

Unannounced Care Inspection Report 25 July 2016



Nightingale Care Home

Type of Service: Nursing Home
Address: 34 Old English Road, Dungannon, BT71 7PA
Tel No: 02887752666
Inspector: Aveen Donnelly

1.0 Summary

An unannounced inspection of Nightingale Care Home took place on 25 July 2016 from 9.30 to 18.00 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

For the purposes of this report, the term 'patients' will be used to describe those living in Nightingale care Home which provides both nursing and residential care.

Is care safe?

There were safe recruitment and selection processes in place. Staffs' registration checks were undertaken on a regular basis with the relevant professional bodies. There was a structured orientation and an induction programme, training in all mandatory areas had been provided and there was a system in place to support staff through supervision and appraisal. Staff were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding and any potential incident pertaining to safeguarding adult was managed in accordance with the regional safeguarding protocols. All notifiable incidents had been reported to RQIA, in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005. The home was clean and reasonably tidy. Infection prevention and control measures were adhered to and equipment was stored appropriately. Fire exits and corridors were maintained clear from clutter and obstruction.

Although, observations on the day of the inspection evidenced that the staff were meeting the patients' needs in a timely and unhurried manner, patients consulted with described to the inspector how they had to wait for long periods to get assistance from staff. A recommendation that was previously made in regards to the provision of staffing has been stated for the second. A recommendation has also been made that falls risk assessments are reviewed in response to patients' falls.

Is care effective?

Patients consulted with stated that they received the right care; however they did not always feel that they received this at the right time and comments patients made have been included in the report. A range of validated risk assessments were completed as part of the admission process; however the assessments and care plans were not developed within the recommended timeframe. Two requirements which were previously made have been stated for the second time. Staff were required to attend a handover meeting at the beginning of each shift; however, communication was not always well maintained in the home. Staff meetings had been held on a regular basis. Relatives consulted with stated that the staff informed them of changes to their relative's condition and confirmed that if they had any concerns, they could raise these with the manager. All those consulted indicated high levels of satisfaction within the domain of effective care. However weaknesses were identified in the management of patients' fluid intake. A requirement has been made to ensure compliance and drive improvement.

Is care compassionate?

Although patients commented negatively regarding delays in having their needs met, they also stated that the staff were very kind. Staff were observed to be assisting patients and addressing them in a polite manner. Patients stated that they were involved in decision making about their own care.

There was a system in place to ascertain the views and opinions of patients and/or their representatives; however, given that the patients consulted with identified delays in having their nurse call bells responded to, we were not assured of the effectiveness of these systems. Although the patients commented positively regarding the food, patients who required a modified diet had not been offered a choice of meal. Two recommendations have been made secure compliance and drive improvement.

Is the service well led?

Comments received in relation to the manager were positive and all respondents assessed the domain of well led as either excellent or good. The home was operating within its registered categories of care. There was a clear organisational structure within the home. Complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Systems and processes were in place to ensure that urgent communications, safety alerts and notices were reviewed appropriately. Monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. The manager monitored and reported on the quality of nursing and other services provided and completed a range of audits.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	*3	*4

* The total number of requirements and recommendations above includes two requirements and one recommendation that have been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager and regional manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 20 June 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered provider: Four Seasons Healthcare Ltd/ Dr. Maureen Claire Royston	Registered manager: Hazel Black
Person in charge of the home at the time of inspection: Nuala McAliskey (Acting manager)	Date manager registered: 18 June 2016
Categories of care: NH-PH, RC-PH, NH-I, NH-MP, RC-I There shall be a maximum of 2 patients in category NH-PH and a maximum of 2 residents in category RC-PH.	Number of registered places: 48

3.0 Methods/processes

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

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. Questionnaires were distributed to patients, relatives and staff. We also met with seven patients, four care staff, one registered nurse, one kitchen assistant and three patients' representatives.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- staff training records for 2015/2016
- accident and incident records
- audits in relation to care records and falls
- records relating to adult safeguarding
- one staff recruitment and selection record
- complaints received since the previous care inspection
- staff induction, supervision and appraisal records
- records pertaining to NMC and NISCC registration checks
- minutes of staff, patients' and relatives' meetings held since the previous care inspection
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- a selection of policies and procedures.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 20 June 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was approved by the pharmacist inspector.

Areas to be followed up during this inspection included the:

- storage of temazepam tablets
- availability of policies and procedures
- care plans of patients who required medicines to be administered through PEG tubes

Temazepam tablets were stored inside the controlled drugs cabinet. Written policies and procedures for the management of medicines were available in the home and staff confirmed that they were aware of where these were held. The care record of a patient who required medicines to be administered through PEG tube included a detailed care plan indicating the dilution and flush instructions.

A relative also raised concerns with the pharmacist inspector regarding staffing issues and the care of his relative. These issues were reviewed during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 25 February 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 19 (3) (b) Stated: First time	The registered manager must ensure that records are available for inspection at all times.	Met
	Action taken as confirmed during the inspection: The complaints and safeguarding records were available at the time of inspection.	
Requirement 2 Ref: Regulation 15 (2) (a) Stated: First time	The assessment of the patients' needs and relevant risk assessments must be completed within 5 days of admission.	Not Met
	Action taken as confirmed during the inspection: Although the review of patients care records evidenced that there had been improvements in this area, all relevant assessments and care plans were not in place. This requirement has not been met and has been stated for the second time. Refer to section 4.4 for further detail.	
Requirement 3 Ref: Regulation 16 (1) Stated: First time	Nursing care plans must be developed in consultation with the patient or patient's representative, to ensure their needs are being met.	Not Met
	Action taken as confirmed during the inspection: As discussed in the above requirement, there was no evidence that care plans had been developed in consultation with the patients or their representatives, as appropriate. This requirement was not met and has been stated for the second time. Refer to section 4.4 for further detail.	

<p>Requirement 4</p> <p>Ref: Regulation 15 (1) (c)</p> <p>Stated: First time</p>	<p>Patients who are accommodated under the 'residential' category must have their needs reassessed.</p> <p><u>A report of the outcome of this reassessment must be shared with staff and also submitted to RQIA with the returned QIP.</u></p> <p>Action taken as confirmed during the inspection: A report had been submitted to RQIA which detailed the categories of care under which each individual patient was accommodated under and any review of needs identified. RQIA were satisfied with the information provided.</p>	<p>Met</p>
<p>Last care inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 32.1</p> <p>Stated: Second time</p>	<p>A system should be implemented to evidence and validate staffs' knowledge of the policies and procedures, newly issued by the organisation, in respect of communicating effectively; and palliative and end of life care.</p> <p>Action taken as confirmed during the inspection: Discussion with staff and a review of the records confirmed that staff were aware of the recently updated policies in relation to communicating effectively; and palliative and end of life care.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 32.1</p> <p>Stated: Second time</p>	<p>It is recommended that registered nursing staff record efforts made to establish patients' preferences in respect of end of life care and that for patients who do not wish to discuss this, a record should be also be maintained in line with the policy on end of life care.</p> <p>Where a decision is made regarding end of life care, a care plan should be developed and should include identified religious, spiritual and cultural needs.</p> <p>Action taken as confirmed during the inspection: A review of care records evidenced that discussions had taken place in regards to end of life care arrangements, as appropriate and end of life care plans were completed as required.</p>	<p>Met</p>

<p>Recommendation 3</p> <p>Ref: Standard 41.1</p> <p>Stated: First time</p>	<p>The staffing levels should be reviewed to ensure that at all times there are sufficient numbers of staff and skill mix deployed to meet the needs of the patients in the home, taking into consideration:</p> <ul style="list-style-type: none"> • patient/residents assessed needs • patient and resident’s dependency levels; • layout of the home • deployment of staff; and • the home’s statement of purpose and aims. 	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager confirmed that plans were in place to make changes to the premises, to facilitate all those accommodated under the residential category to live in the same area of the home. It is intended that these works should be completed within the next three months. Although a review of the staff duty roster evidenced that the planned staffing levels were generally adhered to, a number of negative comments were made by patients and relatives, regarding staff shortages and delays in having their nurse call bells responded to, which indicated that all elements of this recommendation had not been fully met. Issues around the skill mix and deployment of staff were not sufficiently addressed. This recommendation has been stated for the second time. Refer to section 4.3 for further detail.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 39.1 and 39.9</p> <p>Stated: First time</p>	<p>Agency staff inductions should be completed and records retained in the home. Agency staff profiles, which evidence the training and competency level achieved, should also be retained.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Agency staff inductions were available when requested.</p>		

4.3 Is care safe?

The manager confirmed the planned daily staffing levels for the home and stated that these levels were subject to review to ensure that the assessed needs of the patients were met, taking into account the patients' dependency levels and the layout of the building.

The planned staffing levels for the home were as follows:

08.00 to 14.00 – 2 registered nurses and 6 care staff

14.00 to 20.00 – 2 registered nurses and 5 care staff

20.00 to 08.00 – 2 registered nurse and 3 care staff

18.00 to 22.00 – 1 additional care staff

The manager confirmed that plans were in place to accommodate all those patients accommodated under the 'residential' category to one area of the home; and recruitment plans were in place to employ a senior carer, who would be assigned specifically to manage this group's care.

A review of the staffing rota commencing 11 July 2016 evidenced that the planned staffing levels were generally adhered to. Although, observations on the day of the inspection evidenced that the staff were meeting the patients' needs in a timely and unhurried manner, patients consulted with described to the inspector how they had to wait for long periods to get assistance from staff.

Other comments received from patients included:

- "The staff are running. Could definitely do with more on"
- "Could be managed better, I mean how they organise shifts and respect their staff"
- "How they staff the place is a concern. Where have all the good staff gone?"
- "There are not enough carers; the staff just say they don't have time. I eventually get what I want, but the place has definitely gone down-hill"
- "More staff needed, the girls are run off their feet"

We also sought patients' opinion on staffing via questionnaires. Five completed questionnaires were returned. Four of the patients confirmed a positive response; however one patient responded negatively and stated "the number of staff are too stressed, would make better working if more staff were available".

Relatives spoken with did not raise any concerns regarding the staffing levels. Comments included:

- "Everything is fine. My relative is happy"
- "There are no delays and there is always plenty to for the patients to eat and drink"

We also sought relatives' opinion on staffing via questionnaires. Seven completed questionnaire was returned which evidenced a positive response with one relative providing a written comment stating that "the staff on duty are very good, but short staffed".

Staff consulted with did not raise any concerns regarding the staffing levels on the day of the inspection. Comments received included:

- “The care is good”
- “Everyone knows what they have to do. They get the right care with a reasonable wait”

We also sought staff’s opinion via questionnaires. Ten completed questionnaires were returned. Four staff responded ‘no’ to the question ‘are there sufficient staff to meet the needs of the patients?’ One written comment stated that “you would be short staffed if someone called in sick.”

As discussed in section 4.2, a recommendation had previously been made in relation to the staffing levels of the home and has been stated for the second time during this inspection. Further detail regarding patient and relative engagement is discussed in section 4.4 and 4.5.

Discussion with the manager confirmed that there were systems in place for the recruitment and selection of staff. Where nurses and carers were employed, their PIN numbers were checked on a regular basis, with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC), to ensure that their registrations were valid. A review of one personnel file evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2.

Discussion with the manager, staff and a review of records confirmed that new staff completed a structured orientation and an induction programme to ensure they developed their required knowledge to meet the patients’ needs. One newly appointed staff member described the induction programme as being very good and stated that the manager had gone through everything with them. As discussed in section 4.2, the induction records of agency nurses were also available when requested.

Discussion with staff and a review of the staff training records confirmed that training had been provided in all mandatory areas and this was kept up to date. A review of staff training records confirmed that staff completed e-learning (electronic learning) modules on basic life support, medicines management, control of substances hazardous to health, fire safety, food safety, health and safety, infection prevention and control, safe moving and handling and adult prevention and protection from harm. Overall compliance with training was monitored by the manager and this information informed the responsible persons’ monthly monitoring visit in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

Although, there had been a number of recent changes to the management of the home, there was evidence that supervisions and appraisals were planned with all staff.

Patients consulted with stated that they felt safe in the home and protected from harm. We also sought patients’ opinion on safe care via questionnaires. Five completed questionnaires were returned. All of the patients confirmed that they felt safe in the home.

The staff consulted with, were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding. A review of records pertaining to safeguarding incidents evidenced that there were two incidents that were currently ongoing. Discussion with the manager confirmed that these were being managed, in accordance with the regional safeguarding protocols and the home’s policies and procedures. These incidents will be followed up at future inspection.

A range of risk assessments were completed as part of the admission process; however these were not consistently completed within the recommended timeframe. As discussed in section 4.2, a requirement was previously been made in this regard and has been stated for the second time during this inspection. Refer to section 4.4 for further detail.

A review of the accident and incident records confirmed that appropriate action had been taken, care management and patients' representatives were notified appropriately. However, a review of one patient's care record did not evidence that the falls risk assessment or care plan had been updated in response to a fall having occurred. These were completed on the day of the inspection. A recommendation has been made in this regard.

Discussion with the manager and a review of the notifiable events forms submitted to RQIA also evidenced that all notifiable incidents had been reported to RQIA, in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken which included a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean and reasonably tidy. There was evidence of ongoing refurbishment work and flooring was being replaced in a number of bedrooms. Infection prevention and control measures were adhered to and equipment was stored appropriately. Fire exits and corridors were maintained clear from clutter and obstruction. Personal evacuation plans had been completed for each patient taking into account their mobility and assistance level. These plans were reviewed monthly to ensure that they were up to date. These plans are to assist in the event of the building needing to be evacuated in an emergency.

Areas for improvement

As discussed in section 4.2, a recommendation has been stated for the second time that the staffing levels are reviewed to ensure that at all times there are sufficient numbers of staff and skill mix deployed to meet the needs of the patients in the home.

A recommendation has been made that the falls risk assessment is reviewed in response to patients' falls.

Number of requirements	0	Number of recommendations:	1
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4.4 Is care effective?

Patients consulted with stated that they received the right care; however they did not always feel that they received this at the right time. Comments received in relation to delays in patients getting their needs met are discussed in section 4.3. We also sought patients' opinion via questionnaires. Five completed questionnaires were returned and all recorded positive comments some of which are detailed below;

- "I am looked after very well"
- "My needs are met"

A review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process; however, as discussed in section 4.2 the

assessments and care plans were not developed within the recommended timeframe. A requirement which was previously made has been stated for the second time in this regard.

For example, the care record of one newly admitted patient evidenced that some assessments and care plans were in place; however the, malnutrition risk assessment, pain assessment and falls risk assessment had not been completed. Discussion took place with the manager regarding the prioritisation of the assessments and care plans that registered nurses should have completed. For example, the patient had a diagnosis of Parkinson's disease, yet this was not included in the care plan; the patient had been prescribed a nonsteroidal anti-inflammatory gel for management of pain and the pain assessment and care plan had not been developed. Although a body map had been completed and the patient's risk of developing pressure ulcers had been assessed, there was no reference in the care record of the patient's increased risk of bruising easily, due to the antiplatelet medicine that the patient was receiving.

Another patient's record evidenced that care plans had not been reviewed on a regular basis, the majority of which had not been updated since April or May 2016. The patient who had been prescribed transdermal opioid patches to manage their pain, did not have the pain assessment or care plan reviewed since 22 May 2016. A care plan had also not been developed when the patient had a chest infection. A requirement which was previously made has been stated for the second time in this regard.

A review of supplementary care records evidenced that records were being maintained in accordance with best practice guidance, care standards and legislative requirements. For example, a review of repositioning records evidenced that patients were repositioned according to their care plans and a sampling of food and fluid intake charts confirmed that patients' fluid intake had been recorded. However; a review of one patient's fluid intake record evidenced that the patient had been poorly and had not been taking food and fluids well. Fluid intake over a four day period indicated that the patient had taken between 570mls and 900mls each day. A review of the progress notes for these dates, evidenced entries made by registered nurses, which included 'took good diet', 'fluids taken well' and 'fluids encouraged'. There was no evidence that the patient's fluid intake had been monitored by registered nurses. A requirement has been made in this regard.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and discussions at the handover provided the necessary information regarding any changes in patients' condition. However, on the day of the inspection, one patient was not wearing their hearing aid. When the care staff member was asked by the inspector to explain why, the staff member replied that 'it has been missing since yesterday'. When asked if this had been communicated to the registered nurse, the staff member stated that she thought it had been reported the day before. The inspector requested that the patient's bedroom would be checked again and the hearing aid was found. The staff member failed to identify that this was important to the patient, to enable them to hear. This was discussed with the manager to address.

Staff meetings had been held on a regular basis and records were maintained and made available to those who were unable to attend. The most recent meetings with staff were held on 25 May 2016, 10 June 2016 and 4 July 2016.

Meetings with patients/relatives had not been held in some time and the manager confirmed that a meeting was planned for 4 August 2016. The manager also obtained feedback from patients and their representatives on a weekly basis, to ascertain their views on the home

environment and the care of their relative. Further detail regarding patient/relative engagement is discussed in section 4.5.

Relatives consulted with stated that the staff informed them of changes to their relative's condition and confirmed that if they had any concerns, they could raise these with the manager. We also sought relatives' opinion via questionnaires. Seven completed questionnaires were returned all recording positive responses.

Areas for improvement

A requirement has been made that patients' total fluid intake must be recorded in the daily progress notes, to evidence validation by registered nurses and to identify any action taken in response to identified deficits.

Number of requirements	1	Number of recommendations:	0
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4.5 Is care compassionate?

Staff were observed to be assisting patients and addressing them in a polite manner. Patients who were unable to verbally express their views were observed to be appropriately dressed and appeared to be relaxed and comfortable in their surroundings. Despite comments made by patients, in relation to long delays in having their nurse call bells responded to, consultation with seven patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect in every other way.

All patients consulted with stated that the staff were very kind. Comments provided with regard to the provision of staff have been discussed in section 4.3, within the domain of safe care.

Patients stated that the staff consistently used their preferred name and addressed them in a polite manner. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. Patients stated that they were involved in decision making about their own care.

Those consulted with stated that they were offered a choice of meals, snacks and drinks throughout the day. However, consultation with the kitchen staff and care staff; and a review of the forms used to record the meals the patients had chosen, it was evident that choices had not been provided for patients who required a modified diet. A choice of meal and snacks should be provided at each mealtime to ensure choice and that any special dietary requirements are catered for; for example; pureed food. A recommendation has been made in this regard.

Patients consulted with also stated that they knew how to use their nurse call bells; however all patients consulted with stated that they felt they had to wait a long time for staff to respond. Discussion with the manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. These systems included a 'Quality of Life' (QOL) feedback system which was available at the reception area. This was an iPad which allowed relatives/representatives, visiting professionals and/or staff to provide feedback on their experience of Nightingale. A portable iPad was also available to record feedback from patients. The manager explained that when feedback is received via this system, an automatic email is sent to the management who then must respond to any comments made. Anyone completing feedback has the option to remain anonymous or leave their name. Management have the option to contact people who leave their contact details to

gain further clarification on the feedback received. We were informed that all of the comments received were positive and that no concerns had been raised regarding delays in patients' needs being met. Given the findings of this inspection and the comments provided by patients and relatives, it is recommended that management review the methods available for engagement with patients and relatives, to ensure that they are effective.

In addition to speaking with patients, relatives and staff, questionnaires were provided to the registered manager for distribution; ten for staff and relatives respectively; and five for patients. Seven relative, five patients and ten staff had returned their questionnaires within the timescale for inclusion in this report. All respondents provided positive outcomes on the questionnaires in this domain.

Areas for improvement

A recommendation has been made that a choice of meal and snacks should be provided at each mealtime to ensure choice and that any special dietary requirements are catered for; for example; pureed food.

A recommendation has been made that the management should review the methods available for engagement with patients and relatives to ensure they are effective.

Number of requirements	0	Number of recommendations:	2
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4.6 Is the service well led?

Patients and their representatives were aware who the registered manager was and stated that they were approachable. Staff consulted with stated that they felt well supported by the management team. Comments included, "the home is well run now", "The manager is very good", and "the manager would sort things out".

The certificate of registration issued by RQIA and the home's certificate of public liability insurance were appropriately displayed in the foyer of the home. Discussion with the manager and observation of patients evidenced that the home was operating within its registered categories of care.

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. There was a system in place to identify the person in charge of the home, in the absence of the registered manager. Patients and their representatives were aware of who the registered manager was.

Staff, patients and patients' representatives spoken with confirmed that they were aware of the home's complaints procedure. Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. These included medication and equipment alerts and alerts regarding staff that had sanctions imposed on their employment by professional bodies.

Discussion with the manager and review of records evidenced that monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, and copies of the reports were available for patients, their representatives, staff and trust representatives. Discussion with the manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

Discussion with the manager evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, the registered manager outlined how the following audits were completed in accordance with best practice guidance:

- accidents
- wound analysis
- medicines management
- hand hygiene
- personal protective equipment audit
- infection prevention and control
- patients' weights
- hoist and sling checks
- restraint audit
- quality of life audit. (QOL)
- dining audit
- food questionnaires
- health and safety audits
- NMC and NISCC registration checks
- kitchen audit
- domestic audit
- mattress and cushion check
- complaints
- bedrail audits

An audit of patients' falls was used to reduce the risk of further falls. A sample audit for falls confirmed the number, type, place and outcome of falls. This information was analysed to identify patterns and trends, on a monthly basis.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately, in keeping with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

One recommendation has been stated for the second time. Two requirements that were previously stated also were not met and have been stated for the second time. As discussed in section 4.4, the requirements relate to the completion of care plans and risk assessments. This was discussed with the manager who stated that she was aware of the deficits in relation to care records. RQIA acknowledged that whilst improvements had been made in regards to the care records, further improvements were required to be made to ensure that the delivery of care was effective.

Areas for improvement

Whilst no requirements or recommendations are made in this domain, those made in the other areas will drive improvement within the well led domain.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the manager and regional manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 (Insert Service Type). 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 15 (2) (a)</p> <p>Stated: Second time</p> <p>To be completed by: 22 September 2016</p>	<p>The assessment of the patients' needs and relevant risk assessments must be completed within 5 days of admission.</p> <p>Ref: Section 4.2 & 4.4</p>
	<p>Response by registered provider detailing the actions taken: The identified Care record was updated following inspection. Registered Nurses have received individual supervision and also advised that all new admissions care documentation is completed within five days. This will be monitored by Registered Manager or delegated Registered person by completing a Resident care traca.</p>
<p>Requirement 2</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: Second time</p> <p>To be completed by: 22 September 2016</p>	<p>Nursing care plans must be developed in consultation with the patient or patient's representative, to ensure their needs are being met.</p> <p>This refers specifically to patients who are newly admitted to the home.</p> <p>Ref: Section 4.2 & 4.4</p>
	<p>Response by registered provider detailing the actions taken: Registered Nurses have been advised to consult with resident Next of Kin when devising prescribed care plan. Registered Manager will monitor this through Resident Care Traca.</p>
<p>Requirement 3</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 22 September 2016</p>	<p>The registered persons must ensure that patients' total fluid intake are recorded in the daily progress notes, to evidence validation by registered nurses and to identify any action taken in response to identified deficits.</p> <p>Ref: Section 4.4</p>
	<p>Response by registered provider detailing the actions taken: Registered Nurses received supervision advising of the importance to record total fluid intake in daily progress notes and to demonstrate clearly any required actions should deficits be identified. Registered manager will continue to monitor this.</p>

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 41.1</p> <p>Stated: Second time</p> <p>To be completed by: 22 September 2016</p>	<p>The staffing levels should be reviewed to ensure that at all times there are sufficient numbers of staff and skill mix deployed to meet the needs of the patients in the home, taking into consideration:</p> <ul style="list-style-type: none"> • patient/residents assessed needs • patient and resident's dependency levels; • layout of the home • deployment of staff; and • the home's statement of purpose and aims <p>Ref: Section 4.2 & 4.3</p>
	<p>Response by registered provider detailing the actions taken: Registered manager has conducted a review of staffing and how they are deployed to meet the needs of residents. Staffing levels at present are above requirement based on Rhys Hearn and Minimum Standards. Recruitment is ongoing and Registered Manager will continue to monitor and address any deficits.</p>
<p>Recommendation 2</p> <p>Ref: Standard 22.6</p> <p>Stated: First time</p> <p>To be completed by: 22 September 2016</p>	<p>The registered persons should ensure that the falls risk assessment is reviewed in response to patients' falls.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered provider detailing the actions taken: Falls risk assessments are reviewed monthly and after each fall. This is recorded on datix and followed up with investigation outcome and lessons learnt..</p>
<p>Recommendation 3</p> <p>Ref: Standard 12.13</p> <p>Stated: First time</p> <p>To be completed by: 22 September 2016</p>	<p>The registered persons should ensure that a choice of meal and snacks is provided at each mealtime to ensure choice and that any special dietary requirements are catered for; for example; pureed food.</p> <p>Ref: Section 4.5</p>
	<p>Response by registered provider detailing the actions taken: Evidential records have been reviewed to reflect meal choices. Supervision completed with Head Cook in relation to acceptance of menu choice sheet to ensure all dietary requirements and choices are recorded. Same highlighted at general staff meeting on 4th August 2016.</p>

<p>Recommendation 4</p> <p>Ref: Standard 7.1</p> <p>Stated: First time</p> <p>To be completed by: 22 September</p>	<p>The registered persons should review the methods available for engagement with patients and relatives to ensure they are effective.</p> <p>Ref: Section 4.5</p> <hr/> <p>Response by registered provider detailing the actions taken: Registered Manager has reviewed the methods of communication and improvements will include planned Resident and Relatives meeting as well as individual meetings via open door policy. Staff have been advised at general staff meeting on 4th August 2016 to introduce themselves to all new admissions. A Review of the QOL outcomes from Daily walk and Feedback Tracca have been positive, Residents 98.84% and Relatives 97.11%. An information notice board is in place and its planned to implement a Newsletter. A suggestion box is available in main foyer.</p>
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