



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 23 - 29 July 2019



Seapatrick

Type of Service: Nursing Home

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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.

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 60 patients.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston	Registered Manager and date registered: Jenny Willis-Acting Manager
Person in charge at the time of inspection: Jenny Willis	Number of registered places: 60
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: 55 A maximum of 38 patients in category NH-DE located in the Dementia Unit and a maximum of 22 patients located in the General Unit. Category NH-PH for 1 identified person only and category NH-MP(E) for 1 identified person only.

4.0 Inspection summary

An unannounced care inspection took place on 23 July 2019 from 09.05 to 16.45 and on 24 July 2019 from 09.15 to 14.15. An unannounced estates inspection took place on 23 July from 11.00 to 13.50. An unannounced medicines management inspection took place on 25 July 2019 from 09:45 to 13:20. An unannounced finance inspection took place on 29 July from 10.30 to 13.45.

This inspection was undertaken by the care, estates, medicine management and finance inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last care, estates, medicines management and finance inspections and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff induction, risk management, medicines management, wound care, record keeping, post falls management, management of a potentially restrictive practice, communication, the culture and ethos in the home, maintaining good working relationships and respecting patients' privacy and dignity.

Through the governance processes in Four Seasons Health Care, deficits in some aspects of management of the home had been identified by the group. Management had an action plan in place in order to address the identified issues and make the necessary improvements.

Areas requiring improvement were identified at the inspection in relation to deployment of staff, patients having call bells within reach, staff appraisals, nurse competency assessments, IPC measures and training, effective monitoring of total daily fluid intake, providing a recent photograph

in care records, having the daily menu on display in a suitable format, compiling an annual quality report, manager/staff recruitment, the patient's individual agreement, written authorisation regarding spending and reconciliation of patients' property. A number of these issues had also been identified on the home's action plan and were being addressed.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them, professionals and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4	*10

*The total number of areas for improvement includes three which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Jenny Willis, 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 12 March 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 12 March 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous quality improvement plans from care, estates, medicines management and finance inspections; registration information; and any other written or verbal information received, for example, the action plan developed by Four Seasons Health Care.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home.
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- observe practice and daily life.
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 15 to 28 July 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- staff supervision and appraisal schedule/nurse competency assessments
- incident and accident records
- two staff recruitment and induction files
- six patient care records including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints and compliments record
- a sample of monthly monitoring reports from March 2019 and the Four Seasons Health Care action plan
- RQIA registration certificate
- personal medication records, medicine administration records, medicines requested, received and transferred/disposed, controlled drugs
- records relating to the management of medicines on admission, distressed reactions, pain, thickening agents, warfarin
- medicine management audits
- the finance elements of four patients' care files
- four patients' finance files
- a sample of income and expenditure records for several patients
- four records of patients' furniture and personal possessions

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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 previous inspections

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 23 Stated: Second time	The registered person shall ensure that nursing care records reflect that wound care management is being undertaken in accordance with NICE guidance on management and prevention of pressure damage.	Met
	Action taken as confirmed during the inspection: Wound charts reviewed were up to date. The dressing change was also recorded in the wound care evaluation sheet. This area for improvement had been met.	
Area for improvement 2 Ref: Standard 18.8 Stated: Second time	The registered person shall ensure that where a restrictive practice is in use, for example; specialist seating being maintained in the tilt position, patient care records accurately reflects the rationale and monitoring of this.	Met
	Action taken as confirmed during the inspection: Care records reviewed included a rationale for the use of the restrictive practice and also how often the practice should be monitored. This area for improvement had been met.	

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 18 Stated: Second time	The registered person shall ensure that, whenever a patient is prescribed a medicine for administration on a “when required” basis for the management of distressed reactions, there is a care plan and the reason for and outcome of administration are routinely recorded.	Met
	Action taken as confirmed during the inspection: For three patients whose records were examined, care plans were in place and the reason for and outcome of administration of the medicines were routinely recorded.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to monthly review to ensure the assessed needs of the patients were met. A review of the staffing rota from 15 to 28 July 2019 evidenced that the planned daily staffing levels were adhered to.

Staff spoken with were mostly satisfied with the current staffing levels. However, they did say that short notice leave was an issue although shifts were generally ‘covered’ and that staffing levels could go up and down. This was discussed with the manager who assured us that short notice leave was managed via return to work interviews and the home’s absenteeism policy.

One member of staff said that, on occasions, they did not have enough time to get all the patients up in the morning. This was discussed with the nurse in charge of the unit and the manager, who advised us that staff were encouraged not to be task driven and to be aware that not all patients had to be, or wanted to be, up by a certain time every day. The nurse in charge was working with staff in order to promote a more flexible routine to best meet the needs of the patients.

Staff commented that:

- “Everyone pulls their weight within the unit.”
- “It’s really good here.”
- “I like it so far, can’t complain.”

- “People phoning in sick can be an issue.”
- “It can be hard work but that’s okay.”
- “Staffing levels are not always enough and it’s frustrating having to ask patients to wait for care.”

We also sought staff opinion on staffing via the online survey. One response was received within the timescale; the staff member indicated that they were satisfied care was compassionate but they were unsatisfied with staffing levels. The comments made related to those already discussed with the manager during the inspection.

Patients spoken with were satisfied that there were enough staff on duty to meet their needs although one patient said, “I think they have cut staffing levels down, you have to wait half an hour or more for the toilet.”

Patients’ visitors spoken with were also satisfied that there were enough staff on duty; one did comment that “staff are run off their feet” but that they felt this would be the same in any home.

We also sought the opinion of patients and patients’ visitors on staffing levels via questionnaires; one response was received from a relative who indicated they were very unsatisfied with staffing levels. Comments made were brought to the attention of the manager to enable her to take action to resolve the issues. Deployment and numbers of staff on duty should be reviewed to ensure the needs of patients can be met; an area for improvement was made.

On both days of the care inspection the daily routine appeared to run smoothly and we observed that call bells were answered promptly. However, not all patients who were in their rooms had call bells within reach and an area for improvement was made.

Review of two staff recruitment and induction files evidenced that the appropriate checks had been completed to ensure staff were suitable to work with patients in the home prior to commencing work there. One file reviewed did not contain an induction record; this was brought to the attention of the manager who confirmed the staff member had the record and a copy was provided to RQIA following the inspection. Discussion with staff confirmed that they had completed, or were in the process of completing, a period of induction.

Review of records confirmed there was a system in place to monitor the registration status of registered nurses with the NMC and care staff with NISCC and this clearly identified the registration status of all staff.

Supervision and appraisal schedules were in place but dates had not yet been arranged for staff to complete these going forward. Supervisions had been undertaken with staff on various dates between March and July 2019 and a record of these was maintained. However, staff appraisals were overdue; an area for improvement was made.

Review of records also evidenced that, in some cases, annual nurse competency and capability assessment was overdue; an area for improvement was made.

Discussion with staff confirmed they were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Staff spoken with also confirmed they were aware of the home’s whistleblowing policy.

We observed that staff used personal protective equipment (PPE), for example aprons and gloves, appropriately and that these were readily available throughout the home. Staff were also observed carrying out hand hygiene at appropriate times.

A review of the home's environment was carried out and included observations of a sample of bedrooms, bathrooms, shower rooms, lounges, storage areas, sluices, treatment rooms and dining rooms. The home was found to be warm and well decorated throughout. However, we observed, for example, dust on top of wardrobes; more effective cleaning was required to various sink drains, toilet roll and soap dispensers in bathrooms and shower rooms; identified light pull cords were uncovered; an identified over bed table had a damaged and sticky surface; an identified mattress cover was worn, the underside of this was also stained and a malodour was apparent; two fridges for the use of patients' own drinks and snacks required more effective cleaning; identified moving and handling equipment required more effective cleaning; and identified commodes and shower chairs showed signs of rust in places and needed to be replaced. An area for improvement was made in relation to ensuring infection prevention and control (IPC) measures were effective and that the system in place to monitor these was robust.

We were also aware that there had been two infectious disease outbreaks in the home since January 2019. We discussed the identified IPC deficits with the manager who informed us that these would be brought to the attention of the housekeeper for action to be taken as soon as possible. There was currently a full time domestic post to be filled in the home and that this had been advertised. A member of staff was being trained to be the IPC link person for the home; this role would involve identifying IPC issues and ensuring IPC best practice guidelines were being embedded into practice. The current action plan developed by Four Seasons Health Care had identified IPC issues and also that vanity units in some bedrooms needed to be replaced; we were assured that costings had been obtained for this improvement.

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

Review of care records evidenced that a range of validated risk assessments was completed and informed the care planning process for patients. Risk assessments were completed to identify and minimise the risk of, for example, falls, pressure ulceration, pain and weight loss.

We spoke to two physiotherapists who were in the home to provide treatment to patients. The physiotherapists commented that this was "a good home". However, they had also observed that a commode in use needed to be replaced as it was rusted in areas and this prevented effective cleaning.

Management of Medicines

Medicines were managed in compliance with legislative requirements, professional standards and guidelines. Medicines were managed by staff who had been trained and deemed competent to do so. There were procedures in place to ensure the safe management of medicines during a patient's admission to the home. Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. There were satisfactory arrangements in place to manage changes to prescribed medicines. The sample of medicines examined had been administered in accordance with the prescriber's instructions. Audits which cover all areas of medicines management are performed regularly, discrepancies investigated and records maintained. There were robust arrangements in place for the management of medicine related incidents.

Medicines records complied with legislative requirements, professional standards and guidelines.

Medicines were safely and securely stored in compliance with legislative requirements, professional standards and guidelines. Medicines were stored in accordance with the manufacturer’s instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened.

The management of controlled drugs was in compliance with legislative requirements, professional standards and guidelines. Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in controlled drug record books. Checks were performed on controlled drugs which require safe custody, at the end of each shift. Additional checks were also performed on other controlled drugs which is good practice. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, adult safeguarding, risk management and medicines management.

Areas for improvement

Areas for improvement were identified in relation to staff deployment, having call bells within reach, staff appraisals, nurse competency and capability training and IPC measures.

	Regulations	Standards
Total numb of areas for improvement	1	4

6.4 Is care effective?

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

Observation of care delivery and the daily routine in the home evidenced that patients care needs were met in a timely manner. Staff spoken with confirmed they attended a handover at the beginning of each shift. Patients unable to voice their opinions appeared to be comfortable and settled in their surroundings. Patients who were able to express their opinions commented positively about the care they received; they told us:

- “Staff are very obliging.”
- “So far, no problems at all.”
- “Staff are absolutely brilliant, very kind and helpful.”

Patients' visitors spoken with were also satisfied with the care provided, comments included:

- "They do look after her really well."
- "It's a good home."
- "Things are excellent."
- "I've never had any serious bother, things are great."
- "It's very nice."

One visitor told us that she was in the home every day and assisted her relative with eating and drinking on a twice daily basis. This was not an issue and was something the visitor was happy to do. However, she had a slight concern about staff possibly not having sufficient time to assist her relative if circumstances changed and she could not continue to do this. This was brought to the attention of the manager who assured us that staff ensured that the patient's needs were met in the absence of this visitor and that good communication was maintained to ensure staff were aware of any change to the current arrangements.

Review of six patients' care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patients. Care records contained details of the specific care requirements in the areas reviewed and a daily record was maintained to evidence the delivery of care. Care records reflected that, where necessary, referrals were made to other healthcare professionals. Care plans reviewed had been updated to reflect recommendations made by other healthcare professionals. There was evidence of consultation with the patient and/or their representative in the care records reviewed.

Patients' weights were monitored on at least a monthly basis and there was evidence in the care records reviewed of referral to, and recommendations from, the dietician and the speech and language therapist (SALT) where required. Review of supplemental care records evidenced that patients' daily food and fluid intake was recorded. However, the total fluid intake over the 24 hour period was not calculated in all of the records reviewed and it was therefore not apparent if a patient was achieving their recommended daily fluid intake; an area for improvement was made.

We reviewed the management of wounds and observed that recording on wound charts was up to date, the date the dressing was next due was indicated and the wound care provided was also recorded in the wound care evaluation; this area for improvement had been met.

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 and an action plan was devised if necessary. Review of care records evidenced that clinical and neurological observations were carried out following a fall and the relevant risk assessments and care plans were updated post fall.

Validated risk assessments and care plans were also in place to direct care for the prevention of pressure ulcers and pressure relieving equipment was in use if directed. Repositioning charts reviewed were completed as per the recommended repositioning schedule of individual patients.

We reviewed care plans in place to direct the care required where a potential restrictive practice was in use, for example, a lap belt or buzzer mat. The rationale for the use of the restrictive practice was recorded along with recommended monitoring intervals and there was evidence of consultation with the patient or their representative where appropriate. This area for improvement had been met.

We observed that a recent photograph of the patient was not available in all of the care records reviewed; an area for improvement was made.

Prior to lunch being served in the Meadowlands Suite we observed that a tub of a thickening agent had been left sitting out in the dining room. There were no patients in the dining room and we brought this to the attention of staff who apologised for the oversight and immediately removed it. Staff told us that thickening agents were normally put away following a meal; they were aware that there was a potential risk to patients if they were able to access thickening agents and that they should be stored securely. The medicines management inspection carried out on 25 July 2019 evidenced that medicines, including thickening agents, were safely and securely stored.

We observed the serving of lunch in the Meadowlands Suite; this was a calm and unhurried experience for patients. Staff demonstrated their knowledge of how to thicken fluids for patients and which patients required a modified diet. The food smelled appetising and was well presented. Patients who had changed their mind about their menu choice were offered alternatives. Staff were seen to be very helpful to patients throughout the mealtime, offering a selection of drinks and encouraging independent eating where this was appropriate.

There was no menu on display; however, staff had a list of the day's menu choices and which patients required modified diets. Discussion with the manager following the meal evidenced that a new chef had recently been employed, the menu had been reviewed and catering staff were responsible for providing an up to date menu in the dining room each day. An area for improvement was made to ensure the menu was displayed in a suitable format and kept up to date.

Patients spoken with following lunch were complimentary about the food on offer; one told us that "the food is very nice". The weather was hot and sunny and we observed that staff encouraged patients to drink plenty and offered them a selection of drinks on a regular basis.

Staff obviously knew patients well and were aware of their likes and dislikes. Staff spoken with demonstrated their knowledge around the importance of maintaining confidentiality when discussing patient information. We observed that staff communicated effectively both with patients and with each other.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to wound care record keeping, post falls management, management of a potentially restrictive practice, the food on offer, staff knowledge of patients likes and dislikes and communication between patients and staff.

Areas for improvement

The following areas were identified for improvement in relation to effective monitoring of total daily fluid intake: providing a recent photograph in care records and having the daily menu on display in a suitable format.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 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.

During the inspection we spoke with several patients and those who were able to voice their opinions told us that:

- “Staff are always cheerful and kind.”
- “Staff are very pleasant and helpful.”

We observed that patients who were unable to voice their opinions appeared to be content and settled both in their surroundings and in their interactions with staff.

Patients’ relatives spoken with were complimentary about the care provided; they commented:

- “The girls are great, they do love their patients.”
- “Staff would do anything to help you.”

Staff interactions with patients were observed to be kind and caring; they treated patients with respect. Staff were observed to knock on bedroom and bathroom doors before entering rooms and to keep doors closed when assisting patients in order to ensure their privacy and dignity was maintained.

Unfortunately there was no activity co-ordinator in the home. The manager told us that the post had been advertised but a suitable candidate had yet to be employed. Staff told us that they did their best to include activities in the daily routine and we observed that they ensured there was music playing and/or TV’s on in the lounges as patients’ preferred. Staff also took time to play games, chat and sing with patients. Patients told us that they helped to look after the pets in the home with assistance from staff; they were also growing strawberries in raised beds and told us these were delicious.

We observed that staff offered patients the opportunity to sit out in the courtyard as the weather was warm and sunny. Staff ensured patients were protected from the sun and offered them ice cream and lollies to help keep cool. They were friendly and attentive to patients and engaged them in pleasant conversations throughout the day.

A record of thank you cards received was maintained, and these were also on display throughout the home. Comments made included:

- “We can’t thank you enough for all the care you took of our mum.”
- “He received excellent care from all the staff, thank you for their dedication.”
- “Thank you for all your support.”
- “Thank you for all the care you provided.”
- “I would like to say a massive thank you from the bottom of my heart.”

An annual quality report, to reflect upon and review the quality of nursing and other services provided in the home, had not yet been compiled for the previous year and an area for improvement was made.

Patients and visitors spoken with assured us that they felt listened to and that their opinions mattered to staff in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy and listening to and valuing patients and their representatives.

Areas for improvement

An area for improvement was identified in relation to compiling an annual quality report for the home.

	Regulations	Standards
Total number of areas for improvement	1	0

6.6 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.

As previously mentioned there had been a change in management arrangements since the last care inspection and RQIA had been notified of this. The certificate of registration issued by RQIA was displayed in the entrance hall of the home.

Discussions with staff and observations within the home confirmed that it was operating within the categories of care registered.

A review of the duty rota evidenced that the manager’s hours and the capacity in which these were worked was recorded.

We were aware that management arrangements in the home were changing and an interim manager will be supporting the home pending completion of a recruitment process. We have requested that the manager submits a copy of the monthly monitoring reports to RQIA, until further notice, in order that recruitment of the required staff can be monitored. RQIA should also be notified of any future changes to management arrangements. An area of improvement was made.

Patients and visitors spoken with did not report any concerns regarding management arrangements in the home; most said that they knew who the current manager was, were on first name terms with her and had been kept informed of changes. One patient told us that “Jenny is good,” and a visitor said, “I haven’t noticed any changes to care and that is the most important thing.”

Staff told us that teamwork was good, they supported each other and that they had been kept informed of the changes in management arrangements. Staff spoke positively about working in the home and the manager; comments included:

- “I love working here.”
- “The current manager is very approachable.”
- “It’s great here, I like it.”

Patients’ visitors spoken with were aware of the procedure for making a complaint. We observed that there was a system in place for recording complaints received.

Discussion with the manager and review of auditing records evidenced that a number of monthly audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records, use of restrictive practices, wounds, falls and IPC practices. An action plan was developed where shortfalls were identified although as previously mentioned in Section 6.3 an area for improvement was made in relation to IPC deficits in the home.

We reviewed a sample of monthly quality monitoring reports from March 2019 onwards. These were comprehensive and informative. We also reviewed the action plan put in place by Four Seasons Health Care and this evidenced that some progress had been made in relation to carrying out the improvements identified. The home will be kept under focus by the group until all the improvements have been completed.

Review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately and in a timely manner. When the current manager took up post some retrospective notifications of events were made to RQIA; these had not been submitted at the appropriate time by the previous manager but this issue had been resolved.

The home provided mandatory training to ensure staff were adequately trained for their roles and responsibilities. A new training matrix was being developed and we were provided with a sample of this. Staff told us that they felt their training needs were met and they were kept informed of when mandatory training was due. As IPC issues were identified during the inspection staff should receive additional training in this area; an area for improvement was made.

A staff meeting was held in June 2019 and the minutes were recorded; the manager told us the next meeting date would be planned by the incoming manager.

Assessment of premises

The previous premises inspection IN021648 completed on 22 February 2016 listed two QIP requirements; (1) relating to the implementation of legionella risk assessment action plan control measures and (2) relating to fire risk assessment roof space compartmentation. Both QIP items were verified as complete.

Building engineering services maintenance certificates and associated risk assessment documents were reviewed, and found to be compliant with care standards requirements.

The planned replacement of bedroom vanity units was progressing; currently approximately 50 per cent have been replaced.

There were no remedial issues requiring attention identified and therefore there are no premises related QIP items included in the report.

Management of service users' monies

A finance inspector visited the home on 29 July 2019 to validate the areas for improvement identified in the previous finance inspection of the home carried out on 30 August 2016. For one identified patient, the home had written to the patient's HSC trust care manager to advise that the home was in receipt of bank statements addressed to the patient. This action was required following the previous finance inspection and a copy of the relevant correspondence to the trust was identified on the patient's records. This area was therefore validated as met.

The arrangements to ensure that patients had access to their monies at all times were discussed with the home administrator. This discussion established the home's practical arrangements to ensure that this was facilitated within the home. It was good to note that this area for improvement which was identified at the previous finance inspection was therefore validated as met.

A sample of patients' income and expenditure records were reviewed to ensure that there was no evidence that staff had used their personal store loyalty cards to earn points while making purchases on behalf of patients. This review evidenced that while purchases had been made in stores which operated a "points" system, the receipts identified that a card had not been used on any of the transactions reviewed.

A sample of four patients' finance files was reviewed to establish whether each patient's individual written agreement was up to date to reflect the annual changes in fees. A review of the patients' files identified that the agreements were not up to date. Of the four files reviewed, two patients' agreements had been updated in 2017, one in 2018 and one in 2016. None of the agreements had been updated for the 2019/2020 year. The up to date rates are notified to the home in approximately April each year. As this area for improvement was identified at the previous finance inspection, it is therefore listed in the quality improvement plan for the second time and requires urgent review by the registered person.

The four patients' finance files were also reviewed to establish whether signed personal monies authorisations were in place. This provides the home with written authority to spend the identified patient's money on certain goods and services. Of the sample of four files reviewed, three patients had this document on their file, one patient did not. As all patients in the sample did not have this on their files, this area for improvement is listed in the quality improvement plan for the second time and requires urgent review by the registered person.

The care files for four patients were also requested for review to establish whether an up to date record of their furniture and personal possessions was on file and being maintained. These records should be updated quarterly and signed and dated by two people. A review of the files identified that while each patient had a written record of their property on file, these had been updated most recently in 2016 for one patient and 2017 for two further patients. The fourth patient's record was undated. As ensuring that these records are updated quarterly was listed as an area for improvement following the previous finance inspection, this area for improvement is listed in the quality improvement plan for the second time and requires urgent review by the registered person.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, and maintaining good working relationships. A sample of records identified that store loyalty cards had not been used by staff when making purchases for patients and there was evidence of appropriate engagement with the HSC trust regarding the finances of an identified patient.

Areas for improvement

Additional areas were identified for improvement in this domain in relation to monitoring of management arrangements/staff recruitment and providing additional IPC training for staff.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jenny Willis, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 24 August 2019</p>	<p>The registered person shall ensure that the identified IPC deficits are resolved in order to minimise the risk and spread of infection and that a robust system is in place to monitor IPC measures.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The IPC audit has been completed and issues identified either addressed or added to the action plan. A discussion has been had with the House Keeper in relation to the identified areas . High dusting has been carried out and continued, sink drains, toilet roll and soap dispensers are cleaned regularly. Identified pull cords for lights have been covered. Bed side tables are cleaned regularly and removed those which are damaged. A member of staff has been identified as the infection control lead and are aware of their responsibilities. Full time domestic post has been filled. Refurbishment of vanity units is ongoing.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 19 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 24 August 2019</p>	<p>The registered person shall ensure that a recent photograph of the patient is available in the individual patient's care records.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Photographs have been taken for all new residents and those not in place at the time of the inspection, those requiring updating are on a rolling programme.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 17</p> <p>Stated: First time</p> <p>To be completed by: 24 November 2019</p>	<p>The registered person shall ensure an annual quality report is compiled in order to reflect upon and review the quality of nursing and other services provided in the home.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Currently in progress and will be addressed within the designated timeframe.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: Until further notice</p>	<p>The registered person shall ensure that a copy of the monthly monitoring report is submitted to RQIA by the fifth day of the month until further notice in order that management arrangements and recruitment can be monitored.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Monthly monitoring report is being forwarded by Regional Manager on the 5th day of each month as requested.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 14.26</p> <p>Stated: Second time</p> <p>To be completed by: 9 September 2019</p>	<p>The registered person shall ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Administrator and Maintenance Man are in the process of completing the inventory for each resident.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 2.8</p> <p>Stated: Second time</p> <p>To be completed by: 9 September 2019</p>	<p>The registered person shall ensure that any changes to the individual agreement are agreed in writing by the resident or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the resident or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The agreement for year 2018 is now completed however the terms and conditions for 2019 have not been issued.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 14.6</p> <p>Stated: Second time</p> <p>To be completed by: 9 September 2019</p>	<p>The registered person shall ensure that where a home is responsible for managing a resident's finances, the arrangements and records to be kept are specified in the individual agreement. Written authorisation is obtained from each resident or their representative to spend the resident's personal monies to pre-agreed expenditure limits.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: This has been completed. The finance form has been sent out to all representatives responsible for residents finance.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the numbers and deployment of staff on duty is reviewed to ensure the assessed needs of all patients are met.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Staffing is reviewed based on FSHC CHESS model, current staffing meet the dependency of the residents.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that those patients who are in their rooms have call bells within reach.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: An audit has been completed and all residents are provided with nurse call bells. A care plan is available to explain the reason if there is no call bell attached.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 40</p> <p>Stated: First time</p> <p>To be completed by: 24 October 2019</p>	<p>The registered person shall ensure that all staff have an annual appraisal to review their performance and to agree personal development plans.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Currently working with Heads of Department to have a schedule in place and appraisals completed.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 24 September</p>	<p>The registered person shall ensure that nurses undertake annual competency and capability assessment and that a record of this is maintained.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: A competency matrix is maintained, and those requiring updating have been scheduled, there are some staff on annual leave and sick leave which will be completed when they return.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 21</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the total fluid intake over the 24 hour period is calculated on a daily basis and effectively monitored to ensure patients maintain their recommended fluid intake target.</p> <p>Ref: 6.4</p>

	<p>Response by registered person detailing the actions taken: Currently there is one resident on fluid balance chart due to fluid restriction. This is being calculated on a daily basis and evidenced on the shift report for Managers review.</p>
<p>Area for improvement 9 Ref: Standard 12 Stated: First time To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the daily menu is displayed in a suitable format and is kept up to date.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: There is a new Cook in post and both they and the HM are reviewing and completing.</p>
<p>Area for improvement 10 Ref: Standard 46 Stated: First time To be completed by: 24 October 2019</p>	<p>The registered person shall ensure that staff receive additional training in IPC measures and that this training is embedded into practice.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Supervision and training has taken place and is on going. Weekly observation for hand hygiene and PPE usage have been carried out with satisfactory outcome.</p>

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



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Assurance, Challenge and Improvement in Health and Social Care