coffee in the dining room or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water, juice and hot beverages. There was a good choice of breakfast foods and staff were observed assisting patients to eat and drink as required. The atmosphere was calm and well organised. Breakfast continued throughout the morning to facilitate those who preferred to rise later.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

A relative and a staff member raised concerns around the activities provision. Posters were noted promoting a special event in the home for the royal wedding to include a lunch and inviting patients' families. There was evidence that a new pictorial 'flip chart' was on display in the reception area to let patients know what was on. On the day of inspection this was nail care in the morning and singing/dancing in the afternoon. These activities appeared to be of short duration with limited participation. Two patients spoken with were unable to describe any activities other than bingo. There was further evidence in the annual patient survey of dissatisfaction with activities provision, with a 60% satisfaction rate. This was discussed with the registered manager and regional manager. They have noted concerns and introduced a number of measures to improve activities including the flip chart, a plan for activities, changing the times to suit patients and the creation of a forum for activity co-ordinators across the organisation to share ideas and learning. The regional manager acknowledged that this was 'a work in progress'. Where there was evidence of some actions taken, an area for improvement has been identified to ensure progress.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately. Tables were nicely set and the food appeared appetising with plenty of choice. The menu board reflected the meal choices available. Patients able to communicate indicated that they enjoyed their meal. The dining room was lively with chat amongst staff and patients. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were kept in a file. Some of the comments recorded included:

'We really appreciate the care and comfort you provided to ... in her last days'.
'This is just a brief note to say a very sincere thank you to all staff involved in my mother's care. She was very well taken care of at Rathmena'.

There were systems in place to obtain the views of patients and their representatives on the running of the home. Meetings were advertised and views sought via questionnaires which informed the annual report.

Consultation with seven patients individually, and with others in smaller groups, confirmed that living in Rathmena was a mainly positive experience. Patients complimented the staff and the food provided. One patient explained that if he did not like the meal he could ask for an alternative and that he could ask for anything he needed. Another patient explained that she had been unwell recently and staff were very caring. One patient raised a concern regarding noise at night. With their permission this was shared with the registered manager who opened this as a formal complaint. She agreed to share the outcome with RQIA upon completion of her investigation. This was forwarded to RQIA on 22 May 2018 and confirmed that the complaint had been addressed to the patient's satisfaction.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. No patient questionnaires were returned within the timescale for inclusion in this report.

Ten relative questionnaires were provided and one was returned within the timescale for inclusion in the report. The respondent indicated a high level of satisfaction with the care provided and commented on good standard of cleanliness of the home.

Three patients' representatives were spoken with at the inspection and indicated a high level of satisfaction with the staff and the care provided. They reported being made to feel welcome by staff and although they had not had a reason to complain they stated that they would be happy to raise any concerns with the staff and/or registered manager. As previously stated, one relative was unsure of the quality of activities provision and felt it was a very long day for her relative.

Staff were asked to complete an on line survey but no responses were received.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home. Care was provided with respect for patients' dignity and privacy. Positive relationships were evident between staff and patients and systems were in place to ascertain the views of patients and their representatives.

Areas for improvement

An area for improvement was identified in relation to activities provision.

In addition, the registered manager agreed to investigate a complaint raised by a patient at the inspection and to forward the outcome of this to RQIA on completion. This was received on 22 May 2018 and confirmed that the complaint had been addressed to the patient's satisfaction.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within their registered categories of care.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager. One staff member was of the opinion that the manager 'gets walked over by some staff'. This was shared with the registered manager and the regional manager for their information and action as required. All other staff reported feeling confident in raising their concerns with the registered manager if required.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The registered manager had arranged for some staff to attend human rights and equality training. Arrangements were in place to implement the collection of equality data within patients' care records. The registered manager was directed to the Equality Commission for Northern Ireland for information and guidance on best practice in relation to collecting the data.

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.

Discussion with the registered 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 control, incidences of HCAI's, care records, kitchen hygiene, wound care, and patient weights. A schedule was in place to direct the frequency of these audits. The documentation for audits was under review and in particular newly introduced systems for weight loss and wound care were found to be positive additions. Any deficits identified were clearly noted and there was evidence that these were addressed and signed off by the relevant staff and the registered manager.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. The regional manager was in the home conducting the visit for May's report at the time of the inspection. The previous three month's reports were reviewed and were found to be conducted to a high standard. There was evidence that deficits identified were addressed and reviewed on a monthly basis. An area for improvement made at the previous care inspection was assessed as met at this inspection. The registered manager reported finding the visits meaningful and supportive.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance arrangements, with robust systems in place to monitor quality. New systems and documentation was in the process of introduction to the home and was a positive development.

Areas for improvement

No areas for improvement were identified during the inspection.

	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 Methyl Dagooc, registered manager, and Heather Murray, regional 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 39.4 Stated: First time To be completed by: 16 August 2018	<p>The registered person shall ensure that the arrangements for staff training in practical, basic life support are reviewed and implemented to meet the needs of staff and patients.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Theoretical training was already in place in the Home, however practical training in basic life support has now being organised from an outside company to ensure that staff will have adequate training in this area.</p>
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: 16 June 2018	<p>The registered person shall ensure that supplementary care charts are maintained contemporaneously and accurately to reflect the actual care delivered to patients, in accordance with NMC guidelines.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Staff have attended a staff meeting on 25.05.2018 and received supervision regarding contemporaneous record keeping. Improvement has been noted in this area. This will be monitored closely by the Nurse in Charge and the Home Manager to ensure that delegated tasks are being followed and adhered to.</p>
Area for improvement 3 Ref: Standard 18 Stated: First time To be completed by: 16 August 2018	<p>The registered person shall ensure that where potentially restrictive practices are in use that documentation reflects the consent/discussion around their use and a care plan is in place.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: The one care file which was identified on the day of the inspection was rectified immediately. Further discussions have been had with the nurses during a Nurses' meeting on 25.05.18. All files have been re-checked to ensure that all residents with identified restrictions have a risk assessment, a signed consent/ best interest decision and a relevant care plan in place.</p>
Area for improvement 4 Ref: Standard 11 Stated: First time	<p>The registered person shall review the provision of activities to ensure that these are meaningful to the patients and evaluate this regularly to ensure patients' needs are met.</p> <p>Ref: Section 6.5</p>

To be completed by: 16 September 2018	Response by registered person detailing the actions taken: This area was already in the process of further development prior to this inspection. There are planned activities every week held by Activity Co Ordinator for all our residents which reflect the residents' requests. A weekly planner is posted on the Relatives' Notice Board for their awareness of what is going on in the home each day. A further daily activity notice is also placed prominently for residents to know what activity is available to them for that specific day. The home has now also developed a monthly newsletter for residents and relatives to inform them what has happened or is planned to happen in the Home. There will be a three-monthly activity review & discussion with the residents to ensure that the activities held in the home are still appropriate, meaningful and enjoyable for our residents.
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****Please ensure this document is completed in full and returned via Web Portal****



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