Unannounced Primary Care Inspection

Name of Establishment:	**Lisnisky**
RQIA Number:	**1488**
Date of Inspection:	**20 January 2015**
Inspector's Name:	**Lorraine Wilson**
Inspection ID:	**17214**

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Establishment:	Lisnisky
Address:	16 Lisnisky Lane Portadown Craigavon BT63 5RB
Telephone Number:	02838339153
Email Address:	lisnisky@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons Health Care James McCall
Registered Manager:	Jolly Joseph(Acting)
Person in Charge of the Home at the Time of Inspection:	Jolly Joseph(Acting)
Categories of Care:	NH-DE, RC-I, RC-MP(E), RC-PH, RC-LD(E), NH-I, NH-TI
Number of Registered Places:	63
Number of Patients and Residents Accommodated on Day of Inspection:	60 30 patients in the general nursing unit 14 patients in the nursing dementia unit 16 residents in the residential unit
Date and Type of Previous Inspection:	10 December 2014 Secondary Unannounced Pharmacy Inspection
Date and Time of Inspection:	20 January 2015 10.40 -17.40
Name of Inspector:	Lorraine Wilson

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

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

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

4.0 Methods/Process

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

- Discussion with the nurse manager (acting)
- discussion with staff
- discussion with patients/residents individually and to others in groups
- consultation with one visiting relative
- 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 plans
- 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/Residents	Met all patients/residents, speaking with six individually and in private and to others in groups.
Staff	Met nine staff and spoke with six individually and in private.
Relatives	Met with one visiting relative.
Visiting Professionals	None

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

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

6.0 Inspection Focus

RQIA undertook this inspection following a review of issues identified from a complaint which had been shared with RQIA. Concerns were identified in respect of care practices, specifically in relation to the management of call bells, personal care arrangements, including pressure area care, bathing/showering, assistance to the toilet and seating arrangements and the impact these issues had. The raising of a complaint with staff and customer care had also been raised as issues.

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

The inspector reviewed information relating to the identified issues together with a review of the records pertaining to care records, regulation 29 visits completed on behalf of the responsible individual and staff training records.

Additional Areas Examined

In addition to the review of identified issues, specific elements which were identified during the previous care inspection were followed up and reported on in section 9 of this report.

Prior to the inspection, the previous registered manager had completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by the

previous 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.

This inspection also 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

Lisnisky Care Home is situated on the outskirts of Portadown, close to Craigavon Area Hospital.

The nursing home is owned and operated by Four Seasons Healthcare. Mr James McCall is the responsible individual for the home.

The current acting manager is Mrs Jolly Joseph who commenced work in the home in November 2014, and is referred to throughout the report as the manager.

Accommodation for patients and residents is provided on the ground floor. The nursing dementia unit is located on the lower ground floor of the home. Access to the lower ground floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided throughout the home. The home also provides for catering and laundry services on the ground floor.

The home is registered to provide care for a maximum of 63 persons under the following categories of care:

Nursing care: Maximum of 47 patients

NH I old age
NH TI terminally ill

not falling into any other category to a maximum of 33 patients, accommodated within the general nursing unit on the ground floor.

NH DE dementia care to a maximum of 14 patients, accommodated within the dementia unit on the lower ground floor.

Residential care: Maximum of 16 residents.

RC I old age
RC MP(E) mental disorder excluding learning disability or dementia over 65 years

RC PH physical disability other than sensory impairment under 65
RC LD(E) Learning disability over 65.

not falling into any other category to a maximum of 16 residents, accommodated within the residential unit on the ground floor.

8.0 Executive Summary

This is a summary of an unannounced inspection of Lisnisky Care Home undertaken by Lorraine Wilson on 20 January 2015 between 10.40 and 17.40.

The inspection was facilitated by Mrs Jolly Joseph, the manager, who was available throughout the inspection and received verbal feedback at the conclusion of the inspection.

Mrs Heather Murray, acting regional manager for Four Seasons Healthcare (FSHC), received telephone feedback regarding the inspection outcome on 26 January 2015.

Prior to the inspection a number of documents were required to be returned to RQIA. These documents were returned within the specified timeframe and offered the required assurances. Due to a change to the inspection focus, not all areas of the submitted self-assessment were validated during this inspection.

The home's progress in addressing the issues raised during and since the previous care inspection undertaken on 24 July 2014 was reviewed. Ten requirements were reviewed, six were compliant, two were substantially compliant, and one was moving towards compliance and will be stated again. A requirement pertaining to odours was not compliant and has been subsumed into a regulation pertaining to the fitness of the premises. Two recommendations were fully compliant. Details of the action taken can be viewed in section 9 of the report immediately following this summary.

The inspection focused on issues identified from a complaint which was shared with RQIA. The management of patient call bells, personal care arrangements for bathing and assisting patients to the toilet, pressure area care, seating arrangements, expressions of dissatisfaction and customer care including treatment of patients was reviewed.

Standard 19: Continence Management was also assessed as a theme of this inspection.

A selection of records required by legislation was examined, and a general inspection of the nursing home environment was carried out as part of the inspection process.

During the inspection, the inspector met with patients, residents, staff and one visiting relative.

The inspection findings confirmed that the atmosphere was calm and suitably organised in each of the three units visited. Patients and residents were observed to be relaxed and comfortable in the home and were well presented in appropriate clothing.

Patients' in the general nursing unit had access to working call bells which were within easy reach to call attention of staff when needed. In the residential unit, all residents with the exception of three had easy access to working call bells to summon staff assistance. An assurance was provided by the manager that three calls which were unable to be located by residents would be replaced. A recommendation is made.

Patients and residents consulted confirmed that there was no restriction on where they sat or spent their day, confirming that they could move freely around the home. Patients were observed siting in corridor areas whilst others preferred to remain in their bedroom.

Personal care tasks such as bathing and showering were not directly observed by the inspector, though the provision of personal care to patients was discussed privately with six staff. Staff demonstrated knowledge how to bathe and or shower patients in accordance with evidence based practice and how to assist patients' to the toilet ensuring dignity is promoted. Patients and residents who were able to discuss their personal care experience with the inspector confirmed that they were treated respectfully and no issues were raised in respect of dignity being compromised.

Care tasks such as using a hoist to assist patients to the toilet were observed. Staff informed the patient during each step of the task, and the patient's privacy and dignity was respected. However, the inspector was not assured that the type of hoist used for the task was suitable to meet the patient's needs. A recommendation is made that the patient's moving and handling assessment is reviewed to ensure it remains appropriate.

The management of pressure area care for patients was reviewed, and overall the management of pressure care and wound care was mostly delivered in accordance with evidence based practice.

However, immediate improvements are required in the management of patient repositioning as the inspector was not assured that patients nursed in bed were frequently repositioned in accordance with their needs. In addition the repositioning records for three patients were not accurately maintained to evidence the care delivered. This requirement which had been made during the previous care inspection is stated again for a second time.

Care practices and interactions between staff and patients were respectful and care was delivered in an appropriate manner during the inspection. In the nursing dementia unit, the inspector observed good examples of staff providing kind and compassionate care to patients.

Further information on care practices is recorded in the main report and located in additional information, section 11.1.

Since appointment in November 2014, the manager had responded to one recorded complaint. The action taken was in accordance with DHSSPS complaint guidance. The manager confirmed that there were no outstanding complaints at the time of inspection and informed the inspector they were unaware of any other complaints being made.

Feedback received from patients and residents was mainly positive. One resident in the residential unit expressed the view that the home could do with more staff. Other comments received confirmed that the staff were pleasant and attentive. One patient indicated that some staff were more experienced than others.

One visiting relative spoken with was mainly positive about the care provided to their relative by the staff team. The relative confirmed that issues raised had been taken seriously by management and were appropriately addressed. In relation to areas for improvement, the relative expressed the view that cleanliness of bedrooms used by patients could be improved. Refer to section 11.6 for further details about patients/residents and relatives.

The home's compliance with standard 19: continence care was also assessed. There was evidence that a continence assessment had been completed for patents' in the three records reviewed. This assessment formed part of a comprehensive and detailed assessment of patients' needs from the date of admission and was found to be updated on a regular basis

and as required. The assessment of patients'/residents needs was evidenced to inform the care planning process. Comprehensive reviews of both the assessments of need and the care plans were maintained on a regular basis and as required in the three care records reviewed.

Four registered nurses have received training and been deemed competent in male/female catheterisation. Some staff had received continence care training and demonstrated knowledge of best practice in continence care, whilst others were less knowledgeable and required prompting. A recommendation is made that all care staff providing continence care receive training.

Currently the home has no designated continence link nurses involved in the review of continence management and education programmes for staff. In addition there is no evidence that a regular audit of the management of continence is undertaken to address identified deficits in continence management. A recommendation is made.

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

Sufficient numbers of staff were on duty to meet the needs of the patients and residents on the day of inspection, though not all staff on duty in the residential unit had knowledge of the resident's needs as the staff on duty were providing cover for permanent staff who were on leave or absent.

The staff who met with the inspector were generally positive about working in the home and were of the opinion that the care provided was of a good standard. A few staff indicated staffing ratios should be increased during the morning period.

The comments made by patients, residents and staff were discussed with the manager, who confirmed that since commencing employment in November 2014 staffing arrangements had been reviewed. Confirmation was provided that as a result of the staffing review undertaken, additional staff were to be recruited for the residential unit from 20.00 to 08.00.

The nursing dementia was observed to be clean, comfortable and homely. Many internal areas were observed to be clean, comfortable and suitably maintained.

However, deficits in hygiene, cleanliness and infection prevention and control practices were identified within some areas of the nursing and residential units.

There were several bedroom, bathroom, shower room, toilet and sluice areas which were in need of upgrading, as was the paintwork in the residential dining room. Malodours were found in identified, bedrooms, and bathroom areas which also radiated to corridor areas in the home. Some sluices examined were also malodourous. Equipment used by identified patients was in need of cleaning and decontamination, for example, crash mats, commode pots, urinals and wheelchairs.

These issues were discussed with the manager who confirmed that during a review of the facilities, she had also identified a number of areas within the home which required upgrading, including communal bathroom and shower room areas.

Post inspection the inspector was advised by FSHC that the company are planning to upgrade identified bathrooms/shower rooms and toilet areas and it is anticipated that the proposed upgrade will commence within a three month timescale. For further details refer to section 11.9 of the report.

In addition domestic hours have been increased and temporary arrangements are in place with the additional domestic hours currently being allocated to existing permanent and bank staff. Confirmation was provided that recruitment for additional domestic/laundry staff is currently ongoing.

The inspector can confirm that based on the inspection findings on the day of inspection, the standard of care provided to patients and residents was overall in accordance with regulations and nursing home minimum standards.

Areas which require to be addressed to comply with regulations include the management of contemporaneous electronic records, the management of repositioning for patients at risk of pressure ulcers, and the deficits in cleanliness and infection prevention and control issues in identified areas.

Three requirements which have been stated for a second time were made during this inspection. Requirements are mandatory and must be fully addressed to comply with regulations. Six recommendations were also made. The actions to be taken are included in the Quality Improvement Plan (QIP) appended to this report.

The inspector would like to thank the patients, residents, a visiting relative, the manager, deputy manager, nursing sister and staff for their assistance and co-operation throughout the inspection.

9.0 Follow-Up on Previous Issues

No	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	15 (2) & 16(2) (b)	**Carried forward for review at a future inspection** The registered person shall ensure that: • Following any assessments the care plan should be updated to reflect the findings. • Ensure all care plans are evaluated. • Ensure care record audits contain a specific time limit to address outstanding issues, and that the corrective action taken is validated and signed appropriately by the person checking the audits alongside the person responsible for completing the care record. • Ensure the identified care records are reviewed and	An electronic system is in place for recording care records throughout the home. The inspector reviewed care records of three patients. This evidenced that the care plans had been updated to reflect the assessment outcome. There was evidence of monthly evaluations of care plans, or if the patients' needs changed and a revised plan of care was required more frequent evaluations were undertaken. Confirmation was provided that care file audits which contain timeframes to address specific issues are now in place and are signed appropriately by the person undertaking the audit. The deputy manager and nursing sister also confirmed that recently they have been allocated designated hours to undertake management duties for example undertaking audits. Confirmation was provided in the returned QIP that care records are reviewed and updated at least monthly.	Compliant

		updated in keeping with best practice.		
2	13 (7)	**Carried forward for review at a future inspection** Ensure furniture /equipment no longer in use is disposed of / stored appropriately.	Discussion with the nurse manager confirmed that a significant amount of furniture and equipment which was no longer required had been disposed of.	Compliant
3	14 (4)	**Carried forward for review at a future inspection** Ensure that all staff are trained in safeguarding vulnerable adults.	The training statistics for the home confirms that 88% of staff had completed safeguarding training and or training updates. Since the previous inspection, a number of new staff had commenced employment and the manager advised that work to ensure these staff also complete safeguarding training was in progress.	Compliant
4	19 (2) schedule 4, 11	**Carried forward for review at a future inspection** Ensure a record of all complaints is appropriately maintained in the home to include the action taken by the registered person in respect of any complaint.	The inspector reviewed record of complaints records which had been recorded since the previous care inspection. The manager had reviewed the system for recording complaints and had implemented a revised recording system. The manager confirmed that one complaint was received in November 2014 and good evidence of the action taken in addressing the complaint was demonstrated. The manager had also been in consultation with the complainant to ensure the action taken to address the complaint had been	Compliant

			effectively sustained and the complainant remained satisfied. This is good practice. As part of the monthly monitoring report which is completed on behalf of the responsible individual, the regional manager also reviews complaints received by the home.	
5	20 (1) (a)	**Carried forward for review at a future inspection** The registered manager shall review the numbers of domestic staff on duty to ensure they are sufficient in numbers to maintain cleanliness in the home at all times.	The manager advised that the annual budget for domestic staff had recently been increased. Confirmation was provided that the domestic position had been advertised and interviews will be scheduled. There were interim arrangements in place with current staff and bank staff working the additional hours which have been allocated. The manager confirmed that it is anticipated that additional domestic staff will be in post by February 2015.	Compliant
6	27	**Carried forward for review at a future inspection** Ensure the following issues are addressed; • new flooring is required in the treatment room • ensure infected linen is	Confirmation was provided that since the previous care inspection, the flooring in the identified treatment room was replaced. One bathroom had been upgraded and since appointment the manager has identified other bathrooms, shower rooms and toilets which require to be upgraded. Requests have been submitted to head office in respect of upgrading for these areas.	Moving towards compliance

		appropriately stored at all times • ensure the identified bathroom is refurbished • replace the identified wardrobes, chest of drawers and bed side locker • replace the identified radiator cover • provide privacy curtains in the identified bedrooms • ensure sluice rooms used for the storage of COSHH materials are maintained locked when not in use • ensure the identified bedroom is thoroughly cleaned • ensure equipment used in the home is properly cleaned and maintained in accordance with the manufacturers' instructions • ensure bathrooms are maintained clean, repair wood work and repaint the identified areas • fire exits must remain clear of all obstacles • replace/recover the identified patient care	The inspector identified several bathrooms/shower rooms and toilet areas which were not hygienically maintained. Odours were evident and the paintwork and woodwork was unable to be effectively cleaned. Feedback received from the acting regional manager post inspection anticipates the proposed upgrades for bathrooms/shower rooms and toilet areas will be completed within a three month timescale. This inspection also identified a number of bedrooms where the furnishings and radiator covers were in need of upgrading. In addition, there were bedrooms overlooking areas such as the car park where privacy blinds should be offered to ensure patient/resident privacy. In one bedroom, a fall out mattress and wheelchair were observed to be in need of cleaning. Several commodes and commode pots observed were also in need of cleaning. In the residential unit, the sluice door was open. On the day of inspection the fire exits were clear, and there was no broken equipment observed. Whilst some work had been undertaken to address	

		• broken equipment should be marked and appropriately stored at all times	the issues identified, further improvement is required. **Therefore, parts of this requirement will be stated again for a second time.**	
7	12 (4)	**Carried forward for review at a future inspection** The registered manager shall ensure that food and plates provided to patients are at an appropriate temperature. Registered nursing staff should be involved in the management of meals as discussed.	The serving of the lunch meal was observed in the general nursing unit and the inspector spoke with several patients to seek their views of the meal time experience including views about the temperature of meals served. Positive comments were provided, and no issues were raised. The nursing sister on duty in the general nursing unit was overseeing the meal service and the food and plates served was at an appropriate temperature.	Compliant
8	19(1)(a), schedule 3, (3)(k)	It is required that the registered person shall maintain contemporaneous notes of all nursing provided to the patient. Repositioning charts must be accurately maintained to evidence the care delivered. When patients are reviewed by healthcare professionals this must be recorded in the patients individual care records.	The three nursing records reviewed mostly provided contemporaneous notes of all nursing provided; for example, there was detailed information provided in respect of a catheter replacement for one patient. One patient was reviewed by their general practitioner during the inspection, and daily records were updated to reflect the outcome of this consultation. One of the three care records recorded information regarding repositioning; however, the care records of two other patients who were being nursed in bed on the day of inspection provided no repositioning information.	Substantially Compliant

			The inspector was not assured that an effective process to evidence repositioning of patients' was in place. Computer entries for repositioning reflected the actual time care staff were in-putting the entry on the touch screens which are located throughout the home. However, this was not always an accurate reflection of the time the actual repositioning took place; therefore the accuracy of the care records are compromised. This was discussed with the manager and with the acting regional manager post inspection. **Parts of this requirement will be stated again for a second time.**	
9	18(2)(j)	It is required that appropriate action is taken to eliminate the identified odour.	The returned Quality Improvement Plan (QIP) indicated that required action to eliminate the identified odour had been taken. However, as indicated in requirement 6, this inspection noted that odours continue to be evident in identified areas. **This requirement will not be stated again, but has been subsumed into requirement 1 in the newly issued QIP, and is stated again for a second time.**	Not compliant

10	13(7)	It is required in keeping with good infection control that sluice rooms are not used for general storage. The identified sluice room must be decluttered and maintained clutter free in keeping with good infection prevention and control measures.	Three sluice rooms examined had been de-cluttered. A fall out mat was observed stored under the sink in the sluice room in the residential unit. There was no inappropriate storage in the other two sluices. **Parts of this requirement will be stated again for a second time.**	Substantially compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	25.12	**Carried forward for review at a future inspection** Ensure the detail recorded in the regulation 29 visit reports includes progress regarding adherence to the quality improvement plan issued by RQIA. The registered manager should sign and date the regulation 29 visit report upon receipt. The report should also include the time when the unannounced visit ends.	Copies of regulation 29 visit reports completed for October, November and December 2014 were reviewed and evidenced compliance with this recommendation.	Compliant
2	30.2	It is recommended that the registered manager continues to review working patterns and patient dependency prior to changing staff allocation.	The manager confirmed that shift patterns had been reviewed to address increases in resident dependency, which identified that staffing within the residential unit needed to be increased from 20.00 hours to 08.00 hours. Work to recruit additional staff is currently underway.	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 RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

As indicated in section 6, an inspection of the home was undertaken on this occasion, and a review of complaint issues which had been shared with RQIA was undertaken.

Confirmation was provided that no safeguarding incidents were being investigated by the Southern Health and Social Care Trust in respect of Lisnisky Care Home at the time of inspection.

10.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed: 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.	**COMPLIANCE LEVEL**
Inspection Findings:	
Review of three patients' care records evidenced that bladder and bowel continence assessments were undertaken. The outcome of these assessments, including the type of continence products to be used, was incorporated into the patients' care plans on continence care. 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. The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Urinalysis was undertaken as part of the assessment process and patients were referred to their GPs as appropriate. Review of three patient's care records and discussion with patients representatives evidenced they had been included in discussions to agree and plan nursing interventions. The care plans reviewed addressed the patients' assessed needs in regard to continence management. In accordance with best practice, the daily nursing records reviewed included details of bowel function referencing the Bristol stool chart. During inspection nursing and care staff in the general nursing unit were observed assisting patients to the toilet prior to the serving of the lunch time meal. Several patients and residents consulted confirmed that they were mostly assisted to the toilet at their request,	Substantially compliant

though some did indicate occasions when they would be required to wait for some minutes. The inspector reviewed minutes of a senior management and team leader meeting which was held in November 2014, and which stressed the importance of patients and residents being assisted to the toilet in keeping with their needs and before each mealtime. The assessments reviewed indicated that some patients were assessed to be incontinent and discussion with staff confirmed that toileting programmes are in place for these patients. Staff confirmed that a number of patients' request assistance to go to the bathroom and this is provided on request. In accordance with best practice for quality improvement, regular audits of continence management should be undertaken, and action is taken to address any identified deficits in order to improve continence management for patients. A recommendation is made. Discussion with staff confirmed that there were adequate stocks of continence products available in the nursing home. Observation during the inspection evidenced that as assessed each patient/resident had a stock of continence products stored in their bedroom for individual use.	

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed: 19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.	**COMPLIANCE LEVEL**
Inspection Findings:	
The inspector can confirm that the following policies and procedures were in place; • Continence management (October 2007) • RCN continence care guidelines • NICE guidelines for continence care The inspector also observed that the following guidelines were in place: Guidance and procedure information when dealing with patients and residents who may present with symptoms of acute urinary tract infection had been issued by the Southern Health and Social Care Trust . The manager confirmed that Four Seasons Healthcare (FSHC) have developed a bowel management work book. The inspector was informed that prior to the implementation of the booklet, staff will receive training from the company training department. In addition, several staff are also due to attend training on continence care which has been organised by the Southern Heath and Social Care Trust. Six staff met the inspector individually and in private and discussed training provided in respect of continence care. Some staff confirmed they had completed training and demonstrated knowledge advising the inspector of the important aspects of continence care such as, privacy, dignity, choice of going to the toilet, fluid intake, skin care, as well as recognising symptoms of infection and reporting problems. However, the knowledge and understanding of continence care for several other staff was limited and prompting was required by the inspector. All care staff providing continence care require training. A recommendation is made.	Substantially compliant

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:	
This criterion was not inspected.	
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:	
Confirmation was provided that four members of the nursing team have received training and been assessed as competent in male and female catheterisation. The inspector reviewed the care records of one patient who had a urinary catheter and noted the daily nursing records provided detailed information in respect of catheter renewal. There were no patients with a stoma appliance on the day of inspection. The manager confirmed that training will be provided for all nursing staff in male/female catheterisation and stoma appliances as needed. FSHC have reviewed continence products in use and training is being provided to staff in respect of new continence products being used. Currently the home has no designated continence link nurses who are involved in the review of continence management and education programmes for staff, and as previously stated there is no evidence that a regular audit of the management of continence is undertaken. A recommendation has been made in this regard.	Compliant

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

11.0 Additional Areas Examined

11.1 Care Practices

Care practices and interactions between staff, patients and residents were observed to be sensitive to their needs and the care delivery observed was delivered in an appropriate manner.

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

Information shared with RQIA prior to the inspection expressed concern about specific care practices including call bell management, personal care arrangements for bathing /showering assistance to the toilet, the management of pressure area care. These issues were reviewed during this inspection.

Management of Call Bells

The call bells in the general nursing unit were reviewed in a sample of bedrooms and the inspector established that call bells were in place and in working order in each of the bedrooms sampled.

In addition at the inspector's request the nurse manager reviewed all bedrooms in the general nursing and residential unit during the inspection. Written confirmation was received by RQIA that working call bells were in place in all areas, with the exception of three bedrooms in the residential unit. Residents had advised the manager that they were unable to locate their call bells. An assurance was provided to the inspector that call bells in these bed rooms would be immediately replaced to ensure assistance could be summoned.

Two patients being nursed in bed were observed to have call bells placed within reach to enable assistance to be summoned. One patient was observed calling for assistance but despite the call bell being available they had not used the call bell. The assistance was provided as requested. Another patient was observed calling out to request analgesia medication as the inspector and manager were in the corridor. This patient did not use the call bell. The medication was provided as requested.

There were no call bells switched off during this inspection and staff provided assistance to patients' requests in a timely way; for example, one patient requested assistance from the inspector. The nursing sister was advised and ensured the required moving and handling assistance was provided to the patient.

Seating Arrangements

During the morning period, the inspector met with two patients/residents who were observed sitting on a settee facing the front door of the nursing home. Both confirmed to the inspector they enjoyed sitting in this area to watch the coming and going during the morning period. One of the two patients was later observed resting on top of their bed. The inspector also met another patient sitting in their wheelchair in the corridor area watching the maintenance man undertaking repairs. The patient indicated this was their preferred choice and they could come

and go as they please. During mid -afternoon a number of different patients accompanied by their visitors were observed having afternoon tea in the corridor area of the home.

Patients and residents consulted confirmed that they had a choice where they preferred to sit and advised there were no restrictions on going to their bedroom. As previously stated the inspector observed patients who were being nursed in bed and other patients were assisted to bed during the afternoon to aid pressure relief.

One resident observed sitting in their bedroom advised that it was their preference to spend the majority of the day in their bedroom and this was facilitated.

The staff consulted confirmed that whilst socialisation between patients/residents was promoted, each had a choice as to how they spent their day and where they preferred to sit throughout the day.

One visiting relative confirmed that during visits they frequently went to their relatives' bedroom and there was no restriction on visitors entering the bedroom.

The inspector evidenced that patients and residents had a choice on where they spent their day and where to sit and were able to move around the home freely on the day of inspection.

Personal Care

The inspector met with six staff individually and discussed the process for providing personal care to patients/residents, such as providing assistance to the toilet and showering or bathing patients.

As referenced in section 10, criterion 19.1, assessments are undertaken to determine the continence needs of patients and a plan of care is then implemented to address these needs. Staff confirmed that patients/residents will be assisted to the toilet on request.

Patients and residents confirmed that they mostly received the assistance to the toilet in a timely way, though a few patients did indicate that if staff were busy undertaking other duties there were some occasions when they had to wait a short time. None of patients/residents consulted raised issues in respect of their dignity being compromised, either during personal care tasks such as being assisted to the toilet.

Prior to the serving of lunch, the inspector observed staff subtly asking patients/residents if they required assistance to the toilet. Staff were discreet, when providing assistance, for example when using the hoist to assist female patients, a blanket was used to provide privacy and dignity for patients/residents.

The inspector was unable to observe the bathing and showering arrangements in the home as these are personal care tasks. However, the arrangements for undertaking such tasks were discussed with several care staff on duty.

Each of the staff confirmed that, it was important that prior to bathing/showering a patient they had all the necessary toiletries and clothing to hand.

One staff member advised "we are not allowed to leave the patient, in case they fall."

Another staff member confirmed that "to ensure the patient has privacy, I always use two towels, one for around the patient and another for drying them."

The inspector observed that a room thermometer was in place in each bedroom and bathroom/shower room sampled.

To ensure the facilities being used by patients were maintained to a suitable temperature, thermometer readings in areas used by patients/residents were sampled by the inspector.

The readings sampled were within the recommended limits of between 19-22 degrees centigrade, with some readings being in access of this recommendation, for example in two bathrooms reviewed, readings of 24 and 26 degrees centigrade were recorded.

Patients/residents consulted confirmed that they received the required assistance during bathing/showering and no concerns were raised with the inspector.

Pressure Area Care

Patients/residents care records were retained on an electronic system. Assessments tools were in place to determine the patients'/residents' pressure risk, and body maps were maintained to record pressure ulcers, or markings on the patients/residents' skin. Based on the assessment outcome for these specific areas, care plans to record and guide staff on the care and treatment to be provided was in place. Overall these systems were in place and were recorded in accordance with evidence based practice.

Some identified patients required frequent repositioning to reduce pressure risk in addition to the use of specialist pressure relieving equipment. This included patients' who were assessed at risk and patients who were nursed in bed. Three patients' repositioning records were reviewed and whilst one record was appropriately completed, the records for two other patients being nursed in bed were not maintained. Therefore, the inspector was unable to evidence patients' were being repositioned to meet their needs.

Moving and Handling Practice

The inspector observed two care staff assist a patient using a specific type of hoist. Staff discussed each step of the procedure with the patient in accordance with good practice; however, the patient seemed unable to provide the required assistance and needed prompting. Based on the observations the inspector was not assured that the specific hoist type was suitable to meet the needs of the patient. A recommendation is made that the patient's moving and handling needs are reassessed.

The inspector concluded that care practices observed were mainly in keeping with evidence based practice. However, a requirement made previously in relation to contemporaneous records with regard to repositioning is stated again. Recommendations are also made in respect of missing call bells, and a review of one patient's mobility assessment.

11.2 Care Records

As previously indicated care records are recorded electronically. Touch screens are available throughout the home to enable data entries to be made in respect of patient care; for example, recording food and fluid intake and repositioning of patients**.**

However, the inspector noted that care records reflected the time data entries were inputted, and not the actual time specific care and treatments had been delivered. Therefore, the inspector was not assured that specific records were being accurately maintained.

These findings were discussed with nursing staff on duty, the manager and acting regional manager for FSHC.

In accordance with regulation 19, records must be accurately maintained**.** A requirement made previously is stated again.

11.3 Complaints

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

As previously indicated in section 6 of the report, RQIA undertook this inspection following a review of issues identified from a complaint which had been shared with RQIA.

The management of complaints was discussed with the manager and the complaint records were reviewed. Information received by RQIA prior to the inspection indicated a verbal complaint had been made to staff and the response provided did not reflect good customer care. The inspector was unable to evidence that the verbal complaint referred to had been logged.

Since appointment, the manager had reviewed the process for recording complaints and confirmed that a file to log complaints is in place.

Confirmation was provided by the manager that one complaint had been received since her appointment and there were no ongoing complaints at the time of inspection.

Complaints records reviewed by the inspector confirmed that one written complaint had been received in November 2014 and a response was provided by management. There was good evidence that the recorded complaint had been managed in a timely manner and in accordance with legislative requirements. Records reviewed confirmed that the manager had subsequently been in contact with the complainant to ensure that improvements implemented were being effectively sustained. This is good practice.

Complaints received were also reviewed during the unannounced monthly visits completed on behalf of the responsible individual for October, November and December 2014. This information also confirmed that one complaint was recorded.

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 those complaints had been pro-actively managed and had been locally resolved.

11.4 Patient Finance Questionnaire

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

11.5 NMC Declaration

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

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

11.6 Patients'/Residents' and Relatives Comments

The inspector met all patients and residents, speaking with six privately and to others in small groups. Overall satisfaction was expressed with the standard of care, facilities and services provided in the home.

A number of patients were unable to express their views verbally, and time was spent observing how patients were spoken to and supported during the management of lunch.

From observations patients were spoken with in a pleasant and friendly way and good interaction was observed. One example observed included a nurse assisting a patient to sit at the head of the table, and advising the patient of the importance of this position in the nurse's culture.

Examples of comments received from patients and residents were as follows:

- "more permanent staff needed in the residential unit"
- "I have met the new manager, she is very nice and comes to see us regularly"
- "most of the staff are nice, miss xxxxxx when she is not on duty"
- "the staff are pleasant and attentive"
- "some staff are more experienced than others"
- "I couldn't complain, as I am looked after well"
- "I would prefer to be at home, but who wouldn't"
- "I enjoy the company and have no worries"

One visiting relative agreed to meet with the inspector and discussed their experience of the care and treatment provided to their relatives. There was evidence the relative was involved and kept informed about their relative's condition. On the day of inspection the relative had assisted their relative to a hospital appointment. The relative confirmed that they visited the home regularly and was mainly satisfied with the care and treatment provided. The relative advised that any issues previously raised had been taken seriously by management and were promptly addressed. When asked about suggested areas for improvement within the home, the relative stated that "patient's bedrooms could be better maintained and cleanliness of the bedrooms improved". The inspector would concur with these comments.

11.7 Staffing Arrangements and Staff Comments

On the day of inspection the manager, deputy manager and nursing sister were on duty and sufficient numbers of staff were on duty to meet the needs of patients and residents.

Whilst the required number of staff was on duty in the residential unit, some of the staff on duty were unfamiliar with the needs of the residents. A senior carer was on unplanned absence at short notice and a bank nurse was providing the cover required. A care assistant who usually worked in another unit in the home was providing annual leave cover for permanent care staff.

The manager confirmed that since appointment, she had reviewed the staffing arrangements for the home and identified the need for an increased staffing ratio in the residential unit to meet the needs of residents. Confirmation was provided that recruitment for additional staff was underway.

Two personal activity leaders are employed; however, on the day of inspection neither was on duty. A number of patients and residents were observed attending the hairdresser throughout the day of inspection, and care staff were observed spending time engaging with patients and residents in both the residential unit and the nursing dementia unit.

Since being appointed the manager had met with senior management and team leaders in the home in November 2014. Minutes of the meeting reviewed by the inspector indicated that a number of issues had been discussed. These included fire safety, manual handling and completion of care records, as well as information regarding continence management.

A general staff meeting was also scheduled to be held with staff on 29 January 2015.

The inspector met nine staff and spoke with six individually and in private, one of whom had recently commenced employment in the home. The management of personal care and continence management was discussed with staff. Overall staff provided responses which were in accordance with best practice. Some staff required prompting, in relation to continence care and management, and as previously indicated all staff provided personal care to patients and residents are in need of continence care training. A recommendation is made.

Overall staff provided positive comments about the care and treatment delivered; nursing staff discussed the electronic system for recording care records confirming they had highlighted some of the deficits of the system to management.

A few staff indicated that due to the complex needs of some patients that additional staff was required during the morning period.

The inspector issued eight questionnaires to staff though to date no responses have been received by RQIA.

11.8 Accidents and Incidents

Systems for the recording of accidents and incidents which occurred in the home were in place. Two specific accident records were reviewed during inspection, and both evidenced that medical intervention had been sought in a timely manner.

Effective processes were in place to ensure RQIA was kept informed in a timely way of accidents and incidents in accordance with legislation.

11.9 Environment

The inspector undertook an inspection of the premises and viewed the majority of the patients,' residents' bedrooms, bathroom, shower and toilet facilities and communal areas.

The inspector noted the nursing dementia unit in particular was homely, personalised and care had been taken to provide suitable signage for patients with dementia.

Many of the remaining areas of the home both internally and externally were kept in good repair and reasonably decorated. A satisfactory standard of hygiene and cleanliness had been maintained in many bedrooms and communal areas observed.

However, in a number of identified bedrooms, bathrooms, shower rooms, toilets and sluices. shortfalls in hygiene and infection control standards were observed.
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These deficits included the following:

- a number of radiator covers throughout the home were in need of repair or repainting to ensure they could be effectively cleaned.
- in one sluice, a dirty basin observed was in need of cleaning
- the walls were marked and damaged in identified bedrooms and bathrooms/shower rooms and toilets, and could not be effectively cleaned.
- some extractor fans observed were dusty and in need of cleaning
- paintwork is in need of upgrading and a water stain on the ceiling must be addressed in the dining room of the residential unit.
- malodours were found in identified bedrooms including one double bedroom, bathrooms, shower rooms and toilet areas, with odours from one bathroom radiating to a corridor area within the home. A malodour was also found in one sluice
- patient equipment such as crash mats, wheelchairs and commodes were observed to be in need of cleaning in specific patient bedrooms
- some bedrooms were observed to be untidy
- in one sluice room, a crash mat was being stored under the sink
- all pull cords in toilet, bathrooms/shower rooms and sluices require to be covered with wipeable covering to ensure they can be effectively cleaned.
- patients/residents in bedrooms which are overlooked should be offered privacy screening
- cleaning of urinals and bedpans is undertaken by staff manually, consideration should be given to the provision of disposable urinals and bedpans.

These shortfalls were discussed with the manager, who advised that she also had identified areas for upgrading and had discussed these with senior management for the company.

This information was also evidenced in the regulation 29 reports, which are completed on behalf on the responsible individual for the company.

Post inspection, the inspector provided inspection feedback to the acting regional manager and RQIA have subsequently received information via electronic mail confirming the refurbishment plans proposed for the home. FSHC have advised RQIA that they anticipate commencing bathroom/shower room refurbishments throughout the home within the next three months.

The registered person must ensure that the standard of cleanliness in the identified areas is improved. In addition robust monitoring arrangements must be implemented to ensure cleanliness and infection prevention and control practices are maintained in accordance with evidence based practice.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Jolly Joseph, 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.

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:

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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.	
Criterion 5.1 • **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.** **Criterion 5.2** • **A comprehensive, holistic assessment of the patient's care needs using validated assessment tools is completed within 11 days of admission.** **Criterion 8.1** • **Nutritional screening is carried out with patients on admission, using a validated tool such as the 'Malnutrition Universal Screening Tool (MUST)' or equivalent.** **Criterion 11.1** • **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.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulations12(1)and (4);13(1); 15(1) and 19 (1) (a) schedule 3**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
Prior to admission to the Home, the Home Manager or a designated representative from the home carries out a pre-admission assessment. Risk assessments such as the Braden Tool and MUST score are recored but reviewed on admission.	Compliant

Following a review of all information including that forwarded by Care Management/ICS are considered before any admission decision is made. In the event of an emergency admission information is taken by e-mail/ telephone prior to the decision being made. Residents are only admitted when the Home Manager is satisfied that their needs can be met. On admission an identified Nurse continues the admission process carrying out risk assessments and identifying the nursing needs and following the FSHC Protocol for admission. These care plans are audited and developed as necessary during the residents stay.	

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.	
Criterion 5.3 • **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.** **Criterion 11.2** • **There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability.** **Criterion 11.3** • **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.** **Criterion 11.8** • **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.** **Criterion 8.3** • **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.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulations13 (1);14(1); 15 and 16**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
A Named Nurse is allocated to each new resident. She is primary in developing and discussing the careplan process with the individual Resident and Representative where appropriate.	Compliant

Referral arrangements are in place to include the Tissue Viaiblity Nurse and Dietician. Staff are aware of this and in the event of any signs of deterioration, referrals are made to the appropriate department.The decision is made by the nurse working in the unit at the specific time. Any Residents at risk of pressure ulceration have a documented prevention and treatment programme in place,These are monitored and reviewed accordingly. Family and Regional Manager are made aware of this and regular updates are given. Where necessary staff can contact specialist nurses for additional support and advice.	

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 • **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**
The needs assessment, risk asessment and careplans are reviewed and evaluated at a minimum of once a month or more often if there is a change in the resident's condition. The plan of care dictates the frequency of review and re-assessment, with the agreed time interval recorded on the plan of care. The resident is assessed on an ongoing daily basis with any changes noted in the daily progress notes and care plan evaluation forms. Any changes are reported on a 24 hour shift report for the Home Manager's attention. The Manager and Regional Manager will complete audits to quality assure the above process and compile action plans if any deficit is noted.	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.	
Criterion 5.5 • **All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations.** **Criterion 11.4** • **A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented.** **Criterion 8.4** • **There are up to date nutritional guidelines that are in use by staff on a daily basis.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
The Home refers to up to date guidelines as defined by professional bodies and these are available for staff 's information. The EPUAP grading system is used to screen Residents who have skin damage. Initial and on-going wound assessments are carried out and a plan of care is drawn up for the management including the dressings and type of mattress. The evaluation process records any changes. Staff always refers to FSHC policies and proceduresin relation to nutrition, diabetes, subcutaneous fluids and care of precutaneous endoscopic gastrostomy (PEG).	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.	
Criterion 5.6 • **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.** **Criterion 12.11** • **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.** **Criterion 12.12** • **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 are reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 19(1) (a) schedule 3 (3) (k) and 25**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
The Catering Manager also keeps records of the food served and include any specialist dietary needs and likes/dislikes. Residents who are assessed as being "at risk" of malnutrition, dehyration or overeating have their food and fluids recorded on a daily basis using a FSHC food record booklet or fluid record booklet. These charts are recorded over a 24 hour period with the fluid intake totalled at the end of the 24 hour period. The nurse utilises the information contained in these charts in their daily evaluation. Any deficits are identified with appropriate action being taken and with referral made to the relevant MDT member as necessary. Any changes to the resident's plan of care is discussed with them and/or their representative.	Compliant

Care records are audited on a regular basis by the Manager with an action plan compiled to address any deficits or areas for improvement - this is discussed during supervision sessions with each nurse as necessary.	

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 • **The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
The outcome of care delivered is monitored and recorded on a daily basis on the daily progress notes with at least a minimum of one entry during the day and one entry at night. The outcome of care is reviewed as indicated on the plan of care or more frequent if there is a changed in the resident's condition or if there are recommendations made by any member of the MDT. Residents and/or their representatives are involved in the evauation process.	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.	
Criterion 5.8 • **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.** **Criterion 5.9** • **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.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
Care Management reviews are generally held six-eight weeks post admission and annually thereafter. Reviews can also be arranged in response to changing needs and the trust organise these as required. A copy of the minutes is sent to the Home and the NOK. Any recommendations made are actioned and care plans are reviewed to reflect the changes. The resident or representative is kept informed of progress towards the agreed goals.	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.	
Criterion 12.1 • **Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences.** **Full account is taken of relevant guidance documents, or guidance provided by dieticians and other professionals and disciplines.** **Criterion 12.3** • **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.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 13 (1) and 14(1)**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
Patients are provided with a nutritious diet as per FSHC policy and procedures. Nurses fully assess each resident's dietary needs on admission and review on an ongoing basis. The care plan reflects the type of diet and Kitchen staff are aware of dietary needs and residents likes/dislikes. Any resident requiring assistance or specialised diet are offered a choice. The Home has a three week menu which is reviewed on a six monthly basis taking into account seasonal foods. The menu is compiled following consultation with residents and use of food questionnaires. The PHA document - "Nutritional and Menu Checklist for Residential and Nursing Homes" is used to ensure that the menu is nutritious and varied. Residents are offered a choice of two meals at each meal time, if the resident does not want anything from the daily	Compliant

menu an alternative meal of their choice is provided. Meal choice is recorded on the daily menu sheet. A variety of condiments, sauces and fluids are also available. Daily menus are on display in each dining room with the three week menu displayed on the wall in the main entrance hall.	

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.	
Criterion 8.6 • **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.** **Criterion 12.5** • **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.** **Criterion 12.10** • **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:** o **risks when patients are eating and drinking are managed** o **required assistance is provided** o **necessary aids and equipment are available for use.** **Criterion 11.7** • **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.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
Nurses have been trained on dysphagia and PEG training. The Speech and Language Therapist also give informal advice and guidance when visiting the Home. Nurses refer to up to date guidance.	Substantially compliant

Recommendations made by Speech and Language Therapists are incorporated into the care plans and then the Kitchen Staff are made aware of specialised needs. The Kitchen are given advice on any special diets e.g Coeliac. Meals are provided at conventional times and snacks are available at intervals during the day. Cold drinks are available as required. Any matters concerning a resident's eating and drinking are detailed on each individual care plan including for e.g likes/dislikes, type of diet, consistency of fluid, any special equipment required and if assistance is required. Staff are present in the dining rooms when meals are being served. Plate guards and other equipment are used if necessary. Nurse have completed a E-Learning module on Pressure Area Care and Competency Assistmaents have also been completed.	

PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5	**COMPLIANCE LEVEL**
	Provider to complete

The Regulation and Quality Improvement Authority

Quality Improvement Plan

Unannounced Primary Care Inspection

Lisnisky

20 January 2015

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 Mrs Jolly Joseph 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	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	27,(2)(a)(b)(c)(d)(l)	The registered person must ensure the following issues are effectively addressed and RQIA are informed of the action taken; • equipment used by patients' is properly cleaned and maintained in accordance with the manufacturers' instructions including equipment such as fall out mats, wheelchairs and commodes • implement an effective process for cleaning extractor fans in the home • confirm that woodwork and paintwork in the residential unit dining room has been upgraded and a water stain on the celling has been removed • all areas in the home must be hygienically cleaned and the management of odours in identified bedrooms including one double bedroom, bathrooms, shower rooms and toilet, corridor and identified sluice areas must be addressed • robust processes are implemented to ensure patient bedrooms are kept clean and tidy • patients and residents accommodated in overlooked bedrooms are offered	Two	Decontamination records are in place to ensure all equipment in use is cleaned and maintained as required. This has been addressed and continues to be monitored The paint work in the Residential Area has been completed. This has been addressed and continues to be monitored Systems are now in place to ensure resident's bed rooms are clean and tidy Privacy screens are available in all double rooms.	From date of inspection

		privacy screening to assist in maintaining their privacy and meeting their needs. **Ref : Follow up to previous issues and section 11.9**			
2	19(1)(a), schedule 3, (3)(k)	It is required that the registered person shall maintain contemporaneous notes of all nursing provided to the patient. • Repositioning charts must be accurately maintained to evidence the care delivered. • Review the data inputting of contemporaneous records to ensure records accurately reflect the time care and treatment is actually delivered. **Ref : Follow up to previous issues and section 11.1 and 11.2**	Two	Residents nursing notes are monitored through the auditing process to ensure records are contemporaneous, this will include repositioning charts.	From date of inspection
3	13(7)	The registered person must ensure that effective evidence based infection prevention and control processes are in place at all times. • fall out mats must not be stored in sluice rooms • basins must be decontaminated after use • confirmation is required that all pull cords have fully wipeable covering to	Two	These areas have been addressed Contol measures are now in place to ensure decontamination process are being followed, this will be	From date of inspection

		ensure they can be cleaned. **Ref : Follow up to previous issues and section 11.9**		montored by the Home Manager	

Recommendations

These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	34.1	The manager should consider the provision of disposable urinals and bedpans to reduce infection control risks to patients, residents and staff, and inform RQIA of any decision made in this regard. **Ref : Section 11.9**	One	Disposable urinals are provided to residents indidually and Staff advised to clean urinals and bed pans by using appropriate sanitizers	18 March 2015
2	Fitness of the premises- existing homes-E8	RQIA require confirmation that misplaced call bells have been replaced in three identified residents' bedrooms. **Ref : Section 11.1**	One	The identified call bells are replaced.	When returning the Quality Improvement Plan.
3	Fitness of the premises- existing homes-E1	RQIA require confirmation that the proposed upgrading and refurbishment works has been completed to the required standards and within the proposed three month timescale. **Ref : Section 11.9**	One		Upon completion of the works
4	35.1	The manager should ensure one patient's moving and handling assessment is reviewed to ensure the hoist equipment in use is appropriate to meet the patient's	One	The identified Resident 's moving and handling been re assed and appropriate hoist is being used.	From date of inspection

		assessed mobility needs. RQIA should be informed of the review outcome. **Ref : Section 11.1**			
5	19.2	The manager must confirm that all nursing and care staff have received continence care training. **Ref : Section 10, criterion 19.4**	One	This is on progress	31 March 2015
6	19.1 19.4	The manager should appoint a link nurse(s) for continence care, and undertake audits on continence management ensuring audit findings are acted upon to enhance standards of continence care for patients and residents. **Ref : Section 10, criterion 19.1 and 19.4**	One	This is implemented	31 March 2015

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	Jolly Joseph
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jim McCall MANAGING DIRECTOR 11/3/15.

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable			
Further information requested from provider			

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Lorraine Wilson	16/03/15
Further information requested from provider			