



The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection

Name of Establishment: The Haven
Establishment ID No: 1476
Date of Inspection: 26 November 2014
Inspectors Names: Bridget Dougan and Heather Moore
Inspection No: IN020980

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

1.0 General Information

Name of Home:	The Haven
Address:	19 Quarry Lane Dungannon BT70 1HX
Telephone Number:	(028) 8772 6912
E mail Address:	frances@thehavenhome.com
Registered Organisation/ Registered Provider:	Mr Patrick Gerald Kelly McQuaid & Mrs Kathleen McQuaid
Registered Manager:	Miss Frances Mary McKenna
Person in Charge of the Home at the time of Inspection:	Miss Frances McKenna
Categories of Care:	NH-LD, NH-LD(E)
Number of Registered Places:	31
Number of Patients Accommodated on Day of Inspection:	29 Patients
Scale of Charges (per week):	£581.00-£624.00
Date and type of previous inspection:	17 February 2014 Secondary Unannounced
Date and time of inspection:	26 November 2014: 09.15 am -15.10pm
Name of Lead Inspector:	Bridget Dougan & Heather Moore

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: amend as relevant

- Discussion with the registered manager
- Discussion with staff
- Discussion with patients individually and to others in groups
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care records
- Review of the complaints, accidents and incidents records
- Observation during a tour of the premises
- Evaluation and feedback

5.0 Consultation Process

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

Patients	6
Staff	8
Relatives	1
Visiting Professionals	0

Questionnaires were provided during the inspection, to patients / residents and staff to seek their views regarding the quality of the service.

Issued To	Number Issued	Number Returned
Patients/Residents	1	1
Relatives/Representatives	3	0
Staff	8	8

6.0 Inspection Focus

Prior to the inspection, the responsible person/registered 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.

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

The Haven Private Nursing Home is situated in its own well landscaped grounds in the town of Dungannon. The home is registered to provide care for 31 patients in the learning disability category of care under and over 65 years.

The accommodation comprises of 25 single bedrooms, three with en-suites and three double bedrooms, five sitting rooms, conservatory, recreational hall/dining room, kitchen, laundry, toilet/washing facilities, multisensory room, prayer room, physiotherapy/hairdressing room, visitors' room, meeting room, staff accommodation and offices.

An application had been made to the RQIA for variation of registration to convert three double bedrooms into single bedrooms and this is commendable. These works have not yet commenced.

There are adequate car parking facilities at the front and side of the home.

There were safe, secure areas provided in the grounds of the home where patients can relax in tranquil surroundings.

8.0 Executive Summary

The unannounced inspection of The Haven was undertaken by Bridget Dougan and Heather Moore on 26 November 2014 between 09.10 am and 15.10 pm. Miss Frances McKenna registered manager facilitated the inspection and 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 17 February 2014.

Analysis of pre inspection activity confirmed that any accidents, incidents or complaints were managed in accordance with legislation and the previous Quality Improvement Plan (QIP) was completed and returned within the agreed timescales.

During the course of the inspection, the inspectors met with the majority of patients and staff. The inspectors also took the opportunity to meet with one relative during the inspection. Feedback on the quality of care and services provided was positive. Staff were observed to treat the patients with dignity and respect and all patients appeared comfortable in their surroundings. .

Standard inspected:

Standard 19 – Continence management

Patients receive individual continence management and support.

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 all of the three records reviewed.

Discussion with the registered manager confirmed that staff were trained and assessed as competent in continence care and registered nurses had been provided with training in female catheterisation. A recommendation is made for staff to receive training in male catheterisation.

Policies, procedures and guidelines in the promotion of continence and the management of incontinence were available in the home however a recommendation is made that the NICE guidelines on Faecal incontinence is accessible to staff.

From a review of the available evidence, discussion with relevant staff and observation, the inspectors can confirm that the level of compliance with the standard inspected was substantially compliant.

Review of a sample of staff duty rosters evidenced that the staffing levels were found to be in line with the RQIA's recommended minimum staffing guidelines for the number of patients currently in the home. However a recommendation is made that the domestic staffing levels are reviewed and increased.

The home's general environment was comfortable however on the day of inspection a malodour was noted in one area of the home the floor covering on the corridor adjacent to the patients dining room was also noted to be unclean this issue was brought to the attention of the registered manager. Two requirements are made in this regard.

The inspectors can confirm that at the time of this inspection, the delivery of care to patients was evidenced to be of a good standard. There were processes in place to ensure the effective management of the standard inspected.

Additional areas were also examined including:

- Complaints
- Care practices
- Staffing
- Patients and staff comments

Details regarding these areas are contained in section 11.0 of the report.

The inspectors reviewed and validated the home's progress regarding the seven requirements and 10 recommendations made at the last inspection on 17 February 2014 and confirmed compliance outcomes as follows:

Six requirements were compliant; one requirement was moving towards compliance and has been stated for the second time. Nine recommendations were compliant; one recommendation was not compliant and has therefore been stated for the second time.

As a result of this inspection three requirements and two recommendations have been made.

Details can be found throughout the report and in the quality improvement plan (QIP).

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

9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	17	The registered person shall introduce and ensure systems are maintained for reviewing at appropriate intervals the quality of nursing and other service provision in or for the purposes of the nursing home and that any such review is undertaken not less than annually. A report on this review should be compiled and a copy held in the home.	The inspectors reviewed the annual quality review report dated April 2014 and can confirm that this requirement has been complied with.	Compliant
2	20 (1) (c)(i)	Staff as appropriate are required to be trained in the following areas: <ul style="list-style-type: none"> • Learning disability awareness • Record keeping (registered nurses) 	Inspection of staff training records confirmed that staff training in Learning Disability awareness was undertaken on 27.5.14 Registered nurses had also received training on Record keeping on the 27.5.14	Compliant

3	20 (1) (c)(i)	<p>Staff as appropriate are also required to be trained in the following areas:</p> <ul style="list-style-type: none"> • Cardiopulmonary resuscitation • Activities for people with learning disabilities • Enteral feeding systems including the use of specific pump equipment • Safeguarding vulnerable adults 	<p>Staff had received training on cardiopulmonary resuscitation on 30 April 2014</p> <p>Care staff had received training on activities for people with learning disabilities on 29 April 2014</p> <p>Training on Enteral feeding systems including the user of specific pump equipment had not been provided. This aspect of the requirement will therefore be stated for the second time. Inspectors reviewed thirteen staff training records and evidenced that two staff had attended safeguarding vulnerable adults training within the current year (19/5/14). This aspect of the requirement will therefore be stated for the second time.</p>	<p>Moving towards compliance</p>
4	12(4)	<p>The registered person shall ensure that food and fluids –</p> <ul style="list-style-type: none"> (b) are properly prepared, wholesome and nutritious and meet their nutritional requirements (c) are suitable for the needs of patients (d) provide choice for the patients, and (e) that the menu is varied at suitable intervals. 	<p>Inspection of the lunch meal, examination of the menu planner, and examination of written records of patients food choices confirmed the food being provided was suitable for the needs of the patients, choice was provided and the menu was varied.</p>	<p>Compliant</p>

5	16 (2) (b)	It is required that the patients' care records are reviewed and updated to ensure that these fully reflect the patients' assessed needs.	Inspection of three patients care records confirmed that the patients care records were reviewed and updated since the previous inspection	Compliant
6	18 (2) (m) 18 (2)(n)(i)(ii)	<p>The registered person shall having regard to the size of the nursing home and the number and needs of patients, consult patients about their social interests and make arrangements to enable them to engage in local, social and community activities and to visit or maintain contact or communicate with their families and friends.</p> <p>The registered person shall having regard to the size of the nursing home and the number and needs of patients, where activities are provided on behalf of the nursing home, including training, occupation and recreation, there are arrangements to ensure that activities are planned and provided in regard to the needs of the patients; and patients are consulted about the planned programme of activities.</p>	Inspection of three patients care records confirmed that the patient's social interests was recorded, including an activity assessment which recorded the patient's weekly routine.	Compliant

7	30 (1) (d)	The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of any event in the nursing home which adversely affects the wellbeing or safety of any patient.	Inspection of a sample of incidents confirmed that incidents were being recorded to RQIA in a timely manner	Compliant
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	25.12	It is recommended that details contained in reports of visits undertaken under Regulation 29 be discussed during staff meetings / forums.	Inspection of the minutes of staff meetings confirmed that details in reports of visits under Regulation 29 were discussed during staff meetings.	Compliant
2	25.12	It is recommended the number and grades of staff on duty at the time of visits be recorded in reports of unannounced visits undertaken in the home under Regulation 29. It is also recommended that examples of patients', relatives' and staff comments be recorded in these reports.	Examination of Regulation 29 visits revealed that the number and grades of staff on duty were recorded in reports of unannounced visits undertaken in the home under Regulation 29. Examples of patients', relatives' and staff comments were recorded in these reports.	Compliant
3	12.13	It is recommended that the four weekly menu planner be validated by a registered dietician.	Since the previous inspection the four weekly menu planner was validated by a registered dietician on the 14 April 2014.	Compliant

4	28.1	<p>It is recommended that the templates used to undertake staff induction programmes be reviewed and updated to reflect duties required to be undertaken by all grades of staff and the category of care of the patients in the home.</p> <p>Pressure area care and prevention should be addressed in the care staff induction programmes. Consideration should be given to the use of the Northern Ireland Social Care Council (NISCC) induction standards.</p>	<p>Inspection of a sample of staff induction programmes confirmed that the template used to undertake staff induction programmes had been reviewed and updated. Pressure area care and prevention was also addressed.</p>	Compliant
5	20.1	<p>It is recommended that staff knowledge in the Resuscitation Guidelines 2010 be updated.</p>	<p>On the day of inspection the Resuscitation Guidelines 2010 were available to staff.</p>	Compliant
6	20.3	<p>It is recommended that a resuscitation policy be drawn up and made available in the home</p>	<p>Inspection of the home's policies and procedures confirmed that a resuscitation policy had been developed</p>	Compliant
7	20.4	<p>It is recommended that the home's first aider be recorded on staff duty rosters for each shift over the 24 hour period.</p>	<p>Inspection of a sample of staff duty rosters confirmed that the home's first aider was recorded on staff duty rosters.</p>	Compliant

8	20.4	It is recommended that records are held of staff competencies in cardiopulmonary resuscitation.	Inspection of registered nurses competencies in cardiopulmonary resuscitation confirmed that staff competencies were not recorded. Restated.	Not compliant
9	13.5	It is recommended that an activity therapist be appointed in the home to take the lead in the provision of activities for the patients.	Since the previous inspection a senior care assistant had been appointed to take the lead in the provision of activities for the patients,	Compliant
10	30.5	It is recommended the hours worked by catering assistant staff be reviewed with a view to rostering these staff to assist and support the cook in the preparation of the patients' breakfast and evening meal. It is acknowledged that these staff are rostered over the lunch meal.	Discussion with the registered manager and examination of the staff duty rosters confirmed that the catering assistant's hours had been reviewed and increased since the previous inspection.	Compliant

9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

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 there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

There has been one notification to RQIA regarding potential safeguarding of vulnerable adults (SOVA) incident since the previous inspection. The incident was being managed in accordance with the regional adult protection policy by the safeguarding team within the South HSC Trust.

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 three 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.</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 three patient's/residents care records and discussion with patients/residents 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:	COMPLIANCE LEVEL
<p>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.</p>	
<p>Inspection Findings:</p>	
<p>The inspector can confirm that the following policies and procedures were in place;</p> <ul style="list-style-type: none"> • continence management / incontinence management • stoma care • catheter care <p>The inspector can also confirm that the following guideline documents were in place:</p> <ul style="list-style-type: none"> • RCN continence care guidelines • NICE guidelines on the management of urinary incontinence <p>A recommendation is made that the NICE guidelines on the management of faecal incontinence be accessible to staff.</p> <p>Discussion with staff revealed that they had an awareness of these policies, procedures and guidelines.</p>	<p align="center">Substantially Compliant</p>

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

Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	COMPLIANCE LEVEL
Inspection Findings: Not applicable	Not applicable
Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	COMPLIANCE LEVEL
Inspection Findings: Discussion with the registered manager and review of training records confirmed that all relevant staff were trained and assessed as competent in continence care. While all registered nurses received training in female catheterisation and had been deemed competent, only one nurse was trained in male catheterisation. A requirement has been made accordingly. The inspector was informed that regular audits of the management of incontinence were included in care plan audits and the findings acted upon to enhance standards of care.	Substantially Compliant

Inspector's overall assessment of the nursing home's compliance level against the standard assessed	Substantially Compliant
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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

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 inspectors discussed the management of complaints with the registered manager and reviewed the complaint record. No complaints had been recorded or received since 5/2/13.

11.3 Staffing

Inspection of the staff duty rosters and observation on the day of inspection revealed that registered nurses and care assistants staffing levels were satisfactory. However, due to the poor standard of floor covering in one area of the home and a malodour in one corridor it is recommended that the domestic staffing levels are reviewed and are increased. A recommendation is made in this regard

11.4 Patients/Relatives Comments

During the inspection the inspectors spoke with six patients individually and with the majority of others in smaller groups. One patient completed a questionnaire. Patients spoken with and the questionnaire response confirmed that patients were treated with dignity and respect; that staff were polite and respectful; that they could call for help if required and their needs were met in a timely manner; that the food was good and plentiful and that they were happy living in the home. The inspectors also took the opportunity to speak with one visiting relative during the inspection. Feedback from the relative was very positive with regard to the services and care provided

Some comments received were as follows:

“I like living here”

“I feel cared about and respected”

“staff are all very kind. We are made to feel very welcome”

11.5 Staff Comments

During the inspection the inspectors spoke with eight staff. The inspectors were able to speak to a number of these staff individually and in private. Eight staff also completed questionnaires. No issues or concerns were raised by staff members.

The following are examples of staff comments during the inspection and in questionnaires:

“this is a good home. I like working here”

“we have time to listen and talk to the patients and that is important”

“patients are treated with dignity and respect”

11.6 Environment

The inspectors undertook an inspection of the premises and viewed the majority of the patients' bedrooms, bathroom, shower and toilet facilities and communal areas. The home was comfortable however on the day of inspection a malodour was evident in the corridor of the home, it was also evident that the floor covering in the corridor adjacent to the patients dining room was unclean. This concern was brought to the attention of the registered manager on the day of inspection. Two requirements are made in this regard

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Miss Frances Mary McKenna, registered manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

Where the inspection resulted in no recommendations or requirements being made the provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

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:

Bridget Dougan
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS

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
<p>Prior to each patient's admission to the home the nurse manager /nurse director visits the patient and completes a pre-admission assessment. at the time of each patient's admission to the home the named nurse carries out an initial assessment and draws up an agreed plan of care to meet the patient's immediate care needs in conjunction with information received from care management.</p> <p>A comprehensive, holistic assessment using the Roper, Logan and Tierney model is completed within 11 days of admission.</p> <p>Nutritional screening is carried out with patients using the Malnutritional Universal Screening Tool.</p>	Compliant

<p>The Braden scale validated pressure risk assessment which identifies the patient's level of risk of developing pressure ulcers is completed on day of admission other specific assessment tools include Moving and handling, MUST tool, falls risk assessment FRAT, pain and continence assessments.</p>	
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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
Each patient has a named nurse who has the responsibility for discussing, planning and agreeing interventions to meet identified assessed needs with individual patient's and their representatives. the nursing care plan takes into account	Compliant

<p>advice and recommendations from relevant health professionals.</p> <p>There are referral arrangements in place to obtain advice and support form the tissue viability nurse specialist, occupational therapist , physiotherapists and dietician.</p> <p>Where a patient is assessed as at risk of developing pressure ulcers, a documented pressure ulcer prevention pathway and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant healthcare professionals.</p> <p>There are referral arrangements in place to revelant health care professionals who have the expertise to diagnose, treat and care for patients with lower limb or foot ulceration.</p> <p>There are referral arrangements for dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is adhered to..</p>	
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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
Re-assessment is ongoing and carried out daily and at identified times as recorded in the care plan. Staff record evaluations in the daiy progress notes and short term care plan as required.	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
<p>All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations, for example, NICE gudelines on Prevention and Management of pressure Ulcers, April 2014,EPUAP classification grading system The Roper,Logan and Tierney assessment of activities of living is in use and The National guidelines and menu checklist for residential and nursing homes and people with learning disabilities.</p>	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
<p>Contemporaneous nursing records 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> <p>A daily record is kept of the meals provided to the patients. All intake is recorded daily for each patient.</p> <p>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 fluids consumed. Where a patient is eating excessively a similar record is kept and referral is made to the relevant professionals and a record kept of action taken.</p>	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. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
The outcome of care delivered is monitored and recorded in the daily progress notes , and in addition is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate with the involvement of patients and /or representatives.	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
<p>Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend and contribute to formal multidisciplinary review meetings arranged by the local trusts as appropriate.</p> <p>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 agreement of patient and or their representatives The Nurse Manager and where possible the patient's named nurse attends all reviews, copies of the minutes of the review are held in each patient's record file. Care plans are updated to reflect recommendations made at care management reviews where applicable.</p>	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 dietitians 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
<p>Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Full account is taken from relevant guidance documents and validated by dietician</p> <p>The menu offers patients a choice of meal and this is recorded daily</p> <p>Promoting good nutrition - A strategy for good nutritional care for adults in all care settings in Northern Ireland 2011-2016</p> <p>Menu checklist for adults with learning disabilities.</p>	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
<p>Nurses have been trained and 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> <p>Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals.</p> <p>All 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 at mealtimes. Risks when patients are eating are managed, required</p>	Compliant

<p>assistance is provided and necessary aids and equipment are available for use. When a patient requires wound care. nurses have been trained and have expertise and skills in wound management that includes the ability to carry out wound assessment and apply wound care products and dressings.</p>	
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<p>PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

Appendix 2

Explanation of coding categories as referenced in the Quality of Interaction Schedule (QUIS)

<p>Positive social (PS) – care over and beyond the basic physical care task demonstrating patient centred empathy, support, explanation, socialisation etc.</p>	<p>Basic care: (BC) – basic physical care e.g. bathing or use of toilet etc. with task carried out adequately but without the elements of social psychological support as above. It is the conversation necessary to get the task done.</p>
<ul style="list-style-type: none"> • Staff actively engage with people e.g. what sort of night did you have, how do you feel this morning etc. (even if the person is unable to respond verbally) • Checking with people to see how they are and if they need anything • Encouragement and comfort during care tasks (moving and handling, walking, bathing etc.) that is more than necessary to carry out a task • Offering choice and actively seeking engagement and participation with patients • Explanations and offering information are <input type="checkbox"/> tailored to the individual, the language used easy to understand, and non-verbal used where appropriate • Smiling, laughing together, personal touch and empathy • Offering more food/ asking if finished, going the extra mile • Taking an interest in the older patient as a person, rather than just another admission • Staff treat people with respect addressing older patients and visitors respectfully, providing timely assistance and giving an explanation if unable to do something right away • Staff respect older people’s privacy and dignity by speaking quietly with older people about private matters and by not talking about an individual’s care in front of others 	<p>Examples include: Brief verbal explanations and encouragement, but only that which is necessary to carry out the task</p> <p>No general conversation</p>

Neutral (N) – brief indifferent interactions not meeting the definitions of other categories.	Negative (NS) – communication which is disregarding of the residents’ dignity and respect.
<p>Examples include:</p> <ul style="list-style-type: none"> • Putting plate down without verbal or non-verbal contact • Undirected greeting or comments to the room in general • Makes someone feel ill at ease and uncomfortable • Lacks caring or empathy but not necessarily overtly rude • Completion of care tasks such as checking readings, filling in charts without any verbal or non-verbal contact • Telling someone what is going to happen without offering choice or the opportunity to ask questions • Not showing interest in what the patient or visitor is saying 	<p>Examples include:</p> <ul style="list-style-type: none"> • Ignoring, undermining, use of childlike language, talking over an older person during conversations • Being told to wait for attention without explanation or comfort • Told to do something without discussion, explanation or help offered • Being told can’t have something without good reason/ explanation • Treating an older person in a childlike or disapproving way • Not allowing an older person to use their abilities or make choices (even if said with ‘kindness’) • Seeking choice but then ignoring or over ruling it • Being angry with or scolding older patients • Being rude and unfriendly • Bedside hand over not including the patient

References

QUIS originally developed by Dean, Proudfoot and Lindsay (1993). The quality of interactions schedule (QUIS): development, reliability and use in the evaluation of two domus units. International Journal of Geriatric Psychiatry Vol *pp 819-826.

QUIS tool guidance adapted from Everybody Matters: Sustaining Dignity in Care. London City University.



Quality Improvement Plan

Secondary Unannounced Care Inspection

The Haven

26 November 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 the registered manager, Miss Frances Mary McKenna, either during or after 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	Requirement	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	18(2)(j)	The registered person shall ensure that the home is free from offensive odours. Section 11. point 11.6 (Additional Areas Examined)	One	The Home is endeavoring to ensure that offensive odour from one resident ileostomy/stoma is addressed with advice from stoma nurse	From the date of this inspection
2	27(2)(d)	The registered person shall ensure that the floor covering in the home is clean and a good standard of hygiene is maintained. Section 11 point 11.6 (Additional Areas Examined)	One	The Contract cleaners have a revised cleaning schedule in place	From the date of this inspection
3	20(1)(c) (i)	Staff as appropriate are required to be trained in the following area: Enteral feeding systems including the use of specific pump equipment Follow up on previous issues	Two	The Haven staff have been trained in this area a copy of training and list of staff who attended has been attached	One month from receipt of this report
4	20(1)(c) (i)	The registered manager should ensure that registered nurses have received training and have been assessed as competent in male catheterisation Ref: Section 10: Criterion 19.4	One	Training has been organised for the 3 rd March 2015 via the Beeches management center	One month from receipt of this report

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	Recommendation	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	19.2	It is recommended that the NICE guidelines on faecal incontinence are maintained in the home Ref: Section 10: Criterion 19.2	One	The NICE guidelines on faecal incontinence is now maintained in the home	One week from date of this inspection
2	30.1	It is recommended that the domestic staffing levels are reviewed and increased to ensure that the nursing home environment is maintained to a good standard of cleanliness. Ref: Section 11 point 11.6 (Additional Areas Examined)	One	Domestic staffing levels have been reviewed to ensure that the environment is maintained to a good standard of cleanliness	From the date of this inspection.
3	20.4	It is recommended that records are held of staff competencies in cardiopulmonary resuscitation. Follow up on previous issues	Two	Records are held of staff training in CPR.. A certificate is issued to those members of staff following practice and assessment who are deemed competent.	Within two weeks from date of this 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	Frances McKenna
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mrs Kathleen McQuaid Mr Kelly McQuaid

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	B. Dougan	09 February 2015
Further information requested from provider			