



Unannounced Care Inspection Report 24 August 2018



The Haven

Type of Service: Nursing Home (NH)
Address: 19 Quarry Lane, Dungannon, BT70 1HX
Tel No: 028 8772 6912
Inspector: Michael Lavelle

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 30 persons.

3.0 Service details

Organisation/Registered Provider: The Haven Responsible Individuals: Patrick Gerald Kelly McQuaid Kathleen McQuaid	Registered Manager: Frances Mary McKenna
Person in charge at the time of inspection: Kieran O'Neill from 07.15 hour to 08.00 hours then Anne Marie Dynes from 08.00 hours	Date manager registered: 11 August 2009
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of registered places: 30

4.0 Inspection summary

An unannounced inspection took place on 24 August 2018 from 07.15 hours to 15.30 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

As a result of the inspection, RQIA was concerned that some aspects of the quality of care and service delivery within The Haven were below the minimum standard expected. A decision was taken to invite the registered persons to a serious concerns meeting in relation to governance arrangements. This meeting took place at RQIA on 3 September 2018.

At this meeting the nursing director, Kathryn McQuaid and registered manager, Frances McKenna, acknowledged the deficits identified and provided an action plan as to how these would be addressed by management. RQIA were provided with the appropriate assurances and the decision was made to take no further enforcement action at this time.

A further inspection will be undertaken to validate sustained compliance and to drive necessary improvements.

Areas requiring improvement were identified as outlined in the quality improvement plan (QIP). Please refer to section 7.0.

Evidence of good practice was found in relation to staffing, induction, training, adult safeguarding, risk assessment and communication between residents, staff and other key stakeholders. Further good practice was found in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives, taking account of the views of patients and maintaining good working relationships.

Areas requiring improvement under regulation were identified in relation to reporting of notifiable events, post fall management and infection prevention and control (IPC) practices.

Areas requiring improvement under the care standards were identified in relation to the staff rota, recruitment, evaluating the effect of training on practice, wound care management/evaluation, review of care plans, staff meetings, audits and staff supervision.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	8

Details of the Quality Improvement Plan (QIP) were discussed with Frances Mary McKenna, registered manager, and Patrick Gerald Kelly McQuaid, responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection by way of a serious concerns meeting. Following this meeting a decision was made to take no further enforcement action at this time.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

4.2 Action/enforcement taken following the most recent inspection dated 21 June 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 21 June 2018. There were no further actions required to be taken following the most recent inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with five patients, four patients' relatives and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' post inspection which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from weeks commencing 13 August 2018 and 20 August 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- a selection of patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- staff supervision records
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or partially met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 21 June 2018

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 17 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21 (1) (b) Schedule 2 Stated: First time	The registered person shall ensure that staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements and records should be available for inspection.	Met
	Action taken as confirmed during the inspection: This area for improvement was in relation to securing Access NI checks prior to the commencing employment. Review of two staff recruitment files evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. However, review of both files evidenced the absence of a physical and mental health assessment. This is identified as an area for improvement under the care standards. This area of improvement has been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 43.2 Stated: First time	The registered person shall implement a process to ensure all wheelchairs are properly cleaned.	Met
	Action taken as confirmed during the inspection: Review of records and observation of wheelchairs evidenced they were clean and a	

	<p>process was in place to ensure they were cleaned.</p> <p>This area of improvement has been met.</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p>	<p>The registered person shall replace the floor covering in the sluice room to ensure it can be adequately cleaned.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Review of the environment evidenced the above area for improvement had been satisfactorily addressed.</p> <p>This area of improvement has been met.</p>	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from weeks commencing 13 August 2018 and 20 August 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Deficits were observed following review of the staffing rota. For example, it did not clearly identify the nurse in charge during each shift, the full name of the staff working, actual hours worked and it was not always signed by the registered manager or their designated representative. The registered manager's hours were not clearly indicated on the rota. This was discussed with the registered manager and identified as an area for improvement under the care standards.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in The Haven.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to

staff commencing work. However, deficits were identified during review of both files. For example, there was no evidence obtained that employees were physically and mentally fit for work prior to commencing employment. This was discussed with the registered manager and an area for improvement under the care standards was made.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. However, discussion with a member of catering staff evidenced a deficit in knowledge in relation to supervision of modified diets; discussion with care assistants and registered nurses evidenced a very good knowledge in relation to this. This was discussed with the registered manager who agreed to arrange training for this member of staff. This will be reviewed at a future care inspection.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2018. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients. However, we were concerned with elements of staffs' infection prevention and control knowledge. Observation of practice and discussion with some staff evidenced deficits in knowledge. This was discussed with the registered manager and identified as an area for improvement under the care standards.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

We reviewed accidents/incidents records since the last care inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Although records were maintained appropriately at least four notifications were identified that had not and been submitted in accordance with regulation. This was discussed with the registered manager who agreed to review the accident/incidents and submit the relevant notifications retrospectively. An area for improvement under regulation was made.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Review of accident records and discussion with the registered manager evidenced deficits in relation to the post fall management of patients. They confirmed that falls were not being managed in accordance with best practice guidance and the homes policies. Assurances were sought from the registered manager that staff working over the weekend would be aware of the appropriate assessment and subsequent management should any patients sustain a head injury

or have an unwitnessed fall. A falls policy must be developed and implemented within the home along with clinical supervision with registered nurses in relation to the management of falls. An area for improvement under regulation was made. This was discussed at the meeting with RQIA and a policy had been developed along with supporting documentation for staff.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of staff confirmed that fire safety training was embedded into practice.

Concerns were identified in regards to the management of IPC as follows:

- no full availability of personal protective equipment (PPE) during night duty and PPE not readily available throughout the home
- inconsistent approach to effective use of PPE and hand hygiene
- soiled linen not transferred to the laundry in keeping with best practice guidance
- communal toiletries and creams in identified bathroom and storage cupboard
- a bundle towels stored close to a toilet
- heavily rusted castors on an identified shower chair – this should be disposed and replaced
- two broken pedal bins in identified bathroom; one had no waste bag inside
- stained toilet seat
- staining on the underside of an identified shower chair
- storage of a patients lounge chair in an identified bathroom
- no evidence of high dusting in identified patient bedrooms.

Details were discussed with the registered manager and a number of immediate actions were taken prior to the conclusion of the inspection which provided a level of assurance. An area for improvement under the regulations was made. At the meeting in RQIA evidence was provided of improvements that had been put in place since the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction, training and adult safeguarding.

Areas for improvement

Three areas for improvement under regulation were identified in relation to regulation 30 notifications, post fall management and IPC practices.

Two areas for improvement under the care standards were identified in relation to the staff rota, recruitment and evaluating the effect of training on practice.

	Regulations	Standards
Total number of areas for improvement	3	3

6.5 Is care effective?

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

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition, patients' weight, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Deficits were identified in wound management for one identified patient. Although the daily dressing regime was very well adhered to and a formal wound assessment was completed contemporaneously, gaps were observed in the wound evaluation chart and the daily progress notes contained no meaningful evaluation of the wound on three dates. The wound care records contained generalised statements in the daily progress notes. For example, statements such as, "leg dressed, appears to be healing" were used to evaluate care. Registered nurses should ensure that contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out in relation to each patient, in accordance with NMC guidelines. This was discussed with registered manager who agreed to review the evaluation of wound care. An area for improvement under the care standards was made.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), the speech and language therapist (SALT) and dieticians. Supplementary care charts such as food and fluid intake records evidenced that records were well maintained with some minor gaps observed. This was discussed with the registered manager who agreed to address this with staff. This will be reviewed at a future care inspection. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

Review of three patients' care records evidenced that a range of validated risk assessments were completed. These assessments informed the care planning process. However, review of two of these records evidenced that elements of the risk assessment process were not reviewed on a monthly basis as required. For example, the mobility and evacuation risk assessment for one identified patient had not been reviewed for a period of up to and including three months. Review of care records for another identified patient further evidenced the evacuation risk assessment had not been updated for three months. In addition, gaps of three months were observed in the assessment of daily living monthly reviews for two identified patients. This was discussed with the registered manager and an area for improvement was made under the care standards.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Patient and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

Review of records and discussions with staff evidenced that staff meetings were not held on a quarterly basis. For example, records indicated there was no staff meetings held in the home since March 2018. This was discussed with the regional manager and an area for improvement under the care standards was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

Areas for improvement

Three areas for improvement under the care standards were identified in relation to wound care management/evaluation, record keeping, review of care plans and staff meetings.

	Regulations	Standards
Total number of areas for improvement	0	3

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 07.15 hours and were greeted by staff who were helpful and attentive. Patients enjoyed breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

We observed the serving of the breakfast. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients’ likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed in the home evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Patient's said they enjoyed the reflexology that took place in the home that day.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks.

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with five patients individually, and with others in smaller groups, confirmed that living in The Haven was viewed as a positive experience. Some comments received included the following:

"I like it here."

"I like all the staff."

"I get well looked after. I like sitting in the garden. It's dead on."

"There's good food and everything."

"It's very good here."

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Ten patient questionnaires were left in the home for completion. Two were returned within the expected timescale with both respondents indicating that they were very satisfied with the care provided across the four domains.

Four relatives were consulted during the inspection. Some comments received included the following:

"It's great. They are really really good. They are terrific."

"The place is very good. The staff are lovely. It's always nice and clean and smells nice."

"Everyone takes good care of the residents. They have loads of activities."

"They are like a big family here."

Ten relative questionnaires were provided; seven were returned within the expected timescale. Six respondents indicated that they were very satisfied with the care provided across the four domains, with one stating that they were neither satisfied nor dissatisfied across all four domains; this respondent stated the following, "more exercise needs for people who can walk."

Some of the other comments received included:

"I observe excellent care, compassion and support when attending the home."

"A lovely home to visit. Real good care."

Staff were asked to complete an on line survey, we had no responses within the timescale specified. Seven staff members were consulted during the inspection. Some of the comments received were as follows:

“I thought this job wasn’t for me and I love it now. I love the patients; that is what keeps me here.”
“I feel we are a family here.”

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. Discussion with staff, patients and representatives evidenced that the registered manager’s working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, environment and care records. Although audits were completed, deficits identified during inspection had not been identified within current auditing processes. For example, deficits in IPC practices and the environment had not been identified. In addition, no care record audits were available to review. This was discussed with the registered manager who agreed to review the audit process for care records and IPC practices to ensure that the analysis is robust, action plans are generated and that learning is disseminated. An area for improvement under the care standards was made.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005/ The Care Standards for Nursing Homes.

Review of governance records evidenced that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. However, gaps were observed in attaining bi-annual supervision for care assistants and trained staff, with just over a quarter of supervisions being completed for the last year. This was discussed with the registered manager who agreed to review current arrangements to ensure the deficits are addressed. An area for improvement under the care standards was made. This was discussed at the meeting with RQIA and a new supervision schedule has been put in place.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships.

Areas for improvement

Two areas for improvement under the standards were identified in relation to audits and staff supervision.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Frances Mary McKenna, registered manager, and Patrick Gerald Kelly McQuaid, responsible individual, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 30 (1) (d)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications identified in this report should be submitted retrospectively.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All relevant notifications identified in the report have been submitted retrospectively. All future notifications will be submitted in a timely manner.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that a falls policy is developed for use in the home in accordance with best practice guidelines and that staff adhere to this. Nursing staff must carry out clinical/neurological observations, as appropriate, for all patients following a fall in keeping with best practice guidance, policies and procedures. All such observations/actions taken post fall must be appropriately recorded in the patient's care record, including contact with next of kin and appropriate professionals.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The Homes falls policy has been updated to include the monitoring of CNS observations as per Glasgow coma scale. A post falls assessment has been developed and is now in place. All staff have been informed that all head injuries, suspected head injuries and unexplained bruises must be reported to RQIA</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.</p> <p>Particular attention should be given to the areas for improvement identified in section 6.4.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: As discussed with the Inspector during the serious concern meeting, there was full availability of PPE equipment in the Home. The staff member in question had chosen not to follow the Home's Policies & Procedures and training given. This staff member has been disciplined. All PPE equipment as explained to the Inspector, is kept within a locked cupboard that all staff have a key for. This is due to the high risk it posed to some of our residents. We are currently looking at having</p>

	<p>mastered locks put under all our sinks in the bathrooms throughout the Home.</p> <p>The staff member who transported the soiled linen (the same staff as above) has also had this included within her disciplinary, as this is not the practice within the Home. Back to basic Infection Control training for all staff took place within the Home on 10/9/18. Posters depicting the 7 steps of hand washing and the 5 moments of hand hygiene are now displayed in all bathrooms and wash facility areas. Clinical supervision in this area has commenced and is ongoing.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements.</p> <p>In particular, evidence must be available that staff are physically and mentally fit for their work prior to commencing employment.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A question has been included on our application form under the Health and Social (Reform) Act (NI) 2009 .</p>
<p>Area for improvement 2</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2018</p>	<p>The registered person shall ensure the staffing rota is maintained in accordance with this standard.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Staffing rota has been updated to include staff Christian names along with Am/Pm. Nurse in charge is clearly identified and the rota is signed at the end of each shift.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 39.7</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2018</p>	<p>The registered person shall ensure the effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>This area for improvement is made in reference to infection prevention and control practice.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Following the training delivered in the Home on 10th Sept. 2018. Clinical Supervision has been carried out to assess compliance with training and practice. Spot checks are carried out during Nurse Managers morning walk abouts. Staff Nurses are aware of their role in ensuring staff on duty work within the Home's Policies and Procedures. Audits continue to be carried out monthly or more often if deemed necessary.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure the outcome of care delivered is monitored and recorded contemporaneously. In addition, it is subject to review at agreed intervals and there is evidence of evaluations.</p> <p>This area for improvement is made in with specific reference to wound care management.</p> <p>Ref: 6.5</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4.7</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>Response by registered person detailing the actions taken: The evaluation of wound care for one identified Resident, although commended by Consultant Vasular Surgeon, has been reviewed to include additional recording in progress notes.</p> <p>The registered provider shall ensure that care plans are reviewed and updated in response to the changing needs of patients.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: A new care plan audit has been implemented and is completed by Nurse Manager on a monthly basis. The Staff members identified have received increased clinical supervision in this area.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2018</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Emergency staff meeting took place on 30/8/18. All staff meetings will now be pre-planned to take place 3 monthly or sooner if deemed necessary.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2018</p>	<p>The registered person shall ensure monthly audits should be completed in accordance with best practice guidance. Any shortfalls identified should generate an action plan to ensure learning is disseminated and the necessary improvements can be embedded into practice, specifically, the care records audit and hand hygiene audit.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: A new care records audit has been implemented. Spot checks continue with regard to hand hygiene.</p>

<p>Area for improvement 8</p>	<p>The registered person shall ensure staff have recorded individual, formal supervision no less than every six months for staff who are performing satisfactorily.</p>
<p>Ref: Standard 40</p>	
<p>Stated: First time</p>	<p>Ref: 6.7</p>
<p>To be completed by: 1 December 2018</p>	<p>Response by registered person detailing the actions taken: Formal supervision continues and will be completed by time scale.</p>

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