

# Unannounced Care Inspection Report 27 and 28 October 2016



## Bangor Care Home

**Type of Service: Nursing Home**  
**Address: 27a Manor Avenue, Bangor, BT20 3NG**  
**Tel no: 028 9127 3342**  
**Inspector: Dermot Walsh**

[www.rqia.org.uk](http://www.rqia.org.uk)

## 1.0 Summary

An unannounced inspection of Bangor Care Home took place on 27 October 2016 from 09.45 to 17.50 hours and on 28 October 2016 from 09.45 to 16.30 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

Relevant checks were conducted within the recruitment process prior to a staff member commencing in post. RQIA were suitably informed of notifications under Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. A safe system for monitoring compliance with mandatory training was in place. Compliance with best practice in infection prevention and control was well maintained. One requirement was made regarding post falls management.

### **Is care effective?**

Staff were aware of the local arrangements for referral to health professionals. Patients and staff demonstrated confidence and awareness in raising any potential concerns to the relevant people. Staff meetings were held regularly, although, a recommendation was made to ensure minutes of the meetings were made available to staff in a timely manner. Three further recommendations were made regarding consent for restrictive practice, the checking of patients' skin and patient and/or patient representative involvement in the care planning process.

### **Is care compassionate?**

There was evidence of good communication in the home between staff and patients. Patients and their representatives were very praiseworthy of staff and a number of their comments are included in the report. Those 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.

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

Many compliments had been received by the home in relation to the care and compassion provided to patients/relatives and some of these comments are contained within this report. Appropriate certificates of registration and public liability insurance were on display. Monthly monitoring visits were conducted consistently and reports were available for review.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	7*

\*The total number of recommendations made includes three recommendations which have each been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Tiago Moreira, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

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

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 18 April 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

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

## 2.0 Service details

<b>Registered organisation/registered person:</b> Dr Maureen Claire Royston Four Seasons Health Care	<b>Registered manager:</b> Tiago Moreira
<b>Person in charge of the home at the time of inspection:</b> Tiago Moreira	<b>Date manager registered:</b> 15 June 2016
<b>Categories of care:</b> NH-I, NH-PH, NH-PH(E), NH-DE, NH-TI, NH-LD, NH-LD(E)  30 patients in categories NH-I, NH-PH, NH-PH(E), NH-TI to be accommodated in the Stewart Suite. 30 patients in category NH-DE to be accommodated in the McKeown Suite. 17 patients in categories NH-LD, NH-LD(E) to be accommodated in the Brownlee Suite. 17 patients in categories NH-LD, NH-LD(E) to be accommodated in the Bloomfield Suite.	<b>Number of registered places:</b> 94

### 3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and the returned QIP
- pre inspection assessment audit

During the inspection we met with 17 patients individually and others in small groups, six patient representatives, seven care staff, five registered nurses and three ancillary staff members.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

Questionnaires were also left in the home to facilitate feedback from patients, their representatives and staff not on duty. Nine patient, nine staff and seven patient representative questionnaires were left for completion.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- five patient care records
- staff training records
- staff induction template
- complaints records
- incidents / accidents records since the last care inspection
- minutes of staff meetings
- a selection of audit documentation
- a staff recruitment file
- competency and capability assessments for nurse in charge
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- duty rota for the period 24 October to 30 October 2016

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 18 April 2016

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

#### 4.2 Review of requirements and recommendations from the last care inspection dated 6 July 2015

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 44 Criteria (1) <b>Stated:</b> First time	It is recommended that the registered manager ensures the following: <ul style="list-style-type: none"> <li>no items are stored on the floor of the linen room</li> <li>patient's chairs are not stored in the communal bathroom</li> <li>all signage in patient living areas must be laminated</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the environment confirmed this recommendation was met.	

#### Bangor – Brownlee Suite (1053)

No Requirements or Recommendations were made from the last care inspection (IN021762) of Bangor – Brownlee Suite on 7 July 2015

#### Bangor – McKeown Suite (1054)

Review of Requirements and Recommendations from the last care inspection (IN021760) of Bangor – McKeown Suite on 5 January 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 20 (3) <b>Stated:</b> First time	The registered manager must ensure any registered nurse left in charge of any nursing unit must have a competency and capability assessment of nurse in charge completed prior to commencing their shift as nurse in charge.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of competency and capability assessments evidenced this requirement has been met.	

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 4 Criteria (8)  <b>Stated:</b> First time	Further guidelines on continence management should be sourced and made available to staff to be used on a daily basis such as: <ul style="list-style-type: none"> <li>• British Geriatrics Society Continence Care in Residential and Nursing Homes</li> <li>• NICE guidelines on the management of urinary incontinence</li> <li>• NICE guidelines on the management of faecal incontinence</li> <li>• RCN catheter care</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Further guidelines on continence management were available for review.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 4 Criteria (1) (7)  <b>Stated:</b> First time	It is recommended that patients' continence assessments and care plans are fully completed to include the specific continence products required by the patient.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> Two of five continence assessments and care plans had not been fully completed to include specific continence products required by the patient.  This recommendation has not been met and will be stated for the second time.	
<b>Recommendation 3</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> First time	The registered person should ensure that Braden risk assessments are reviewed monthly and documented within the patients' care records.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Two Braden risk assessments reviewed had been updated appropriately.	

<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 4 Criteria (9)</p> <p><b>Stated:</b> First time</p>	<p>The registered person should ensure that charts relating to the management of bowels are recorded accurately and consistently throughout the home and transcribed into the individual patients' care record.</p> <p>Any action taken to address concerns regarding the normal bowel pattern should be identified within the patients' daily evaluation record.</p> <p><b>Action taken as confirmed during the inspection:</b> Bowel management records had been recorded well. However, these records had not been transcribed into individual patient care records.</p> <p>This recommendation has not been fully met and will be stated for the second time.</p>	<p><b>Partially Met</b></p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 46 Criteria (1) (2)</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home.</p> <p>Particular attention should focus on the areas identified on inspection.</p> <p><b>Action taken as confirmed during the inspection:</b> Systems were evidenced ensuring best practice with infection prevention and control.</p>	<p><b>Met</b></p>
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 28 Criteria (1) (5) (13)</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that topical preparations used in the home are disposed of as instructed in manufacturer and best practice guidelines.</p> <p><b>Action taken as confirmed during the inspection:</b> All topical preparations reviewed in use were in accordance with manufacturer and best practice guidelines.</p>	<p><b>Met</b></p>

<b>Recommendation 7</b>  <b>Ref:</b> Standard 12 Criteria (6) (15) (22)  <b>Stated:</b> First time	The registered person should ensure that the meals and mealtime experience for the patient is reviewed in that: <ul style="list-style-type: none"> <li>• Meals are served in a timely manner at an appropriate time</li> <li>• Menus are displayed in a suitable format at the suitable time reflecting the food being served</li> <li>• Meals are plated for patients requiring assistance with their meals only when the assistant is available to provide the required assistance</li> </ul>	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> A pictorial menu was on display. However, this was not reflective of the food served at lunchtime.  This recommendation has not been fully met and will be stated for the second time.	

**Bangor – Stewart Suite (1055)**
**Review of Requirements and Recommendations from last care inspection (IN021758) of Bangor – Stewart Suite on 31 March 2016**

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 39.4  <b>Stated:</b> First time	It is recommended that staff undertake refresher training in respect of continence management. Management should ensure effective systems are in place to monitor that staff's knowledge and skills gained through training are embedded into practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and a review of training records evidenced 24 staff had received training in May 2016 and a further training session had been arranged for November 2016.	

<b>Recommendation 2</b> <b>Ref:</b> Standard 47.3 <b>Stated:</b> First time	It is recommended that staff are updated regarding the correct procedures in respect of infection prevention and control. Management should ensure effective systems are in place to monitor that staff's knowledge and skills gained through training are embedded into practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence within records reviewed that 94 percent of staff had received training on infection prevention and control. There was further evidence of staff supervisions on infection prevention and control having been conducted and regular audits having been conducted.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 21.11 <b>Stated:</b> First time	It is recommended that nursing staff implemented a consistent approach in respect of continence management and care records accurately reflected the assessed needs of patients.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> In Stewart Suite continence assessments and care plans had been completed and bowel management had been recorded well.	

#### 4.3 Is care safe?

A review of the staffing rota for the period 24 October to 30 October 2016 and discussion with 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. Four staff consulted were of the opinion that the staffing levels were not sufficient. Two of the four staff were of the opinion that having more than one care review during the day, especially when an activity such as hairdressing was taking place, 'greatly reduced the staffing level on the floor.' This was discussed with the registered manager who confirmed that this area had been identified as an issue and there had been communication between the home and the local Trust regarding this. The registered manager gave an assurance that they would follow up on planned care reviews. Discussion with patients evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the numbers and skill mix of staff on duty.

Discussion with staff and review of records confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. An induction booklet was completed and signed by the new employee and the staff member responsible for inducting the new employee.

Discussion with the registered manager and review of training records evidenced that a system was in place to monitor staff attendance at mandatory training. Monthly audits were conducted on compliance with eLearning. Formal procedures were adopted to address any non-compliance with training requirements. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Compliance in mandatory training had been achieved, to date, in the following areas: moving and handling theory (90%), fire safety (91%), adult safeguarding (94%), first aid (90%) and infection prevention and control (94%). Overall compliance with eLearning was at 91 percent and this compliance statistic incorporated an additional two modules which had been recently added to the home's mandatory training schedule. Two staff consulted were of the opinion that eLearning was not an effective means of training. Observation of the delivery of care evidenced that training had been embedded into practice.

Discussion with staff and the registered manager confirmed that supervision and appraisals were being conducted appropriately. A supervision and appraisal planner was observed in use in the home.

Competency and capability assessments of the nurse in charge of the home in the absence of the registered manager had been appropriately completed.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of current nursing and care staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) were appropriately managed.

A review of the recruitment file for one recently employed staff member, evidenced a safe system was in practice. Relevant checks and interviews had been conducted prior to the staff member commencing in post.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Discussion with the registered manager confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process.

Review of notifications forwarded to RQIA from 28 September 2015 confirmed that these were appropriately managed. Accidents and incidents were reviewed monthly to identify any potential patterns or trends. Inspection of accident records evidenced that an unwitnessed fall had occurred. Records did not indicate that central nervous system (CNS) observations were taken immediately following the incident and monitored for a minimum of 24 hours. This was discussed with the registered manager and a requirement was made to ensure post falls management was conducted in compliance with best practice guidance.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Bedrooms and communal areas were clean and spacious. Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were well maintained. However, vanity units in Stewart Suite were observed to be worn with bare wood exposed.

This was discussed during feedback with the registered manager at the end of the inspection. Information sent to RQIA following the inspection, from the regional manager, confirmed that plans were in place to replace 28 vanity units in Stewart Suite. This will be reviewed at a future inspection. Further improvements were planned to convert double bedrooms in the home to single bedrooms.

### Areas for improvement

It is required that post falls management is conducted in line with best practice guidance.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

#### 4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Care plans had largely been personalised to meet the individual needs of the patients and had been reviewed monthly.

Supplementary records had been completed. However, on reviewing repositioning charts on the Stewart Suite, 'skin not checked' was regularly recorded when patients were having continence needs attended too. A recommendation was made to ensure that skin was checked when attending to patients' continence needs and a record of the skin check was maintained within the repositioning chart.

Bowel management records had been recorded well within reference documents. Though, the details within these documents had not been transcribed into the patients' individual care records. This was observed in the McKeown Suite but would be relevant throughout the home. A recommendation stated in a previous inspection has now been stated for a second time.

A concern arose during the review of patient care records pertaining to the use of restrictive practice. Evidence was not present that registered nurses had gained any consent from the patients and/or their representatives prior to the engagement of the restrictive practice commencing. There was no evidence of any communication between staff and the patient or their representatives within the records reviewed. A recommendation was made.

There was also no evidence within three patient care records reviewed of patient and/or representative involvement in the care planning process. A recommendation was made.

Registered nurses were aware of the local arrangements and referral process to access relevant healthcare professionals, for example General Practitioner's (GP), speech and language therapist (SALT), dietician and tissue viability nurse (TVN).

Discussion with staff and the registered manager confirmed that general staff meetings were conducted regularly. There was evidence of regular meetings having been conducted. However, minutes of the previous meeting had not been made available for staff to review and a recommendation was made.

The registered manager confirmed that they operate an 'open door policy' and are available to discuss any issues with staff, patients and/or relatives. The registered manager also confirmed that they would undertake a daily walk around the home and would avail of the opportunity to engage with patients and relatives at this time.

A 'Quality of Life' (QOL) feedback system was available at the entrance to the home. The registered manager confirmed that the home aimed to achieve service feedback from a variety of staff; visiting professionals; patients and patient representatives.

Staff consulted knew their role, function and responsibilities. Staff also confirmed 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 their colleagues and other healthcare professionals.

Patients and representatives were confident in raising any concerns they may have with the staff and/or management.

### Areas for improvement

It is recommended that patients' skin checks are conducted and recorded when continence needs are attended to.

It is recommended that consent is obtained from patients or their representatives prior to restrictive practices being applied where this is possible.

It is recommended that patients and/or their representatives are involved in the care planning process.

It is recommended that minutes from staff meetings are completed and made available for staff to review in a timely manner.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	4
-------------------------------	---	----------------------------------	---

### 4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent with the exception of the daily charts issue in which a recommendation was made.

On inspection five registered nurses, seven carers and three ancillary staff members were consulted to ascertain their views of life in Bangor Care Home. Nine staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Two of the questionnaires were returned within the timescale for inclusion in the report.

Some staff comments were as follows:

- “I love working here.”
- “I like this home. It’s a very good home.”
- “I love my job and I’m happy here.”
- “I really enjoy it here.”
- “It’s a blessing to work here.”
- “It’s nice when proper staff are working.”
- “I like it very much.”
- “I love it and I enjoy working here.”

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Consultation with 17 patients individually, and with others in smaller groups, confirmed that, in their opinion, the care was safe, effective, compassionate and well led.

Some patient comments were as follows:

- “They (the staff) are all very good here.”
- “I find the care fine here.”
- “It’s very good.”
- “I like it here.”
- “It’s alright here. To my taste.”
- “It’s a lovely place and the people are lovely.”
- “I’m happy here.”

Nine patient questionnaires were left in the home for completion. No patient questionnaires were returned within the timeframe.

Six patient representatives were consulted with on the day of inspection.

Some relative comments were as follows:

- “We are happy with the care home.”
- “We have no issues with the care provided here.”
- “The care is sometimes good and sometimes not so good. It depends who is on. There is a high level of staff changing.”

All areas of dissatisfaction were passed on to the registered manager for review. Seven relative questionnaires were left in the home for completion. No relative questionnaires were returned within the timeframe.

The serving of lunch was observed in the main dining rooms of the McKeown Suite and the Stewart Suite. The mealtimes were well supervised. Staff wore appropriate aprons when serving or assisting with meals and patients were provided with dignified clothing protectors. Adequate spacing was observed between the patients seated at tables. A selection of condiments was available on the tables and a range of drinks were offered to the patients. The food was served from a kitchen hatch when patients were ready to eat or be assisted with their meal. A list of patients’ special dietary requirements was maintained within the kitchen. The food appeared nutritious and appetising. A pictorial menu on display, though this was not reflective of food served during lunch. A recommendation made in this regard within a previous inspection has been stated for a second time.

Patients were observed to enjoy their meals. However, food was not always covered when transferred from the McKeown Suite dining room to patients' bedrooms. This was discussed with the registered manager and an assurance was given that all food transferred from dining rooms to patient living areas would be covered on transfer.

Discussion with the registered persons and staff confirmed that the religious needs of patients were met through members of the clergy coming to the home to visit patients and relatives/representatives bringing patients to religious services.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

### 4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

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.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

A compliments file was maintained to record and evidence compliments received. Some examples of compliments received are as follows:

"The attitude and work ethic of all staff members made it a lot easier for us to leave mum in your care. Mum's care was always delivered with dignity, respect and a caring human touch."

"Just a note to say how much your kindness and caring towards my dad ... was very much appreciated and how you all treated him with such dignity....."

"My wife ... and I wish to thank all the staff at Bangor Care Home for the fantastic way you are caring for our mother ...."

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately. However, following a review of the incidents and accidents as stated in section 4.3 of this report, a requirement was made regarding good practice in relation to post falls management.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, monthly audits were completed in accordance with best practice guidance in relation to wound analysis, care records, falls, medicines management, complaints, restraint, bed rails, hand hygiene, personal protective equipment, hoists/slings, health and safety and incidents/accidents.

Online 'TRaCA' audits were conducted to assess standards in housekeeping, medications management, health and safety, resident care, weight loss and the home's governance arrangements. All TRaCA audits demand an 'actions taken' section to be completed for every audit; even if the audit had achieved 100 percent compliance. For example, the action taken could be confirmation that the information was shared with staff. All actions taken are documented online by the registered manager. The system would notify the registered manager of any audit that had not been actioned.

An online care TRaCA audit was reviewed on inspection. The registered manager confirmed that audit results would be discussed at staff meetings. The auditing process was overseen by the regional manager and informed the monthly monitoring visits.

Urgent communications, safety alerts and notices were reviewed by the registered manager on receipt and, where appropriate, were shared with staff. A system was in place to ensure that all relevant staff had read the communication or had been notified about it.

Discussion with the registered manager and 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.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

## 5.0 Quality improvement plan

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

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

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

## 5.1 Statutory requirements

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

## 5.2 Recommendations

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

## 5.3 Actions to be taken by the registered provider

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

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

<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 12 (1) (a) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2016	<p>The registered person must ensure good practice guidance is adhered to with regard to post falls management.</p> <p><b>Ref: Section 4.3</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Post fall procedures have been implemented according to the best guidelines</p>
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 4 Criteria (1) (7)  <b>Stated:</b> Second time  <b>To be completed by:</b> 30 November 2016	<p>It is recommended that patients' continence assessments and care plans are fully completed to include the specific continence products required by the patient.</p> <p><b>Ref: Section 4.2</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Continence assessments have been all reviewed and updated as required. Monitoring of the same to be continued for quality assurance</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 4 Criteria (9)  <b>Stated:</b> Second time  <b>To be completed by:</b> 30 November 2016	<p>The registered person should ensure that charts relating to the management of bowels are recorded accurately and consistently throughout the home and transcribed into the individual patients' care record.</p> <p>Any action taken to address concerns regarding the normal bowel pattern should be identified within the patients' daily evaluation record.</p> <p><b>Ref: Section 4.2, 4.4</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Supervisions are being carried out with the nurses to ensure that the information in all charts is transcribed onto the care files and progress notes</p>

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 12 Criteria (6) (15) (22)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 December 2016</p>	<p>The registered person should ensure that the meals and mealtime experience for the patient is reviewed in that:</p> <ul style="list-style-type: none"> <li>• Meals are served in a timely manner at an appropriate time</li> <li>• Menus are displayed in a suitable format at the suitable time reflecting the food being served</li> <li>• Meals are plated for patients requiring assistance with their meals only when the assistant is available to provide the required assistance</li> </ul> <p><b>Ref: Section 4.2, 4.5</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Pictorial boards have been ordered to ensure the most suitable display of the meals being provided at each meal time</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 4 Criteria (9)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 30 November 2016</p>	<p>It is recommended that repositioning charts are completed in full and contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning when continence needs are attended too.</p> <p><b>Ref: Section 4.4</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Repositioning charts are now being completed including a documented skin inspection at regular times</p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 18 Criteria (1)(4)(5)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2016</p>	<p>The registered person should ensure that patients and their representatives are involved in decision making prior to restrictive practices being implemented and where possible consent is obtained.</p> <p><b>Ref: Section 4.4</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Consents missing were signed by the relevant relatives and care plans were updated accordingly</p>

<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 4 Criteria (5)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2016</p>	<p>The registered person should ensure that patients and/or their representatives are involved in the care planning process and evidence of this involvement is included within the patients' care records. Where this is not possible, the reason why should be included within the patient care records.</p> <p><b>Ref: Section 4.4</b></p>
<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2016</p>	<p><b>Response by registered provider detailing the actions taken:</b> Care plans were updated to reflect the involvement of the patients representatives or to justify the reason for this not inclusion.</p> <p>The registered person should ensure that minutes are created from staff meetings to include dates, attendees, topics discussed and decisions made. These minutes should be made available to staff in a timely manner following the staff meeting.</p> <p><b>Ref: Section 4.4</b></p> <p><b>Response by registered provider detailing the actions taken:</b> Minutes have been typed and filed appropriately. Arrangements are in place to ensure this is regular practice.</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews