



# Unannounced Care Inspection Report 19 July 2018



## Ambassador

**Type of Service: Nursing Home (NH)**  
**Address: 462-464 Antrim Road, Belfast, BT15 5GE**  
**Tel No: 02890771384**  
**Inspector: Michael Lavelle**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 48 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Amstecos Ltd  <b>Responsible Individual:</b> Emer Bevan	<b>Registered Manager:</b> Amelia Noach
<b>Person in charge at the time of inspection:</b> Amelia Noach	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. A – Past or present alcohol dependence. TI – Terminally ill.	<b>Number of registered places:</b> 48  A maximum of 2 patients in category NH-A

### 4.0 Inspection summary

An unannounced inspection took place on 19 July 2018 from 06.50 hours to 16.00 hours.

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

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

Evidence of good practice was found in relation to staffing, staff recruitment, induction, training, supervision and appraisal, the personalisation of patient bedrooms, communication between residents, staff and other key stakeholders, culture and ethos of the home, dignity and privacy, management of complaints and incidents and maintaining good working relationships.

Areas requiring improvement under regulation were identified in relation to post fall management, IPC practices, limiting access to medications and ensuring cleaning chemicals are prepared as per manufacturer's guidance.

Areas for improvement under the care standards were identified in relation to the use of keypads in the home, effective communication of nutritional needs, specifically modified diets, reposition charts, activities and audit activity.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	4	5

Details of the Quality Improvement Plan (QIP) were discussed with Amelia Noach, registered manager, and Emer Bevan, registered person, 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 8 November 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 8 November 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

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

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

During the inspection we met with six patients, eight staff, one visiting professional and five patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey and staff not on duty during the inspection.

A lay assessor, Ann Simpson, was present during the inspection and their comments are included within this report.

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

The following records were examined during the inspection:

- duty rota for all staff from weeks beginning 9 July 2018 and 16 July 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- four patient care records
- a selection patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 8 November 2017**

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

## 6.2 Review of areas for improvement from the last care inspection dated 26 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 43.4 <b>Stated:</b> First time	The registered person shall complete a risk assessment for all bedrooms, ensuites and bathrooms that have uncovered radiators.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the environment evidenced the above areas for improvement had been satisfactorily addressed. We discussed the need to ensure radiator covers are removed at least six monthly to be cleaned or more frequently if a new patient is admitted to the room. This area for improvement has been met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 26.2 <b>Stated:</b> First time	The registered person shall replace the rusty toilet roll holder and make good the discoloured seal around the sink the identified bedroom.  The discoloured/black areas in the ground and first floor shower rooms should be cleaned, and the reason why this occurred investigated.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the environment evidenced the above areas for improvement had been satisfactorily addressed. This area for improvement has been met.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 11 <b>Stated:</b> First time	The registered person shall develop and initiate a daily programme of meaningful activities for patients based on their identified needs, life experiences and interests.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of the activities programme evidenced a daily programme had been introduced by a recently recruited activities co-ordinator. This area for improvement has been met.	

## 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 regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from weeks beginning 9 July 2018 and 16 July 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Ambassador. We also sought the opinion of patients on staffing via questionnaires. Five patient questionnaires were returned. While overall patients indicated that they were very satisfied or satisfied with the care they received with one patient scoring care as neutral.

We also sought relatives' opinion on staffing via questionnaires. Four questionnaires were returned and all four relatives indicated that they were satisfied or very satisfied that staff had 'enough time to care'.

Details of comments made/received via questionnaires in relation to staffing were discussed with the registered manager prior to the issuing of this report.

Review of one staff recruitment file evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. 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.

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

We discussed the provision of mandatory training with staff and reviewed staff training records for 2018. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

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

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

We reviewed accidents/incidents records from March 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

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

Review of one care record and discussion with the manager and staff evidenced deficits in relation to the post fall management of patients. Review of one care record evidenced that on an occasion where the patient had an unwitnessed fall and sustained a head injury, neurological observations were not recorded at any time post fall. In addition, a post fall risk assessment was not completed within 24 hours and the care plan contained no reference to the fall. Review of a second unwitnessed fall for the same patient also confirmed no neurological observations were taken post fall; there was also no record of the fall in the daily progress notes. This was discussed with the manager who agreed to arrange formal supervision with trained staff in relation to the management of falls. An area for improvement under the regulations was made.

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

Concerns were identified in regards to the management of infection, prevention and control (IPC) as follows:

- inconsistent approach to effective use of personal protective equipment (PPE) and hand hygiene across all grades of staff
- no waste bins in ensuites
- clinical waste bags accumulated on the floor on an identified sluice
- faecal staining observed under an identified toilet roll holder
- perished paintwork above an identified hand basin
- rusted and chipped commode chair in identified bathroom – this should be replaced
- multiple bedside tables worn and chipped which were unable to be effectively decontaminated – these should be audited and replaced where required
- a sharps box with an open aperture unattended at a nurses station
- faecal staining observed on the back rest of an identified commode
- stained noted underneath two identified shower chairs

- chipped and worn armchair in an identified bedroom – this should be replaced
- inappropriate storage of patient toiletries in identified bathrooms
- inappropriate storage of patient equipment in ensuites, including rollators and a fan – these should be removed
- one identified bathroom without a toilet roll holder
- chipped bedroom furniture in an identified bedroom – this should be replaced
- a dusty fan observed in the food preparation area of the kitchen.

These shortfalls were discussed with the registered manager who provided us with assurances that these deficits would be addressed immediately. An area for improvement under regulation was made in order to drive improvement relating to IPC practices.

Observation of the environment raised concerns in regards to the management of risks to patients. For example, the treatment room door was observed to be unlocked with access to patient medication. In addition, two medication trollies were observed to be unlocked and unsupervised in the lounge where patients were sitting. Topical medications were also stored in an unlocked cupboard in a bathroom. This was discussed with the registered manager and an area for improvement under regulation was made. This matter was also referred to the pharmacist inspector for information purposes.

A strong chemical smell was noted in parts of the home where cleaning was ongoing. Discussion with staff evidenced that cleaning chemicals were not prepared as per manufacturer's guidance; this may cause respiratory irritation to patients and staff. In addition, one bottle used for cleaning was not appropriately labelled and the contents were unknown. Due to the potential risk to the health and welfare of patients and staff this was discussed with the registered manager and an area for improvement under the regulations was made.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. There was also evidence of consultation with relevant persons. However, we observed the use of keypads in the home which we considered to be restrictive practice. For example, a button could be pressed to gain entry to the home but a code was needed for the keypad to exit the home. In addition, no care plan was in place for a patient who lacked capacity and was nursed in an area of the home that had a keypad to the corridor door. This was discussed with the registered manager who agreed to review the used of keypads in the home. An area for improvement under the care standards was made.

Discussion with the cook and observation of the modified diet record evidenced that records were not reflective of patient's prescribed care. For example, review of two patients menu choice evidenced these were at variance to the modified diet list. It was concerning that the file held in the kitchen only had a copy of one patient's speech and language therapy (SALT) assessment. This was discussed with the cook and the registered manager who both agreed to revise the arrangements to ensure effective communication in relation to patients on modified diets. An area for improvement under the care standards was made.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the last care inspection confirmed that these were appropriately managed.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal and the personalisation of patient bedrooms.

## Areas for improvement

Four areas for improvement under regulation were highlighted in relation to post fall management, IPC practices, limiting access to medications and ensuring cleaning chemicals are prepared as per manufacturer's guidance.

Two areas for improvement under the care standards were identified in relation to the use of keypads in the home and effective communication of nutritional needs, specifically modified diets.

	Regulations	Standards
<b>Total number of areas for improvement</b>	4	2

### 6.5 Is care effective?

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

Review of four patient care records evidenced that most care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition, patients' weight, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Deficits were identified in wound management of one identified patient. Although the wound was being dressed in conjunction with other care interventions, there was no care plan in place to direct care for the specific wound. For example there was no dressing regime or wound evaluation record. This was discussed with registered manager who arranged for a care plan to be in place before the end of the inspection. This will be reviewed at a future care inspection.

Review of supplementary care charts fluid intake records evidenced that contemporaneous records were not consistently maintained. Although bowel records, daily care charts, food and fluid intake and bed rail checks were generally well completed, records evidenced gaps in reposition charts. For example, review of two repositioning records for patients who required three hourly repositioning, evidenced gaps of up to seven hours on two occasions and up to 15 hours on one occasion on each record. This was discussed with the regional manager and an area for improvement under the standards was made.

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

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

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

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

During review of the environment patient medication records were observed stored on the top of a medicine trolley. In addition, information pertaining to patient care was observed on notice boards on the first and second floors. This was discussed with the manager during feedback to ensure patient identifiable information is stored securely in the home. This will be reviewed at a future care inspection.

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

Discussion with staff confirmed that staff meetings were held frequently although minutes were not circulated to them if they were unable to attend. Discussion with the registered manager confirmed a staff meeting was planned for 24 July 2018. We reminded the registered manager that staff meetings should take place regularly, at a minimum quarterly. They agreed to plan the meetings for the next year and share these at the staff meeting. This will be reviewed at a future care inspection.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

There was information available to staff, patients, representatives in relation to advocacy services.

### **Areas of good practice**

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

### **Areas for improvement**

One area for improvement under the care standards was identified in relation to reposition charts.

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

## 6.6 Is care compassionate?

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

We arrived in the home at 06.50 hours and were greeted by staff who were helpful and attentive. During the morning patients were enjoying breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

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

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

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. However, it was noted that the activity programme did not reflect the week of the inspection. The programme of activities was not displayed in a suitable format within the home. In addition, there was no evidence of patient engagement to evaluate that the activities were enjoyable, appropriate and suitable for patients. This was discussed with the registered manager and activities co-ordinator who agreed to review current arrangements against Standard 11 of the Care Standards for Nursing Homes 2015 to ensure they are adhering to best practice guidance. An area for improvement under the care standards was made.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs and the provision of clocks. Most of the bathrooms and toilets in the home had no signage to orientate patients to them. This was discussed with the registered manager and registered person who agreed to review provision of signage. This will be reviewed at a future care inspection.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were displayed in the home. There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with six patients individually, and with others in smaller groups, confirmed that living in Ambassador was viewed as a positive experience. Some comments received included the following:

“I am very content. I like the staff. I have no complaints.”

“The food is a bit tasteless.”

“I am very happy with my care here. The staff are very good.”

“I can get up when I want to and there is a choice of food. I like to watch the activities but not participate.”

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

Ten relative questionnaires were provided; four were completed with the lay assessor during the inspection and a further one was received in time for inclusion in this report. All five indicated that they were very satisfied or satisfied with the care provided across the four domains with one respondent rating the effectiveness of care as neutral. Some of the comments received included,

“Of all the homes my friend has been in, this is the best. His privacy is respected, he has the ability to socialise, the staff are extremely friendly, his spiritual needs are catered for and there is a very good working relationship with the staff.”

“The staff are very good, kind and friendly. In the high dependency unit there is only one staff member in the day room to look after 18 patients, including toileting. I do not feel this is enough. That said, my relative gets excellent care.”

“I don’t think there is enough for the residents to do all day; they appear bored sometimes.”

“The care is excellent but I feel my relative goes to bed too early.”

“My relative is very well looked after and the staff are very caring and attentive to her needs.”

Staff were asked to complete an on line survey, we had no responses within the timescale specified. Eight staff members were consulted to determine their views on the quality of care in Ambassador; all eight commented positively on the care provided within the home. One visiting professional was spoken with during the inspection. They said,

“There is good communication from the staff and they are knowledgeable about their patients.”

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

### Areas of good practice

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

### Areas for improvement

One area for improvement under the standards was highlighted in regards to the activities.

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

## 6.7 Is the service well led?

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

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

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were not clearly recorded. In addition, the nurse in charge was not clearly indicated. This was discussed with the registered manager who agreed to make the appropriate amendments. This will be reviewed at a future care inspection. Discussion with staff/patients/representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

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

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, care records, medications and complaints. In addition no robust measures were also in place to provide the registered manager with an overview of the management of infections and wounds occurring in the home. Although audits were completed, deficits identified during inspection had not been identified within current auditing processes. This was discussed with the manager who agreed to review the audit process for care records, wounds, incidence of infection, hand hygiene and use of PPE to ensure that the analysis is robust, action plans are generated and that learning is disseminated. An area for improvement under the care standards was made.

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

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.

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

## Areas of good practice

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

## Areas for improvement

One area for improvement under the standards was highlighted in regards to audit activity.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Amelia Noach, registered manager, and Emer Bevan, registered person, as part of the inspection process. The timescales commence from the date of inspection.

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

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

### 7.1 Areas for improvement

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

### 7.2 Actions to be taken by the service

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

## Quality Improvement Plan

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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure records of clinical/neurological observation and actions taken post fall are appropriately recorded in the patient care records.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> The post falls protocol is implemented in Ambassador Nursing Home and this protocol has been reiterated to all Registered Nurses. The post falls protocol is clearly displayed in for all Registered Nurses to follow. In addition formal supervision sessions held with all Registered Nurses addressed post falls protocol and group discussions on this topic were also arranged.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.</p> <p>This area for improvement is made in reference to the issues highlighted in section 6.4.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Ambassador Nursing Home strives to ensure that residents, their families and all staff are not exposed to the acquisition of infections. To this end, all Nurses, Care Assistants and auxiliary staff are aware of the basic and universal precautions of infection control. Mandatory infection control training was carried out in February 2018 and regular spot checks, audits and group discussions are ongoing. The inspector's findings have been clearly communicated to all staff. In response to this the following has been implemented;</p> <ul style="list-style-type: none"> <li>*Two RGN's have been appointed as Infection Control Link Nurses.</li> <li>*Staff are monitored over weekdays and at weekends when a different team of Domestic staff are working.</li> <li>*Additional staff have been allocated to assist with toileting residents in High Dependency Lounge.</li> <li>*The shower list has been amended so that staff are not under undue pressure and can focus better on adherence to infection control procedures.</li> </ul>

	<p>*Residents requesting the use of toilet frequently have been placed on toileting regimes.</p> <p>*Staff have been advised to seek support if they feel under pressure from families/visitors during very busy times.</p> <p>*New pedal bins had been ordered at the time of the inspection following a recent audit but had not been delivered on 19th July 2018. They are now in situ.</p> <p>*As discussed with the Inspector the trolley for the removal of clinical waste had been damaged the previous day. A new trolley was delivered on 23rd July 2018.</p> <p>* All other maintenance items have been attended to.</p> <p>Staff have been reminded of the importance of acting in a way that is safe and effective. Management always ensures sufficient supplies of PPE and staff have been reminded to utilise this appropriately. Staff also advised to assist each other to ensure appropriate hand hygiene and PPE best practice is adhered to.</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Regulation 13 (4) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure any medicine which is kept in the nursing home is stored in a secure place.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The Treatment room which has lockable cupboards installed is available for the storage of medicine and associated equipment. A new keypad system was installed on the Treatment room door on 06/08/2018 so that Treatment Room is not reliant on Nurses to lock the door during busy medication rounds.</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible eliminated.</p> <p>This area for improvement is made with specific reference to the dilution of cleaning products as per manufacturer's guidance.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Ambassador is home to some patients suffering from mild to moderate dementia, generally due to old age and have been assessed as requiring general nursing care. Some of these patients who are mobile would be vulnerable of exiting the building unaccompanied were it not for the current system in place.</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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall review the use of keypad locks within the home in conjunction with guidance from the Department of Health on Human Rights and the Deprivation of Liberty (DoLs); and the home's registration categories.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The current keypad system has been reviewed and the code is now displayed along side the keypad so that visitors and patients can input the code as necessary.</p> <p>This system will continue to be kept under review in conjunction with guidance from the Department of Health on Human Rights whilst giving due consideration to the Home's registration and individual patient needs.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure patients' nutritional needs are effectively communicated between nursing staff and the kitchen.</p> <p>This area for improvement is made with specific reference to patient's requiring modified diets.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>A new Patient Nutrition Register has been compiled and implemented to allow for easy access for Care Staff and Kitchen Staff. This register incorporates modified diets as assessed by SALT. The Register contains patient's name, type of diet, fluids and comments. The register is updated weekly and circulated throughout each department within the Home. Circular HSC (SQSD) 05/07/18 also shared with all staff.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that supplementary care records, specifically, repositioning charts, are completed in an accurate, comprehensive and contemporaneous manner.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The importance of maintaining accurate care records has previously been highlighted to all staff. Staff have been advised that if a task has not been recorded, it is assumed to be not completed. Time slots for repositioning had been identified and shared with Day and Night staff in order to streamline the recording process. The names of staff responsible for carrying out and recording tasks is identified on the Home's allocation sheet.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 September 2018</p>	<p>The registered person shall ensure the programme of activities reflects the preferences and choices of the patients and is evaluated regularly. This shall be displayed in a suitable format and a record kept of all activities that take place, with the names of the person leading them and the patients who participate.</p> <p>Ref: 6.6</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Ambassador Nursing Home employs an Activities Co-ordinator who designs a plan of activities reflecting the preferences and choices of patients. The Activities Co-ordinator consults weekly with the residents who wish to take part in the Activities Programme to ensure the types of Activities on offer are meeting their preferences. The Activities Co-ordinator will continue to consult in this manner but will document all consultations going forward. The Activities File also contains a list of all activities that take place and the names of the patients who participate. The Activities Co-ordinator continually revises the Activities Programme within the Home and this is displayed on the Activities Board which all patients will pass by daily.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 September 2018</p>	<p>The registered person shall ensure monthly audits should be completed in accordance with best practice guidance. Any shortfalls identified should generate an action plan to ensure learning is disseminated and the necessary improvements can be embedded into practice.</p> <p>This area for improvement is made with specific reference to auditing of care records, wounds, incidence of infection, hand hygiene and use of PPE.</p> <p>Ref: 6.7</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Training has been carried out on auditing Care plans using the Goldcrest system and the audits on this will be carried out monthly. Manual audits on wounds, Infection Control, Hand hygiene and PPE continue to be carried out.</p>

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



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