

Unannounced Care Inspection Report 8 March 2018



Greenvale House

Type of Service: Nursing Home (NH)
Address: 82-84 Mill Hill, Castlewellan, BT31 9NB
Tel No: 028 4377 8280
Inspector: Dermot Walsh

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 32 persons.

3.0 Service details

Organisation/Registered Provider: Greenvale House Mrs. Margaret Foster Mr. Norman Foster Mrs. Barbara Foster	Registered Manager: Mrs. Donna Fitzpatrick
Person in charge at the time of inspection: Mrs. Donna Fitzpatrick	Date manager registered: 20 February 2018
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. LD(E) – Learning Disability – over 65 years.	Number of registered places: 32 1 named person in category NH-LD(E). The home is also approved to provide care on a day basis to 1 person.

4.0 Inspection summary

An unannounced inspection took place on 8 March 2018 from 09:25 to 17:00 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 Care Standards for Nursing Homes 2015.

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

Evidence of good practice was found in relation to staffing arrangements, recruitment practice, monitoring registration status, staff induction, accident management, the home's general environment, teamwork, communication between patients, staff and other key stakeholders, governance arrangements in respect of risk management, management of complaints and auditing, maintaining good working relationships and in regards to the culture and ethos of the home in relation to dignity and privacy.

An area for improvement under regulation was identified in relation to the timely completion of care plans from admission. Areas requiring improvement under standards were identified in relation to safe use of equipment and the review of a patient's care plans on return from hospital. An area for improvement made under standards in relation to training on dementia care has been stated for the second time.

Patients were positive in their feedback of the care provided in the home. Patient comments can be reviewed in section 6.6. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	*3

*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Donna Fitzpatrick, registered manager and Barbara Foster, responsible individual, 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.

4.2 Action/enforcement taken following the most recent inspection dated 11 December 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 11 December 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with eight patients, seven staff and two patients' representatives. A poster was displayed at a staffing area in the home inviting staff to respond to an online questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and 10 for patients' representatives were left for distribution.

A poster indicating that the inspection was taking place was displayed at the entrance of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- three patients' daily care charts including bowel management, food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of minutes from staff meetings
- a selection of governance audits
- records pertaining to safeguarding
- complaints record
- RQIA registration certificate
- certificate of public liability insurance
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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

The findings of the inspection were provided to the registered manager and the responsible individual at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 11 December 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 and will be validated at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 11 May 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Requirement 1 Ref: Regulation 13 (7) Stated: Second time	The registered person must ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.	Met
	Action taken as confirmed during the inspection: A review of the environment evidenced that this area for improvement is now met.	
Requirement 2 Ref: Regulation 17 (1) Stated: Second time	The registered provider must develop additional systems to review the quality of nursing and other services provided within the home.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and a review of governance records evidenced that this area for improvement is now met. See section 6.7 for further information.	
Requirement 3 Ref: Regulation 13 (7) Stated: First time	The registered person should ensure that robust systems are in place to ensure compliance with best practice in infection prevention and control	Met
	Particular attention should focus on the areas identified on inspection.	
	Action taken as confirmed during the inspection: Discussion with the registered manager and a review of auditing records evidenced that compliance with best practice in infection prevention and control was monitored through a 'nursing audit' and through a monthly environmental audit. The registered manager also confirmed that 'spot checks' and daily walks around the home were utilised in achieving this compliance. A review of the environment evidenced that compliance had been achieved.	

<p>Requirement 4</p> <p>Ref: Regulation 13 (1) (a) and (b)</p> <p>Stated: First time</p>	<p>The registered person should ensure a system is in place to ensure documentation such as repositioning charts are accurately recorded in accordance with the patients care plan.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>A review of two patients' repositioning records evidenced that these had been recorded well and in accordance with the patient's care plans.</p>		
<p>Requirement 5</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: First time</p>	<p>The registered person must ensure that competency and capability assessments for the nurse in charge are conducted on registered nursing staff prior to the staff member taking charge of the home in the absence of the registered manager.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager confirmed that all relevant nursing staff have had a competency and capability assessment for nurse in charge completed and that this would be reviewed on an annual basis. A review of one staff member's assessment confirmed that this had been completed in full with evidence of staffs' signature and date and oversight from the registered manager.</p>		
<p>Requirement 6</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person must ensure good practice guidance is adhered to with regard to post falls management.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and a review of accident records evidenced that this area for improvement is now met.</p>		

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Recommendation 1 Ref: Standard 11 Stated: Third time	The registered person should review the provision of activities to ensure the needs of patients in the nursing home are met.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager, staff and patients and a review of the activities programme evidenced that this area for improvement is now met. See section 6.6 for more information.	
Recommendation 2 Ref: Standard 41 Criteria (8) Stated: Third time	The registered person should ensure staff meetings take place on a regular basis and at a minimum quarterly. Records are kept which include: <ul style="list-style-type: none"> • The date of all meetings • The names of those attending • Minutes of discussions • Any actions agreed 	Met
	Action taken as confirmed during the inspection: Discussion with staff and a review of minutes from staff meetings evidenced that this area for improvement is now met. See section 6.5 for further information.	
Recommendation 3 Ref: Standard 41 Stated: First time	The registered person should ensure that patient dependency levels are monitored to inform staffing arrangements and that records of these checks are maintained within the home.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and a review of records of dependency level monitoring evidenced that this area for improvement is now met.	

<p>Recommendation 4</p> <p>Ref: Standard 25</p> <p>Stated: First time</p>	<p>The registered person should ensure that staffs' training on dementia care is reviewed to ensure that all staff have received appropriate training conducive to their role.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and staff and a review of training records evidenced that this area for improvement has not been met.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>		
<p>Recommendation 5</p> <p>Ref: Standard 40</p> <p>Stated: First time</p>	<p>The registered person should ensure that a system is developed to ensure staff receive an annual appraisal and twice yearly supervision.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and a review of appraisal and supervision planning records evidenced that a system has now been developed to ensure that staff will receive the appropriate supervision and appraisals. This will be reviewed at a subsequent care inspection.</p>		
<p>Recommendation 6</p> <p>Ref: Standard 35 Criteria (8)</p> <p>Stated: First time</p>	<p>The registered person should ensure that accidents and incidents in the home are reviewed monthly to identify any patterns or trends to prevent recurrence.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and a review of governance records evidenced that accidents and incidents in the home were monitored on a monthly basis.</p>		
<p>Recommendation 7</p> <p>Ref: Standard 4 Criteria (9)</p> <p>Stated: First time</p>	<p>The registered person should ensure that bowel management records are recorded contemporaneously and include any action/s taken where there is any variation from the patients' care plans.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: A review of two patients' bowel management records evidenced that these had been recorded well and referenced within the patients' daily progress records.</p>	
<p>Recommendation 8 Ref: Standard 12 Stated: First time</p>	<p>The registered person should ensure that an alternative meal choice is identified on the patients' menu to allow patients to have a choice of meal or select an alternative if they wish.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Discussion with the registered manager and a review of the menu on display in the home evidenced that there was a clear choice of two meals for lunchtime and for the evening meal. The registered manager also confirmed that patients were afforded the choice of an alternative meal if the choices offered did not appeal to them.</p>	
<p>Recommendation 9 Ref: Standard 35 Criteria (16) Stated: First time</p>	<p>The registered person should ensure that an action plan is developed to address identified shortfalls within auditing records and that this action plan is reviewed to ensure completion of actions.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: A review of completed auditing records evidenced that an appropriate action plan had been developed and reviewed in response to shortfalls identified within the audit. See section 6.7 for further information.</p>	
<p>Recommendation 10 Ref: Standard 35 Criteria (7) Stated: First time</p>	<p>The registered person should ensure that that the monthly monitoring report is further developed to include the additional governance arrangements within the home to ensure the quality of services are monitored and/or maintained.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: A review of completed monthly monitoring records evidenced that this area for improvement is now met. See section 6.7 for further information.</p>	

6.3 Inspection findings

6.4 Is care safe?

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

Discussion with patients, patients' representatives and staff evidenced that there were no concerns regarding staffing levels. Staff consulted confirmed that staffing levels met the assessed needs of the patients. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

Review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Review of a recently employed staff member's induction record evidenced that this had been completed in full with evidence of date and signature from both inductee and inductor. Induction records included dates of completed essential training. Discussion with the registered manager confirmed that supernumerary hours were in place during this time to enable new staff members to work alongside a more experienced staff member to gain knowledge of the home's routines, policies and procedures.

Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Staff consulted confirmed that training provided was relevant to their roles and responsibilities. Staff also identified areas of training which they would prefer further training based on. These additional areas were passed to the registered manager for their review and action as appropriate. There was evidence of additional face to face training which had been provided on catheter management, stoma management and nutritional screening. An area for improvement made at the previous care inspection in relation to the provision of training on dementia care was stated for a second time.

As previously stated in section 6.2 a system was now in place to ensure that staff supervisions and appraisals are conducted appropriately. This will be reviewed at a subsequent care inspection. A new staff supervision template had been developed to collate data.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. An adult safeguarding champion had been identified. The home's safeguarding policy was available and was reflective of the current regional operational safeguarding policy and procedures.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. However, there was evidence that one patient's care plans had not been developed in a timely manner from admission and a second patient's care plans had not been reviewed appropriately. This will be further discussed in section 6.5.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. An area for improvement in this regard has now been met. A review of accident records evidenced that these had been managed appropriately. RQIA had been suitably notified of the relevant accidents. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of an identified selection of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. A cleaning schedule was maintained to evidence the areas cleaned and the level of cleaning which had been conducted within each room in the home. Compliance with best practice in infection prevention and control had been achieved and a previous area for improvement in this regard has now been met.

During the review of the environment, the pressure setting on two airwave mattresses were observed to have been incorrectly set for the patient. These observations were discussed with the registered manager and identified as an area for improvement to ensure that a system was put in place to monitor all settings on mattresses in use in the home to confirm that they were set correctly.

Fire exits and corridors were observed to be clear of clutter and obstruction. There were records of recent fire drills which had occurred in the home along with accompanying reports of any positive or negative staff responses to the drill and a list of staff attendees. A fire risk assessment of the home had been appropriately conducted on 22 September 2017 with evidence of review conducted on 3 January 2018.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, recruitment practice, monitoring registration status, accident management and the home's general environment.

Areas for improvement

An area was identified for improvement under care standards in relation to safe use of equipment.

An area for improvement under standards in relation to training on dementia care was stated for a second time.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required within two of the patient care records reviewed. The third patient's care records had not been completed in a timely manner from admission. Care plans had not been developed to direct care and not all appropriate risk assessments had been completed. This was discussed with the registered manager and identified as an area for improvement under regulation.

A second patient's care plans had not been evidenced as reviewed on return to the home following a period of time in hospital. This was discussed with the registered manager and identified as an area for improvement under standards.

Supplementary care charts such as repositioning, bowel management and food and fluid intake records evidenced that these records were maintained in accordance with best practice guidance, care standards and legislation. An area for improvement in relation to the recording of bowel management has now been met.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that sufficient information was handed over in order to meet the needs/changing needs of patients in their care. Staff also confirmed that there was effective teamwork and that if they had any concerns, they could raise these with their line manager and/or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with staff and a review of minutes of staff meetings confirmed that regular staff meetings for registered nurses and care assistants had been conducted. Minutes of meetings were available for review and included dates, attendees, topics discussed and decisions made.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

Areas of good practice

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

Areas for improvement

An area was identified for improvement under regulation in relation to timely completion of patient care records from admission.

An area was identified for improvement under care standards in relation to the review of care records following a period of time in hospital.

	Regulations	Standards
Total number of areas for improvement	1	1

6.6 Is care compassionate?

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

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with eight patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed chatting with patients when assisting them. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

The serving of lunch was observed in the main dining room. Lunch commenced at 12:30 hours. Patients were seated around tables which had been appropriately set for the meal. A menu was available on each table allowing for choice of meal. Food was served directly from the kitchen when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. Portions were appropriate for the patients to which the food was served. Food was observed to be covered when transferred from the dining room. The mealtime was well supervised. Staff were organised to assist patients in the patients' preferred dining area and staff were observed to encourage patients with their meals. Patients were observed to be assisted in an unhurried manner. Staff wore discreet and dignified aprons when serving or assisting with meals. Patients wore clothing protectors where required. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience. Staff were knowledgeable in respect of patients' dietary requirements.

Discussion with the registered manager, staff and patients confirmed that activities were conducted daily within the home. Staff were allocated on the duty rota to conduct activities. A programme of activities was displayed in the home. Activities included exercise, arts and crafts, pamper days, reminiscence, games, music, movies, news reading and cookery. An area for improvement made in this regard has now been met.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Seven staff members were consulted to determine their views on the quality of care within Greenvale.

Some staff comments were as follows:

- “I am really happy working here.”
- “I love it here.”
- “It is hard work, but it is enjoyable.”
- “I wouldn’t be here if I didn’t like it.”
- “I enjoy my job.”
- “I like it here.”
- “It’s fine here.”

A poster was displayed at a staffing area inviting staff to respond to an on-line questionnaire. No responses were received at the time of writing this report.

Eight patients were consulted during the inspection.

Some patient comments were as follows:

- “The place is spotless. Very good here.”
- “This is a great home.”
- “I get on alright here.”
- “I am quite happy here.”
- “It’s a very very good home.”

Ten patient questionnaires were left in the home for completion. None of the patient questionnaires were returned.

Two patient representatives were consulted during the inspection.

Some patient representative comments were as follows:

- “The staff are fantastic. They give great nursing care.”
- “I am always made to feel welcome and consulted in the care for”

Ten relative questionnaires were left in the home for completion. None of the relative questionnaires were returned within the timeframe for inclusion in the report.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home in relation to dignity and privacy.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

The registered manager commenced in post in November 2017 and was registered with RQIA on 20 February 2018. This appointment has been found as having a positive impact on the home.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff confirmed that they were aware of their roles and responsibilities.

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 Care Standards for Nursing Homes 2015.

Discussion with the registered manager evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, regular audits were completed in relation to accidents; incidents; complaints, wound care and care plans. A monthly nursing audit also reviewed areas such as enquiry management, nutrition, continence care, infection prevention and control, activities and fire safety. Action plans had been developed in response to identified shortfalls within the audits and reviewed. The registered manager confirmed that a 'patient of the day' system had also recently been implemented in the home to ensure that all patients accommodated have had their care records fully reviewed on a monthly basis to ensure that these had been completed and were current.

Staff consulted confirmed that when they raised a concern, the home's management would take their concerns seriously.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices from Northern Ireland Adverse Incident Centre were reviewed and where appropriate, made available to key staff in a timely manner. A file was maintained with evidence of monthly oversight from the registered manager.

Governance records verified that a legionella risk assessment had been conducted in the home on 1 February 2018. A report had been completed and remedial works had been planned.

An examination of all hoists and slings in use within the home in accordance with Lifting Operations and Lifting Equipment Regulations (LOLER) was conducted on the day of inspection. Documentary evidence of previous examinations, including findings and actions taken were available for review.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. A new template had been developed to collate data and contained evidence of review of governance in respect of staffing arrangements, recruitment, complaints, accidents, health and safety, staff meetings, activities, staff training, auditing and review of previous RQIA quality improvement plans. An area for improvement in relation to the content of monthly monitoring reports has now been met. The new template also included an action plan to address shortfalls identified and a section to record the outcome of a review of the previous month's action plan. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements in respect of risk management, management of complaints, auditing and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Donna Fitzpatrick, registered manager and Barbara Foster, responsible individual, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 16</p> <p>Stated: First time</p> <p>To be completed by: 15 April 2018</p>	<p>The registered person shall ensure that patient care plans are developed in a timely manner from admission.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: All care plans have been reviewed since the inspection and are being continually updated via 'patient of the day'. The registered manager checks care records of all new admissions and readmissions to the home to ensure these are updated in a timely manner.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 25</p> <p>Stated: Second time</p> <p>To be completed by: 31 July 2018</p>	<p>The registered person should ensure that staffs' training on dementia care is reviewed to ensure that all staff have received appropriate training conducive to their role.</p> <p>Ref: Sections 6.2 and 6.4</p>
	<p>Response by registered person detailing the actions taken: Four members of staff have received a full days training via 'the dementia bus' and this information has been disseminated to staff. Further dementia training has been arranged for all staff on 14, 15 and 16 May 2018.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 45</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that equipment used within the home is used safely and in accordance with the manufacturer's guidelines. This is in reference to the correct pressure settings on patient's air mattresses.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: The mattresses are now checked each time a patient who requires to be repositioned is in bed. Records are retained of the checks on their repositioning charts.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2018</p>	<p>The registered person shall ensure that when a patient returns from hospital, that there is evidence within the patient care records that the patient’s assessments and care plans have been reviewed in a timely manner.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>As per area for improvement 1, each record is reviewed by the registered manager following patients' return from hospital to ensure the care plans have been reviewed in a timely manner and to update any changes.</p>

Please ensure this document is completed in full and returned via Web Portal



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