



The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection

Name of Establishment:	St Francis
RQIA Number:	1474
Date of Inspection:	16 December 2014
Inspector's Name:	Karen Scarlett
Inspection ID:	17107

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Establishment:	St Francis
Address:	71 Charles Street Portadown Craigavon BT62 4BD
Telephone Number:	028 3835 0970
Email Address:	stfrancisnursinghome@btconnect.com
Registered Organisation/ Registered Provider:	St Francis Private Nursing Home Mrs Mary Bernadette Breen
Registered Manager:	Romegen Uy Acting Nurse Manager
Person in Charge of the Home at the Time of Inspection:	Romegen Uy Acting Nurse Manager
Categories of Care:	NH-I ,NH-PH
Number of Registered Places:	25
Number of Patients Accommodated on Day of Inspection:	25
Scale of Charges (per week):	£577.00 per week incorporating a £10.00 weekly third party top up
Date and Type of Previous Inspection:	12 March 2014, Primary Unannounced Inspection
Date and Time of Inspection:	16 December 2014, 15.30 – 21.20
Name of Inspector:	Karen Scarlett

2.0 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 inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 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

4.0 Methods/Process

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

- Discussion with the acting nurse manager
- Discussion with staff
- Discussion with patients individually and to others in groups
- Consultation with relatives
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of staff competency and capability assessments
- Review of a sample of care plans
- Review of accidents and incidents records
- Observation during an inspection of the premises
- Evaluation and feedback

The following documents were requested but were not available for inspection:

- Regulation 29 monthly quality reports
- Annual report for the home
- Staff training records

5.0 Consultation Process

During the course of the inspection, the inspector spoke with:

Patients	7 and with others in groups
Staff	8
Relatives	4
Visiting Professionals	0

Questionnaires were provided by the inspector to patients' representatives and staff to seek their views regarding the quality of the service.

Issued To	Number Issued	Number Returned
Patients	0	0
Relatives/Representatives	2	2
Staff	10	1

6.0 Inspection Focus

Prior to the inspection, the responsible person/acting manager completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by the responsible person/registered manager in the self-assessment were not altered in any way by RQIA. The self-assessment is included as appendix one in this report.

However, due to workload pressures and contingency measures within the Regulation Directorate, the themes/standards within the self-assessment were not inspected on this occasion.

The RQIA also received a complaint via the duty system which was followed up at this inspection. Further details can be found in section 9.1.

This 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 19 - Continence Management

Patients receive individual continence management and support.

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:

Guidance - Compliance Statements		
Compliance Statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	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
3 - Moving towards compliance	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
4 - Substantially compliant	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
5 - Compliant	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.

7.0 Profile of Service

St Francis Private Nursing Home is located within walking distance of Portadown town centre and is convenient to shops and community services.

The home is a two storey building comprising of single and double bedroom accommodation, two sitting rooms, foyer area to the entrance of the home, dining room, kitchen, laundry, toilet/washing facilities, staff accommodation and offices. Access to the first floor is via a passenger lift and stairs. A hairdressing room is also available for patients.

The gardens and grounds around the home are accessible to patients and are adequately maintained.

The home has a maximum of twenty-five places and is registered to provide care under the following categories.

Nursing Care:

- I Old age not falling within any other category
- PH Physical Disability under 65 years for one patient.

The certificate of registration issued by the Regulation and Quality Improvement Authority (RQIA) was appropriately displayed in the main reception area of the home

8.0 Executive Summary

The unannounced inspection of St Francis nursing home was undertaken by Karen Scarlett on 16 December 2014 between 15.30 and 21.20. The inspection was facilitated by Ms Romegen Uy, acting manager, who was available for verbal feedback at the conclusion of the inspection.

The focus of this inspection was Standard 19: Continence Management and to assess progress with the issues raised during and since the previous inspection on 12 March 2014. The inspection also sought to address issues raised by a complainant via the RQIA duty system on 8 December 2014.

A number of documents are required to be submitted to RQIA pre-inspection. All the relevant documents were returned within the required time frame and the required assurances given. However, it should be noted that staff training records and Regulation 29 monthly reports, required to be maintained in the home, were not available for inspection as stated in the return. The acting manager stated that these were kept at a central location. However, these records should always be available for inspection within the home and a requirement has been made in this regard. The acting manager / registered person was required to submit these documents to the inspector by the 19 December 2014. Refer to section 8.1 and section 11.9.1 of the report for further information.

The patients were observed to be well presented and content in the home. Those spoken with were very positive about the care in the home and no patients raised any concerns. Relatives spoken with were also very positive about the care provided to the patients and spoke highly of the staff. Interactions between patients and staff were observed to be respectful and relaxed. Refer to section 11.5 for more details about patients/residents and relatives.

Compliance with Standard 19 was assessed as follows. There was evidence that a continence assessment had been completed for patients. This assessment formed part of a comprehensive and detailed assessment of patient needs from the date of admission and was found to be updated on a regular basis and as required. The assessment of patient needs was evidenced to inform the care planning process.

Comprehensive reviews of both the assessments of need and the care plans were maintained on a regular basis and as required in the four records reviewed.

Discussion with the registered manager confirmed that staff were trained and assessed as competent in continence care. Discussions with the acting manager and staff confirmed that sufficient numbers of registered nurses were competent in female and male catheterisation.

Policies, procedures and guidelines in the promotion of continence and the management of incontinence were available in the home. A recommendation has been made that policies be completed for catheter care and management and stoma care. A recommendation has also been made for additional guidelines to be made available to staff and used as required.

Regular audits of care documentation were undertaken which includes continence management.

From a review of the available evidence, discussion with relevant staff and observation, the inspector can confirm that the level of compliance with the standard inspected was substantially compliant and two recommendations have been made in this regard.

The staff spoken with were content working in the home and all stated that there was good team working and that the acting manager was approachable. All staff spoken with were of the opinion that continence care was of a good standard and all were knowledgeable about the important aspects of continence care. One staff member raised concerns regarding activities for patients and that the activities co-ordinator post had been left vacant. This was discussed with the acting manager. A recommendation has been made that a structured programme of varied activities and events is offered and patients enabled to participate by providing equipment, aids and staff support. Refer to section 11.6 for more information on staff comments.

The inspection also sought to address a number of issues raised in a telephone complaint received via the RQIA duty system on 8 December 2014. The complainant alleged a number of issues including concerns around medication management, manual handling practice, continence care and team working. The issues were discussed with the acting manager, staff and patients. Care practices were observed and care records examined. Further details are available in section 9.1 of the report.

The inspector can confirm that at the time of this inspection, the delivery of care to patients was evidenced to be of a good standard and patients were observed to be treated by staff with dignity and respect.

Additional areas were also examined including:

- Environment
- Care records
- Notifications of incidents/accidents
- Maintenance of Records

A number of issues were raised in regards to the environment of the home including the management of infection prevention and control, fitness of the premises, facilities and services provided to patients and health and safety. Four requirements have been made. Refer to section 11.7 for more details.

An examination of the care records identified the need for improvement in documenting the treatment and management of wounds. A requirement has been made in this regard

An examination of the incident and accident documentation identified an incident which had not been reported to RQIA in accordance with Regulation 30. A requirement has been made in this regard.

Refer to section 11.0 of the report for further information.

The inspector reviewed and validated the home's progress regarding the 11 requirements and 13 recommendations made at the last inspection on 12 March 2014 and confirmed compliance outcomes as follows: four requirements were compliant; two regarding training for the registered provider were found to be substantially compliant and have not been restated; one regarding staff training was moving towards compliance and has been stated for a second time; one requirement regarding the annual report was not compliant and has been restated for a second time; two requirements regarding divan beds and third party bed rails have been subsumed into a new requirement and one requirement was not examined and will be carried forward until the next inspection.

Of the 13 recommendations, five had been fully complied with; one recommendation regarding notification of incidents to the Trust was not compliant and has been stated for a third time; two recommendations regarding the monthly reports and the availability of wound care information were not compliant and have been stated for a second time; two recommendations regarding staff supervision and care documentation were moving towards compliance and have been stated for a second time; three recommendations were found to be substantially compliant and have not been restated.

As a result of this inspection, nine requirements, two restated and eight recommendations, five restated have been made. One requirement has been carried forward to the next inspection.

Details can be found under Section 9.0 of the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients, acting manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

The inspector would also like to thank the relatives and staff who completed questionnaires.

8.1 Post Inspection

The registered provider was required to make a number of submissions to RQIA by the 19 December 2014 including staff and provider training records and a Regulation 29 monthly quality report for November 2014.

An email confirming the required submissions was sent to the registered provider, director and acting manager on 17 December 2014. They were also reminded that the Regulation 29 monthly reports should be available for inspection at any time. The submissions had still not been received by the 2 January 2015 and a further email was sent extending the time frame for submission to the 7 January 2015. The documents were submitted on 7 January 2014 and the findings are reflected in section 9.0 of the report.

A copy of the most recent annual report was to be submitted along with the return of the QIP. The director stated in an email on 7 January 2015 that no annual report had been completed for 2013 or 2014. Following discussion and advice from the inspector the monthly quality reports are to be submitted each month to RQIA until further notice and the provider is to use this information to inform an annual report for 2015. Information on how patients and their representatives can access these reports is also to be provided by the home.

9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	20(1)(a)	<p>Ensure that the registered person undertakes training in the following topics.</p> <ul style="list-style-type: none"> • recruitment and selection; • employment legislation and practice guidance for Access NI; • communication training; • health and safety training; • management of complaints received by the home; • complaints management made on behalf of patients in respect of supporting services within the HSC Trust; <p>In respect of the acting manager evidence of this training must be submitted to RQIA.</p>	<p>The staff training records were not available for inspection. The acting manager explained that the training records were held centrally. These records were required to be sent to RQIA by 19 December 2014 for examination. The records were received by RQIA on 7 January 2015 and confirmed that the designated director has undertaken training in all areas required except complaints management which they are trying to source.</p> <p>This requirement is substantially compliant and will not be restated.</p>	Substantially compliant

2.	28.1	<p>Ensure that a statement of staff competency is completed by the acting manager in respect of all staff grades confirming their competency prior to the delegation of tasks.</p> <ul style="list-style-type: none"> Confirmation is required that the all registered nurses in charge of the home in the absence of the acting manager have a fully completed competency and capability assessment, and where training needs have been identified these have been addressed. 	<p>An examination of a sample of staff nurse competency and capability assessments demonstrated that these had been fully completed and signed by the staff nurse and the acting manager.</p> <p>This requirement has been addressed.</p>	Compliant
3.	17(1)(2)(3)	<p>The registered person must ensure there is an effective system in place for reviewing the quality of nursing and other services by ensuring that</p> <ul style="list-style-type: none"> a report of any review conducted is urgently completed by the registered person for 2013, and a copy is submitted to RQIA. 	<p>A copy of the annual report was not available for inspection. Following discussion and advice from the inspector the monthly quality reports are to be submitted each month to RQIA until further notice and the provider is to use this information to inform an annual report for 2015.</p> <p>This requirement has been stated for a second time.</p>	Not compliant

<p>4.</p>	<p>20(1)(a)(c)(i) (iii)</p>	<p>The registered person must provide confirmation to RQIA that staff working in St Francis have completed the following training:</p> <ul style="list-style-type: none"> • all staff have completed mandatory training including safeguarding training • nursing staff receive training to assist in identifying infection symptoms • nursing staff undertaking wound care have received training and been assessed to perform wound care safely and effectively • all care assistants receive training in pressure care prevention and have been assessed to perform pressure care prevention safely. 	<p>The staff training records were not available for inspection. The acting manager explained that the training records were held centrally. These records were required to be sent to RQIA by 19 December 2014 for examination. These records were received on 7 January 2015 and confirmed the following:</p> <ul style="list-style-type: none"> • Just over half the staff complement have had SOVA training • The majority of staff have had training in infection prevention and control • The majority of registered nurses have completed wound care training and training is planned for the remainder • No evidence was supplied of care assistants having completed pressure area care and prevention training <p>The elements concerning SOVA and pressure area care for care assistants have been stated for a second time.</p>	<p>Moving towards compliance</p>
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5.	14(4)	<p>The registered person must ensure that the acting manager and staff alert, refer and report all suspected, alleged or actual incidents of abuse including allegations of neglect and or omissions in care in accordance with current regional guidance</p>	<p>The acting manager stated that no safeguarding incidents had occurred within the home since the last inspection.</p> <p>This requirement is carried forward to the next inspection.</p>	<p>Carried forward to next inspection</p>
6.	14(6)	<p>The registered person must ensure that when using restrictive equipment which limits patients' freedom of movement, the acting manager and staff provide evidence based nursing practice by recording in sufficient detail:</p> <ul style="list-style-type: none"> • the assessment and decision making process • the other less restrictive options considered and why they were not effective. • the review processes which are in place 	<p>Discussion with the acting manager and observation verified that no lap belts were in use. A number of patients required the use of bed rails.</p> <p>In two care records examined there was evidence of a discussion with the patient and/or their representatives describing the rationale for the use of bed rails. The bed rail assessments were also updated on a monthly basis.</p> <p>The restraint policy referenced the need for decisions to be made in patients' best interests and to consider less restrictive options first.</p> <p>This requirement has been addressed.</p>	<p>Compliant</p>

7.	13(1)(a)(b)	<p>The registered person must ensure that the acting manager and nursing staff</p> <ul style="list-style-type: none"> • adhere to instructions provided by each patient's general practitioner • include the rationale why one patient had one bed rail in use • have effective processes for recognising infection symptoms and seeking medical attention for patients in a timely manner. 	<p>The use of one bed rail for a specified patient was discussed with the acting manager. The discussion and an examination of the relevant care record verified that the use of the bed rail had been discussed with the patient and their representative and it was documented that this was the preference of the patient.</p> <p>From an examination of four care records it could be evidenced that symptoms of urinary tract infections and chest infections were being recognised and the appropriate referrals had been made. There was further evidence that the instructions of the GP were subsequently actioned appropriately.</p> <p>This requirement has been addressed.</p>	Compliant
8.	8(1)(a),2(a)(b)	<p>The registered person must appoint an individual to manage the nursing home, and should ensure that any registered nurse appointed meets the registration standards, as outlined in</p> <p>The Nursing Homes Minimum Standards, Section 2, Requirements for Registration.</p>	<p>The home has appointed an acting manager who assured the inspector that the post was still being actively advertised. The acting manager does not wish to be considered for the position of registered manager at present.</p> <p>This requirement has been addressed.</p>	Compliant

<p>9.</p>	<p>12 (1)(a)(b)</p>	<p>The registered person must provide treatment, and any other services to patients in accordance with the statement of purpose, and shall ensure that the treatment and other services provided to each patient –</p> <p>(a) meet individual patients ‘needs; (b) reflect current best practice by :</p> <ul style="list-style-type: none"> • recommencing the phased replacement of profiling beds. 	<p>The majority of beds are not profiling beds. There was no evidence of a rolling programme of replacement. However, those requiring profiling beds did have access to these. The provider must continue to assess the risks of using divan beds in relation to both patient care and staff health and safety. Where patient need indicates that a profiling bed is required this must be provided.</p> <p>A divan bed in use for one patient cannot be used for a newly admitted patient as these cannot be effectively decontaminated. RQIA would recommend a rolling programme of replacement of divan beds as new patients are admitted to the home.</p> <p>This requirement has been subsumed into a separate requirement under Regulation 14 (2) (c) regarding the management and elimination of risks to patients’ health and safety.</p>	<p>Subsumed into a new requirement</p>
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10.	27(2)(t)	<p>The registered person must ensure that the health and safety risk assessment is updated to include the identification and assessment of risks within the nursing home and the precautions implemented to manage identified risks.</p> <p>For example:</p> <ul style="list-style-type: none"> • entrapment risks associated with third party bed rails must be included. 	<p>A number of third party bed rails were in use on beds throughout the home. A bed rail inspection proforma had been initiated in bedrooms in which these were used in response to this requirement, but these were inconsistently completed. The management of risk of entrapment of patients was discussed with the acting manager and the importance of implementing the risk management measures emphasised.</p> <p>This requirement has been subsumed into a separate requirement under Regulation 14 (2) (c) regarding the management and elimination of risks to patients' health and safety.</p>	Subsumed into a new requirement
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11.	10(1)(2)(a)	<p>The registered person must ensure that from time to time they undertake training to evidence that they have the experience, knowledge and skills necessary for carrying on the nursing home in the following areas:</p> <ul style="list-style-type: none"> • recruitment and selection; • employment legislation and practice guidance for Access NI; • communication training; • health and safety training; • management of complaints received by the home; • complaints management made on behalf of patients in respect of supporting services within the HSC Trust. • safeguarding vulnerable adults • risk management • health and safety <p>A record of the training completed should be submitted to RQIA.</p>	<p>The staff training records were not available for inspection. The acting manager explained that the training records were held centrally. These records were required to be sent to RQIA by 19 December 2014 for examination. The records were received on 7 January 2015 and confirmed that the designated director has undertaken training in all areas required except complaints management which they are trying to source.</p> <p>This requirement is substantially compliant and will not be restated.</p>	Substantially compliant
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	12.4	Review the arrangements for serving meals in the patient bedroom/lounge area to ensure that patients also have access to a displayed daily menu in a suitable format.	<p>The daily menu was displayed on the notice board outside the lounge / dining room. Patients were also asked for their preferences prior to lunch and evening meal.</p> <p>This recommendation has been addressed.</p>	Compliant
2.	26.6	Ensure that all revised policies and introduction of new policies and procedures are ratified by the registered person prior to implementation.	<p>A statement was observed at the front of the policy file signed by the registered provider and director stating that all policies contained within had been approved as of July 2013.</p> <p>This recommendation has been addressed.</p>	Compliant
3.	25.2	The registered person and registered manager must ensure there are effective systems in place to consistently notify care managers' from the health and social care trusts of accidents, incidents and adverse events affecting patients.	<p>An examination of the incident and accident records could not evidence that the Trust care managers were being notified of the occurrence of events adversely affecting patients. There is a section in which this information can be documented and it is recommended that the manager ensures that this is completed by staff when a care manager is informed.</p> <p>This recommendation has been stated for the third time.</p>	Not compliant

4.	5.4	Ensure daily statements are further developed to reflect person centred information in respect of each patient.	<p>An examination of four care records evidenced person centred entries in the daily statements in respect of each patient.</p> <p>This recommendation has been addressed.</p>	Compliant
5.	25.2	Ensure the acting manager report is completed weekly to confirm governance and information sharing with the registered person.	<p>The weekly manager report was examined. The manager confirmed that she made these available to the director to inform the Regulation 29 reports. The regulation 29 reports, however, were not available for inspection in the home.</p> <p>Refer to recommendation 6.</p> <p>This recommendation has been addressed.</p>	Compliant

6.	25.2	<p>Ensure the Regulation 29 report is further developed to include the following information:</p> <ul style="list-style-type: none"> • unique identification should be provided to reflect the patients' who are interviewed. This would also ensure different patients are interviewed each month • unique identification should be provided to reflect the patients' representatives interviewed • record their opinion as to the standard of nursing provided in the home at the time of their visit • when interviewing staff the report should incorporate actual quotes from staff to reflect their views of the care provided • deficits should be identified and recorded, and an action plan developed to address the deficits • consideration should be given to using a revised reporting template available on the RQIA website. 	<p>The Regulation 29 reports were not available for inspection within the home. These should be available for inspection at any time.</p> <p>The registered provider was required to submit the Regulation 29 report for November 2014 to RQIA by the 19 December 2014 and monthly thereafter for an indefinite period to assure the RQIA that these are being completed and actioned appropriately. The December report was received on 7 January 2015. In an email sent to the provider on 7 January 2015 the inspector has requested that subsequent monthly reports be submitted by the 5th of the next month.</p> <p>This recommendation has been stated for the second time.</p>	Not compliant
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7.		<p>The registered person should ensure the following documents are available to staff :</p> <ul style="list-style-type: none"> • Safeguarding Vulnerable Adults, A Shared Responsibility (1st edition 2010) and Regional and Local Partnership arrangements (March 2012). 	<p>The specified documents were made available to staff in a safeguarding resource folder kept at the main nurses' station.</p> <p>This recommendation has been addressed.</p>	Compliant
8.	16.3	<p>The acting manager should ensure competency and capability assessments for all nurses includes the action to be taken in the event of an allegation of abuse, and "what if scenarios" are discussed with staff.</p>	<p>An examination of nursing staff induction records and competency and capability assessments verified that discussion regarding SOVA issues were included.</p> <p>Refer to Recommendation 9.</p> <p>This recommendation has not been restated.</p>	Substantially compliant

9.	16.8	<p>The registered person should ensure that all staff are informed of the process to be followed in relation to handling an allegation of abuse against a staff member or volunteer, by ensuring</p> <p>“Safeguarding Vulnerable Adults – A Shared Responsibility” October 2010”- section 4, resource 4.6, is discussed at staff meetings and formal recorded staff supervision sessions.</p>	<p>The acting manager stated that she discussed these matters with staff informally but no record was made. It would be recommended that discussion of “what if scenarios” is included in staff supervision, staff meetings and/or handovers and documented appropriately.</p> <p>This recommendation has been stated for a second time.</p>	<p>Moving towards compliance</p>
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10.	10.7	<p>The registered person should ensure the restraint policy is updated, to reflect Human Rights Legislation, the recording of best interest decisions and the DHSSPS Deprivation of Liberty Safeguards. (DOLS). To reflect changes in nursing practice, staff should receive training on the Human Rights Articles and an understanding of the deprivation of liberty standards, including training on human rights information to be included in individual patient care records.</p>	<p>An examination of the restraint policy evidenced that, although there was no specific reference to DOLS and Human right legislation, the principles were addressed with reference to best interest decisions, consideration of the least restrictive option, use of restraint as a last resort, rationale for its use and the need for multi-disciplinary decision making to include the patient and/or their representative.</p> <p>Decisions around the use of bed rails, for example, were found to be appropriately documented and no restrictive practices were observed.</p> <p>This recommendation is substantially compliant and will not be restated.</p>	Substantially compliant
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11.	5.3	<p>The acting manager should frequently audit care records to ensure that nursing staff complete the following information: consistently;</p> <ul style="list-style-type: none"> • the date of completion of the body map • care plans specify the pressure relieving equipment on the patients' bed and also the pressure equipment required when sitting out of bed • recorded evidence patients skin is assessed at every positional change and a record of the findings recorded 	<p>There was evidence of care record audits being conducted on a quarterly basis by the acting manager. The results were fed back to each named nurse for action.</p> <p>However, an examination of two relevant care records could not evidence that body map charts had been updated in response to new wounds. The pressure relieving equipment in use was not recorded in the care plans.</p> <p>An examination of two repositioning charts evidenced that the condition of the skin was not documented at each positional change, nor was there space on the current chart to do so.</p> <p>This recommendation has been stated for a second time.</p>	Moving towards compliance
12.	5.3	<p>The acting manager should ensure that information leaflets on skin care and prevention are available in the home for patients and their representatives.</p>	<p>No skin care leaflets were available for patients and their representatives. It was recommended that these be obtained from the local Trust and displayed appropriately.</p> <p>This recommendation has been stated for a second time.</p>	Not compliant

13.	26.2 5.5	The registered person should ensure that the home's policies and procedures pertaining to the prevention and management of pressure ulcers and wound care are updated to incorporate and reference the most recent evidence based literature.	<p>The policies on wounds and pressure ulcer prevention and management were examined. Both policies reference the CREST guidelines. Where these are still valid in relation to wounds it was recommended to the acting manager that she obtain the EUPAP guidance on pressure ulcers available on their website.</p> <p>(http://www.epuap.org/guidelines/Final_Quick_Treatment.pdf)</p> <p>This recommendation is substantially compliant and will not be restated.</p>	Substantially compliant
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9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

RQIA received a telephone complaint via the duty system on 8 December 2014. It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; and in this case the call informed a planned inspection of the home.

The complainant alleged a number of issues including concerns regarding medication administration, manual handling practice, continence care and team working issues. The issues were discussed with the acting manager as well as:

- discussion with staff
- discussion with patients
- examination of care records
- observation of care practices

Discussion with staff and observations during an inspection of the premises evidenced that pads were readily available for use. Staff were knowledgeable regarding continence care and all independently verified the scheduled times to assist patients to the toilet. Staff also verified that patients were assisted to the toilet on request.

On questioning staff all stated that team working within the home was good and all stated that the manager was approachable should they need to raise a concern. The inspector was present during the handover to night staff and relationships were observed to be relaxed and cordial. The complainant had indicated that issues would be most evident after 18.00. The majority of patients were found to be relaxing in the lounge and the home was calm and organised after 18.00 on the day of inspection.

There were no odours observed in patient rooms or lounge areas. Patients spoken with confirmed that their needs were met in a timely way and no patients expressed any concerns about the standard of care provided. Interactions between staff and patients were observed to be kind and respectful, including instances when the staff were unaware of being observed. Any manual handling operations observed were appropriately carried out.

The acting manager was made aware of the specific allegation concerning medications management and was able to provide a satisfactory explanation.

The inspector can confirm that at the time of this inspection, the delivery of care to patients was evidenced to be of a good standard and no concerns were raised.

Since the previous inspection on 12 March 2014, RQIA have not been notified by the home of any ongoing investigations in relation to potential or alleged safeguarding of vulnerable adults (SOVA) issues.

10.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed:	COMPLIANCE LEVEL
<p>19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.</p>	
Inspection Findings:	
<p>Review of four patients' care records evidenced that bladder and bowel continence assessments were undertaken for all patients. The outcome of these assessments, including the type of continence products to be used, was incorporated into the patients' care plans on continence care.</p> <p>There was evidence in three patients care records that bladder and bowel assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate. One care record was updated to reflect the recent insertion of a urinary catheter and a chart was in place to record catheter changes. A bowel chart was kept for each patient and referenced the Bristol stool chart which is commendable.</p> <p>The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients were referred to their GPs as appropriate.</p> <p>Review of four patient's care records and discussion with patients evidenced that either they or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions.</p> <p>The care plans reviewed addressed the patients' assessed needs in regard to continence management.</p> <p>Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.</p>	<p>Compliant</p>

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

Criterion Assessed:

19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.

COMPLIANCE LEVEL

Inspection Findings:

The inspector can confirm that the following policies and procedures were in place;

- continence management / incontinence management

A recommendation has been made that a policies are developed on catheter care and stoma care to reflect the needs the patients.

The inspector can also confirm that the following guideline documents were in place:

- RCN catheter care guidelines

Discussion with staff revealed that they had an awareness of these policies, procedures and guidelines.

A recommendation has been made for the following guidelines to be readily available to staff and used as required:

- British Geriatrics Society Continence Care in Residential and Nursing Homes
- NICE guidelines on the management of urinary incontinence
- NICE guidelines on the management of faecal incontinence
- RCN guidelines on continence care

Substantially compliant

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

<p>Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: Not applicable.</p>	<p align="center">Not applicable</p>
<p>Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: Discussion with the registered manager and staff established that staff were trained and assessed as competent in continence care. However, no training records were available for inspection to confirm if any recent training had taken place. Discussion with the manager revealed that sufficient numbers of registered nurses were deemed competent in female and male catheterisation and the management of stoma appliances. A continence link nurse is to be appointed.</p> <p>Discussion with care staff evidenced that they were knowledgeable about the important aspects of continence care including privacy, dignity, skin care and reporting any concerns. Staff confirmed that patients were offered the toilet regularly throughout the day.</p> <p>Regular audits of care records are carried out and include review of incontinence documentation.</p>	<p align="center">Substantially compliant</p>

<p>Inspector's overall assessment of the nursing home's compliance level against the standard assessed</p>	<p align="center">Substantially compliant</p>
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11.0 Additional Areas Examined

11.1 Care Practices

During the inspection staff were noted to treat the patients with dignity and respect. Good relationships were evident between patients and staff.

Patients were well presented with their clothing suitable for the season. Staff were observed to respond to patients' requests promptly. The demeanour of patients indicated that they were relaxed in their surroundings.

11.2 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

The complaints record was not examined at this inspection but discussion with the acting manager confirmed that there had been no recent complaints.

11.3 Patient Finance Questionnaire

Prior to the inspection a patient financial questionnaire was forwarded by RQIA to the home for completion. The evidence provided in the returned questionnaire indicated that patients' monies were being managed in accordance with legislation and best practice guidance.

11.4 NMC Declaration

Prior to the inspection the registered manager was asked to complete a proforma to confirm that all nurses employed were registered with the Nursing and Midwifery Council of the United Kingdom (NMC).

The evidence provided in the returned proforma indicated that all nurses, including the registered manager, were appropriately registered with the NMC.

11.5 Patients and Relatives Comments

The inspector spoke with seven patients individually and with the majority of others in smaller groups. Patients spoken with expressed high levels of satisfaction with the care received. They confirmed that they were treated with dignity and respect, that staff were polite and respectful, that they could call for help if required, that needs were met in a timely manner, that the food was good and plentiful and that they were happy living in the home. None of the patients spoken with raised any concerns about their care.

A number of patients were unable to express their views verbally. These patients indicated by positive gestures that they were happy living in the home. Examples of patients' comments were as follows:

"I love it here."

"It's just like home."

"The staff treat you with great respect."

Four relatives/visitors spoken with were very positive about the care delivered in the home and spoke highly of the staff. Two relatives completed questionnaires. Comments included:

"The home is second to none."

"Best of care from nurses and carers."

11.6 Questionnaire Findings/Staff Comments

The inspector spoke with eight staff including registered nurses, care assistants and catering staff. The inspector was able to speak to a number of these staff individually and in private. One staff member completed a questionnaire. Staff responses in discussion and in the returned questionnaire indicated that staff received an induction, completed mandatory training, completed additional training in relation to the inspection focus and were very satisfied or satisfied that patients were afforded privacy, treated with dignity and respect and were provided with care based on need and wishes.

One staff member was of the opinion that the activities provision within the home could be improved. The post of activities co-ordinator was vacant and they had not had any training on activities particularly for those with dementia. The staff member was of the opinion that they did not usually have time to devote to doing activities with residents. This was discussed with the acting manager who was unaware of any plans to recruit for this post and was of the opinion that activities could be included in the healthcare assistant role. She did agree to raise this with the registered provider. A recommendation has been made in this regard.

11.7 Environment

The inspector undertook an inspection of the premises and viewed the majority of the patients' bedrooms, bathroom, shower and toilet facilities and communal areas. A number of issues were identified in relation to infection prevention and control, the fitness of the premises, the facilities and services provided and health and safety. These were discussed with the acting manager. She had identified some of these issues during environmental audits and had completed a maintenance schedule which was available for review.

11.7.1 Infection Prevention and Control

The home was observed to be generally clean. However, the following issues must be addressed as they pose a risk to the health and safety of patients and are not in keeping with best practice in infection prevention and control:

- inappropriate storage of equipment in bathrooms including hoist, STEDY device and weighing scales
- absence of fully wipeable covers for pull cords throughout the home
- bed pans hanging from coat pegs in one identified bathroom which need to be removed

- dust evident in patients' bedrooms and the treatment room, particularly at high level
- the presence of creams and toiletries in patients' bathroom which increases the risk of cross contamination

A requirement had been made in this regard.

11.7.2 Fitness of the Premises

The premises must be kept in a good state of repair at all times so that all areas of the home can be effectively cleaned and decontaminated. Where this was mainly the case there were a number of issues identified as follows:

- water damage to ceiling tiles throughout the home
- chipped floor tiles in the hairdressing room which cannot be effectively cleaned
- paint damage to some wall in bedrooms and bathrooms which cannot be effectively cleaned
- a cracked sink in one specified bedroom which cannot be effectively cleaned

A requirement had been made in this regard.

11.7.3 Facilities and Services

Furniture and equipment provided for patients must be in good working order, properly maintained and fit for purpose. The following issues must be addressed to ensure that furniture and equipment can be effectively cleaned:

- chipped and scratched furniture in patients' bedrooms which cannot be effectively cleaned
- worn seating in patient's bedroom in need of repair or replacement
- malodour identified in a specified bathroom which requires action
- a broken bin in an identified bathroom
- wooden cabinets in bathrooms which are scratched and chipped. There were new plastic drawer units in the bathrooms and on discussion with the acting manager it was agreed that the old wooden units could be removed.
- a commode in an identified bathroom which is scratched and cannot be effectively cleaned
- scratched bed rails on profiling beds which cannot be effectively cleaned

A requirement had been made in this regard.

11.7.4 Health and Safety

A number of risks to the health and safety of patients were identified. These include the following:

- A treatment room unlocked and fire door wedged open
- A fridge stocked with potentially harmful medication left unlocked
- Oxygen cylinders not chained to the wall in the treatment room
- Absence of tubing and an oxygen mask on the emergency oxygen cylinder in the treatment room

- The presence of a container of cleaning chemical found unlocked in a specified bathroom which was immediately removed by the acting manager at the inspector's request
- Consumables stored around the hot water tank posing a fire risk which must be removed

A requirement has been made in this regard. The aligned pharmacy and estates inspectors have also been informed for their information and action as appropriate.

11.8 Care Records

An examination of two patient care records identified a number of issues around the documentation of patients' wounds. These included a missing care plan for a sacral wound, the absence of up to date body maps to reflect recently identified skin damage, the lack of wound observation charts to enable progress of the wounds to be documented and the failure to reflect the instructions of a Podiatrist for one patient to have zero pressure to their heels. A requirement has been made in this regard.

11.9 Notifications

The home is required to notify RQIA of the occurrence of any serious injury in accordance with Regulation 30 of The Nursing Home Regulations (Northern Ireland) 2005. An examination of the incident and accident records identified a fall resulting in a head injury to a patient which had not been appropriately notified. A requirement has been made. There was also no evidence that the Trust care managers had been notified of incidents and accidents affecting patients and a previous recommendation in this regard has been stated for a third time.

11.9.1 Maintenance of Records

On the day of inspection the staff training records and Regulation 29 monthly reports were not available for inspection in accordance with Regulation 19 of The Nursing Homes Regulations (2005). The acting manager stated that these were located centrally. It was explained that these records must be maintained in the home and be available for inspection at all times by any person authorised by the RQIA to enter and inspect the nursing home. A requirement has been made in this regard. Copies of the outstanding records were to be submitted to RQIA by 19 December 2014. Refer to section 8.1 for further information regarding these submissions.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Romegen Uy, 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:

Karen Scarlett
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Appendix 1

Section A	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.1</p> <ul style="list-style-type: none"> At the time of each patient’s admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient’s immediate care needs. Information received from the care management team informs this assessment. <p>Criterion 5.2</p> <ul style="list-style-type: none"> A comprehensive, holistic assessment of the patient’s care needs using validated assessment tools is completed within 11 days of admission. <p>Criterion 8.1</p> <ul style="list-style-type: none"> Nutritional screening is carried out with patients on admission, using a validated tool such as the ‘Malnutrition Universal Screening Tool (MUST)’ or equivalent. <p>Criterion 11.1</p> <ul style="list-style-type: none"> A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 12(1) and (4); 13(1); 15(1) and 19 (1) (a) schedule 3</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
This practice is followed and reflects in patients records. A personalised plan of care is in place within 11 days of admission. Risk assessment i.e. MUST, Braden Scale, Fall Risk, Abbey Pain score determine within 24 hours of admission. During pre admission, we rely on the information provided from other institutions.	Compliant

Section B	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.3</p> <ul style="list-style-type: none"> A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional. <p>Criterion 11.2</p> <ul style="list-style-type: none"> There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability. <p>Criterion 11.3</p> <ul style="list-style-type: none"> Where a patient is assessed as 'at risk' of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant healthcare professionals. <p>Criterion 11.8</p> <ul style="list-style-type: none"> There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration. <p>Criterion 8.3</p> <ul style="list-style-type: none"> There are referral arrangements for the dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1); 14(1); 15 and 16</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
On admission, the Nurse discuss plan of care with the patient and their representative, then agreements are signed. Referrals to multi disciplinary team made as the needs of individual patient arises, we followed the instruction lead by them.	Compliant

Section C	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.4 <ul style="list-style-type: none"> • Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
A working care plan is maintained. Any changes is documented as it occurs. Routine monthly reviews.	Compliant

Section D	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.5</p> <ul style="list-style-type: none"> All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations. <p>Criterion 11.4</p> <ul style="list-style-type: none"> A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented. <p>Criterion 8.4</p> <ul style="list-style-type: none"> There are up to date nutritional guidelines that are in use by staff on a daily basis. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
Guidelines such as MUST, CREST guidelines, Braden Score tool, Bristol score chart etc, followed in plan of care.	Compliant

Section E	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.6</p> <ul style="list-style-type: none"> Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients. <p>Criterion 12.11</p> <ul style="list-style-type: none"> A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory. <p>Criterion 12.12</p> <ul style="list-style-type: none"> Where a patient’s care plan requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed. Where a patient is eating excessively, a similar record is kept. All such occurrences are discussed with the patient and reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 19(1) (a) schedule 3 (3) (k) and 25</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
Documentation is done in accordance to NMC guidelines and this reflect to patient record. Any changes is documented and if any concern, a referral is made to the relevant health professional.	Compliant

Section F	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.7 <ul style="list-style-type: none"> The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
Evaluation of care delivered and recorded daily. Family and Next of Kin involvement documented.	Compliant

Section G	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.8</p> <ul style="list-style-type: none"> Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate. <p>Criterion 5.9</p> <ul style="list-style-type: none"> The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
Nursing Staff, Patients and their representative attends care review as arranged by commissioning Health and Social Care trust. Care review minutes taken by Home representative All changes or progress of agreed goal. NOK is to be kept informed.	Compliant

Section H	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 12.1</p> <ul style="list-style-type: none"> Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Full account is taken of relevant guidance documents, or guidance provided by dieticians and other professionals and disciplines. <p>Criterion 12.3</p> <ul style="list-style-type: none"> The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided. A choice is also offered to those on therapeutic or specific diets. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 13 (1) and 14(1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
The variety and choice of menus is offered to patients and to those on Therapeutic or specific diet to meet their dietary needs and preferences at each meal time, and if the patient does not want the menu or change their mind, an alternative meal is provided. Record maintained.	Compliant

Section I	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 8.6</p> <ul style="list-style-type: none"> Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to. <p>Criterion 12.5</p> <ul style="list-style-type: none"> Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times. <p>Criterion 12.10</p> <ul style="list-style-type: none"> Staff are aware of any matters concerning patients' eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure: <ul style="list-style-type: none"> risks when patients are eating and drinking are managed required assistance is provided necessary aids and equipment are available for use. <p>Criterion 11.7</p> <ul style="list-style-type: none"> Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
Nurses, Care Staff attends lecture/training to update knowledge and skills. All Staff are made aware of all the patients needs or requirements and adaptation to met needs of each individual patients.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5	COMPLIANCE LEVEL
	Compliant



Quality Improvement Plan

Unannounced Care Inspection

St Francis

16 December 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 acting manager during the inspection visit.

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
C/f	14 (4)	The registered person must ensure that the acting manager and staff alert, refer and report all suspected, alleged or actual incidents of abuse including allegations of neglect and or omissions in care in accordance with current regional guidance. Ref: section 9.0	One	All suspected, alleged or actual incidents of abuse are reported to relevant person and agencies.	From date of inspection
1.	17 (1) (2) (3)	The registered person must ensure there is an effective system in place for reviewing the quality of nursing and other services by ensuring that <ul style="list-style-type: none"> a report of any review conducted is completed by the registered person for 2015, and a copy is submitted to RQIA. Ref: section 9.0	Two	An Annual report of the quality of nursing and other service provision for 2014 completed. (see attached copy)	From date of inspection
2.	20(1)(a)(c)(i)(iii)	The registered person must provide confirmation to RQIA that staff working in St Francis have completed the following training: <ul style="list-style-type: none"> all staff have completed mandatory training including safeguarding training all care assistants receive training in 	Two	All staff attended lectures and completed Evo-Learning mandatory training to update	From date of inspection

		<p>pressure care prevention and have been assessed to perform pressure care prevention safely.</p> <p>Ref: section 9.0</p>		<p>knowledge. (see attached Matrix list)</p>	
3.	13 (7)	<p>The registered person must ensure that suitable arrangements are made to minimise the risk of infection. This is particularly in relation to the following:</p> <ul style="list-style-type: none"> • inappropriate storage of equipment in bathrooms including hoist, STEDY device and weighing scales • absence of fully wipeable covers for pull cords throughout the home • bed pans hanging from coat pegs in one identified bathroom which need to be removed • dust evident in patients' bedrooms and the treatment room, particularly at high level • the presence of creams and toiletries in patients' bathroom which could be potentially shared and increase the risk of cross contamination <p>Ref: section 11.7.1</p>	One	<p>>New equipment storage in placed.</p> <p>>Wipeable covers for pull cords in placed.</p> <p>>Hook from coat peg removed and instructed all staff to keep bedpan in sluice room.</p> <p>>Cleaners reminded to pay attention on high level area when cleaning.</p> <p>>Creams and toiletries removed in the bathroom. All Staff instructed not to leave any creams/toiletries in the bathroom.</p>	From date of inspection

4.	27 (2) (b)	<p>The premises must be kept in a good state of repair particularly in relation to the following:</p> <ul style="list-style-type: none"> • water damage to ceiling tiles throughout the home • chipped floor tiles in the hairdressing room which cannot be effectively cleaned • paint damage to some wall in bedrooms and bathrooms which cannot be effectively cleaned • a cracked sink in one specified bedroom which cannot be effectively cleaned <p>Ref: section 11.7.2</p>	One	<p>>All ceiling tiles replaced.</p> <p>>Floor tiles from hairdressing room replaced with vinyl floor covering.</p> <p>>Walls repainted in some rooms and bathrooms.</p> <p>>Cracked sink replaced.</p>	From date of inspection
5.	18 (2) (c) (j)	<p>Furniture and equipment provided for patients must be in good working order, properly maintained and fit for purpose. The following issues must be addressed to ensure that furniture and equipment can be effectively cleaned:</p> <ul style="list-style-type: none"> • chipped and scratched furniture in patients' bedrooms which cannot be effectively cleaned • worn seating in patient's bedroom in need of repair or replacement • malodour identified in a specified bathroom which requires action • a broken bin in an identified bathroom • wooden cabinets in bathrooms which are scratched and chipped. 	One	<p>>Scratched furniture replaced.</p> <p>>Worn seating replaced.</p> <p>>Waste disposal bags now changed more frequently.</p> <p>>Broken bin replaced.</p> <p>>Wooden cabinet removed in the bathroom & replaced with</p>	From date of inspection

		<ul style="list-style-type: none"> • a commode in an identified bathroom which is scratched and cannot be effectively cleaned • scratched bed rails on profiling beds which cannot be effectively cleaned <p>Ref: section 11.7.3</p>		<p>plastic drawer. >Scratched commode replaced. >All profiling bedrails replaced.</p>	
6.	14 (2) (a) (c)	<p>The registered provider must take measures to reduce risks to the health and safety of patient to include the following:</p> <ul style="list-style-type: none"> • Treatment room doors must be kept locked when unattended • Medicine fridges must be kept locked when unattended • Oxygen cylinders are required to be chained to the wall • Tubing and an oxygen mask kept in a plastic bag must be attached to emergency oxygen cylinders • Cleaning chemicals must be locked away securely • Consumables stored around the hot water tank must be removed • Robust risk management measures must be put in place and consistently completed to ensure the health, safety and welfare of patients in relation to the use of divan beds and third party bed rails. <p>Ref: section 11.7.4</p>	One	<p>>All Staff instructed to keep the treatment room and fridge locked at all times when not in use. Keys are with the responsible person. >Oxygen cylinders are chained to the wall and all staff aware of same. >Oxygen mask and tubing attached to O2 cylinders. >Cleaning chemicals safely secured in a locked room. >Anything around the hot water tank removed.</p> <p>>Risk management measures in place.</p>	From date of inspection

7.	16 (2) (b)	<p>Records must be kept under review in relation to wound care and updated as required in accordance with best practice including:</p> <ul style="list-style-type: none"> • body map charts • care plans updated to reflect the recommendations of specialists • care plans put in place when a wound is identified • wound observation charts completed to enable the progress of wounds to be documented <p>Ref: section 11.8</p>	One	>Trained staff instructed to update care plan monthly or as required.	From date of inspection
8.	30 (1)	<p>The registered person must notify the RQIA of the occurrence of deaths, outbreaks, serious injury, adverse events, thefts, accidents or misconduct.</p> <p>Ref: section 11.9</p>	One	It is usual practice to phone or email changes to relevant Trust personnel.	From date of inspection
9.	19 (2) (3) (b)	<p>The registered person must ensure that the records specified in Schedule 4 are available for inspection in the home.</p> <p>Ref: section 9.0</p>	One	All records are now available and kept in the office.	From date of inspection

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.	25.2	<p>The registered person and registered manager must ensure there are effective systems in place to consistently notify care managers' from the health and social care trusts of accidents, incidents and adverse events affecting patients.</p> <p>Ref: section 9.0</p>	Three	Any accidents, incidents happen, care managers/key worker notified via phone or email.	From date of inspection
2.	25.2	<p>Ensure the Regulation 29 report is further developed to include the following information:</p> <ul style="list-style-type: none"> • unique identification should be provided to reflect the patients' who are interviewed. This would also ensure different patients are interviewed each month • unique identification should be provided to reflect the patients' representatives interviewed • record their opinion as to the standard of nursing provided in the home at the time of their visit • when interviewing staff the report should incorporate actual quotes from staff to reflect their views of the care provided • deficits should be identified and recorded, and an action plan developed to address the deficits 	Two	The provider consult patients and relatives regarding their experiences and inspects the Home at random. A written report is prepared monthly in a revised template provided by RQIA.	From date of inspection

		<ul style="list-style-type: none"> consideration should be given to using a revised reporting template available on the RQIA website. <p>The monthly Regulation 29 quality reports should be submitted to RQIA each month until further notice. The reports should be submitted on the 5th day of the following month.</p> <p>Ref: section 9.0</p>			
3.	16.8	<p>The registered person should ensure that all staff are informed of the process to be followed in relation to handling an allegation of abuse against a staff member or volunteer, by ensuring</p> <p>“Safeguarding Vulnerable Adults – A Shared Responsibility” October 2010”- section 4, resource 4.6, is discussed at staff meetings and formal recorded staff supervision sessions.</p> <p>Ref: section 9.0</p>	Two	Procedures are followed in accordance to "Safeguarding Vulnerable Adults - A Shared responsibility Oct 2010".	From date of inspection

4.	5.3	<p>The acting manager should frequently audit care records to ensure that nursing staff complete the following information: consistently;</p> <ul style="list-style-type: none"> • the date of completion of the body map • care plans specify the pressure relieving equipment on the patients' bed and also the pressure equipment required when sitting out of bed • recorded evidence patients skin is assessed at every positional change and a record of the findings recorded <p>Ref: section 9.0</p>	Two	<p>All care plan routinely audited. Any comments made, Key Nurse informed and ratified.</p>	From date of inspection
5.	5.3	<p>The acting manager should ensure that information leaflets on skin care and prevention are available in the home for patients and their representatives.</p> <p>Ref: section 9.0</p>	Two	<p>Information leaflets on skin care and prevention are obtained and is retained in the office for residents and their relatives/representatives.</p>	From date of inspection

6.	19.2	<p>It is recommended that the following guidelines are readily available to staff:</p> <ul style="list-style-type: none"> • British Geriatrics Society Continence Care in Residential and Nursing Homes • NICE guidelines on the management of urinary incontinence • NICE guidelines on the management of faecal incontinence • RCN guidelines on continence care <p>Ref: section 10.0 of the report</p>	One	Guidelines for the following has been obtained and is retained in the nurses station readily available to staff.	From date of inspection
7.	26.6	<p>The following specified policies should be completed and ratified by the responsible person:</p> <ul style="list-style-type: none"> • Catheter care • Stoma care <p>Ref: section 10.0 of the report</p>	One	Catheter, stoma care policy completed and ratified.	From date of inspection
8.	13.5	<p>It is recommended that the registered provider offer a structured programme of varied activities and events and enable patients to participate by providing equipment, aids and staff support.</p> <p>Ref: section 11.6 of the report</p>	One	Any activities or events in the home are conducted by health care assistants as part of their role.	From date of inspection

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	Mrs Romegen Uy
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mr Cathal Breen on behalf of Mrs Bernadette Breen

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Karen Scarlett	2/3/15
Further information requested from provider			