



Unannounced Care Inspection Report 15 & 16 May 2018



Larne Care Centre

Type of Service: Nursing Home
Address: 46 – 48 Coastguard Road, Larne, BT40 1AU
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Inspectors: James Laverty

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 85 persons.

3.0 Service details

<p>Organisation/Registered Provider: Larne Care Centre</p> <p>Responsible Individual: Colin Nimmon</p>	<p>Registered manager: Leslie Stephens</p>
<p>Person in charge of the home at the time of inspection: Upon arrival on day one of the inspection Staff Nurse Regina Afolabi was the nurse in charge. The registered manager then arrived in the building and greeted the inspector at approximately 07.30 hours. Mr Leslie Stephens was present throughout the second day of the inspection.</p>	<p>Date manager registered: 3 October 2014</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. LD – Learning disability. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.</p>	<p>Number of registered places: 85</p> <p>A maximum of 31 patients accommodated within category NH-DE and a maximum of 23 patients accommodated within category NH-LD/LD(E). A maximum of 3 residential places in categories RC-I, RC-PH and RC-PH(E).</p>

4.0 Inspection summary

Anunannounced inspection took place on 15 May 2018 from 06.15 to 13.30 hours and 16 May 2018 from 09.15 to 15.30 hours.

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

The inspection assessed progress with any areas for improvement identified during and since the last 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 managing the professional registration of staff, management of accidents and incidents and governance processes which focus on quality assurance and service delivery.

Areas for improvement under regulation were identified in relation to fire safety practices, the secure storage of medicines, adherence to the Control of Substances Hazardous to Health (COSHH) regulations and care delivery.

Areas for improvement under the standards were identified in relation to the interior environment of the home.

Patients appeared relaxed and content in their environment displaying confidence in the ability and willingness of staff to meet their care needs. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

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	5	1

Details of the Quality Improvement Plan (QIP) were discussed with Leslie Stephens, 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 18 January 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 18 January 2018. There were no further actions required to be taken following the most recent inspection. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

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

During the inspection the inspector met with eight patients, seven patients' relatives/representatives, six staff and two visiting professionals. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA directly.

A poster informing visitors to the home that an inspection was being conducted was also displayed.

The following records were examined during the inspection:

- staff duty rota for the period 16 to 29 April 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2017/18
- accident and incident records
- one staff recruitment and induction file
- minutes of staff and relatives' meetings
- six patients' care records
- a selection of governance audits
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 18 January 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 22 June 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
Area for improvement 1 Ref: Regulation 14 (2) (a)(c) Stated: First time	<p>The registered persons must ensure that chemicals are stored in keeping with COSHH regulations.</p> <hr/> <p>Action taken as confirmed during the inspection: Observation of the environment highlighted eight areas in which substances were not stored in keeping with COSHH regulations. This is discussed further in section 6.4.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	Not met
Area for improvement 2 Ref: Regulation 12, (1) (a) (b) (c) Stated: First time	<p>The registered persons must ensure that the care records for all patients requiring enteral feeding via a PEG tube accurately reflect the care being delivered in compliance with legislative requirements and best practice guidance.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of care records for one patient requiring enteral feeding confirmed that they accurately reflected the care being delivered in compliance with legislative requirements and best practice guidance.</p>	Met
Area for improvement 3 Ref: Regulation 16 (1) (2) (b) Stated: First time	<p>The registered persons must ensure that all patient care plans accurately reflect the prescribed care and treatment which should be delivered in compliance with recommendations made by the multidisciplinary care team, specifically those patients requiring enteral feeding via a PEG tube.</p>	Met

	<p>Action taken as confirmed during the inspection: Review of care records for one patient requiring enteral feeding and observation of the same patient confirmed that the care records accurately reflected recommendations made by the multidisciplinary care team, specifically those relating to enteral feeding.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 46 Stated: First time</p>	<p>The registered persons shall ensure that the infection prevention and control (IPC) issues identified during this inspection are managed to minimise the risk and spread of infection.</p>	Met
	<p>Action taken as confirmed during the inspection: Observation of the environment confirmed that the IPC deficits identified in the previous care inspection had been satisfactorily met. However, other weaknesses in regards to IPC were noted and are referenced further in section 6.4.</p>	
<p>Area for improvement 2 Ref: Standard 35; Standard 44. Stated: First time</p>	<p>The registered persons shall ensure that the home environment and patient equipment is well maintained and fit for purpose, specifically in relation to those areas identified on inspection.</p>	Met
	<p>Action taken as confirmed during the inspection: Observation of the environment confirmed that the environmental/equipment deficits identified in the previous care inspection had been satisfactorily addressed.</p>	
<p>Area for improvement 3 Ref: Standard 43 Stated: First time</p>	<p>The registered persons shall ensure that the nursing station within the Carnlough unit is locked when not in use to prevent patients accessing the area unaccompanied.</p>	Met
	<p>Action taken as confirmed during the inspection: Observation of the Carnlough unit nursing station confirmed that it was locked when not in use to prevent patients accessing the area unaccompanied.</p>	

Area for improvement 4 Ref: Standard 19 (4) Stated: First time	The registered persons shall ensure that all staff are aware of the need to attend a handover meeting at the commencement of their shift and that attending such meetings is embedded into practice throughout the home.	Met
	Action taken as confirmed during the inspection: Discussion with/observation of staff confirmed that they were aware of the need to attend a handover meeting at the commencement of their shift and that attending such meetings was embedded into practice throughout the home.	
Area for improvement 5 Ref: Standard 12 Stated: First time	The registered persons shall ensure that patients are assisted in a timely manner at all times with eating and drinking.	Met
	Action taken as confirmed during the inspection: Observation of the lunchtime meal confirmed that patients were assisted in a timely manner with eating and drinking.	
Area for improvement 6 Ref: Standard 35 Stated: First time	The registered persons shall ensure that all audit processes are managed effectively in order to ensure that the home delivers services effectively in accordance with legislative requirements, minimum standards and current best practice.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and a review of governance audits evidenced that audit processes which were in use were managed effectively.	

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 registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to a monthly review to ensure that the assessed needs of patients were met.

Discussion with the registered manager also confirmed that contingency measures were in place to manage short notice sick leave when necessary. The registered manager advised that from 30 April 2018 to 13 May 2018 there were two occasions when planned staffing levels were not fully adhered to due to staff sickness and that care delivery was not adversely affected on those dates. Discussion with patients/patients' relatives and staff during the inspection confirmed that they had no concerns regarding staffing levels.

Discussion with the registered manager and review of governance records confirmed that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. However, discussion with the registered manager/staff and review of appraisal/supervision records did not provide assurance that all staff had undergone appraisal/supervision in keeping with best practice standards. This was highlighted to the registered manager and it was stressed that governance processes must ensure that staff receive annual appraisal and bi-annual supervision. The registered manager agreed to review current governance processes in relation to this with immediate effect. This will be reviewed during a future care inspection.

Discussion with the registered manager indicated that training was planned to ensure that mandatory training requirements were met. Additional face to face training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Review of governance 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.

Discussion with the registered manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home. The registered manager and staff demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding.

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced 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). Records confirmed that the registered manager had reviewed the registration status of staff on a monthly basis.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms were personalised with photographs, pictures and personal items.

Fire exits and corridors were observed to be clear of clutter and obstruction. However, observation of the environment evidenced that there were six internal doors which had been wedged open inappropriately. This was discussed with the registered manager and it was agreed that fire training in relation to fire safety should be effectively embedded into practice. It was also agreed that further engagement with patients and or their relatives/representatives in regards to this may also be beneficial. An area for improvement under regulation was made.

Deficits with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted, namely: one headboard was found to be worn and in a state of disrepair, one lounge chair was inappropriately covered and shelving in one linen store was broken with linen consequently lying on the floor. These deficits consequently impacted the ability of staff to deliver care in compliance with IPC best practice standards and guidance. These shortfalls were discussed with the registered manager who ensured that the majority of these matters were satisfactorily addressed before completion of the inspection. It was agreed with the registered manager that appropriate actions would be taken promptly to address any remaining deficits and these will be reviewed during a future care inspection.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices. There was also evidence of consultation with patients' relatives/representatives where appropriate.

During a review of the environment it was noted that there were eight areas in which patients could potentially have had access to harmful chemicals/substances. This was discussed with the registered manager and it was stressed that the internal environment of the home must be managed to ensure that Control of Substances Harmful to Health (COSHH) regulations are adhered to at all times. The identified substances were secured by the registered manager before the conclusion of the inspection. An area for improvement under regulation was stated for a second time.

Observation of the environment identified two areas in which patients' medicines had not been stored securely. This was highlighted to the registered manager and the need to ensure that all medicines are stored securely at all times was emphasised. An area for improvement under regulation was made.

Further environmental deficits included: windows within one patient's bedroom observed to be in a state of disrepair and fencing/Perspex, which was previously used to provide a sheltered smoking area, also in disrepair. These weaknesses were highlighted to the registered manager and an area for improvement under the standards was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monitoring the professional registration of staff and staff training.

Areas for improvement

Areas for improvement under regulation were identified in relation to fire safety practices and the safe storage of medicines. A further area for improvement under regulation was stated for a second time in regards to COSHH compliance.

An area for improvement under the standards was highlighted with regards to the environment.

	Regulations	Standards
Total number of areas for improvement	2	1

6.5 Is care effective?

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

Upon arrival to the home during the first day of the inspection, it was observed that four patients were dressed and seated across two communal lounges within the Glenarm suite at 06.20 hours. Two of these patients conversed freely with the inspector and appeared to be comfortable and content within their environment. The remaining two patients were observed to be asleep with one patient remaining asleep until at least 07.35 hours within the same lounge while breakfast was being served. Although discussion with nursing/care staff indicated that this latter patient had been assisted out of bed due to restlessness and agitation within their bedroom, nursing records did not clearly evidence this. Also, the patient's care records did not contain a care plan specifically detailing their sleeping pattern including any preferences for rising/retiring times. It was further noted at the commencement of the inspection that five patients across the Glenarm and Ballygally suites were observed to be asleep in bed between 06.20 and 06.50 hours. However, it was also noted that their bedroom lights were switched on and their curtains opened. Two of the patients' bedrooms also had their television sets switched on. Discussion with the registered manager and nursing/care staff indicated that staff had carried out these actions due to patients being awake when staff had been attending to them. A review of care records for two of these patients contained no reference to the patients waking early. It was further noted that staff had switched off the bedroom light and closed the curtains of one of the identified patients by approximately 07.20 hours. These deficits were discussed with both the registered manager and Angela Dorrian, area manager. It was stressed that all staff practices must promote person centred care at all times. An area for improvement under regulation was made.

Discussion with staff and the registered manager evidenced that nursing/care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' conditions and that they were encouraged to contribute to the handover meeting.

Staff who were spoken with stated that if they had any concerns, they could raise these with their line manager and/or the registered manager. Staff spoke positively about working within the home.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. Staff spoke positively about the sense of teamwork and shared ethos of compassionate care which existed within the staff team.

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT). Care plans and risk assessments were also noted to be reviewed by nursing staff on a regular basis.

Weaknesses were noted in relation to the delivery of care to patients requiring pressure area care. Review of the care record for one patient who was assessed as being at high risk of developing pressure sores evidenced that no care plan was in place to direct staff as to how often the patient should be repositioned. It was also noted that while pressure relieving equipment was in use for the patient, this was not evidenced within any care plan. It was also found that nursing and care staff records reflecting the repositioning of the patient were inconsistent and contradictory. Furthermore, review of available repositioning records highlighted that the patient was not being repositioned in keeping with directions contained elsewhere within the electronic record. These shortfalls were highlighted to the registered manager and an area for improvement under regulation was made.

Review of the care record for one patient requiring a modified diet did confirm that a comprehensive and person centred care plan was in place. It was further noted that a 'handover sheet' which staff use on a daily basis to aid effective communication accurately described the patient's dietary needs. However, discussion with two care staff highlighted that their understanding of the patient's dietary needs was incorrect. Discussion with the kitchen manager further evidenced that kitchen staff had no copy of the patient's SALT recommendation report despite requesting this from nursing/care staff several months ago. However, kitchen staff were able to provide evidence of a daily sheet which staff complete that accurately described the patient's dietary needs. The need to ensure effective and accurate communication between all relevant staff throughout the home regarding the nutritional needs of patients was stressed to the registered manager. This will be reviewed during a future care inspection.

Review of the care record for one patient who was being treated for a healthcare associated infection (HCAI) highlighted that nursing staff had responded appropriately and promptly in relation to the patient's deteriorating condition. However, it was noted that the daily nursing entries lacked sufficient detail to provide a thorough history of collaboration with the multiprofessional team. The need to ensure that all nursing entries are both contemporaneous and comprehensive was emphasised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to multidisciplinary collaboration.

Areas for improvement

Two areas for improvement under regulation were identified in regards to care delivery.

	Regulations	Standards
Total number of areas for improvement	2	0

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.

All patients were positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the registered manager and staff

confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

Staff demonstrated an intimate 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 and confidentiality.

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

Discussion with staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Staff expressed confidence that if they raised a concern or query, they would be taken seriously and their concern would be addressed appropriately.

Feedback received from several patients during the inspection included the following comments:

"They're not bad..."

"It's nice."

"The girls are excellent."

Feedback received from patients' relatives/representatives during the inspection included the following comments:

"We can't complain about the home."

"Excellent ... I couldn't praise them enough ... good friendly people."

"It's very good here."

Feedback received from two visiting professionals during the inspection included the following comments:

"... good communication from staff."

"...no concerns."

In addition to speaking with patients, patients' relatives and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients' relatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report, no patient/patients' relative questionnaires have been returned within the specified timescales. Questionnaire comments received after specified timescales will be shared with the registered manager, as necessary.

Observation of the lunch time meal within the Ballygally suite evidenced that patients were given a choice in regards to the meals being served. The dining area being used appeared to be clean, tidy and appropriately spacious for patients and staff. It was noted that the dining room lights remained off throughout the serving of lunch and this was highlighted to the registered manager to ensure that patient comfort is promoted at all times by staff. Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. All patients appeared content and relaxed in their environment. Staff were overheard encouraging patients to eat and drink in a compassionate manner and offering alternative meals if necessary. Staff who were assisting patients with their meals also demonstrated a compassionate and person centred approach at all times.

It was observed within one dining area that patient's dietary needs were displayed in open view. This was discussed with the registered manager and it was agreed that such information would be stored more discreetly to ensure that patient confidentiality and dignity is maintained at all times.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communicating with patients and taking account of their views; awareness of and adherence to the dietary requirements and preferences of patients.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised.

The registered manager confirmed that there was a system in place to ensure that policies and procedures for the home were systematically reviewed on a three yearly basis.

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 evidenced that the home was operating within its registered categories of care.

The home's complaints procedure was clearly displayed and it was also confirmed with the registered manager that any expression of dissatisfaction should be recorded appropriately as a complaint.

Discussion with the registered manager and a 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.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Staff recruitment information was available for inspection and records for one staff member evidenced that all relevant checks including enhanced AccessNI checks were sought, received and reviewed prior to them commencing work in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005.

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 registered manager confirmed that the equality data collected was managed in line with best practice.

Discussion with the registered manager/staff confirmed that staff meetings were held and that minutes were maintained. The registered manager also stated that senior nursing staff chair regular meetings with staff within each suite as well. It was noted that a meeting with housekeeping staff has been scheduled for 30 May 2018 during which the registered manager intends to discuss compliance with COSHH regulations. Deficits in regards to COSHH compliance is discussed further in section 6.4.

A 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: clinical rooms, care records, catheter care and the use of restrictive practices.

Discussion with the registered manager and review of governance records confirmed that the home's annual quality report, as required by Regulation 17 of the Nursing Homes Regulations (Northern Ireland) 2005, had been completed in March 2018 and was available to patients/patients' representatives and staff.

Discussion with the registered manager and a review of records evidenced that an up to date fire risk assessment was in place.

The registered manager confirmed that there was an available legionella risk assessment which had been conducted within the last two years. The registered manager was reminded of the usefulness of periodically reviewing this no less than two yearly in keeping with best practice guidance.

The registered manager further confirmed that all hoists and slings within the home had been examined in adherence with the Lifting Operations and Lifting Equipment Regulations (LOLER) within the last six months.

Discussion with the registered manager evidenced that there was a process in place to ensure that urgent communications, safety alerts and notices were reviewed, and where relevant, made available to appropriate staff in a timely manner. Medical device and equipment alerts which are published by the Northern Ireland Adverse Incident Centre (NIAIC) were reviewed by the registered manager and shared with all grades of staff as appropriate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance processes which focus on quality assurance and service delivery.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Leslie Stephens, 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 Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a)(c)</p> <p>Stated: Second time</p> <p>To be completed by:With immediate effect</p>	<p>The registered person shall ensure that chemicals are stored in keeping with COSHH regulations.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Housekeepers meeting took place on 30th May and all COSHH issues discussed. Senior care assistants, nurses and housekeepers have been tasked with checking doors are locked throughout the day and ensuring nothing is stored under sinks. Notices have also been put up in the kitchen in each unit to remind all staff of this.</p>
<p>Area for improvement 2</p> <p>Ref:Regulation 27 (4) (b) (c) (d)</p> <p>Stated: First time</p> <p>To be completed by:With immediate effect</p>	<p>The registered person shall ensure that adequate precautions against the risk of fire are taken and that best practice guidance in relation to fire safety is embedded into practice.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Following a detailed audit, door closures were ordered and will be fitted where required in keeping with fire regulations.All doors that should be closed are, and all staff are reminded of this at handovers and checks are carried out throughout the day by NIC, nurses and registered manager.Housekeepers were also informed during meeting of same. Audits will be carried out on a regular basis to identify the need for additional door closures, and fitted as required.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all medicines are stored safely and securely within the home at all times.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Unfortunately on the day in question, the medication issue was due to an agency nurse on duty in Larne Care Centre. She was taken to task that same day. All Nurses in Larne Care Centre have all been spoken to,ensuring best practice is maintained and standard operating procedure guidelines are strictly followed at all times. Pharmacy training is scheduled for all nurses on July 20th and this will be reiterated further.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (2) (3)</p> <p>Stated: First time</p> <p>To be completed by:With immediate effect</p>	<p>The registered person shall ensure that all that all staff practices within the home are person centred, specifically, assisting patients into and out of bed in keeping with expressed preferences and/or assessed needs. All such interventions should be clearly and consistently evidenced within the nursing record.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: All care plans are audited and amended where required, they reflect sleeping records to include rising and retiring times. Home Manager completed an early morning unannounced visit at 6am on 22nd June to observe morning routines for the clients - no issues were found at this time. Staff have been spoken to, especially night staff who are dealing with early morning routines to ensure person centered care is provided at all times. The client careplans reflect the rising and retiring times, but sometimes clients may get up outside this routine. Staff on duty were spoken to during the unannounced early morning inspection on Friday 22nd June and again on Saturday 23rd June as another unannounced inspection was completed. Staff are spoken too ad hoc during shifts re the importance of person centered care at all times. Going forward there will be further unannounced audits within the home.</p>
<p>Area for improvement 5</p> <p>Ref:Regulation 13 (1) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by:With immediate effect</p>	<p>The registered person shall ensure the following in relation to the provision of pressure area care to patients:</p> <ul style="list-style-type: none"> • that care plan(s) are in place which prescribe the required pressure area care and refer, if appropriate, to the use of any pressure relieving equipment. The required settings/operating instructions for such equipment should also be available within the care record, as appropriate. • that all supplementary repositioning records are completed contemporaneously, comprehensively and accurately in keeping with legislative and best practice guidance. <p>Ref: Section: 6.5</p> <p>Response by registered person detailing the actions taken: Care plans are being amended to show any pressure relieving equipment in use, the required setting, manufacturer details if applicable and rationale for the use of equipment. All units have repositioning charts in clients bedrooms where required, this is also recorded on daily basis on the computersystem.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 44</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the premises are safe, well maintained and remain suitable for their stated purpose, specifically, those deficits highlighted during this inspection.</p> <p>Ref: Section 6.4</p>
<p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken:</p> <p>Most of the environmental issues were actioned during the inspection. Anything outstanding from the inspection has been actioned with the exception of the bedroom windows. The clients windows have been temporarily repaired as new windows and sashes are being specially made. These are scheduled for delivery and fitting at the end of June.</p>

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



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