



The Regulation and  
Quality Improvement  
Authority

## **Unannounced Secondary Care Inspection**

<b>Name of Establishment:</b>	<b>Hamilton Court</b>
<b>Establishment ID No:</b>	<b>1461</b>
<b>Date of Inspection:</b>	<b>09 May 2014</b>
<b>Inspector's Name:</b>	<b>Teresa Ryan</b>
<b>Inspection ID</b>	<b>17227</b>

**The Regulation And Quality Improvement Authority**  
**Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS**  
**Tel: 028 8224 5828 Fax: 028 8225 2544**

**General Information**

<b>Name of Home:</b>	Hamilton Court
<b>Address:</b>	45 Hamiltonsbawn Road Armagh BT69 1HW
<b>Telephone Number:</b>	028 3752 8523
<b>E mail Address:</b>	armagh@fshc.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Four Seasons Health Care Mr James McCall
<b>Registered Manager:</b>	Mr Anthony Hart
<b>Person in Charge of the home at the time of Inspection:</b>	Mr Anthony Hart
<b>Categories of Care:</b>	NH-DE, RC-DE
<b>Number of Registered Places:</b>	35: 29 Nursing: Dementia 6 Residential: Dementia
<b>Number of Patients/Residents Accommodated on Day of Inspection:</b>	31 Nursing Patients 4 Residents
<b>Scale of Charges (per week):</b>	£567.00 – Nursing £450.00 – Residential
<b>Date and type of previous inspection:</b>	10 February 2014 Unannounced follow-up
<b>Date and time of inspection:</b>	09 May 2014 08.50 hours -14.00 hours
<b>Name of Inspector:</b>	Teresa Ryan

## 1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an unannounced inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

### 1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

### 1.2 Method/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Discussion with the deputy manager
- Discussion with staff
- Discussion with patients and residents individually and with others in groups
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of the minutes of staff meetings
- Review of a sample of registered nurses competency and capability assessments
- Review of a sample of patients'/residents' care records
- Review of a sample of reports of unannounced visits undertaken under regulation 29
- Observation during a tour of the premises
- Evaluation and feedback

### **1.3 Inspection Focus**

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

#### **STANDARD 30 - STAFFING**

**The number and ratio of nurses and care assistants on duty at all times meet the care needs of patients.**

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## **2.0 Profile of Service**

Hamilton Court provides care for up to 31 patients and four residents.

The home is registered to provide care under the following categories of care:

Nursing Care: DE - Dementia (31 patients)

Residential Care: DE - Dementia (four residents)

The home is also registered to provide day care for two persons.

The home is situated on the outskirts of Armagh city and comprises of 35 single bedrooms, sitting rooms and dining rooms. There is a kitchen, laundry, toilet/bathroom/shower facilities, staff accommodation and offices.

There are well maintained gardens and grounds including an enclosed courtyard with raised flower/vegetable beds to enable the patients and residents to pursue their gardening interests.

Adequate car parking facilities are provided at the front of the home.

### 3.0 Summary

This summary provides an overview of the service during a secondary unannounced inspection to Hamilton Court Care Home. The inspection was undertaken by Teresa Ryan and commenced at 08.50 hours and concluded at 14.00 hours.

The main focus of the inspection was to examine Standard 30 of the DHSSPS Nursing Homes Minimum Standards - Staffing.

The requirements and recommendations made as a result of the previous inspection were also examined. Two requirements and two recommendations were fully addressed. One recommendation was not now applicable. Two requirements and two recommendations were assessed by the inspector as being moving towards compliance. These requirements and recommendations are restated.

During the course of the inspection the inspector met with a number of patients and residents individually and with others in groups. The inspector also met with one visiting relative and a number of staff.

The inspector observed care practices, examined a selection of records and undertook an inspection of a number of areas throughout the home.

Mr Anthony Hart, Registered Manager was in charge of the home throughout the inspection. Feedback was provided at the conclusion of the inspection to the registered manager.

On the day of inspection the registered nursing and care staff, staffing levels for day and night duty were in accordance with the RQIA's recommended minimum staffing guidelines for the number of patients and residents currently in the home. However a recommendation is made that the care staff member rostered for a number of days per week from 16.00 hours to 22.00 hours be rostered daily.

On the day of inspection the administrative and ancillary staffing levels were found to be satisfactory.

Staff had attended a variety of relevant training including mandatory since the previous inspection and this is commendable.

In discussion with the registered manager he informed the inspector that registered nurses who take charge of the home in his absence have competency and capability assessments in place

Inspection of five of these assessments revealed that these had been recently reviewed by the registered manager.

**The inspector can confirm that based on the evidence reviewed, presented and observed; that the level of compliance with this standard was assessed as compliant.**

The inspector spoke to a number of patients and residents individually and to others in groups. Examples of patients' and residents' comments were as follows:

"I have never been treated as well"

"Food is very good"

“The staff are all very kind”.

During the inspection the inspector spoke to one visiting relative. This relative expressed high levels of satisfaction with the standard of care, facilities and services provided in the home. An example of this relative’s comments was;

“I am very happy with the standard of care provided in the home”.

During the inspection the inspector spoke to a number of staff. The inspector was able to speak to a number of these staff individually and in private. Examples of staff comments were as follows;

“I am very happy working in the home except we need the care staff member every day from 4 to 10 pm”

“This is a good home we work well as a team”

“The patients are all well cared for”.

During the inspection the staff were noted to treat the patients and residents with dignity and respect.

Patients and residents were well presented with their clothing suitable for the season.

The demeanour of patients and residents indicated that they were relaxed in their surroundings.

During the inspection the inspector observed the lunch meal being served. The staff were observed assisting the patients and residents in preparation for their meal in an unhurried manner. The meals including meals for patients on therapeutic diets were very well presented. Staff were in attendance to provide appropriate assistance and support to the patients and residents.

A requirement is restated that the registered person shall ensure that patients’ and residents’ records are held securely in the nursing home.

A recommendation is restated that a sample of staff comments/suggestions be included in reports of unannounced visits undertaken under Regulation 29.

A requirement and a recommendation are restated and two recommendations are made. These requirements and recommendations are detailed under Additional Areas Examined, Section 6, point 6.7.

## **Conclusion**

Two requirements are restated, three recommendations are made and two are restated as a result of this inspection. These requirements and recommendations are addressed in the quality improvement plan (QIP).

The inspector would like to thank the patients, residents, visiting relative, registered manager, deputy manager and staff for their assistance and co-operation throughout the inspection.



#### 4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirement	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	16 (1) (2)	<p>It is required that patients'/residents' care records be reviewed and updated in order to ensure that care plans fully reflect the patients'/residents' assessed needs.</p> <p>Designated time should be provided for registered nurses to undertake care planning duties.</p>	<p>Discussion with the registered manager, deputy manager and review of a sample of patients'/residents' care records revealed that patients'/residents' care plans had been reviewed and updated since the previous inspection.</p> <p>The registered manager and deputy manager informed the inspector that registered nurses were allocated time to undertake care planning duties. The benefits of recording the time allocated on the staff duty rosters were discussed with the registered manager.</p>	Compliant
2	14 (2) (c)	<p>The registered person shall ensure as far as reasonably practicable that unnecessary risks to the health or safety of patients/ residents are identified and so far as possible eliminated.</p>	<p>This requirement was made in regard to the risk assessing of the practice of holding patients'/residents' toiletries in unlocked cupboards in patients' and residents' bedrooms/en-suites. The requirement was also made in regard to the use of loose plastic bin liners in open waste bins in patients'/residents' bedrooms.</p> <p>Risk assessments were in place in regard to the storage of creams; however there were no risk assessments on the storage of toiletries and the use of loose plastic bags in place.</p> <p>Door catches had been provided on a number of cupboard doors in patients'/</p>	Moving towards compliance

			<p>residents' bedrooms. The suitability of these door catches were discussed with the registered manager.</p> <p>Restated</p>	
3	15 (2) (a) (b)	<p>The registered person shall ensure that the assessment of the patient's needs is kept under review; and revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually.</p>	<p>Discussion with the registered manager, deputy manager and review of a sample of patients'/residents' care records revealed that the patients'/residents' assessment of needs were reviewed and updated since the previous inspection.</p>	Compliant
4	19 (1) (b)	<p>The registered person shall ensure that patients' and residents' records are held securely in the nursing home.</p>	<p>Two lockable cupboards had been provided for the storage of patients'/residents' care records. However during the inspection there were a number of records held on open shelves at the nurses' station in the Navan unit. The registered manager informed the inspector that arrangements were in place to move the nurses' station in this unit to another area in the home. The registered manager informed the inspector that an application for approval of works will be forwarded the RQIA.</p> <p>Restated</p>	Moving towards compliance

No.	Minimum Standard Reference	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	25.12	It is recommended that a sample of staff comments/ suggestions be included in reports of unannounced visits undertaken under Regulation 29.	Review of the reports of two of these visits revealed that a sample of staff comments were recorded in one of these reports.  Restated	Moving towards compliance
2	25.12	It is recommended that reports of unannounced visits undertaken under Regulation 29 be formally discussed with staff during staff meetings /forums.	Review of a sample of the minutes of staff meetings revealed that this recommendation was being addressed.	Compliant
3	30.4	It is recommended that the registered nurses' competency and capability assessments be reviewed by the registered manager.	Review of five competency and capability assessments revealed that these assessments had been reviewed by the registered manager.	Compliant
4	1.1	It is recommended that consideration be given to the provision of one way privacy film on a number of windows including bedroom windows throughout the home to enhance privacy. Suitable alternatives may be provided.	The registered manager informed the inspector that arrangements were in place to provide privacy blinds as appropriate on patients' and residents' bedroom windows.  Restated	Moving towards compliance
5	27.6	It is recommended that privacy screening be provided at the staff station in the Navan unit.	The registered manager informed the inspector that arrangements were in place to move this staff station to another area of the home.	N/A

<b>STANDARD 30 - STAFFING</b>	
<b>The number and ratio of nurses and care assistants on duty at all times meet the care needs of patients.</b>	
<b>Criterion Assessed:</b> 30.1 At all times the staff on duty meet the assessed nursing care, social and recreational needs of all patients, taking into account the size and layout of the home, the statement of purpose and fire safety requirements.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Taking into account the category of care, the number, dependency, complex needs and the supervision levels required to ensure the safety of the patients/residents, and review of a sample of staff duty rosters, it was revealed that the registered nursing and care staff staffing levels were in line with the RQIA's recommended minimum staffing guidelines for day and night duty. However, review of a sample of staff duty rosters and discussion with a number of staff revealed that a care assistant was rostered from 16.00 hours to 22.00 hours for a number of days per week. These staff stated that this staff member should be rostered on a daily basis to assist and support them in caring for the patients'/residents' assessed needs. A recommendation is made that this be addressed.	Substantially compliant
<b>Criterion Assessed:</b> 30.2 The number and ratio of staff to patients is calculated using a method that is determined by and agreed with the Regulation and Quality Improvement Authority. Student nurses and volunteers working in the Home are not taken into account in overall staffing numbers.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Discussion with the registered manager and review of a sample of staff duty rosters revealed that the number and ratio of staff is calculated using the Regulation and Quality Improvement Authority's recommendations for minimum staffing guidelines.	Compliant
<b>Criterion Assessed:</b> 30.3 The care staff team comprises of nurses who are currently registered with NMC, and care assistants who have, as a minimum, NVQ level 2.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
During the inspection written evidence was provided by the registered manager that all registered nurses including the registered manager employed in the home were on the live register of the N.M.C. The registered manager informed the inspector that a number of care staff were registered with the N.I.S.C.C. and a number had made application to be registered. A senior care assistant had attained a NVQ Level 3 qualification. A senior care	Compliant

assistant and four care staff had attained a NVQ Level 2 qualification. Two care staff were currently undertaking training through the NVQ framework. One senior care assistant had attained a BSc qualification in nursing. Staff had attended a variety of relevant training including mandatory since the previous inspection and this is commendable.	
<b>Criterion Assessed:</b> 30.4 There is a competent and capable nurse in charge of the home at all times.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
In discussion with the registered manager he informed the inspector that registered nurses who take charge of the home in his absence have competency and capability assessments in place. Inspection of five of these assessments revealed that these had been recently reviewed by the registered manager.	Compliant
<b>Criterion Assessed:</b> 30.5 Administrative and ancillary staff are employed to ensure that standards relating to food and meals, transport, laundry, cleaning and maintenance of the premises and administration are fully met.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
On the day of inspection the administrative and ancillary staffing levels were found to be satisfactory. Two catering staff had attained a NVQ Level two qualification and one catering staff member was currently undertaking training through this route. A housekeeper had attained a NVQ Level three qualification.	Compliant
<b>Criterion Assessed:</b> 30.6 Records are kept of all staff that includes name, date of birth, previous experience and qualifications, starting and leaving dates, posts held and hours of employment.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
In discussion with the registered manager and review of six staff personnel files revealed that records were held in line with this element of the standard.	Compliant
<b>Criterion Assessed:</b> 30.7 A record is kept of staff working over a 24 hour period and the capacity in which they were working.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
During the inspection it was revealed that duty rosters were available for all staff in the home. These rosters were signed on a weekly basis by the registered manager to confirm that the hours highlighted on these rosters had been actually worked by staff.	Compliant

<p><b>Criterion Assessed:</b> 30.8 Time is scheduled at change of shifts for handover reports to be given on patient care and other areas of accountability.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>In discussion with the registered manager and review of a sample of staff duty rosters revealed that time is scheduled at the change of shifts for handover reports to be provided.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 30.9 Staff meetings take place on a regular basis, and at least quarterly. Records are kept which include: -</p> <ul style="list-style-type: none"> <li>• The date of all meetings</li> <li>• The names of those attending</li> <li>• Minutes of discussions</li> <li>• Any actions agreed.</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>The registered manager informed the inspector that staff meetings were held at least quarterly and on occasions more often if issues arise that require to be discussed.</p> <p>Review of a sample of the minutes of these meetings revealed that the dates of meetings, the names of attendees, minutes of discussions and any actions agreed were recorded in the minutes of these meetings.</p> <p>A policy on staff meetings was available in the home.</p>	<p>Compliant</p>

<p><b>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Compliant</p>

## **6.0 Additional Areas Examined**

### **6.1 Care Practices**

During the inspection the staff were noted to treat the patients and residents with dignity and respect.

Patients and residents were well presented with their clothing suitable for the season.

The demeanour of patients and residents indicated that they were relaxed in their surroundings.

### **6.2 Patients' and Residents' Comments**

During the inspection the inspector spoke to eight patients and residents individually and to others in groups. These patients and residents expressed high levels of satisfaction with the standard of care, facilities and services provided in the home. A number of patients and residents were unable to express their views verbally. These patients and residents indicated by positive gestures that they were happy living in the home. Examples of patients' and residents' comments were as follows:

"I have never been treated as well"

"Food is very good"

"The staff are all very kind"

"The home is clean and tidy"

"We get a nice wee cup of tea when we like"

"We don't mind having a shower we have a great shower chair"

"My bed is always changed and I get my hair done every week"

"Staff good, very thorough".

### **6.3 Relatives' Comments**

During the inspection the inspector spoke to one visiting relative. This relative expressed high levels of satisfaction with the standard of care, facilities and services provided in the home. Examples of this relative's comments were;

"I am very happy with the standard of care provided in the home"

"Everything is fine and the manager is very good".

### **6.4 Staff Comments**

During the inspection the inspector spoke to 14 staff. The inspector was able to speak to a number of these staff individually and in private. Examples of staff comments were as follows;

"I am very happy working in the home except we need the care staff member every day from 4 to 10 pm"

"This is a good home we work well as a team"

"The patients are all well cared for"

"I love my work, I am here eight years"

"The staffing levels are good except when there is no care assistant on duty for 4pm to 10pm".

"The manager is very supportive and is very approachable".

A recommendation is restated that a sample of staff comments/suggestions be included in reports of unannounced visits undertaken under Regulation 29.

### **6.5 Catering Arrangements and Meals**

During the inspection the inspector observed the lunch meal being served. The staff were observed assisting the patients and residents in preparation for their meal in an unhurried manner. The meals including meals for patients on therapeutic diets were very well presented. Staff were in attendance to provide appropriate assistance and support to the patients and residents. Patients and residents were offered a choice of fluids. Patients and residents were offered choices in advance of their meals and records were held of these choices.

The activity therapist had her lunch meal with the patients and residents in the dining room and this is commendable practice.

### **6.6 Management of Records**

A requirement is restated that the registered person shall ensure that patients' and residents' records are held securely in the nursing home.

### **6.7 Environment**

The inspector undertook a tour of the home and viewed a number of bedrooms, sitting areas, dining room, kitchen, bathroom and toilet facilities.

The home presented as clean, warm and comfortable. A requirement is restated in regard to the risk assessing of the practice of holding patients'/ residents' toiletries in unlocked cupboards/en-suites in bedrooms. The requirement is also restated in regard to risk assessing the practice of using loose plastic bags in open waste bins in patients' /residents' bedrooms. A recommendation is restated in regard to the provision of one way privacy film on a number of windows including bedroom windows throughout the home to enhance privacy. A suitable alternative may be used.

During a tour of the Navan unit the inspector observed that the presentation of a number of the patients'/residents' beds was unacceptable. These beds had not been made properly. A recommendation is made that staff be trained in bed making and that regular audits are undertaken of patients' and residents' bedrooms.

During a tour of the premises it was also observed that there were no locks provided on the patients'/residents' bedroom doors. In order to enhance privacy especially when personal care is being provided by staff to patients and residents, a recommendation is made that thumb turns be fitted on bedroom doors with exceptions noted in patients' and residents care plans.



## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mr Anthony Hart, Registered Manager as part of the inspection process.

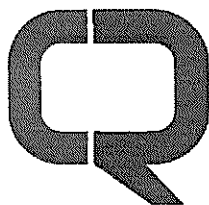
The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

**Teresa Ryan**  
**The Regulation and Quality Improvement Authority**  
**Hilltop**  
**Tyrone & Fermanagh Hospital**  
**Omagh**  
**BT79 0NS**



The Regulation and  
Quality Improvement  
Authority

## Quality Improvement Plan

### Unannounced Secondary Inspection

Hamilton Court

09 May 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Anthony Hart, Registered Manager, during the inspection feedback.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Statutory Requirements**

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	14 (2) (c)	<p>The registered person shall ensure as far as reasonably practicable that unnecessary risks to the health or safety of patients/ residents are identified and so far as possible eliminated.</p> <p>Ref. Section 6, point 6.7 (Additional Areas Examined )</p>	Three	<p>Process commenced immediately identifying no residents at risk from loose plastic binliners in residents bedrooms. A generic risk assessment has been passed to the Quality Team for approval.. A process of replacement of mahogany vanity units has begun and the replacement will be supplied with locks in place. Process for fitting of locks to the beech vanity units has been commenced on 10th May 2014.</p>	Two weeks (The process should commence immediately)
2	19 (1) (b)	<p>The registered person shall ensure that patients' and residents' records are held securely in the nursing home.</p> <p>Ref. Section 6, point 6.6 (Additional Areas Examined )</p>	Two	<p>A plan is currently in place to move the nurses staion to the hairdressing room with a change of use forwarded to RQIA estates when quotes are received and payment has been passed by H.O. This process is part of project works for the home in the short to medium term. Staff have undertaken e-learning (all grades) on 'Information</p>	Two weeks

				Governance'. There has been further supervision of senior staff on duty following the inspection and with the rest of the senior staff on duty through the following week highlighting the need to ensure residents care files are stored securely.	
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**Recommendations**

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	25.12	It is recommended that a sample of staff comments/suggestions be included in reports of unannounced visits undertaken under Regulation 29.  Ref. Section 6, point 6.4 (Additional Areas Examined)	Three	Recommendation has been implemented immediately with Reg 29 reports including comments from staff and residents.	One month

2	1.1	<p>It is recommended that consideration be given to the provision of one way privacy film on a number of windows including bedroom windows throughout the home to enhance privacy. A suitable alternative may be used.</p> <p>Ref. Section 6, point 6.7 (Additional Areas Examined)</p>	Three	<p>Consideration has been given to the provision of one way privacy film for the seven rooms to the rear of the building passed through to H.O.</p>	Two months
3	28.4	<p>It is recommended that staff as appropriate be trained in bed making. Regular audits should be undertaken of patients' and residents' bedrooms.</p> <p>Ref. Section 6, point 6.7 (Additional Areas Examined)</p>	One	<p>The staff on duty at the time of inspection in the area of these 4-5 bedrooms have had individual supervision &amp; training following the inspection. Further training (Fundamentals of Care) is planned for all care staff on July 3<sup>rd</sup> 2014.</p>	Two weeks
4	30.1	<p>It is recommended that the care staff member rostered for a number of days per week from 16.00 hours to 22.00 hours be rostered daily.</p> <p>Ref. 30.1 Staffing Standard.</p>	One	<p>From the date of inspection all 4-10 twilight shifts have been rostered on the duty rota.</p>	Two weeks
5	1.1	<p>It is recommended that in order to enhance privacy, thumb turns should be fitted on patients' and residents' bedroom doors with exceptions noted in patients' and residents' care plans.</p> <p>Ref. Section 6, point 6.7 (Additional Areas Examined )</p>	One	<p>Process commenced (9<sup>th</sup> June 2014) to cost the replacement of door handles with new handles to include internal thumb turns with the view to full replacement. We are currently awaiting quotes for these works.</p>	One month

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

Name of Registered Manager Completing Qip	Tony Hart
Name of Responsible Person /	Jim McCall <i>J.P. Watson</i>

*23.6.2014.*

*J.P. WATSON  
DIRECTOR OF OPERATIONS*

Identified Responsible Person Approving Qip	
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QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	<i>[Signature]</i>	15/7/14
Further information requested from provider			