



# Unannounced Care Inspection Report 7 September 2018



## Kingsland Care Centre

**Type of Service: Nursing Home (NH)**  
**Address: 252 Seacliff Road, Bangor, BT20 5HT**  
**Tel No: 028 9127 3867**  
**Inspector: Liz Colgan**

[www.rqia.org.uk](http://www.rqia.org.uk)

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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 43 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Larchwood Care Homes (NI) Ltd  <b>Responsible Individual:</b> Christopher Walsh	<b>Registered Manager:</b> See Below
<b>Person in charge at the time of inspection:</b> Tina McGuigan	<b>Date manager registered:</b> Tina McGuigan – Acting
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of registered places:</b> 43

### 4.0 Inspection summary

An unannounced inspection took place on 7 September 2018 from 09.50 to 17.10.

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

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

Evidence of good practice was found in relation to staff recruitment, induction, training, supervision, adult safeguarding, and the management of complaints, incidents, and maintaining good working relationships. There were some examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders. The new activity therapist is worthy of special note, the activity session in the morning and birthday party in the afternoon were well attended. Patients observed and spoken with enjoyed both. Discussion with the activity therapist evidenced an engaging and committed member of staff who obviously enjoyed her work.

Areas for improvement under regulation were identified in relation to infection, prevention and control (IPC) practices, and the environment. Areas for improvement under the standards were identified in regards to staff appraisal, the environment, care planning and the delivery of care and ensuring effective systems are in place to take on board patients and their representatives views.

Patient's views are discussed in section 6.7. 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
<b>Total number of areas for improvement</b>	*2	*5

\*The total number of areas for improvement includes three areas which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Christopher Walsh, registered person, and Tina McGuigan, 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.

#### 4.2 Action/enforcement taken following the most recent inspection dated 14 May 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 14 May 2018. .

There were no further actions required to be taken following the most recent inspection.

#### 5.0 How we inspect

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

- notifiable events since the previous care inspection
- 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 we met with 12 patients, five staff, and two patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey and staff not on duty during the inspection. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rota for all staff from 3 September to 16 September 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- four patient care records
- Nine patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, 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 14 May 2018**

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

## 6.2 Review of areas for improvement from the last care inspection dated 2 November 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
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time	<p>The registered persons must ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection. Specifically:</p> <ul style="list-style-type: none"> <li>• The handling, management and disposal of sharps.</li> <li>• The correct use of PPE</li> <li>• Hand hygiene</li> <li>• Dress code in relation to false nails and nail polish.</li> <li>• The decontamination of patient equipment after use.</li> <li>• The nurses station on the 1<sup>st</sup> floor was not maintained to an acceptable standard the room was cluttered and the floor was very dirty.</li> <li>• The upstairs dining area and small communal tables throughout the home were not clean. Fabric chairs and the carpet in the corridors of the first floor were stained.</li> <li>• Storage areas throughout the home were cluttered with many items stored incorrectly on the floor making effective cleaning difficult.</li> </ul>	<b>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Observation and review of documentation confirmed that these areas had been addressed with the exception of</p> <ul style="list-style-type: none"> <li>• The decontamination of patient equipment after use.</li> <li>• The handling, management and disposal of sharps. The pharmaceutical waste bin was not signed or dated.</li> </ul> <p>These have been stated for a second time.</p>	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27 (2)(l)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that fire safety is not compromised through inappropriate storage of combustible materials in stairwells which can create a fire risk.</p>	<b>Met</b>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 20 (1) (c) (iii)</p> <p><b>Stated:</b> Second time</p>	<p>The registered provider must ensure that the registered nursing staff team receive appropriate training in the management and delivery of the care planning process.</p>	
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b></p>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that environmental issues identified during this inspection are actioned. Specifically:</p> <ul style="list-style-type: none"> <li>• The provision of sufficient storage in the medicine cupboards in the upstairs treatment room to store patient's medications.</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Observation confirmed that on the day of the inspection there was sufficient storage in the medicine cupboards in the upstairs treatment room to store patient's medications.</p>	



<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall ensure that risk assessments are updated in response to the changing needs of patients and inform the care planning process and recording is in accordance with NMC guidelines.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of documentation evidenced that risk assessments had been updated in response to the changing needs of patients and informed the care planning process and recording was in accordance with NMC guidelines.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall ensure that care plans accurately reflect and address the assessed health needs of patients and are kept under review and updated in response to the changing needs of patients.</p>	<p><b>Partially met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of documentation evidenced that at times care plans did not accurately reflect and address the assessed health needs of patients and kept under review and updated in response to the changing needs of patients.</p> <p>This area for improvement was partially met and has been stated for the second time.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Ref: Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall ensure that supplementary care records are completed accurately and contemporaneously at all times.</p>	<p><b>Partially met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of documentation evidenced that supplementary care records were not all completed accurately and contemporaneously at all times.</p> <p>This area for improvement was partially met and has been stated for the second time.</p>		



<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 12 Criteria (6) (15) (22)</p> <p><b>Stated:</b> Third and final time</p>	<p>The registered person should ensure that the meals and mealtime experience for the patient is reviewed in that:</p> <ul style="list-style-type: none"> <li>• The entire mealtime in the dining area is appropriately supervised by staff to ensure any risks involved with eating and drinking are managed.</li> <li>• Condiments are provided on the dining table or patients' trays suitable to patient tastes.</li> </ul> <p><b><u>Meal presentation is an area for improvement stated for the third and final time.</u></b></p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Observation confirmed that the mealtime in the dining area was appropriately supervised by staff to ensure any risks involved with eating and drinking are managed.</p> <p>Condiments had been provided on the dining table or patients' trays suitable to patient tastes.</p>		
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 8</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review the current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of documentation evidenced that monitoring systems to ensure effective quality assurance and governance arrangements are in operation.</p>		
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the registered manager's hours are recorded on the duty rotas.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of documentation evidenced that the manager's hours had been recorded on the duty rotas.</p>		

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 3 September to 16 September 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. On occasions staffing levels were affected by short notice leave. However, they also confirmed that this only happened occasionally and that shifts were "covered." We also sought staff opinion on staffing via the online survey. One staff questionnaire was returned. None of the questions were answered.

Some patients spoken with indicated that they were well looked after by most of the staff. However four patients stated that some staff were better than others and felt that their attitude could be improved. This issue is discussed in section 6.6. We also sought the opinion of patients on staffing via questionnaires. No patient questionnaires were returned. We also sought relatives' opinion on staffing via questionnaires. No questionnaires were returned.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. Review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Review of records evidenced that staff supervision has recommenced, however staff appraisals needed to be improved. An area for improvement against the standards was identified.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed the training matrix. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice.

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

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

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

From a review of records, observation of practices and discussion with the manager and staff there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction.

The home was found to be warm and fresh smelling. Some patients and their representatives indicated that some areas in the home would need more in depth cleaning and redecoration. The manager confirmed that a deep cleaning programme had recently been introduced, housekeeping staff spoken with also confirmed that this programme was ongoing. At the previous care inspection in November 2017 the report noted that the outside of the home and the inside corridors and stairwells required repainting. At a meeting in RQIA the responsible person and registered manager confirmed that that an active refurbishment program was ongoing. This programme has not included the outside of the home or most of the inside corridors and stairwells. Therefore an area for improvement against the regulations has been made. In addition the following areas were noted for improvement. In an identified toilet a ceiling tile was stained and broken and the keypads on the door of the sluice rooms were not used or broken. The provision of adequate storage in sluice room should be reviewed as bedpans and basins were stored incorrectly or on the floor. An area for improvement against the standards was identified.

At the previous care inspection there were a number of infection prevention and control (IPC) deficits observed during the inspection. The majority of areas noted for improvement had been addressed. Observation confirmed that a pharmaceutical sharp's container was not labelled with the date, locality and signature on assembly and patient equipment such as padded shower chairs had were stained underneath. Therefore these areas for improvement have been stated for the second time.

The manager had an awareness of the importance to monitor the incidents of HCAI's and/or when antibiotics were prescribed and understood the role of PHA in the management of infectious outbreaks.

## Areas of good practice

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

## Areas for improvement

Two areas for improvement under regulation were identified in relation to IPC and the home's environment.

Two areas for improvement under the standards were identified in relation to the home's environment and staff appraisals.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2*	2

### 6.5 Is care effective?

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

Review of four patient care records evidenced that generally care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of infections and wound care. Care records contained details of the specific care requirements in nutrition, patients' weight, management of infections and a daily record was maintained to evidence the delivery of care. In two care records the review of patient's pressure relieving care needed to be updated in relation to the Braden risk assessment and the current condition of the patient's pressure damage. At the previous care inspection an area for improvement had been made in relation to ensuring that care plans accurately reflect and address the assessed health needs of patients and are kept under review and updated in response to the changing needs of patients. This area for improvement was partially met and has been stated for the second time.

Supplementary care records such as food and fluid charts were difficult to follow and did not reflect a 24 hour period. Repositioning charts reviewed did not include the pressure relieving device in use or the level it should be set at, in addition most of these charts had been photocopied so many times making some areas in the charts unreadable. At the previous care inspection an area for improvement had been made in relation to ensuring that supplementary care records are completed accurately and contemporaneously at all times. This area for improvement was partially met and has been stated for the second time.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician changed.

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

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

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

The registered manager advised that patient and relatives meetings were held on a regular basis. Minutes were available.

**Areas of good practice**

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

**Areas for improvement**

Areas for improvement under the standards were identified for the second time in relation to care records, and supplementary care records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2*

**6.6 Is care compassionate?**

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

We arrived in the home at 09.50 and were greeted by staff who were helpful and attentive. Most patients had finished their breakfast or were enjoying a late breakfast in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

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

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

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The new activity therapist is worthy of special note, the activity session in the morning and birthday party in the afternoon were well attended. Patients observed and spoken with enjoyed both. Discussion with the activity therapist evidenced an engaging and committed member of staff who obviously enjoyed her work.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime.

Patients able to communicate indicated that they enjoyed their meal some others stated that the quality of the food could be improved. The home have been proactive in seeking patients opinion via questionnaire regarding the food, however some patients remain unsatisfied. This area was discussed with the manager who agreed to review this area again.

Cards and letters of compliment and thanks were displayed in the home. There were systems in place to obtain the views of patients and their representatives on the running of the home. However these would need review as some patients spoken with were unhappy with the environment, staff attitude and some aspects of the food served. An area for improvement against the standards was identified.

Eight patients were spoken with individually, and four patients in a small group. Comments made by patients during the inspection are detailed below:

- "I like the home, staff look after me."
- "It's ok, but not home."
- "I can say if something is wrong."
- "Some staff good others not so good."
- "Some staff act like they don't want to be here, others are very good."
- "Meals not always suitable."
- "Food not great."

Comments made by patient's representative during the inspection are detailed below:

- "Mum likes it here; I have raised concerns about the staff, food and the environment some have been addressed."

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

Ten patient and relative questionnaires were provided; No patient or relative questionnaires were returned within the timescale.

Staff were asked to complete an on line survey, we had one response within the timescale specified. The member of staff did not answer any of the questions.

## Areas of good practice

There were areas of good practice identified in respect of communication between some staff and the patients. A number of patients unable to verbalise their satisfaction were relaxed in the environment.

## Areas for improvement

The following area was identified for improvement against the standards in relation to reviewing the systems in place for obtaining the views of patients and their representatives on the running of the home

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.7 Is the service well led?

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

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

Since the last inspection there has been a change in management arrangements. RQIA were notified appropriately. An application for registration with RQIA has been received/or the need to register discussed. There is an acting manager in place at present, a review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff/patients/representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure 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.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, infections, restrictive practices and care records

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



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

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Christopher Walsh, registered person, and Tina McGuigan, manager, 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 7 October 2018</p>	<p>The registered persons must ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection. Specifically:</p> <ul style="list-style-type: none"> <li>• The handling, management and disposal of sharps.</li> <li>• The decontamination of patient equipment after use.</li> </ul> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Decontamination folders have been set up and Day/night cleaning duties outlined, discussed in staff meetings 14 Sept and again 23/24th Oct, nurses have been asked to oversee that cleaning is being carried out and documented. Manager also over seeing and carrying out spot checks on equipment. Labels have been purchased and staff are labelling and dating all equipment after it has been cleaned. New shower chairs and commodes have been purchased for the home also. Sharps bins being checked on a regular basis by home manager, also discussed at staff meeting 23rd October.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27(2)(d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 October 2018</p>	<p>The registered person shall ensure that an active refurbishment program for the redecoration of the home is developed and forwarded to RQIA with the return of the QIP.</p> <p>Ref.: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Refurbishment of the home has commenced with painting of vacant rooms, exterior refurbishment which will include interior corridors and lounges has been agreed and meeting is arranged with contractor on site on Friday 23.10.18</p>

<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 7 October 2018</p>	<p>The registered persons shall ensure that care plans accurately reflect and address the assessed health needs of patients and are kept under review and updated in response to the changing needs of patients.</p> <p>Ref: 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Careplans and the importance of these discussed at staff meetings 14th Sept, 23/24th October. Importance of short term careplans also discussed. Named Nurses allocations reviewed and distributed to staff. Relatives/ residents are being asked to review/consent for careplans. Meetings have been held and will continue to be held monthly with named nurses to ensure careplans are relevant and being assessed regularly.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 7 October 2018</p>	<p>The registered persons shall ensure that supplementary care records are completed accurately and contemporaneously at all times.</p> <p>Ref: 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Supplementary care records reviewed 21/10/18. Repositioning care needs assessed and new documentation put into place. Nurses requested to review all patient moving and handling assessments and new documentation to be added to folder which includes the specific equipment each resident requires e.g. sling size/residents measurements, in order to aid staff in being able to identify needs easier and monitor for any changes. Discussed at staff meetings 23rd/24th October.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 40</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 October 2018</p>	<p>The registered person shall ensure that staff appraisals are completed in accordance with relevant Departmental and professional guidelines.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> An appraisal planner has be devised. Home manager will commence staff appraisals when in post 6 months, as per company policy. An appropriate timetable will be established to ensure that all staff have an appraisal carried out and in addition 2 supervisions completed within one calendar year</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 November 2018</p>	<p>The registered person shall ensure that the ceiling tile in an identified toilet is replaced, and provision of adequate storage in sluice room and their keypads are reviewed</p> <p>Ref: 6.4</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 October 2018</p>	<p>The registered persons shall ensure that the systems in place for obtaining the views of patients and their representatives on the running of the home are reviewed</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> New keypads have been fixed, a potential storage room down stairs has been identified and measured for shelves. Maintenance is currently constructing same. Stock checks being carried out weekly to monitor for over stock. Over stock of equipment put into storage. Ceiling tile fixed 24/10/18</p> <p><b>Response by registered person detailing the actions taken:</b> Manager is speaking with residents on a regular basis, Review cards and questionnaires have been given out to relatives/family members. Food questionnaires completed and returned to assist with meals/dining experience. The quality assurance questionnaire was issued in September and responses are sent to Head Office. The results of these will be collated by the Home when the timescale is completed.</p>

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



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Assurance, Challenge and Improvement in Health and Social Care