

Unannounced Care Inspection Report

14 & 15 July 2016



Sandringham

Type of Service: Nursing Home

Address: 24 Sandringham Court, Gilford Road, Portadown, BT63 5BW

Tel No: 028 3839 4194

Inspector: Sharon Mc Knight

1.0 Summary

An unannounced inspection of Sandringham took place on 14 July 2016 from 19:30 hours to 22:30 hours and 15 July 2016 from 10:15 to 17:45 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The systems to ensure that care was safely delivered were reviewed. We examined staffing levels and the duty rosters, recruitment practices, staff registration status with their professional bodies and staff training and development. Through discussion with staff we were assured that they were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding. A general inspection of the home confirmed that the premises were well maintained.

Deficits were identified in the domain of safe care, specifically in relation to delivery of care and the provision of staffing. A requirement was made. Areas for improvement were identified with the recording of the staff duty roster and the working patterns of staff. Two recommendations were made.

Is care effective?

We evidenced that there were systems in place to monitor and review the effectiveness of care. However we observed that care was not effectively delivered to the patients in the general nursing unit. In order to drive improvement and ensure that patients receive the right care at the right time the requirement to review staffing to ensure there are sufficient staff to meet the needs of the patients must also be considered in the domain of effective care. Areas for improvements were also identified within the care records and a recommendation made.

Is care compassionate?

Throughout the inspection staff were quietly attending to the patients' needs. We were assured by the observed interactions that patients were treated with dignity and respect. Despite being under obvious time pressures staff were observed responding to patients' needs cheerfully and taking time to reassure patients as was required from time to time.

Discussion with the home manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. However given the comments provided to us by patients and relatives it is recommended that management review the methods available for engagement with patients and relatives to ensure they are effective.

Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Management arrangements ensured that either the registered manager or home manager were present in the home during the working week; both were available on the same day once a week.

Patients and relatives confirmed that they were aware of the home's complaints procedure, who the registered manager and home manager were and confirmed that they available to speak with. Staff spoken with were knowledgeable regarding the line management arrangements and who they would escalate any issues or concerns to; this included the reporting arrangements when the registered manager and home manager were off duty.

The unannounced monthly quality monitoring visits were completed in accordance with the regulations. A copy of the report was maintained and available in the home.

Recommendations were made with regard to one patient's placement and with the recording of complaints.

As previously discussed improvement is required with the provision and deployment of staff to ensure to safe and effective care; a requirement was made. Matters raised previously with supervision arrangements for patients continue to be non-compliant. One requirement and one recommendation have been stated for a second time. These deficits in the delivery of care must also be considered within the well led domain.

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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2*	7*

*The total number of requirements and recommendations made includes one requirement and one recommendation that have been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Niamh Murray, home 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 5 and 6 November 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered provider: Maureen Claire Royston	Registered manager: Adrian Moriarty
Person in charge of the home at the time of inspection: 14 July 2016 Rochelle Barrera Deputy manager 15 July 2016 Niamh Murray, home manager	Date manager registered: 1 April 2005
Categories of care: NH-I, NH-PH, NH-DE	Number of registered places: 63

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report

During the inspection we met with eight patients individually and with the others in small groups, the deputy manager, four registered nurses, five care staff, a domestic assistant, the cook and five patients' relatives.

Ten questionnaires were also issued to relatives and staff with a request that they were returned within one week from the date of this inspection.

The following information was examined during the inspection:

- five patient care records
- staff duty roster for the week commencing 11 July 2016
- staff training records
- staff induction records
- staff competency and capability assessments
- staff recruitment records
- complaints and compliments records
- incident and accident records
- records of audit
- records of staff meetings
- reports of monthly quality monitoring visits

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 5 and 6 November 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 5 and 6 November 2016.

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13(1)(a) Stated: First time	<p>The registered person must ensure that a review of patient supervision is undertaken to ensure the health, welfare and safety of patients. The review must consider the number of staff on duty, the deployment of staff and the supervision of patients during staff hand over reports.</p>	Not Met
	<p>The registered person must inform RQIA of the outcome of the review.</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed in the returned QIP that a review had been completed and advised of the actions taken to ensure patients were appropriately supervised.</p>	
	<p>On arrival to the home we visited one of the lounge areas in the general nursing unit and spoke with patients. There was no evidence of supervision of patients; several staff were observed in the nursing office waiting for the night staff to arrive.</p> <p>We visited the dementia unit at 21:35 hours. There were a number of patients walking around the corridor areas and in bedrooms where patients were in bed, some of whom were awake. The registered nurse was administering medications while care staff assisted patients to bed. There were no staff available to supervise the patients.</p> <p>Staff allocation sheets, to identify staff responsible for regular supervision of the patients were not effectively completed. In the dementia unit "all staff" was recorded.</p>	

	<p>There was no evidence that the assurances provided in the returned QIP had been implemented.</p> <p>Relatives spoken with reported that there had been no changes to the level of supervision in the lounge of the general nursing unit following the previous inspection. This opinion was substantiated by our observations.</p> <p>This requirement is has not been met and has been stated for a second time.</p>	
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 19.4</p> <p>Stated: First time</p>	<p>It is recommended that the arrangements for patients to call staff for assistance in the communal areas of the home is reviewed.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The deputy manager confirmed that portable nurse call points had been provided for patients in the lounges however a fault had been identified with the system approximately one week ago and they were currently not working. We were assured that staff were providing an enhanced level of supervision in the interim until the system was repaired. There was no evidence of this supervision. Staff spoken with were unfamiliar with the system, reporting that it had “never worked right.” The ineffectiveness of the system was also reported by relatives.</p> <p>This recommendation is assessed as partially met and is stated for a second time.</p>	Partially Met
<p>Recommendation 2</p> <p>Ref: Standard 35.3</p> <p>Stated: First time</p>	<p>It is recommended that RQIA are notified when the identified care management reviews are completed.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Confirmation was received that the identified care management reviews had been completed.</p> <p>This recommendation has been met.</p>	Met

4.3 Is care safe?

The home manager confirmed the planned daily staffing levels for the home and advised that these levels were subject to regular review to ensure the assessed needs of the patients were met.

A review of the staffing roster for week commencing 11 July 2016 evidenced that the planned staffing levels were adhered to. In addition to nursing and care staff, staffing rosters confirmed that administrative, catering, domestic and laundry staff were on duty daily. A member of staff was employed to deliver activities.

We were concerned with the recorded shift patterns of some staff and the number of hours they were rostered to work. For example one staff was rostered for six twelve hours shifts in one week, another staff member was working four night duty shifts and three 12 hours shifts on day duty in one week. We noted that during the week of 18 July 2016 a registered nurse, on night duty, was rostered on two dates, to administer the morning medications prior to completing their shift. The deputy manager explained that this was a contingency plan; an employment agency had been asked to provide a registered nurse but no confirmation had been received at the time of the inspection. The importance of ensuring the duty roster accurately reflects the hours worked by staff was discussed and a recommendation was made.

Confirmation from the home manager was received by e mail on 19 July 2016 that no registered nurses were required to work in the morning following a night shift.

The deputy manager explained that these additional hours were cover for annual leave. Following discussion with the home manager and deputy manager it was agreed that the working patterns of staff would be kept under review to ensure that the quality and safety of care to patients was not compromised. A recommendation was made.

Observations of the morning routine in the general nursing unit and discussions with patients raised concerns that patients' needs were not being met in timely manner. Nurse call bells were ringing for long periods prior to staff responding to them. One patient, who needed assistance, commented "they won't come, its lunchtime. There's no point buzzing." Three other patients expressed dissatisfaction with the time they had to wait for staff to attend them. Patients were complimentary towards staff but were of the opinion that there were not enough staff to attend to everyone. We observed that care staff were extremely busy on the morning of the inspection with assisting patients to wash and dress, have showers and assist with meal times. The provision of staffing in the general nursing unit must be reviewed to ensure there are adequate staff on duty to meet the needs of the patients.

This review must include the monitoring of care delivery and the response times to nurse call bells. A requirement was made. The impact of staffing on care delivery is further discussed within the domain of effective care.

We sought relatives' opinion on staffing via questionnaires. Three completed questionnaires were returned. All of the were either very satisfied or satisfied that care was safe. However one relative responded "no" to the question "are you satisfied that staff have enough time to care for your relative?" Comments provided included:

- "Although the staff are excellent with Dad we feel that they do not have enough time to see everything." (General nursing unit)
- "...there are occasions when undoubtedly additional staff would enable additional time spent with residents." (Dementia unit)

We spent a short period of time in the dementia unit and observed that the routine in the afternoon was well organised. Staff spoken with in the dementia unit were satisfied that there were sufficient staff to meet the needs of the patients in a timely manner.

We also sought staff opinion on staffing via questionnaires; one was returned following the inspection. No issues were identified with staffing.

The supervision of patients and the lack of availability of staff to provide supervision in the evening times has been discussed previously in section 4.2 and a requirement stated for a second time.

The deputy manager and registered nurses spoken with were aware of who was in charge of the home when the manager was off duty. The nurse in charge on day and night duty was clearly identified on the staffing roster. Discussion with two registered nurses who were given the responsibility of being in charge of the home in the absence of the manager confirmed that they had been given the relevant information to undertake the role and were knowledgeable regarding management situations.

A review of records evidenced that a competency and capability assessment had been completed with nurses who were given the responsibility of being in charge of the home in the absence of the registered manager. The assessments were signed by the registered manager to confirm that the assessment process has been completed and that they were satisfied that the registered nurse was capable and competent to be left in charge of the home.

A review of one personnel file evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. The record maintained of Access NI checks was reviewed and evidenced that the certificate had been checked prior to the candidate commencing employment.

Discussion with the home manager and a review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff were appropriately managed. The home manager was knowledgeable regarding the management of the Northern Ireland Social Care Council (NISCC) registration process for newly employed care staff.

Discussion with staff and a review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. One completed induction programme was reviewed. The programme included a written record of the areas completed and the signature of the staff member and the person supporting the new employee. On completion of the induction programme the registered manager signed the record to confirm that the induction process had been satisfactorily completed.

Training was available via an e learning system and internal face to face training arranged by FSHC. Training opportunities were also provided by the local health and social care trust. Systems were in place to monitor staff attendance and compliance with training. These systems included a print out of which staff had completed an e learning training and signing in sheets to evidence which staff had attended face to face training in the home.

A review of the print out of mandatory training evidenced good compliance; for example in the past 12 months 97% of staff had completed basic life support, 96% in infection prevention and control and 96% adult safeguarding training. Training was ongoing in 2016.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The registered nurses, care staff and laundry staff were aware of whom to report concerns to within the home. Annual refresher training was considered mandatory by the home.

Review of two patient care records evidenced that a range of validated risk assessments were completed as part of the admission process to accurately identify risk and inform the patient's individual care plans.

A review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to the relevant bodies. A random selection of accidents and incidents recorded since the previous inspection evidenced that accidents and incidents had been appropriately notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Management completed a monthly analysis of accidents to identify any trends or patterns.

A general inspection of the home was undertaken to examine a random sample of patients' bedrooms, lounges, bathrooms and toilets. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated. All of the responses we received in the returned questionnaires confirmed that this was normal for the home.

Fire exits and corridors were observed to be clear of clutter and obstruction.

There were no issues identified with infection prevention and control practice.

Areas for improvement

The duty roster should accurately reflect the hours worked by staff.

The working patterns of staff and number of hours worked should be kept under review to ensure that quality and safety of care to patients is not compromised.

The provision of staffing in the general nursing unit must be reviewed to ensure there are sufficient staff on duty to meet the needs of the patients.

Number of requirements	1	Number of recommendations:	2
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4.4 Is care effective?

We reviewed five patients' care records; two records of patients to evaluate the admission process and three to review the management of care and the involvement, if any, of healthcare professionals.

A comprehensive assessment to identify daily need had been completed for one patient at the time of admission. This assessment should be completed for all patients on admission. There were some areas of patient need identified in the completed assessments which did not have care plans in place. A recommendation was made. As previously discussed a range of validated risk assessments were completed as part of the admission process.

Care records were regularly reviewed and updated, as required, in response to patient need.

Three care records reflected that, where appropriate, referrals were made to healthcare professionals such as GP's, tissue viability nurse specialist (TVN), speech and language therapist (SALT) and dieticians. Investigations requested by GP's were actioned and the outcome recorded.

There was evidence within the care records of regular, ongoing communication with relatives. Registered nurses spoken with confirmed that care management reviews were arranged by the relevant health and social care trust. These reviews were generally held annually but could be requested at any time by the patient, their family or the home. We spoke with the relatives of one patient who informed us that they had raised concerns regarding care at a recent care management review. They were of the opinion that these concerns were to be shared with the registered manager who would meet with them; this follow up had not happened. The minutes of the care management review provided to the home by the healthcare trust did not reflect the issues the family had shared with us. We discussed with the home manager the issues and the family's expectation of follow up. It was agreed that they would contact the family and arrange to meet with them.

Discussion with the home manager and 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.

The home manager confirmed that staff meetings were held regularly with all staff teams. Records of the issues discussed and agreed outcomes were maintained. The most recent meeting was held on 5 May 2016 with care staff. Minutes of this meeting detailing the areas discussed were available. Meetings had also taken place with care staff on 11 February with the registered nurses. 2016. The registered manager and home manager held monthly meetings with the heads of department in the home; this included the deputy manager, nursing sister, catering and housekeeping.

Staff advised that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Staff confirmed that if they had any concerns, they would raise these with the registered manager or home manager.

We discussed how the registered manager and home manager consulted with patients and relatives and involved them in the issues which affected them. They explained that both had regular, daily contact with the patients and visitors and were available, throughout the day, to meet with both on a one to one basis if needed. Patients and relatives spoken with confirmed that they knew who the managers were and that they were regularly available in the home to speak with. Patient engagement is further discussed in section 4.5.

We evidenced that there were systems in place to monitor and review the effectiveness of care. However we observed that care was not effectively delivered to the patients in the general nursing unit. Patients received their morning tea at 11:30 hours, lunch was served at 12:30 hours. The serving of lunch indicated that there were insufficient staff to ensure patients received their meal in a timely way. Patients reported that staff were rushed; we observed one patient whose clothes were heavily stained with food after their meal. They explained that normally they would be provided with a dress protector but this had not happened on the day of the inspection.

The patient was confident that after lunch staff would assist him to change his clothes. It was noted that a significant number of patients were served their meals in their bedrooms or in the lounge areas. Staff reported that, whilst these arrangements were an additional pressure on staff time, patient's individual preferences were paramount. This was commended.

To ensure that patients receive the right care at the right time the requirement to review staffing to ensure there are sufficient staff to meet the needs of the patients must also be considered in the domain of effective care.

Areas for improvement

A comprehensive assessment to identify patient need should be completed for all patients on admission and a detailed plan of care generated to meet assessed needs.

Number of requirements	0	Number of recommendations:	1
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4.5 Is care compassionate?

Throughout the inspection staff were quietly attending to the patients' needs. We were assured by the observed interactions that patients were treated with dignity and respect. Despite being under obvious time pressures staff were observed responding to patients' needs cheerfully, and taking time to reassure patients as was required from time to time. Staff spoken with were knowledgeable regarding patients' likes, dislikes and individual preferences.

As previously discussed in section 4.3 whilst patients spoken with were dissatisfied with the response time to the nurse call bells they did comment positively in regard to the staff and the care they received. One patient commented "there simply are not enough of them." Those patients who were unable to verbally express their views were observed to be appropriately dressed and were relaxed and comfortable in their surroundings.

Numerous compliments had been received by the home from relatives and friends of former patients. The following are some comments recorded in thank you cards received:

- "...due to your staff being as generous with their affection and kindness mum was very content and happy in her new home."
- "Thank you all so much for all your help in caring for mum during her days in Sandringham."
- "...I could tell how much she was loved by all the staff."

Discussion with the home manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. These systems included a 'Quality of Life' feedback system which was available at the reception area. This was an iPad which allowed relatives/ representatives, visiting professionals and/ or staff to provide feedback on their experience of Sandringham. A portable iPad was also available to record feedback from patients. The home manager explained that when feedback is received via this system an automatic email is sent to management who then must respond to any comments made. Anyone completing the feedback has the option to remain anonymous or leave their name.

Management have the option to contact people who leave their contact details to gain further clarification on the feedback received. We were informed that all of the comments received recently were positive. Given the findings of this inspection and the comments provided to us by patients and relatives it is recommended that management review the methods available for engagement with patients and relatives to ensure they are effective.

Patients confirmed that they could raise a concern or query with staff or management. One patient discussed previous concerns they had raised with management; some of the issues had been resolved to the patient's satisfaction, some had not. With the patient's consent we shared their comments with the home manager and it was agreed they would meet with the patient individually to discuss the issues further. Complaints are discussed further in section 4.6.

We spoke with the relatives of five patients the majority of who commented positively with regard to the standard of care and communication in the home. As previously discussed in section 4.4 the relatives of one patient raised concern and these were shared with the home manager.

Ten relative questionnaires were issued; five for each unit in the home. Three were returned within the timescale for inclusion in this report. The respondents were satisfied with care was safe, effective and compassionate and that the home was well led. Comments provided with regard to the provision of staff have been discussed within the domain of safe in section 4.3. A letter was appended to one returned questionnaire which gave high praise to the care delivered in the dementia unit.

Areas for improvement

Management should review the methods available for engagement with patients and relatives to ensure they are effective.

Number of requirements	0	Number of recommendations:	1
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4.6 Is the service well led?

The certificate of registration issued by RQIA and the home's certificate of public liability insurance were appropriately displayed in the foyer of the home.

We reviewed the operation of the home with regard to the categories of care registered. The needs of one identified patient were discussed at length with staff and the home manager. Care records evidenced that reviews by healthcare professionals had been undertaken to determine the most appropriate care setting for the patient. It was good to note that management, prior to this inspection, had identified the necessity to reassess the patient's needs in accordance with the home's registered categories of care. In the absence of a decision the registered manager must determine, in conjunction with the commissioning Trust, if the current placement is appropriate. It was agreed that RQIA would be informed of the outcome. A recommendation was made.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. The registered manager works three days per week; management support is provided by the home manager when they are off. Management arrangements ensured that either the registered manager or home manager were present in the home during the working week; both were available one day a week. The registered manager and home manager were also supported by the deputy manager. As previously discussed a registered nurse was identified to be in charge of the home in the absence of the registered manager and home manager.

Staff spoken with were knowledgeable regarding the line management arrangements and who they would escalate any issues or concerns to; this included the reporting arrangements when the registered manager and home manager were off duty. Discussions with staff also confirmed that there were good working relationships and that management were approachable.

Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients and relatives were aware of who the registered manager and home manager were and reported that they available to speak with.

A record of complaints was maintained. The record included the date the complaint was received, the nature of the complaint, details of the investigation and a copy of the response provided to the complainant. One complaint recorded did not include the action taken in response to the complaint. Two patients spoken with informed us of complaints they had raised with management. Although the home manager and relevant staff were knowledgeable regarding the nature of the complaint and the action taken, there were no records to evidence that these complaints had been received. We were assured by staff knowledge that action had been taken in response to the patient's dissatisfaction. Records of all complaints should be maintained in accordance with standard 16 of the DHSSPS Care Standards for Nursing Homes, April 2015. A recommendation was made.

There were arrangements in place to receive and act on health and safety information, urgent communications, safety alerts and notices; for example from the Northern Ireland Adverse Incident Centre (NIAIC).

The unannounced monthly visits required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 were completed in accordance with the regulations. An action plan was generated to address any identified areas for improvement.

As previously discussed in section 4.3 and 4.4 issues were identified with staffing and the delivery of effective care in the general nursing unit. A requirement was stated in this regard. The provision and deployment of staff to ensure to safe and effective care must also be considered as an area for improvement in the well led domain.

Areas for improvement

The registered manager should determine, in conjunction with the commissioning Trust, if the current placement of the identified patient is appropriate.

Records of all complaints should be maintained in accordance with the DHSSPS Care Standards for Nursing Homes, April 2015, standard 16.

Number of requirements	0	Number of recommendations:	2
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Niamh Murray, Home Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/ manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for review by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 13(1)(a)

Stated: Second time

To be completed by: 12 August 2016

The registered person must ensure that a review of patient supervision is undertaken to ensure the health, welfare and safety of patients. The review must consider the number of staff on duty, the deployment of staff and the supervision of patients during staff hand over reports.

The registered person must inform RQIA of the outcome of the review.

Ref section 4.2

Response by registered provider detailing the actions taken:

A review of how patients are supervised during staff handover has been conducted. This has included reviewing how staff are deployed throughout their shift to ensure delivery of care is safe, effective and individualised. Registered person will continue to monitor this.

Requirement 2

Ref: Regulation 20(1)(a)

Stated: First Third time

To be completed by: 12 August 2016

The registered person must ensure that the provision of staffing in the general nursing unit is reviewed to ensure there are adequate staff on duty to meet the needs of the patients.

This review must include the monitoring of care delivery and the response times to nurse call bells.

The registered person must inform RQIA of the outcome of the review.

Ref section 4.3

Response by registered provider detailing the actions taken:

Registered person has conducted a review of staffing and how they respond to answering of call bells. The monitoring process has included discussions with patients who have now advised that call bells are answered in a timelier manner. This will continue to be monitored by Sr of the Unit and Home Managers.

Recommendations

Recommendation 1

Ref: Standard 19.4

Stated: Second time

To be completed by: 12 August 2016

It is recommended that the arrangements for patients to call staff for assistance in the communal areas of the home are reviewed.

Ref section 4.2

Response by registered provider detailing the actions taken:

The call system has been repaired and all staff on the Unit are now fully aware of how to operate it.

Recommendation 2 Ref: Standard 41 Stated: First time To be completed by: 12 August 2016	<p>It is recommended that the duty roster should accurately reflect the hours worked by staff.</p> <p>Ref section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: Sisters on both Units are aware that roster is a legal document and should at all times accurately reflect the hours worked. Home Managers will continue to monitor this.</p>
Recommendation 3 Ref: Standard 47.3 Stated: First time To be completed by: 12 August 2016	<p>It is recommended that the working patterns of staff, to include the number of hours worked, should be kept under review to ensure that the quality and safety of care to patients is not compromised.</p> <p>Ref section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: Home Managers will continue to monitor this and ensure that Agency staff are booked in a timely way to ensure staff do not need to work excessively long hours. Home Managers will continue to try to recruit nursing staff to meet establishment requirements.</p>
Recommendation 4 Ref: Standard 4.1 Stated: First time To be completed by: 12 August 2016	<p>It is recommended a comprehensive assessment to identify patient need is completed for all patients on admission and a detailed plan of care generated to meet assessed needs.</p> <p>Ref section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: All nursing staff are aware of the company policy to ensure an assessment and plan of care is completed for each resident within the specified time scales. Home managers or their delegated person will review each patient following their admission on 5th Day. This will apply to patients returning home from hospital. This will be recored through the auditing process on Quality of Life.</p>
Recommendation 5 Ref: Standard 7.1 Stated: First time To be completed by: 12 August 2016	<p>It is recommended that management review the methods available for engagement with patients and relatives to ensure they are effective.</p> <p>Ref section 4.5</p> <hr/> <p>Response by registered provider detailing the actions taken: Lunch club is now running wherby selected residents and there relatives are invited to a social meal in the Home. This has been positively received to date and is an important avenue of communication between staff and residents and their families.</p>

Recommendation 6 Ref: Standard 35.1 Stated: First time To be completed by: 12 August 2016	<p>It is recommended that the registered manager determine, in conjunction with the commissioning Trust, if the current placement of the identified patient is appropriate.</p> <p>RQIA should be informed of the outcome.</p> <p>Ref section 4.6</p> <p>Response by registered provider detailing the actions taken: Liasing with the Care Manager and Community Psychiatric Nurse this resident has now been assessed as in need of Dementia Nursing and has been transferred to the Dementia Unit in Sandringham.</p>
Recommendation 7 Ref: Standard Stated: First time To be completed by: 12 August 2016	<p>It is recommended that records of all complaints are maintained in accordance with the DHSSPS Care Standards for Nursing Homes, April 2015, standard 16.</p> <p>Ref section 4.6</p> <p>Response by registered provider detailing the actions taken: All complaints are maintained in accordance to legislation and FSHC policy and procedure .</p>

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address



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