

# Unannounced Care Inspection Report 18 October 2016



## Kingsland Care Centre

**Type of Service: Nursing Home**  
**Address: 252 Seacliff Road, Bangor, BT20 5HT**  
**Tel no: 028 9127 3867**  
**Inspector: Linda Thompson**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Kingsland Care Centre took place on 18 October 2016 from 09.00 to 15.30 hours.

The inspection sought to assess progress with any issues raised 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.

### **Is care safe?**

The environment of the home was warm, generally well decorated, fresh smelling and clean throughout. Safe systems were in place for monitoring the registration status of current nursing and care staff. There was evidence of generally competent and safe delivery of care on the day of inspection. Medicine administration generated a recommendation during the previous inspection and full compliance with best practice was not evidenced at this time. This matter is now stated as a requirement. Refer to section 4.3 below.

Unwitnessed falls raised concerns and a requirement is stated to ensure that these events are considered as potential head injuries and treated accordingly.

Two requirements are stated to drive improvement.

### **Is care effective?**

Observation of care practices, review of records and discussion with patients and staff evidenced positive outcomes for patients. However some areas of improvement are required in the completion of patient care records, the care planning process and administration of medicines. Refer to section 4.4 for details. All staff demonstrated a high level of commitment to ensuring patients received the right care at the right time. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, and other staff members. Staff consulted confirmed they attended staff meetings as part of their job role.

One requirement is stated to drive improvement.

### **Is care compassionate?**

There was evidence of good communication in the home between staff and patients. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Patients were very praiseworthy of staff and a number of their comments are included in this report. Refer to section 4.5 for details. Concerns however, were identified for a second time in the quality of the dining experience. Refer to section 4.5 for details

One recommendation is stated for a second time.

### **Is the service well led?**

There was evidence of systems and processes in place to monitor the delivery of care and services within the home. Compliments had been received by the home in relation to care and compassion provided to patients/relatives.

Based on the inspection findings detailed in the domains, review of records, systems and processes; and comments from patients, relatives and staff; it was evident that Kingsland Care Centre was well led. The registered manager demonstrated how she manages and leads her team to ensure the delivery of safe, effective and compassionate care as part of her day to day operational control of the home. However compliance with the requirements and recommendations made will further enhance the quality of care delivered.

No requirements or recommendations have been made in this domain.

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	3	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Susannah Curry, 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.

### 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 11 February 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

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

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

## 2.0 Service details

<b>Registered organisation/registered person:</b> Larchwood Care Homes (NI) Ltd/ Mr Christopher Walsh	<b>Registered manager:</b> Ms Susannah Virginia Curry
<b>Person in charge of the home at the time of inspection:</b> Susannah Virginia Curry	<b>Date manager registered:</b> 29 December 2014
<b>Categories of care:</b> NH-I, NH-PH, NH-PH(E), NH-TI	<b>Number of registered places:</b> 43

## 3.0 Methods/processes

Prior to inspection we analysed the following information:

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

During the inspection the inspector met with 12 patients, four patient representatives, two registered nurses, four care staff, one cook, one kitchen assistant, one maintenance staff and two domestic staff. One visiting professional was also visiting during the inspection and spoke with the inspector. .

In addition questionnaires were provided for distribution by the registered manager; five for relatives, 10 for patients and 10 for staff. Seven patients and three staff questionnaires were returned. Refer to section 4.5 for details.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staff roster from 3 to 23 October 2016
- staff training records for 2016
- staff recruitment record for two members of staff including their induction records
- staff competency and capability assessments for registered nurses left in charge of the home in the absence of the registered manager
- staff supervision and appraisal planner for 2016
- complaints and compliments records
- accident and incident records 2 November 2015 to 9 October 2016
- records of quality audits and governance systems
- minutes of staff meetings

- minutes of patient meetings
- record of visit undertaken in accordance with Regulation 29
- three patient care records.

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 11 February 2016

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

There were no issues required to be followed up during this inspection and any action taken by the registered provider, as recorded in the QIP was validated during this care inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 11 February 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 29 (3) (5) <b>Stated:</b> First time	Regulation 29 monthly monitoring visits to the home must be carried out at minimum monthly and the subsequent report must be made available in the home for review.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We were able to confirm that the Regulation 29 reports are maintained in accordance with regulation and were available in the home.	
Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 36 <b>Stated:</b> Second time	It is recommended that the registered persons review and update the following policy to ensure that they reflect best practice guidance; <ul style="list-style-type: none"> <li>• Communication policy should include reference to the regional guidance for breaking bad news</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We were able to confirm that the communication policy referenced the regional guidelines for breaking bad news.	

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> Second time</p>	<p>It is recommended that the registered person ensures that all grades of staff have access to training on the following;</p> <ol style="list-style-type: none"> <li>1. Palliative / End of life care</li> <li>2. Breaking bad news communication skills</li> </ol>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspection confirmed that end of life care and palliative care training has been provided for staff as required.</p>		
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 36</p> <p><b>Stated:</b> First time</p>	<p>A policy on the management of continence should be developed, reflect current best practice guidance and made available to staff on completion.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>An updated policy on the management of continence care was available for inspection. Staff were aware of the updating of this policy.</p>		
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that the registered person ensures that all grades of staff have access to training on continence management.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>An examination of training records evidenced that staff have been trained in the management of continence.</p>		
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 4 Criteria (1) (7)</p> <p><b>Stated:</b> First time</p>	<p>The registered person should ensure that patient continence assessments and care plans are fully completed and include the patients' normal bowel pattern.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Care plans in respect of continence care were completed to include bowel function.</p>		

<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 4 Criteria (1) (7)</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that patients' continence assessments and care plans are fully completed to include the specific continence products required by the patient.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Patient continent assessments included the use of specific continence products.</p>	<p><b>Met</b></p>
<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 21 Criteria (6)</p> <p><b>Stated:</b> First time</p>	<p>MUST and Braden risk assessments must be completed at minimum monthly or as patients' condition changes.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The inspector can confirm that MUST and Braden risk assessments were updated on a monthly basis plus as required.</p>	<p><b>Met</b></p>
<p><b>Recommendation 8</b></p> <p><b>Ref:</b> Standard 4 Criteria (9)</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that repositioning charts contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning.</p> <p>The frequency of repositioning should also be recorded on the chart.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Repositioning records were evidenced to be maintained appropriately.</p>	<p><b>Met</b></p>
<p><b>Recommendation 9</b></p> <p><b>Ref:</b> Standard 46 Criteria (1) (2)</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home.</p> <p>Particular attention should focus on the areas identified on inspection.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The inspector can confirm that infection prevention practices were well maintained and that staff had embedded this training into practice.</p>	<p><b>Met</b></p>

<p><b>Recommendation 10</b></p> <p><b>Ref:</b> Standard 12 Criteria (6) (15) (22)</p> <p><b>Stated:</b> First 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>Partially Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector can confirm that the dining experience has improved in that patients were observed to be supervised in each dining room. However the dining experience is still below a satisfactory level and condiments were not readily available.</p> <p><b>This recommendation is stated for a second time.</b></p>		
<p><b>Recommendation 11</b></p> <p><b>Ref:</b> Standard 28 Criteria (1)</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that topical preparations are only administered to the person for whom they are prescribed.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector can confirm that topical medicines are administered appropriately.</p>		
<p><b>Recommendation 12</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p>	<p>Medicines must be managed in compliance with legislative requirements and professional standards and guidelines. Tablets should never be left unattended with a patient and should only be signed for when ingestion of the administered medication has been witnessed by the administrator of the medication.</p>	<p><b>Not Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector evidenced that one medicine was observed to have been left with a patient for later consumption despite having been signed as having been administered.</p> <p><b>Given the potential risk to patients due to non-administration of medicines this matter is stated as a requirement as a consequence of this inspection.</b></p>		



<b>Recommendation 13</b> <b>Ref:</b> Standard 39 <b>Stated:</b> First time	Induction programmes for registered nurses and care assistants should be role specific pertaining to their roles and responsibilities. An induction booklet for registered nursing staff should be developed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector examined two staff induction records which confirmed that they were role specific.	

### 4.3 Is care safe?

The registered 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 for week commencing 26 September to 23 October 2016 evidenced that the planned staffing levels were adhered to. In the absence of the registered manager a registered nurse was designated as the person in charge of the home. The registered manager advised that should shortfalls in staffing levels arise, then these would be covered by bank staff. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients and staff evidenced that there were no concerns regarding staffing levels.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Staff were mentored by an experienced member of staff during their induction. Recruitment records for two staff were reviewed and found to be well maintained and in keeping with The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 21, schedule 2.

A planner was in place to ensure all staff received supervision and appraisal. Staff confirmed that they had received an annual appraisal and regular supervision.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Staff training was delivered by combining an e-learning programme and face to face training in the home. Training outcomes for 2016, so far, indicated that the registered manager was monitoring staff compliance with mandatory training requirements.

Staff consultation, observation of care delivery and staff interactions with patients clearly, demonstrated that knowledge and skills gained through training and experience were embedded into practice.

Discussion with the registered manager and review of records both written and computerised 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. A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA and the trust were also notified appropriately. The registered manager had systems in place to monitor the progress of safeguarding issues with the local health and social care trust.

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.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to relevant bodies. A random selection of accidents and incidents recorded since the previous inspection evidenced that accidents and incidents had been appropriately notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. The inspector did note that on occasions an unwitnessed fall was not considered to be a potential head injury. A requirement is stated to ensure that this deficit is actioned with immediate effect.

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. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

During inspection it was observed that a registered nurse left medication with a patient for them to take later. The medicine subsequently fell to the floor. This matter had been stated as a recommendation at the previous inspection without compliance. This matter has now been stated as a requirement and the registered manager must ensure that compliance with this is achieved to minimise risks to patient health and welfare.

An inspection of the general environment of the home was undertaken and included a random sample of patients' bedrooms, lounges, bathrooms and toilets. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. A number of areas in the home are in need of some refurbishment. This was discussed with the registered manager during inspection and we were advised that refurbishment plans are being developed.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

### **Areas for improvement**

All unwitnessed falls must be considered as potential head injuries and actioned accordingly. Medicine administration must be improved to ensure that medicines are not left with the patient for consumption later.

<b>Number of requirements</b>	2	<b>Number of recommendations</b>	0
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#### 4.4 Is care effective?

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 the registered manager must ensure that Malnutrition Universal Screening Tool assessments (MUST) are completed accurately.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was evidence in care records that whilst care plans were appropriately written, there was little evidence to validate that these were wholly triangulated into the care planning process. Whilst a number of care plans were available to guide the staff in the delivery of care there was no evidence from the daily progress records that the care plans informed the care delivered. Records in the daily progress did not refer to plans of care. The index of care plans in each patient's folder was blank.

This matter was discussed at length with the registered manager and it is anticipated that further training on this process would be of benefit to the registered nursing staff team. A requirement is stated in this regard.

Discussion with staff evidenced that they were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP) etc.

Discussion with the registered manager and review of minutes of staff meetings, confirmed that staff meetings were held on a regular basis and records were maintained. Staff also advised the inspector that they can contribute to the staff meeting agenda and raise opinions or voice their views.

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 registered manager.

Two patients expressed their confidence in raising concerns with home's staff or registered manager and indeed knew the name of the registered manager.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Following the review of the complaints record it was evident that when relatives raised concerns they were dealt with appropriately and in a timely manner.

#### Areas for improvement

One requirement is made in respect of staff training.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	0
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#### 4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Observation of the serving of the midday meal evidenced that patients' meals were served to the dining table by staff. Meals were observed to be served well presented, and appeared wholesome and appetising. Patients appeared to enjoy their meal.

Both ground floor and first floor dining rooms however were uninviting. A fridge located on the dining room side of the servery from the kitchen was overladen with open packets of breakfast cereals and a number of yoghurts which were left sitting out.

The delivery of food to the first floor dining room was also problematic. Meals plated in the kitchen and transported to the first floor failed to maintain temperature and one patient complained that their food was cold. This was actioned appropriately, but it is recommended that the delivery mechanisms to the first floor form part of the dining experience review. Condiments other than pepper were noticeably absent from the tables in both rooms. There was a menu board on the wall but this could be difficult for those with visual impairment to view. Whilst a choice of drinks was available there was no evidence that this choice was offered to patients. Staff did however state that they knew what drinks patients would want. However it is important that choice is always offered as a patient may choose to change their normal routines. The dining experience for patients requires urgent review. This matter is stated for a second time on the QIP.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. Views and comments recorded were analysed and an action plan was developed and shared with staff, patients and representatives.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Consultation with 12 patients individually, and with others in smaller groups, confirmed that living in Kingsland Care Centre was a happy experience.

Patient comments, to the inspector included:

- "love it here"
- "can go outside when I please"
- "I have a fabulous view "
- "staff are nice"
- "I like just sitting and watching the world go by"
- "It feels good to be back"
- "The food is delicious and I have no complaints"

On the day of inspection four relatives met with the inspector. Comments received included;

- “Very happy with staff and ... has settled very well”
- “Didn’t realise I could ask to have lunch heated”
- “The staff are great and I feel safe knowing ... is well looked after”
- “I couldn’t be happier. I never thought my ..... would settle so well”

The inspector spoke with two registered nurses, five care assistants, one maintenance staff, the activity therapist, two catering staff , one domestic assistant and the housekeeper to ascertain their views on Kingsland Care Centre.

Staff comments included:

- “good teamwork”
- “any concerns taken seriously”
- “happy here”
- “voiced concerns listened to”
- “overall good place to work”

The inspector spoke to one member of a visiting care management team who stated that they had no concerns with the home and that the quality of care being delivered was very good.

**Questionnaires**

In addition to speaking with patients, relatives and staff; RQIA provided 10 patient and 10 staff questionnaires for distribution by the registered manager.

At the time of writing this report seven patients and two staff had returned their questionnaires.

**Comments and outcomes were as follows:**

Patients: all respondents were satisfied with the quality of care received and felt able to discuss any concerns with the nurse in charge or the registered manager.

Staff: Both respondents indicated that they found the care provided was very satisfactory.

**Areas for improvement**

The dining experience must be reviewed and upgraded with urgency. This matter is stated for a second time.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1*
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‘\*’ Identifies a requirement or recommendation stated for a second time.

**4.6 Is the service well led?**

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

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

Discussion with the registered manager, review of records and observations undertaken evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Patients and staff confirmed that they were aware of the home's complaints procedure. Patients and staff confirmed that they were confident that staff and management would manage any concern raised by them appropriately. The registered manager also had a record of compliments received from relatives and visitors to the home.

Compliments received included the following;

"What an amazing team you are. Our deepest appreciation to you all for the exceptional care you gave to ..."

"We as a family owe you all so much words cannot begin to express our thanks"

Discussion with the registered 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. As discussed in 4.3 above, unwitnessed falls must be considered as potential head injuries and actioned accordingly.

Review of records for July, August and September 2016 evidenced that Regulation 29 monthly quality monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of these reports were available for patients, their representatives, staff and trust representatives. There were systems and processes in place to ensure that urgent communication, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and staff; and review of records, evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to complaints, accidents/incidents, care records, falls, infection prevention and control. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and documented by the registered manager.

Staff confirmed that they had access to the home's policies and procedures.

Based on the inspection findings detailed in the preceding domains, review of records, systems and processes; and comments from patients, relatives and staff it was evident that Kingsland Care Centre was well led. The registered manager demonstrated how she manages and leads her team to ensure the delivery of safe, effective and compassionate care as part of her day to day operational control of the home.

No requirements or recommendations have been made in this domain but compliance with the other areas identified in the QIP will further enhance the quality of the care and services provided.

## **Areas for improvement**

There were no areas for improvement identified in this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

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

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the 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.

## 5.1 Statutory requirements

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

## 5.2 Recommendations

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

## 5.3 Actions to be taken by the registered provider

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> from date of inspection and on going</p>	<p>The registered provider must ensure that any unwitnessed fall is considered as a potential head injury and treated accordingly.</p> <p><b>Ref section 1.0, 4.3</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b> Audit activity will monitor compliance. Staff have been made aware of Post Fall Pathway and action to be carried out in the event of any unwitnessed falls. Since the Inspection all falls recorded and reported have followed this procedure.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> from date of inspection and on going</p>	<p>The registered provider must ensure that medicines are appropriately administered to patients.</p> <p>Medicines must <u>not</u> be left with a patient after having been signed as administered by registered nursing staff.</p> <p><b>Ref section 1.0, 4.3</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b> Nurses have been reminded of their accountability when administering medicines. Administration of medicines will be observed to monitor compliance.</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 20(1)(c)(iii)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2016</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>Ref section 4.4</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b> Care Planning and Documentation training have been included in the November 2016 training schedule. Monthly audits will monitor compliance.</p>



<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 12 Criteria (6) (15) (22)</p> <p><b>Stated:</b> Second Time</p> <p><b>To be completed by:</b> 20 November 2016</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>Ref section 4.2, 4.5</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> A task to finish project team (Catering team and Activities Coordinator) are making changes to improve the overall dining experience. A member of staff is now always present in the dining room at all times during meals. Monthly audits will monitor compliance.</p>

*\*Please ensure this document is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\**



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