



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 16 December 2019



Kingsland Care Centre

Type of Service: Nursing Home
Address: 252 Seacliff Road, Bangor BT20 5HT
Tel no: 02891273867
Inspector: Heather Sleator

www.rqia.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.

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 43 patients.

3.0 Service details

Organisation/Registered Provider: Larchwood Care Homes (NI) Ltd Responsible Individual: Christopher Walsh	Registered Manager and date registered: Ruth McKeown – 12 February 2019
Person in charge at the time of inspection: Ruth McKeown	Number of registered places: 43
Categories of care: 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.	Number of patients accommodated in the nursing home on the day of this inspection: 37

4.0 Inspection summary

An unannounced inspection took place on 16 December 2019 from 09.15 hours to 16.50 hours.

The inspection assessed progress with all areas for improvement identified in the home 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.

Areas for improvement in respect of a previous finance inspection have also been reviewed and validated as required.

Evidence of good practice was found in relation to the culture and ethos of the service, listening to and valuing patients, taking into account their views, choice and preferences. Good practice was demonstrated regarding the provision of therapeutic activities and recreational opportunities. Overall there was evidence of good systems regarding staff training, professional development opportunities, supervision and appraisal, management of accidents/incidents and complaints, continuous quality improvement and effective team working.

Two areas for improvement were identified regarding the patients dining experience and the need for robust governance (auditing) in respect of patient care records and infection prevention and control measures in the home.

Patients described living in the home as being a good experience and in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, relatives and staff during and after the inspection, are included in the main body of this report.

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	0	*3

*The total number of areas for improvement include one standard which has been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Ruth McKeown, Registered 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 6 November 2018

The most recent inspection of the home was an unannounced finance inspection undertaken on 6 November 2018. 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

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 1 to 16 December 2019
- 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
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- minutes of staff meetings
- minutes of patient and/or relatives meetings
- a sample of reports of the monthly quality monitoring reports from August to December 2019.
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as 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 previous inspection(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time	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: <ul style="list-style-type: none"> • The handling, management and disposal of sharps. • The decontamination of patient equipment after use. 	Met
	Action taken as confirmed during the inspection: Five sharps boxes were viewed, two of which were not closed. This was brought to the attention of the Manager and by the conclusion of the inspection sharps boxes were being used and stored correctly.	

	The underside of two shower chairs were unclean. This also was brought to the attention of the manager and by the conclusion of the inspection had been thoroughly cleaned.	
<p>Area for improvement 2</p> <p>Ref: Regulation 27(2)(d)</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: An extensive programme of refurbishment had been undertaken in the home during the year. All that remained to be completed was new front doors and the painting of a mural on a wall in the entrance lobby.</p>	Met
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: Second 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>Action taken as confirmed during the inspection: The review of two patients' care records evidenced that assessed health needs of patients and are kept under review and updated in response to the changing needs of patients.</p> <p>There was one area in the third patient care record which had not been updated however this was discussed with the manager who stated that a meeting would be held with the registered nurses to remind them of their professional obligation to maintain all records in an up to date manner.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p>	<p>The registered persons shall ensure that supplementary care records are completed accurately and contemporaneously at all times.</p> <p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	Carried forward to the next care inspection

<p>Area for improvement 3</p> <p>Ref: Standard 40</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff appraisals are completed in accordance with relevant Departmental and professional guidelines.</p> <p>Action taken as confirmed during the inspection: A supervision and appraisal planner was in place and reviewed. Staff confirmed they were in receipt of supervision and had an annual appraisal.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 44</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: The areas identified were viewed and action had been taken to address the shortfalls.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 7</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: An annual satisfaction survey was undertaken with patients and their representatives during the year. A summary report in respect of the outcome of the survey was written which identified action to be taken where a suggestion or shortfall had been highlighted. The report was shared with patients and representatives.</p>	<p>Met</p>

Areas for improvement from the last finance inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 (2) Schedule 4 (10) Stated: First time	The registered person shall ensure that a record is maintained of the furniture and personal possessions which each patient brings bring into their room.	Met
	Action taken as confirmed during the inspection: A record was maintained of furniture and personal possessions brought into the home for newly admitted patients and the records already on file were being updated.	
Area for improvement 2 Ref: Regulation 5 (1) (a) (b) Stated: First time	The registered person shall ensure that each patient is provided with an individualised written agreement setting out the terms and conditions of their residency in the home.	Met
	Action taken as confirmed during the inspection: An individual agreement had been issued to all patients. All had been signed by either the patient or their representative with the exception of one agreement. This had been referred to the patient's care manager.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 14.13 Stated: First time	The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the patient or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each patient.	Met
	Action taken as confirmed during the inspection: A record was being maintained of any payment made by a patient for other services, for example hairdressing and chiropody.	

<p>Area for improvement 2</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p>	<p>The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A record was maintained of furniture and personal possessions brought into the home for newly admitted patients and the records already on file were being updated.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 14</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a robust process is in place to notify family members in a timely manner that their relative's cash balance is running low or has dropped below a defined level.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The home's administrator maintains a record of all balances held by patients and of any communication to patients or their representatives when the balance of their monies held is below a defined level.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p>	<p>The registered person shall ensure that any changes to the individual agreement are agreed in writing by the resident or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the resident or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>An individual agreement had been issued to all patients on an annual basis to reflect any changes to the charges/fees. All had been signed by either the patient or their representative with the exception of one agreement. This had been referred to the patient's care manager.</p>		

<p>Area for improvement 5</p> <p>Ref: Standard 14.6, 14.7</p> <p>Stated: First time</p>	<p>The registered person shall ensure that written authorisation is obtained from each resident or their representative to spend the resident’s personal monies to pre-agreed expenditure limits.</p> <p>The written authorisation must be retained on the resident’s records and updated as required. Where the resident or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where the resident is managed by a HSC Trust and does not have a family member or friend to act as their representative, the authorisation about their personal monies must be shared with the HSC Trust care manager.</p> <p>Action taken as confirmed during the inspection: Evidence was present in patients’ files of signed consent regarding financial matters with the exception of one agreement. This had been referred to the patient’s care manager.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Standard 36.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the policies and procedures for all operational areas of the home are in accordance with statutory requirements and there is a process of systematic audit in place to ensure compliance with policies and procedures.</p> <p>This area for improvement relates to ensuring a policy and procedure addressing the management of patients’ monies and valuables is introduced.</p> <p>Action taken as confirmed during the inspection: The required policy documentation had been written and was operational.</p>	<p>Met</p>

Area for improvement 7 Ref: Standard 36.4 Stated: First time	The registered person shall ensure that policies and procedures are subject to a systematic three yearly review at a minimum (and more frequently if required), and the Registered Person ratifies any revision to (or the introduction of new) policies and procedures.	Met
	Action taken as confirmed during the inspection: A system of three yearly review of all policy documentation had been introduced.	

6.2 Inspection findings

6.3 Is care safe?

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

Staffing levels within the home were reviewed with the manager. The manager confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. We asked patients about staffing levels and a small number of patients felt that staff were very busy and more staff would be beneficial. These comments were discussed with the manager who stated that staffing levels were calculated in accordance with patients' dependency however she agreed to review the current arrangements and or daily routines. One patient spoke positively about the home to the inspector, including comments such as:

- "Staff are lovely; they'd do anything for you."

A review of the staffing rota provided assurance that rostered staffing levels were regularly met and that the staffing skill mix was in keeping with the Care Standards for Nursing Homes, April 2015.

Discussion with both the manager and staff provided assurance that staff were effectively supported by the registered manager through informal conversation and a process of bi-annual supervision and annual appraisal. Five were spoken with individually and each one expressed a high level of satisfaction with the support they received from the manager. Feedback from staff also provided assurance that new members of staff undergo a formal, structured period of induction.

A review of governance records evidenced that all notifiable incidents had been reported to the Regulation and Quality Improvement Authority (RQIA) as required. It was further noted that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

Staff confirmed that they received regular mandatory training to ensure they knew how to provide the right care. Training is provided to staff by means of either face to face instruction or using online resources. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home.

Discussion with the 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. Post falls management was discussed with a registered nurse who demonstrated a thorough knowledge of the process. 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.

The management of adult safeguarding within the home was discussed with the registered manager. It was confirmed that adult safeguarding is an integral component of mandatory training for all staff. Feedback from staff throughout the inspection confirmed that they possessed an effective understanding of how to recognise and respond to potential safeguarding incidents.

We were advised that the use of potential restrictive practices was very limited, for example; the use of bedrails or alarm/pressure mats. Care records were reviewed regarding the use of bedrails and alarm mats. Evidence was present of risk assessments and care plans to monitor the continued safe use of these types of equipment. Evidence was also present of consultation with the multidisciplinary team in relation to the assessed need for the equipment. The policy in respect of restrictive practice was viewed and following this it was advised to include and or detail information in regarding the mental Capacity Act and Deprivation of Liberty Standards.

We looked round a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm, comfortable clean and tidy. It was pleasing to note that several communal areas, including a lounge and dining room appearing bright and welcoming to patients and visitors. Additional storage in the sluice rooms had been added.

Staff were observed adhering to infection, prevention and control best practice standards throughout the inspection. Gloves and aprons were readily available to staff and used appropriately while they were attending to patients' needs. The process of the auditing of infection prevention and control measures in the home was unclear and a robust system should be in evidence of regular audit, refer to 6.6.

We also saw that fire safety measures were in place to ensure patients, staff and visitors to the home were safe. Staff confirmed that the fire detection and warning system was tested weekly and that they were aware of the need to complete fire safety drills/evacuations as part of their training programme.

In relation finance management the most recent inspection was 6 November 2018, refer to 6.1 for further detail.

Areas of good practice

Examples of good practice found throughout the inspection included: staffing arrangements, staff training, adult safeguarding, infection prevention and control, risk management and the home’s environment.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

Feedback from both the manager and staff confirmed that there was a handover meeting at the beginning of each shift; staff stated they were able to discuss and review the ongoing needs of patients during these meetings.

Staff who were spoken with stated that if they had any concerns, they could raise these with the registered manager. Staff spoke positively about working within the home. Staff commented, “It’s a good home, we all work well together.”

Review of care records evidenced multi-disciplinary working and collaboration with professionals such as GPs, tissue viability nurses (TVN), dieticians and speech and language therapists (SALT). The care records also evidenced that staff regularly communicated with patients’ families or representatives and also used a range of risk assessments to help inform the care being provided.

The use of a pressure mat which alerted staff to the movement of one patient was reviewed. It was good to note that appropriate and comprehensive risk assessments had been completed which clearly indicated that this equipment was both necessary and proportionate in helping to keep the patient safe. The patient’s history was clearly noted along with an appropriate and person centred care plan.

Care documentation regarding the nutritional needs of two patients was reviewed. Daily fluid intake was referenced in the patients’ progress records and action to be taken when the desired daily intake was not achieved. Specific nutritional care plans were in place and evidenced consultation with other professionals, any recommendations made by other professionals and regular review.

Wound care which was being provided to one identified patient was also considered. Wound care documentation evidenced that the multidisciplinary team (MDT) had been involved in the patients’ care and treatment and that any recommendations made by the MDT had been incorporated into

the patients care plan. However, care documentation had not been fully completed by the registered nurses. This was brought to the attention of the manager who stated she would speak to all registered nurses about their professional obligation to maintain accurate records. A robust system of the auditing of care records should be in evidence so as any issue pertaining to the wellbeing of residents is addressed in a timely manner. Refer to 6.6

Falls and post falls management to patients was also examined. Evidence was present of a risk assessment regarding falls and that following a recorded fall the post falls management protocol was followed, supporting documentation, for example; updated risk assessment and care plan were present. A discussion with a registered nurse regarding falls management confirmed the registered nurse’s clear understanding and responsibility in respect of post falls management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the use of potentially restrictive practices, post falls management and nutrition and hydration.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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 09.15 and were met immediately by staff who offered us assistance. Patients were present in the lounge, dining room or in their bedroom, as was their personal preference. Observations of interactions throughout the day demonstrated that patients relating positively to staff and to each other. Patients were engaged by staff with respect and encouragement at all times. One patient commented, “I’m very happy here.”

Activities, such as art, music, quizzes, crafts and board games were part of the weekly programme. The review of the activities programme for the month of December evidenced many festive activities including carol singers, local church groups, a Christmas tea party and external entertainers coming in for the patients’ enjoyment.

The serving of breakfast and the midday meal was observed. Patients had their breakfast in their bedrooms or in one of the lounges. Patients and staff stated that this was their preference. Patients were served their breakfast on a table which had been placed in front of them. We respect patients’ choice of where they have their meals however the delivery of breakfast was basic. Care staff brought a trolley (not heated) around bedrooms and lounges and patients had their choice of cereals, porridge and/or toast. As the trolley was not heated it was difficult to

assess if all meals were served at a desirable temperature. Meals were placed on the table in front of patients; trays were not used nor were saucers just cups. A choice of cereals was available and were being stored in containers without lids. The dining experience for patients should be enjoyable and every effort taken to visually enhance the experience and also ensure that meals are served to all patients at a suitable temperature. A small number of patients did use the ground floor dining room at lunchtime. This has been identified as an area for improvement.

The systems in place to ensure that the views and opinions of service users were sought and taken into account included patients and relatives meetings, an annual quality survey of service users and their carers or relatives and events which include the relatives, for example a Christmas tea and craft fair on 12 December 2019.

During each monthly monitoring visit the views of a sample of service users were sought and their views were reflected in good detail in all three of the monthly monitoring reports that were reviewed. Staff members' comments and actions, along with observation of practice and the views expressed by patients and confirmed that compassionate care was being provided consistently in Kingsland Care Centre.

We spoke to patients during the inspection and comments included:

- "I think this place is excellent."
- "The food is very nice."
- "The staff are lovely; they'd do anything for you."
- "The girls are very good, couldn't complain."
- "It's been good here; don't think there's enough staff."
- "Staff are brilliant."
- "Think they're short staffed, could do with a twilight shift."

We also spoke to staff. Staff discussed the daily routine of the home and discussed, at length, the patients' dining experience, patients' choice of rising and going to bed times and the activities programme. Staff were committed to ensuring patients were afforded individualised and personalised care. Comments from staff included:

- "I could go to the manager about anything if I needed to."
- "It's a good home, we all work well together."

We also spoke to a relative during the inspection. The relative was complimentary of the care afforded to her relative and provided the following comment; "Think they're a bit short staffed." Feedback received at the time of the inspection from patients and a relative made reference to the staffing arrangements. Whilst there was no evidence to indicate that the staffing arrangements impacted negatively on patient care on the day of the inspection the manager was advised to consider the comments received and review the deployment of staff during the day and the daily routines of the home in line with the staffing arrangements.

There were no questionnaires completed and returned to RQIA from patients, their relatives or staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the centre, listening to and valuing service users and taking account of their views.

Areas for improvement

An area for improvement was identified regarding the patients' dining experience.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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 registered manager, Ruth McKeown, facilitated the inspection and demonstrated a very good understanding of The Nursing Homes Regulations, minimum standards and the systems and process in place for the daily management of the home. A wide range of documentary evidence to inform the inspection's findings, including minutes of staff meetings, patients/relatives meetings, monitoring reports, audit records, work rotas, patients' files, staffing information and written policies and procedures were made available. At the conclusion of the inspection we discussed the areas of good practice and the areas identified for improvement as discussed in the report.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Patients and/or their relatives were made aware of how to make a complaint by way of meetings, patients' guide, the complaints procedure was displayed on notice boards in the home and trust information leaflets were also displayed. The review of records evidenced that complaints received had been fully investigated and resolved to the complainant's satisfaction.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

A monthly monitoring visit was undertaken in accordance with Regulation 29. Records of the past three months were reviewed, the reports showed the visits were unannounced and provided a view regarding the conduct of the setting, included outcomes/action plans and qualitatively reflected service users and staff views and opinions.

The manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, accidents and incidents (including falls, outbreaks), complaints and the environment were available. The need for a more robust governance system was identified as an area for improvement regarding for example, care records and infection prevention and control measures in the home. These areas and others, have been discussed in the 6.3, 6.4 and 6.5 of this report

Kingsland Care Centre and Larchwood Care Homes (NI) Ltd have systems in place to ensure that staff were well-informed on the responsibilities of their roles and the expected standards of practice. Staff and patients confirmed that there were good working relationships within the home and that the manager was always responsive to suggestions and/or concerns raised. One patient member commented:

- “Ruth is an excellent manager.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of accidents/incidents, ongoing quality improvement and maintaining good working relationships.

Areas for improvement

An area for improvement was identified regarding the governance arrangements specifically in relation to the auditing of patient care records and infection prevention and control measures in the home.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ruth McKeown, Registered 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 4 Stated: Second time To be completed by: 7 October 2018	<p>The registered persons shall ensure that supplementary care records are completed accurately and contemporaneously at all times.</p> <p>Ref: 6.1</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 2 Ref: Standard 12 Stated: First time To be completed by: 1 March 2020	<p>The registered person shall ensure that the patients dining experience is enhanced specifically in the presentation of meals to patients and the equipment used.</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Dining experience has been explored- with Breakfast is now delivered via tray service- Larger cups and food coverings are now in place. Food is kept warm in the hot trolleys and delivered to the residents place of preference.</p>
Area for improvement 3 Ref: Standard 35.6 Stated: First time To be completed by: 1 February 2020	<p>The registered person shall ensure that robust systems are established in respect of the auditing of patient care records and infection prevention and control measures in the home.</p> <p>Ref: 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: New care plan auditing system has been put into place- with the staff nurses responding when all changes have been made. Further audits have been put into place with respect to infection control within the home-including mattress/bumper audits/commode/showerchair/Waste bin and PPE audits. These will be completed monthly by the home manager. Random spot checks will also be carried out.</p>

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



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