



Unannounced Care Inspection Report 18 October 2018



Bangor Care Home

Type of Service: Nursing Home (NH)
Address: 27a Manor Avenue, Bangor, BT20 3NG
Tel No: 028 9127 3342
Inspector: James Lavery

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 for up to 94 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual: Claire Royston	Registered Manager: Mauro J Magbitang Jr
Person in charge at the time of inspection: Julieann Hugill, deputy manager	Date manager registered: 22 June 2017
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. LD – Learning disability. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of registered places: 94 comprising: 30 - NH-I, NH-PH, NH-PH(E), NH-TI (in the Stewart Suite) 30 - NH-DE (in the McKeown Suite) 17 - NH-LD, NH-LD(E) (in the Brownlee Suite) 17 - NH-LD, NH-LD(E) (in the Bloomfield Suite)

4.0 Inspection summary

An unannounced inspection took place on 18 October 2018 from 09.00 to 18.15 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 the supervision and appraisal of staff, the management of restrictive practices and the provision of urinary catheter care. Further areas of good practice were also noted in regards to collaboration with the multiprofessional team, the management of complaints and staff meetings.

Four areas for improvement under regulation were identified in relation to the internal environment; infection, prevention and control (IPC) practices; managing the socialisation of patients and data protection. A further area for improvement under regulation was stated for a second time in regards to the delivery of wound care.

Three areas for improvement under the standards were identified in relation to care records, the management of planned activities and effective access to the nurse call system. Two further areas for improvement under the standards were stated for a second time in regards to the internal environment and adult safeguarding.

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
Total number of areas for improvement	*5	*5

*The total number of areas for improvement includes one regulation and two standards which have each been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Julieann Hugill, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 16 & 17 April 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 16 & 17 April 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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
- pre-inspection audit

RQIA involves service users and members of the public as volunteer lay assessors. A lay assessor is a member of the public who will bring their own experience, fresh insight and a

public focus to our inspections. A lay assessor was present during this inspection and their comments are included within this report.

During the inspection, the inspector and lay assessor met with patients both individually and in small groups. We also met with eight members of staff. No patients' relatives were available during the inspection. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. 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 displayed.

The following records were examined during the inspection:

- 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 2018/19
- incident and accident records
- four patients' care records
- one patients' supplementary urinary catheter care records
- the matrix for staff supervision and appraisal
- a selection of governance audits relating to infection control, the use of restrictive practice and wound care
- adult safeguarding records and 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 deputy 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 16 & 17 April 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 16 & 17 April 2018

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	The registered person shall ensure that chemicals are stored in keeping with COSHH regulations.	Met
	Action taken as confirmed during the inspection: Observation of the environment and staff practices confirmed that all chemicals were stored in keeping with COSHH regulations.	
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that all medicines are stored safely and securely within the home at all times.	Met
	Action taken as confirmed during the inspection: Observation of the environment and staff practices confirmed that all medicines were stored safely and securely within the home at all times.	
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.	Met
	Action taken as confirmed during the inspection: Observation of the environment confirmed that the infection prevention and control issues identified during the previous care inspection had been satisfactorily addressed. Further infection control issues identified during this inspection are discussed further in section 6.4.	
Area for improvement 4 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered person shall ensure that all patients within the home are provided with appropriate nursing care in such a manner as to ensure that emergency treatment is available in a timely manner and without unnecessary delay.	Met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with nursing and care staff confirmed that an identified patient within the home was provided with appropriate nursing care which ensured that emergency treatment was available in a	

	timely manner and without unnecessary delay. This relates specifically to one patient who was identified during the previous care inspection.	
Area for improvement 5 Ref: Regulation 15 (2) (a)(b) Stated: First time	<p>The registered person shall ensure that all patients' risk assessments are completed and reviewed in an accurate, comprehensive and timely manner.</p> <p>Action taken as confirmed during the inspection: Review of patients' risk assessments evidenced that they had been completed and reviewed in an accurate, comprehensive and timely manner.</p>	Met
Area for improvement 6 Ref: Regulation 13 (1) (a)(b) Stated: First time	<p>The registered person shall ensure the following in relation to the provision of wound care for all patients:</p> <ul style="list-style-type: none"> • that care plans are in place which accurately describe the assessed needs of patients • that nursing staff shall record all wound care interventions in an accurate, thorough and consistent manner in compliance with legislative and best practice standards <p>Action taken as confirmed during the inspection: Observation of one patient and review of care records for two patients requiring ongoing wound care highlighted several deficits. These findings are discussed further in section 6.5.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	Not met

<p>Area for improvement 7</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following in relation to the provision of catheter care to patients:</p> <ul style="list-style-type: none"> • that care plans are in place which prescribe the required catheter care and refer, if appropriate, to any relevant multiprofessional recommendations which should also be available within the patient's care record • that nursing staff shall record all catheter care interventions in an accurate, thorough and consistent manner in compliance with legislative and best practice standards <p>Action taken as confirmed during the inspection: Observation of one patient who required ongoing urinary catheter care, and review of their care records, evidenced that this area for improvement was satisfactorily met.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that all meals are appropriately covered by staff when being brought from the dining room to patient bedrooms.</p> <p>Action taken as confirmed during the inspection: Observation of the lunch time meal in one unit confirmed that all meals were appropriately covered by staff when being brought from the dining room to patients' bedrooms.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 44</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all bedrooms within the home are safe, well maintained and remain suitable for their stated purpose. This also includes patient bedrooms not being used inappropriately as storage areas. This area for improvement relates specifically to the Brownlee suite.</p> <p>Action taken as confirmed during the inspection: Review of one bedroom within the Brownlee suite highlighted several deficits which are discussed in section 6.4. It was noted however, that bedrooms within the identified suite were not being used inappropriately as storage areas.</p>	<p>Partially met</p>

	This area for improvement has been partially met and is stated for a second time.	
Area for improvement 3 Ref: Standard 39 Stated: First time	<p>The registered person shall ensure that appropriate governance arrangements are in place to ensure that all staff attend adult safeguarding training and have sufficient awareness of the home's adult safeguarding policy to help ensure that it is embedded into practice.</p>	Partially met
	<p>Action taken as confirmed during the inspection: While review of governance records evidenced that effective measures were in place to ensure that all staff attend adult safeguarding training, discussion with staff highlighted deficits in their understanding of and adherence to adult safeguarding best practice standards. These shortfalls are referenced within sections 6.4 and 6.5 of this report.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	
Area for improvement 4 Ref: Standard 35 Stated: First time	<p>The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice, specifically, restrictive practice audits.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of available governance records evidenced that a robust system of audits was in place and had been maintained to promote and make proper provision for the nursing, health and welfare of patients. Specific review of a restrictive practice audit provided further assurance that it had been completed in accordance with legislative requirements, minimum standards and current best practice.</p>	

6.3 Inspection findings

6.4 Is care safe?

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

The deputy 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 deputy manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. The deputy manager confirmed that three units were fully staffed on the day of inspection with the exception of one unit which had one less carer on duty throughout the morning due to sickness. Staffing within this identified unit is considered further in section 6.5.

Following the inspection, the registered manager advised that from 1 to 14 October 2018 there were three occasions when planned staffing levels were not fully adhered to due to staff sickness. While discussions with patients provided assurances that they had no concerns regarding staffing levels, some staff who were spoken with did raise concerns in regards to staffing levels. Some staff comments included the following:

“We’re getting the work done but having to rush through it all ... we’ve no time.”

All staff comments received in relation to staffing levels were shared with the deputy manager for further consideration and action, as appropriate.

Discussion with the deputy manager and review of governance records evidenced that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through a process of both bi-annual supervision and annual appraisal. Governance records confirmed that nursing staff received additional supervision which focused on wound care, following the previous care inspection. However, deficits relating to wound care are discussed in section 6.5.

Staff comments were mostly positive in relation to working within the home, including the following:

“We feel well supported by the manager and the nurses.”

“It gives me a lot of satisfaction working here.”

Discussion with the deputy 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 deputy manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The deputy manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home. However, discussion with staff highlighted an inconsistent awareness of their adult safeguarding responsibilities. In addition, observation of one patient and discussion with staff within one unit highlighted a potential safeguarding concern which the inspector requested be referred immediately to the relevant health and social care trust adult safeguarding team. Staff working within the identified unit also demonstrated a lack of awareness in regards to the potential safeguarding issue identified by the inspector. An area for improvement was stated for a second time.

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 deputy 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. No patients who were spoken with throughout the inspection expressed any concerns regarding the environment of the home. However, some deficits were noted within one identified patient's bedroom, namely: one wall mounted radiator which was in poor repair and wall mounted lighting which was not working. An area under the standards was stated for a second time.

Deficits with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted, namely: the nasal cannula being used by one patient who was receiving oxygen therapy was stained and ineffectively cleaned by nursing staff. Discussion with the deputy manager further highlighted that there was no process in place to ensure that the cleanliness of such equipment was effectively maintained and monitored by staff. In addition, several items were observed to be lying inappropriately on the floor of one communal bathroom. These deficits consequently impacted the ability of staff to deliver care in compliance with IPC best practice standards and guidance. The deputy manager agreed to address these shortfalls immediately. An area for improvement under regulation was made.

Discussion with kitchen staff highlighted that some catering equipment was faulty, and this was highlighted to the deputy manager. Before the inspection concluded, the deputy manager confirmed that a requisition had been made during the inspection, to ensure that any required maintenance work was carried out on the equipment. Kitchen staff confirmed that the faulty equipment did not negatively impact the provision of meals to patients.

Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of staff on the day of inspection also evidenced that they adhered to safe fire practices and that fire training was consistently embedded into practice. However, observation of one fire exit within a staff area was left open and unsupervised. This open doorway allowed for potentially unrestricted access to several units throughout the home and therefore posed a risk to patients. This was highlighted to the deputy manager who agreed to ensure that all external exits were secured appropriately and immediately. An area for improvement under regulation was made.

Observation of one enclosed and exterior garden highlighted an area of paving which posed a trip hazard for patients. Observation of a second enclosed and exterior garden also evidenced several unused paving slabs which posed a risk to patients. These shortfalls were highlighted to the deputy manager who agreed to ensure that maintenance staff addressed the deficits immediately.

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 patients' relatives/representatives, as appropriate. Comprehensive and person centred care plans were in place for the management of restrictive practices.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the supervision and appraisal of staff and the management of restrictive practices.

Areas for improvement

Two areas for improvement under regulation were made in regards to the internal environment and infection, prevention and control practices.

Two areas under the standards were stated for a second time in relation to a patient's bedroom and adult safeguarding.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care effective?

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

Discussion with staff and the deputy 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 that if they had any concerns, they could raise these with their line manager and/or the registered manager.

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

A review of supplementary urinary catheter care charts evidenced that these records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff also demonstrated an awareness of the importance of contemporaneous record keeping. However, admission information for one patient was reviewed which highlighted that several pieces of information were absent. An area for improvement under the standards was made.

Review of care records evidenced multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN), dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found.

The provision of wound care was considered. Review of the care records for two patients who required ongoing wound care evidenced that supplementary wound care records were either absent, inconsistently used, or not removed from the patient's file when necessary. It was also noted that wound care planning for both patients was not in keeping with regulatory expectations or best practice guidance. Observation of one of these patients and discussion with nursing/care staff evidenced that wound care for the patient during the morning of the inspection had not been carried out as required. Nursing staff who were spoken with concerning this matter stated that this had arisen due to inadequate staffing within the unit on the day of the inspection (see section 6.4 for details) resulting in them having insufficient time to provide wound care in a timely manner. This was brought to the immediate attention of both the deputy manager and Elaine McShane, Resident Experience Support Manager. The inspector requested that the patient's required wound care be carried out immediately and that a referral be made to the relevant health and social care trust's adult safeguarding team, as appropriate. The deputy manager confirmed before conclusion of the inspection that both actions had been carried out. Following the inspection, the registered manager and Resident Experience Support Manager confirmed that the safeguarding investigation remains ongoing and agreed to keep RQIA updated accordingly. In addition, the inspector requested that the home conduct an audit of all patients within the home requiring wound care, and the findings shared with RQIA accordingly. This information was submitted to RQIA following the inspection and found to be satisfactory.

Observation of one patient who was resting in bed during the inspection highlighted that the patient's bedroom curtains had been left open, which resulting in sunlight entering the room and causing the patient to lie in an uncomfortable position in an attempt to enjoy some shade. This was brought to the attention of the deputy manager and the need for staff to remain vigilant at all times in relation to patient comfort was stressed. It was further observed that another patient who was resting in bed during the inspection was unable to reach her nurse call lead which had been left out of reach. The need to ensure that all patients have effective access to the nurse call system at all times was stressed and an area for improvement under the standards was made. The identified patient was later observed being provided with her nurse call lead by staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of urinary catheter care and collaboration with the multiprofessional team.

Areas for improvement

One area for improvement under regulation was stated for a second time in regards to the provision of wound care.

Two areas for improvement under the standards were highlighted in relation to admission care records and access to the nurse call system.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

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

Staff interactions with patients were observed to be compassionate and caring. 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 deputy manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

Discussion with, and observation of staff provided assurance that staff promoted a culture and ethos of care delivery which promoted a person centred and compassionate approach.

Observation of the environment highlighted a number of notice boards which are used for outlining planned activities within the home. However, two of these notice boards were noted to contain no information. Feedback received by the lay assessor from one patient also indicated that while they were satisfied with planned entertainment when it was provided, they described the entertainment as happening "only the odd time." The provision of planned activities which promote social interaction and stimulation for patients was discussed with the deputy manager who informed the inspector that there is typically a personal activity leader (PAL) within each unit to manage this aspect of care. However, it was confirmed that there is currently no PAL provision within one of the units and no interim managerial arrangements in place to address this temporary deficit. An area for improvement under the standards was made.

In addition, observation of one identified patient and discussion with staff responsible for providing care to that patient on the day of the inspection highlighted the lack of any structured activities which would ensure that the patient's emotional and social care needs are effectively met and kept under review. Nursing staff highlighted that the current arrangements for the provision of this patient's ongoing care delivery was, on occasion, negatively impacting the ability of staff to deliver care within an adjacent unit. Nursing staff also expressed concerns that the patient's current environment, where the patient spends the majority of their day, lacked adequate stimulation. An area for improvement under regulation was made. It was stressed to the deputy manager that current care provision for the identified patient should be reviewed with the commissioning health and social care trust as matter of priority and that RQIA be kept informed of the situation. RQIA have been advised that the registered manager and other senior managers within Four Seasons Healthcare are involved in ongoing discussions with the South Eastern Health and Social Care Trust, as the commissioning trust, in relation to the identified patient's ongoing placement.

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

At the time of writing this report, four patient questionnaires and six patients’ relative questionnaires have been returned within the specified timescales. All respondents indicated that they were “very satisfied” with the provision of safe, effective, compassionate and well led care.

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.

Discussion with patients and staff evidenced that arrangements were in place to meet patients’ religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

There were systems in place to obtain the views of patients and their representatives in relation to the delivery of care and the management of the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to effective and compassionate communication with patients by staff.

Areas for improvement

One area for improvement under regulation was made in regards to management of the social and emotional care needs of one identified patient.

One area for improvement under the standards was highlighted in relation to the management of planned activities within the home.

	Regulations	Standards
Total number of areas for improvement	1	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.

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

The deputy 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. Discussion with the deputy manager evidenced that the home was operating within its registered categories of care.

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. It was also confirmed with the deputy manager that any expression of dissatisfaction should be recorded appropriately as a complaint. Patients who were spoken with were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

Discussion with the deputy 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. While it was noted that the provision of wound care was reviewed during monthly monitoring visits, it was agreed with the deputy manager, in view of the highlighted wound care deficits (see section 6.5 for details) that all nursing staff would undergo a further period of formal supervision which would focus on best practice standards relating to wound care. This will be reviewed during a future care inspection.

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

Discussion with the deputy manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available.

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 infection, prevention and control, wound care and restrictive practices. It was noted that the wound care deficits highlighted during this inspection related to tissue viability changes which occurred after the date of the most recent wound care audit. Quality of life (QOL) audits were also completed daily by the registered manager in order to monitor patient satisfaction with nursing care and to help quality assure service delivery.

Observation of the environment did highlight one area in which confidential patient information was on display within a communal dining area and not stored in compliance with data protection regulations. An area for improvement under regulation was made. The deputy manager agreed to ensure that the identified patient information was secured appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of complaints and staff meetings.

Areas for improvement

One area for improvement under regulation was identified in regards to the storage of patient information.

	Regulations	Standards
Total number of areas for improvement	1	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 Julieann Hugill, deputy 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 13 (1) (a)(b)</p> <p>Stated: Second time</p> <p>To be completed by: 15 May 2018</p>	<p>The registered person shall ensure the following in relation to the provision of wound care for all patients:</p> <ul style="list-style-type: none"> • that care plans are in place which accurately describe the assessed needs of patients • that nursing staff shall record all wound care interventions in an accurate, thorough and consistent manner in compliance with legislative and best practice standards <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: A full audit has been carried out in relation to wound care documentation. It can be confirmed that all wound care documentation is in place, that care plans accurately describe the assessed needs of residents and that wound care interventions are carried out and recorded in a consistent and timely manner as per care plan.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The cleaning schedule for medical equipment has been reviewed to include nasal cannulae. An individual form has been devised so that a cleaning schedule is available for each person who uses either oxygen masks or cannula. A Daily walkabout audit is carried out each day - staff completing this have been advised to observe bathrooms and toilets and comment on compliance with infection control.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all external doorways which allow for direct/indirect access and egress from any areas occupied by patients are effectively and appropriately managed so as to promote patient safety and privacy at all times.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: It has been re-iterated during fire drill training to staff about the importance of keeping fire doors closed. A keypad system is being installed.</p>

<p>Area for improvement 4</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 that robust and person centred arrangements are provided and reviewed for the social stimulation and interaction of patients at all times. Such arrangements should be effectively communicated between staff and managed in such a manner which does not negatively impact on care delivery within the home. This relates specifically to the patient identified during this inspection.</p> <p>Ref: 6.6</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 19 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: The identified resident has had this area of his care reviewed - a new plan of care has been devised which describes this residents social care needs. A one to one member of staff along with the activity therapist provides stimulation and structured activities that will help to ensure that this resident's emotional and social care needs are met.</p> <p>The registered person shall ensure that confidential patient information is stored securely at all times in compliance with legislative expectations and best practice guidance.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Residents confidential information has been removed from the dining room as identified and is now held within a specific folder.</p>
<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>	
<p>Area for improvement 2</p> <p>Ref: Standard 44</p> <p>Stated: Second time</p> <p>To be completed by: 15 May 2018</p>	<p>The registered person shall ensure that all bedrooms within the home are safe, well maintained and remain suitable for their stated purpose. This also includes patient bedrooms not being used inappropriately as storage areas. This area for improvement relates specifically to the Brownlee suite.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The Brownlee suite is due to be re-configured once the current resident has been re-allocated to another facility.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 39</p> <p>Stated: Second time</p> <p>To be completed by: 15 May 2018</p>	<p>The registered person shall ensure that appropriate governance arrangements are in place to ensure that all staff attend adult safeguarding training and have sufficient awareness of the home's adult safeguarding policy to help ensure that it is embedded into practice.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: An Adult Safeguarding Folder has been devised and is available in each unit. The Procedure for referral is displayed in each nurses station. Staff complete e-learning Safeguarding Training - current stats is 90%. Face to face training has been arranged for January 2019 for all staff. Spot checks are carried out by the Deputy Manager/Home Manager/Regional Manager and Resident Experience Team staff in relation to staff knowledge and awareness.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all patients have effective access to the nurse call system as required.</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: All residents have a call bell in place except if assessed as being at risk. Staff have been advised to ensure that the call bell is left within the resident's reach at all times.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that patient admission information is obtained and recorded in a comprehensive manner and available within patients' care records.</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Staff have been advised to ensure that all admission information is obtained and recorded in a comprehensive manner and be available within the residents care records. This is being monitored by the Home Manager using an Admission TRaCA.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 15 November 2018</p>	<p>The registered person shall ensure that robust governance arrangements are in place which ensure the provision of a programme of events and activities throughout the home. This programme should aim to provide positive and meaningful outcomes for patients and be displayed in a suitable format within appropriate locations.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: An advertisement is currently live to recruit another Personal Activity Therapist. In the interim period the other two Personal Activity Therapists have been advised to review the planned activities to ensure that all units in the home have planned activities which promote social interaction and stimulation. Also advised to keep the notice boards current and up to date.</p>

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



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