

Unannounced Follow Up Care Inspection Report 13 July 2017



Rathowen

Type of Service: Nursing Home

Address: 118 Portadown Road, Tandragee, Craigavon, BT62 2JX

Tel no: 028 3884 0226

Inspector: Sharon Loane

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing and residential care for up to 19 persons.

3.0 Service details

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| Organisation/Registered Provider: Mr Desmond Joseph Watt | Registered Manager: See below |
| Person in charge at the time of inspection: Ursula Walseth | Date manager registered: Ms Aileen Preston – Acting – No Application |
| Categories of care: Nursing Home (NH) I – Old age not falling within any other category. Residential Care (RC) I – Old age not falling within any other category. | Number of registered places: 19 Comprising of : A maximum of 5 residents in category RC-I with 1 additional identified resident in this category for the duration of their stay in the home. |

4.0 Inspection summary

An unannounced inspection took place on 13 July 2017 from 10.30 to 15.30 hours.

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

This inspection was undertaken to determine what progress had been made in addressing the areas for improvement identified during the previous care inspection on 8 November 2016, to re-assess the home's level of compliance with legislative requirements and the Care Standards for Nursing Homes and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

This inspection evidenced that despite the actions outlined in the returned quality improvement plan by the registered person after the last care inspection; there was a lack of progress or improvements made. Additional concerns were identified in relation to recruitment processes. We were unable to substantiate that AccessNI enhanced disclosure checks had been completed in respect of two identified staff members.

RQIA are concerned that the safeguards to protect and minimise risk to patients, through effective recruitment practice, were being compromised.

Enforcement action resulted from the findings of this inspection. This is further detailed in section 4.1. The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

The term 'patients' is used to describe those living in the home which provides both nursing and residential care.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | *8 |

As a result of this inspection three new areas for improvement under the standards have been made. The total number of areas for improvement under the standards includes one which has been carried forward, two stated for the second time and two which have been stated for the third and final time.

The manager of the home was present for a short time at the commencement of the inspection. Details of the Quality Improvement Plan (QIP) were discussed with Ursula Walseth, the person in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

Following the inspection, a meeting was held with senior management in RQIA and it was agreed that a meeting with the registered person would be held with the intention of issuing two Failure to Comply Notices in regards to recruitment and governance arrangements. This meeting was held on 20 July 2017.

During the intention meeting, the registered person acknowledged the failings and provided a verbal account of the actions taken and arrangements made to ensure the improvements necessary to achieve full compliance with the required regulations.

It was acknowledged that whilst work was ongoing to address these concerns, RQIA were not fully assured that these actions had been sufficiently implemented and/or embedded into practice to enable the necessary improvements to be made. Given the potentially serious impact on patient care and the lack of governance arrangements, it was decided that two failure to comply notices under Regulation 10 (1) and Regulation 21 (1) (b) would be issued, with the date of compliance to be achieved by 20 September 2017.

A further inspection will be undertaken to validate that compliance has been achieved.

As detailed in section 4.0 two failure to comply notices under Regulation 10 (1) and 21 (1) (b) were issued, with the date of compliance to be achieved by 20 September 2017.

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

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

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

4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 7 February 2017. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

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

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

During this inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. We also met with six patients individually and with others in smaller groups, three care staff, one registered nurse and one patients' representative.

The following information was examined during the inspection:

- validation evidence linked to the previous care inspection QIP
- a review sample of staff duty rotas
- recruitment records
- records of NMC checks for registered nurses
- two patients care records
- supplementary care charts
- complaints received since the previous care inspection
- a review of quality audits
- monthly monitoring reports in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) (2005)

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 7 February 2017

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

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 8 November 2016

| Areas for improvement from the last care inspection | | |
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| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 20 (1) (c) (ii) Stated: First time | The registered persons must ensure that nurses' registrations with the NMC are checked on a regular basis. | Not met and subsumed into a failure to comply notice |
| | Action taken as confirmed during the inspection: During this inspection issues continued to be identified in relation to the monitoring of nurses' registrations with the NMC. These are discussed further in section 6.3 of the report. This area for improvement under Regulation has not been met and has been subsumed into a failure to comply notice. | |
| Area for improvement 2 Ref: Regulation 15 (2) (a) Stated: First time | The registered persons must ensure that the assessment of the patient's needs is kept under review and revised at any time when it is necessary to do so having regard to any change of circumstances. | Not met and subsumed into a failure to comply notice |
| | Action taken as confirmed during the inspection: A review of two patients care records evidenced that this area for improvement under regulation had not been met. Please refer to section 6.3 for further detail. This area for improvement under Regulation has not been met and has been subsumed into a failure to comply notice. | |

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| <p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: A review of food and fluid intake charts for two patients evidenced that these were not managed in accordance with best practice and there was no evidence that registered nurses and management had any oversight of this area care delivery. Appropriate actions had not been taken to ensure patients health and welfare in this area of care delivery, with the potential to impact negatively on patient care outcomes.</p> <p>Please refer to section 6.3 for further detail.</p> <p>This area for improvement under Regulation has not been met and has been subsumed into a failure to comply notice.</p> | <p>Not met and subsumed into a failure to comply notice</p> |
| <p>Area for improvement 4</p> <p>Ref: Regulation 15 (e)</p> <p>Stated: First time</p> | <p>The registered persons must ensure that the home only accommodates patients within the category of care for whom they are registered.</p> <p>Action taken as confirmed during the inspection: A discussion with the manager and a review of information confirmed the home was operating in accordance with the registration certificate issued by RQIA.</p> | <p>Met</p> |

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| <p>Area for improvement 5</p> <p>Ref: Regulation 29 (2) (3)</p> <p>Stated: First time</p> | <p>The registered persons must ensure that the monthly quality monitoring visits are undertaken in accordance with regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.</p> <p>Action taken as confirmed during the inspection: A review of monthly reports for monthly quality monitoring visits undertaken in accordance with regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 identified that this area for improvement was not met. Reports for October; November; December 2016 and June 2017 were not available.</p> <p>This area for improvement under Regulation has not been met and has been subsumed into a failure to comply notice.</p> | <p>Not met and subsumed into a failure to comply notice</p> |
| <p>Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes 2015</p> | | <p>Validation of compliance</p> |
| <p>Area for improvement 1</p> <p>Ref: Standard 36</p> <p>Stated: Second time</p> | <p>It is recommended that a policy and procedure is developed and should reflect current guidelines for each of the following areas;</p> <ul style="list-style-type: none"> • Death and dying. <p>Action taken as confirmed during the inspection: A review of the policy for Death and dying evidenced that this policy had not been reviewed following the previous care inspection.</p> <p>This area for improvement under the Standards has not been met and has been stated for a third and final time.</p> | <p>Not met</p> |

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| <p>Area for improvement 2</p> <p>Ref: Standard 4 Criteria (1) (7)</p> <p>Stated: Second time</p> | <p>It is recommended that continence assessments and care plans are reviewed to include all aspects of continence management for example; the type of continence products being use, bowel patterns and type.</p> <p>Action taken as confirmed during the inspection: A review of two patients care records evidenced that this area for improvement had not been met. A continence assessment was not completed for one of the care records reviewed. Although an assessment and care plan for continence management had been completed for the second care record reviewed, this did not contain some of the information as outlined above.</p> <p>This area for improvement under the Standards has not been met and has been stated for a third and final time.</p> | <p>Not met</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 38.1</p> <p>Stated: First time</p> | <p>The registered persons should ensure that the recruitment and selection processes are reviewed, to ensure that any gaps in employment are explored and the reasons documented. A record should also be maintained of the Access NI reference numbers and the date received.</p> <p>Action taken as confirmed during the inspection: During this inspection concerns were identified in relation to staff recruitment practices including AccessNI. Recruitment files for two staff were unavailable. Therefore we were unable to evidence that recruitment processes had been adhered to and substantiate that AccessNI checks had been completed. RQIA were concerned that the safeguards to protect and minimise risk to patients, through effective recruitment practice, were being compromised.</p> <p>Please refer to section 6.3 for further detail.</p> <p>This area for improvement under the Standards has been subsumed into a failure to comply notice.</p> | <p>Not met and subsumed into a failure to comply notice</p> |

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| <p>Area for improvement 4</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> | <p>The registered persons should ensure that that the cleaning records are further developed to ensure traceability in terms of the specific areas cleaned. The registered manager should also have oversight of the cleaning records, to ensure compliance with best practice in infection prevention and control.</p> <p>Action taken as confirmed during the inspection: This area for improvement was not fully reviewed at this inspection. An observation of the homes environment evidenced that it was clean and free from odours. Equipment such as commodes appeared to be cleaned to a satisfactory standard. Cleaning records were not reviewed at this inspection.</p> <p>This area for improvement was not reviewed fully at this inspection and has been carried forward for review at a subsequent inspection.</p> | <p>Carried forward to the next care inspection</p> |
| <p>Area for improvement 5</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p> | <p>The registered persons should ensure that the shelving in the ground floor sluice room is repaired or replaced to ensure that it can be cleaned effectively.</p> <p>Action taken as confirmed during the inspection: The shelving in the sluice was observed and has been replaced.</p> | <p>Met</p> |
| <p>Area for improvement 6</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> | <p>The registered persons should ensure that the format of the falls risk assessment is further developed, to ensure that the level of risk is clearly identified.</p> <p>Action taken as confirmed during the inspection: A review of care records for two patients evidenced that the template for the falls risk assessment has not been reviewed and/or developed to identify the level of risk.</p> <p>This area for improvement under the standards has been stated for a second time.</p> | <p>Not met</p> |

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| <p>Area for improvement 7</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> | <p>The registered persons should ensure that the consistency of patients who require a modified diet is specified in the patients' care plan.</p> <p>Action taken as confirmed during the inspection: A review of one patient's care record evidenced that the dietary requirements as recommended by the Dietician and The Speech and Language Therapist was detailed in the care plan.</p> | <p>Met</p> |
| <p>Area for improvement 8</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> | <p>The registered persons should ensure that the process for discussing care plans with patients and/or their representatives is reviewed to ensure that they are facilitated to participate in all aspects of reviewing outcomes of care, on a regular basis.</p> <p>Action taken as confirmed during the inspection: A discussion with the nurse in charge, patients and their representatives and a review of care records evidenced that this area for improvement had been met. There was evidenced that all relevant persons had been updated and involved in regards to any changes in care. The nurse in charge also advised that care plans were discussed with patients and their representatives during care management meetings.</p> | <p>Met</p> |

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| <p>Area for improvement 9</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> | <p>The registered persons should ensure that the systems for recording personal care delivery, which includes bathing and skin checks, are reviewed to ensure that the contemporaneous records of all nursing interventions are maintained within the patient care record.</p> <p>Action taken as confirmed during the inspection: A review sample of personal care records evidenced that this area for improvement was not met. The template had not been reviewed and/or developed since the last inspection. Gaps in recording were noted and information recorded did not provide sufficient detail regarding the care delivered/not delivered.</p> <p>This area for improvement under the standards has been stated for a second time.</p> | <p>Not met</p> |
| <p>Area for improvement 10</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> | <p>The registered persons should ensure that a record is maintained to evidence the decision making process regarding the provision of activities and events for patients accommodated in the nursing home. This record should include the level of participation and enjoyment and the activities provided to patients who cannot or do not wish to partake in group activities.</p> <p>Action taken as confirmed during the inspection: Currently the home does not have a person employed to deliver activities. However, a review of records maintained for activities since the last inspection until the 10 May 2017 was undertaken. Records reviewed were maintained to a satisfactory standard and included all of the information outlined in the area of improvement. The home is currently recruiting an activities person and records will be maintained in accordance with the systems in place.</p> | <p>Met</p> |

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| <p>Area for improvement 11</p> <p>Ref: Standard 35.4</p> <p>Stated: First time</p> | <p>The registered persons should ensure that robust systems are in place to discharge, monitor and report on the delivery of nursing care, in particular, the auditing processes in relation to care records; personal care records; and cleaning records.</p> <hr/> <p>Action taken as confirmed during the inspection: A discussion with the manager and a review of information evidenced the absence of quality assurance audits.</p> <p>Please refer to section 6.3 for further detail.</p> <p>This area for improvement under the Standards has been subsumed into a failure to comply notice.</p> | <p>Not met and subsumed into a failure to comply notice</p> |
| <p>Area for improvement 12</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> | <p>The registered persons should ensure that the regulation 29 monthly quality monitoring report is further developed to ensure that there is traceability in regards to the specific records that were examined and include the comments made by staff in relation to the quality of care provided.</p> <hr/> <p>Action taken as confirmed during the inspection: A review sample of reports evidenced that comments made by staff were included. However, the report did not provide adequate information to identify which records were reviewed.</p> <p>Furthermore the reports were not completed in sufficient detail and also did not evidence the issues which were identified at this inspection.</p> <p>Please refer to section 6.3 for further detail.</p> <p>This area for improvement under the Standards has been subsumed into a failure to comply notice.</p> | <p>Not met and subsumed into a failure to comply notice</p> |

6.3 Inspection findings

Recruitment and selection

During an unannounced inspection on 13 July 2017, RQIA was unable to evidence that recruitment processes had been adhered to. Recruitment files for two members of staff were unavailable, and we were unable to substantiate that AccessNI enhanced disclosure checks had been completed in respect of the identified staff members (see section 6.2).

An additional personnel file for a staff member was found to be incomplete, with a significant amount of information missing. The staff member had been rostered to commence employment despite the necessary checks not having been completed.

Despite shortfalls being identified in regards to recruitment processes, at a previous care inspection of Rathowen on 8 November 2016, RQIA are concerned that the necessary safeguards to protect and minimise risks to patients, through robust effective recruitment practice, are being compromised.

Following the inspection, RQIA shared the information aforementioned with the Adult Safeguarding Team of the Southern Health and Social Care Trust.

The concerns identified formed part of the intention meeting on 20 July 2017, to issue a failure to comply notice. As a consequence of the meeting a failure to comply notice was served in respect of Regulation 21 (1) (b) of the Nursing Homes Regulations (Northern Ireland) 2005. Further inspection will be scheduled as detailed in section 4.1 to validate compliance with this breach in regulations.

In addition to the above actions, separate correspondence was issued to Mr Watt, on 24 July 2017 to provide RQIA with a written assurance that all staff employed in Rathowen had AccessNI checks completed.

Quality of care delivery, care practices and care records

A review of two patient care records did not evidence that risk assessments were accurately and consistently completed and reviewed in accordance with changes in the patient's condition. Care plans were either not in place, or not sufficiently reviewed in response to the changing needs of patients. Discrepancies were also identified in relation to some of the information recorded. Care plans had not been developed for patients who had been prescribed antibiotics to treat acute infections.

A review of food and fluid charts identified that these were inconsistently recorded with evidence of long gaps between entries and in some cases no entries were recorded. Fluid charts were not reconciled and the information was not recorded in the daily evaluation notes. A comparison of information recorded within food and fluid charts and daily progress notes for individual patients identified inconsistencies and inaccuracies. For example, one registered nurse had recorded "small appetite, fluid intake satisfactory" when the food and fluid chart indicated that the patient had only a fluid intake of 500 mls over a 48 hour period. There were other examples of similar inaccuracies. Entries in the progress notes were often vague and meaningless, for example, "diet and fluids taken", with no indication if this was accurate.

Registered nurses did not make any record of the action they had taken when food and /or fluid intake was inadequate. These findings were concerning as these matters had been raised as an area for improvement under regulation at the previous care inspection and the necessary improvements had not been made to ensure the delivery of safe, effective care.

The failure to accurately record food and fluid intake for patients identified as being at risk of malnutrition and dehydration could have potentially serious consequences for patients.

A review of wound care records for one identified patient evidenced gaps in the delivery of care. A wound that required dressings to be renewed every third day had not been changed for up to and including one week. In addition the care plan in place for wound management had not been reviewed and updated to reflect changes made by the Tissue Viability Nurse. An observation of the patient's wound evidenced that the dressing in place was not consistent with the regime of care as recommended by the Tissue Viability Nurse. Wound assessment charts had not been completed consistently. Furthermore, a result for a clinical investigation had not been followed up by registered nurses for up to and including ten days.

Other shortfalls were identified in regards to pressure care management. Pressure care management for one patient identified the following shortfalls. The care plan did not outline the repositioning schedule and information provided by staff was conflicting. Repositioning charts were not being recorded accurately and repositioning was not carried out in a consistent manner. Some of the records reviewed contained information as follows, "red heels" and "sacrum red." There was no evidence that these records were being monitored and reviewed by registered nurses and corrective actions taken, for example; the information above was not referred to in the entries made by registered nurses within the patients' daily progress notes. Furthermore, the patient was being nursed in bed on a pressure relieving mattress for pressure management. The pressure relieving mattress setting was set to the highest setting, which was meant for patients who weighed over 100 kilograms. The identified patient weighed less than 40kg therefore the pressure relieving mattress was not effective in reducing the pressure to the vulnerable areas and had the potential to negatively impact on care outcomes.

All of the shortfalls aforementioned had the potential for nursing staff to fail to prevent, identify or manage pressure care and/or pressure ulcers appropriately.

There was also no evidence that care records were being monitored and reviewed by registered nurses and management, or that appropriate actions had been taken to minimise risks to patients. This had the potential to impact negatively on patients' health and welfare.

Given the identified concerns; the lack of oversight by registered nurses and management and the potential impact to patients' health and welfare, it was considered that the matters be addressed through a failure to comply notice in respect of Regulation 10 (1) of the Nursing Homes Regulations (Northern Ireland) 2005. Further inspection will be undertaken to ensure that compliance with regulations is achieved.

In addition to the failure to comply notice, an area for improvement has been identified under the care standards in regards to the use of pressure relieving equipment to ensure the effectiveness of use.

Environment

A review of the home's environment was undertaken which included a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice room, storage rooms and communal areas. The areas reviewed were found to be clean and warm and a homely atmosphere was evident throughout. The coving observed in an identified bedroom was damaged and needs to be repaired/replaced. This has been identified as an area for improvement under the standards.

Consultation with patients, staff and relatives

During the inspection, we met with patients, their representatives and staff as outlined in section 5.0 of the report. Some comments received are detailed below:

Staff

All staff spoken with indicated that the care and other services provided in the home were good. Staff advised that the staffing arrangements were adequate to meet the needs of the patients and that the manager was always available and came to the home on their days off.

Comments received included:

"The care is very good."

"We do the best that we can do."

"I enjoy working here."

On the day of the inspection the staff were observed assisting patients in a timely and unhurried way.

Patients

All patients spoken with commented positively about the home; the care they received and that staff were kind and respectful. Patients were observed sitting in the lounges and/or their bedroom, as was their personal preference. Patients appeared well dressed and there was evidence of staff's attention to detail regarding patients clothing, for example, ladies clothing were accessorized with co-ordinating neck scarfs and jewellery. Patients stated they knew who the manager was and referred to her by name as "Aileen."

Comments received included:

"We are looked after very well, staff are respectful."

"The food is good, I am happy living in the home."

"I love living in the home, all very friendly."

"Great no problems, well looked after, staff will give me help."

Patients' representatives

One patient's representative spoken with at the inspection commented positively about the care provided and the level of communication.

Comments received included:

“This home is like Buckingham Palace.”

No concerns were raised.

Management and Governance arrangements

During an unannounced inspection on 8 November 2016, areas of improvement were identified in relation to the governance arrangements for the home. Since the last inspection, the home has experienced a number of management changes. Currently, the home has an acting manager in post who is responsible for the day to day management of the home, however, the acting manager has no designated hours to oversee the management of the home. There was evidence that this was impacting on the effective monitoring of care delivery and the operation of the home.

At this inspection, RQIA was unable to validate that effective quality monitoring and governance systems were in place to monitor the safe and effective delivery of care to patients. This had the potential to place patients at risk of harm.

Concerns were identified in relation to the absence of quality assurance audits. Audits of care delivery and care records were still not being completed, despite shortfalls being identified at a previous care inspection on 8 November 2016. Shortfalls remain in relation to the monitoring of food and fluids, and others were identified in relation to pressure care and wound management. Care records were still not being completed accurately to reflect the patients' needs.

There was also no evidence that these records were being monitored and reviewed by registered nurses and management, or that appropriate actions had been taken to minimise risks to patients. This had the potential to impact negatively on patients' health and welfare.

There were inadequate mechanisms in place to check that all registered nurses working in the home were registered with the Nursing and Midwifery Council (NMC) (see section 6.2).

It was of further concern that these issues had not been identified during the monthly monitoring visits completed by the registered provider in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. A review sample of reports evidenced that these had not been completed in sufficient detail (see section 6.2).

Despite a number of areas for improvement being identified at the previous care inspection, it was disappointing to note the lack of progress made to assure compliance with regulations and standards.

These deficits in managerial oversight had the potential to impact negatively on patients' health and welfare. The concerns identified formed part of the intention meeting on 20 July 2017, to issue a failure to comply notice. As a consequence of the meeting a failure to comply notice was served in respect of Regulation 10 (1) of the Nursing Homes Regulations (Northern Ireland) 2005. Further inspection will be scheduled as detailed in section 4.1 to validate compliance with this breach in Regulations.

A review of the complaints record identified that the record was not maintained in accordance with legislation and standards, for example, the record did not include any details of the investigation and the record was not signed by the manager. This has been identified as an area of improvement under the standards.

Areas of good practice

The culture and ethos of the home promoted treating patients with dignity and respect. Of particular note was the home's environment, which provided a very homely ambience.

Areas for improvement

Some of the improvements required have been included in two failure to comply notices issued under Regulation 10 (1) and 21 (1) (b) of the Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement under the standards have been identified in relation to the management of complaints and the damaged coving in an identified bedroom. A further area for improvement was identified in relation to the use of pressure relieving equipment. These have been included in the Quality Improvement Plan appended to this report.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 3 |

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ursula Walseth, the person in charge, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Care Standards for Nursing Homes 2015

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| <p>Area for improvement 1</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed by: 6 January 2017</p> | <p>The registered persons should ensure that that the cleaning records are further developed to ensure traceability in terms of the specific areas cleaned. The registered manager should also have oversight of the cleaning records, to ensure compliance with best practice in infection prevention and control.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: Section 6.2</p> <p>Response by registered person detailing the actions taken: Cleaning routines revised.New documentation formulated Checked daily by Manager Housekeepers were part of the review</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 36</p> <p>Stated: Third and final time</p> <p>To be completed by: 30 September 2017</p> | <p>It is recommended that a policy and procedure is developed and should reflect current guidelines for each of the following areas;</p> <ul style="list-style-type: none"> • Death and dying. <p>Ref: Section 6.2</p> <p>Response by registered person detailing the actions taken: Death and dying policy in place</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 4 Criteria (1) (7)</p> <p>Stated: Third and final time</p> <p>To be completed by: 30 September 2017</p> | <p>It is recommended that continence assessments and care plans are reviewed to include all aspects of continence management for example; the type of continence products being use, bowel patterns and type.</p> <p>Ref: Section 6.2</p> <p>Response by registered person detailing the actions taken: Have contacted continence Nurse advisor for advice re relevant forms forms Will be in place by the said date</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 30 September 2017</p> | <p>The registered persons should ensure that the format of the falls risk assessment is further developed, to ensure that the level of risk is clearly identified.</p> <p>Ref: Section 6.2</p> <p>Response by registered person detailing the actions taken: Fall risks assessments in place and placed in notes</p> |

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| Area for improvement 5 Ref: Standard 4.9 Stated: Second time To be completed by: 30 September 2017 | <p>The registered persons should ensure that the systems for recording personal care delivery, which includes bathing and skin checks, are reviewed to ensure that the contemporaneous records of all nursing interventions are maintained within the patient care record.</p> <p>Ref: Section 6.2</p> <p>Response by registered person detailing the actions taken: Individualized forms in place detailing each aspect of personal care and maintained within the personal care record</p> |
| Area for improvement 6 Ref: Standard 23 Stated: First time To be completed by: 30 September 2017 | <p>The registered person shall ensure that the settings of pressure relieving mattresses are monitored and recorded to ensure their effective use.</p> <p>Ref: Section 6.3</p> <p>Response by registered person detailing the actions taken: Pressure relieving mattress checks in place Checked daily and documented</p> |
| Area for improvement 7 Ref: Standard 44 Stated: First time To be completed by: 30 October 2017 | <p>The registered person shall ensure that the coving in the identified bedroom is repaired or replaced.</p> <p>Ref: Section 6.3</p> <p>Response by registered person detailing the actions taken: Still awaiting coving to dry out Will be fixed as soon as possible</p> |
| Area for improvement 8 Ref: Standard 16 Criteria 11 Stated: First time To be completed by: 30 September 2017 | <p>The registered person shall ensure that records are kept of all complaints and these include details of all communications with complainants; the result of any investigations; the action taken; whether or not the complainant was satisfied with the outcome; and how this level of satisfaction was determined.</p> <p>Ref: Section 6.3</p> <p>Response by registered person detailing the actions taken: Complaints procedure in place We offer up follow up meetings with the complainant</p> |

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