

Unannounced Care Inspection Report 16 and 17 April 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.rgia.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: Upon arrival, the deputy manager Julieann Hugill, was the nurse in charge. The registered manager then arrived at approximately 09.30 hours.	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 16 April 2018 from 09.00 to 15.45 hours and 17 April 2018 from 09.00 to 15.00 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 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 monitoring the professional registration of staff; management of accidents and incidents and communication with the multiprofessional team.

Areas for improvement under regulation were identified in relation to infection, prevention and control (IPC) practices, the secure storage of medicines, adherence to the Control of Substances Hazardous to Health (COSHH) regulations, the delivery of care to patients, and care records.

Areas for improvement under the standards were identified in relation to staff awareness regarding adult safeguarding, the interior environment, the dining experience of patients and governance processes focusing on care delivery and quality assurance.

Patients said that they were well cared for and expressed confidence in the ability and willingness of staff to meet their care needs. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	7	*4

*The total number of areas for improvement includes one standard which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Mauro J Magbitang Jr, registered manager, and Elaine McShane, resident experience support manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 1 February 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 1 February 2018. There were no further actions required to be taken following the most recent inspection. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

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

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

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

The following records were examined during the inspection:

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

The findings of the inspection were provided to the registered manager and resident experience support 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 1 February 2018

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 9 & 10 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 15 (2) (a) (b) Stated: First time	The registered persons must ensure that patients' swallowing needs are comprehensively assessed in a timely manner following admission in order to ensure that care is delivered in an effective way.	Met
	Action taken as confirmed during the inspection: Review of care records for one patient who required a modified diet evidenced that their swallowing needs were comprehensively assessed and regularly reviewed in order to ensure that nutritional care was delivered in an effective way.	
Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered persons must ensure that the dietary needs of patients (including any subsequent dietary changes) are communicated to kitchen staff in an effective and timely manner.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and kitchen manager in addition to reviewing catering records, confirmed that the dietary needs of patients (including any subsequent dietary changes) were communicated to kitchen staff in an effective and timely manner.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44 Stated: First time	The registered person should ensure that all bedroom doors within the Bloomfield Suite are well maintained and fit for purpose.	Met
	Action taken as confirmed during the inspection: Review of the environment within the Bloomfield suite evidenced that all bedroom doors were well maintained and fit for purpose.	
Area for improvement 2 Ref: Standard 44 Stated: First time	The registered persons should ensure that patient bedrooms are not used inappropriately as storage areas.	Not met
	Action taken as confirmed during the inspection: Review of the internal environment, specifically within the Brownlee suite evidenced that a significant number of vacant bedrooms were being used as storage areas. Ongoing use of the Brownlee suite is further discussed in section 6.4. This area for improvement has not been met and has been subsumed into a new area for improvement.	
Area for improvement 3 Ref: Standard 46 Stated: First time	The registered persons should ensure that equipment is cleaned and maintained in compliance with best practice relating to IPC.	Met
	Action taken as confirmed during the inspection: Observation of the environment confirmed that the IPC deficits noted during the previous care inspection had been satisfactorily addressed. Further weaknesses relating to IPC are referenced further in section 6.4.	
Area for improvement 4 Ref: Standard 46 Stated: First time	The registered persons should ensure that moving and handling equipment is stored in adherence with best practice guidance on IPC.	Met
	Action taken as confirmed during the inspection: Observation of the environment confirmed that moving and handling equipment was stored in adherence with best practice guidance on IPC.	

<p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered persons should ensure that all meals are appropriately covered by staff when being brought from the dining room to patient bedrooms.</p> <hr/> <p>Action taken as confirmed during the inspection: Observation of the breakfast and lunch time meals evidenced that not all meals were appropriately covered when being brought from the dining room to patients' bedrooms.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 6</p> <p>Ref: Standard 18 Criteria (1)(4)(5)</p> <p>Stated: Second time</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> <hr/> <p>Action taken as confirmed during the inspection: Review of care/governance records and discussion with the registered manager confirmed that patients and their representatives were involved in decision making prior to restrictive practices being implemented and, where appropriate, patients' consent was obtained.</p>	<p>Met</p>
<p>Area for improvement 7</p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>The registered persons should ensure that wheelchairs are only brought to patients by staff when they are required so as to ensure that communal areas promote patient dignity at all times.</p> <hr/> <p>Action taken as confirmed during the inspection: Observation of staff practices and routines throughout the inspection confirmed that wheelchairs were only brought to patients by staff when they were required thereby ensuring that staff practices promoted patient dignity at all times.</p>	<p>Met</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 registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to a monthly review to ensure that the assessed needs of patients were met. Discussion with the registered manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. The registered manager advised that from 2 to 13 April 2018 there was one occasion when planned staffing levels were not fully adhered to due to staff sickness. Discussion with patients and staff provided assurances that they had no concerns regarding staffing levels.

Discussion with the registered 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 supervision and appraisal.

Discussion with the registered manager indicated that training was planned to ensure that mandatory training requirements were met. Additional face to face training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Staff awareness in regards to adult safeguarding is discussed further below within this section of the report.

Review of governance audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified.

Discussion with the registered manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home. The registered manager advised that the ASC position report would be compiled within expected timescales. While the registered manager provided assurances that mandatory adult safeguarding training for staff was ongoing, some staff who were spoken with demonstrated limited knowledge of their specific roles and responsibilities in relation to adult safeguarding, specifically their obligation to report concerns. This was highlighted to the registered manager and an area for improvement under the standards was made.

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

Discussion with the registered manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Records confirmed that the registered manager had reviewed the registration status of staff on a monthly basis.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms, were personalised with photographs, pictures and personal items. Two communal bath/shower areas were found to be excessively cluttered with shower chairs and/or wheelchairs. This was highlighted to the registered manager and resident experience support manager who stated that creating more storage space within the home was a priority. It was agreed that the registered manager will keep RQIA informed, as appropriate, of any proposed alterations to the internal environment of the home in this regard. Storage of equipment within the home will be reviewed during a future care inspection.

Fire exits and corridors were observed to be clear of clutter and obstruction. While observation of staff on the day of inspection evidenced that they adhered to safe fire practices it was noted that the doorway to one communal room was inappropriately wedged open. This was highlighted to the registered manager and the need to ensure that fire training is consistently embedded into practice was stressed.

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.

Deficits with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted, namely: the inappropriate storage of incontinence products within one sluice; two linen cupboards which were poorly maintained with several items on the floor; one wall mounted hand sanitiser which was in disrepair and one bed rail cover which was torn. The transport of patients' meals from the dining area without adequate food covers in place is discussed separately in section 6.6. These deficits consequently impacted the ability of staff to deliver care in compliance with IPC best practice standards and guidance. An area for improvement under the regulations was therefore made.

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

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

Observation of the Brownlee suite evidenced that the majority of patients who resided there have been discharged since the previous care inspection. Discussion with nursing/care staff and the registered manager highlighted that there were inadequate arrangements to facilitate nursing staff providing emergency assistance within the Brownlee suite in a timely manner. This deficit therefore placed patients within the unit at potential risk of harm. An area for improvement under regulation was made.

The ongoing use of the Brownlee suite was discussed with the registered manager and patient experience support manager. It was agreed that the registered manager would contact the South Eastern Health and Social Care Trust (SEHSCT) as soon as possible in regards to the ongoing placement of one patient, to ensure that they were cared for in an environment best suited to their assessed needs. The registered manager was asked to keep RQIA informed following the inspection as to the progress of this specific matter. It was also observed within the Brownlee suite that several bedrooms were being used inappropriately as storage areas. All vacant bedrooms within the unit were also inadequately furnished in adherence with legislative and best practice requirements. This was highlighted to the registered manager and it was stressed that all bedrooms must remain fit for patient use while they are registered with RQIA. An area for improvement under the standards was made.

Areas of good practice

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

Areas for improvement

Areas for improvement under regulation were identified in relation to infection, prevention and control practices; COSHH compliance, the safe storage of medicines and care delivery.

An area for improvement under the standards was highlighted with regards to adult safeguarding and the interior environment of the Brownlee suite.

	Regulations	Standards
Total number of areas for improvement	4	2

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

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

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

Supplementary care charts, such as repositioning, food and fluid intake records, evidenced that 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 and of patient confidentiality in relation to the storage of records.

There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found. While care records evidenced that a range of validated risk assessments were used and informed the care planning process, deficits were found in regards to the monthly review of such assessments. Review of care records for one patient highlighted that three different risk assessments had been updated in March 2018 resulting in a change to the patient's assessed level of need. However, nursing staff did not record the reason for such a change. It was also noted that one of the patient's risk assessments was inaccurate and did not reflect the corresponding care plan. These weaknesses were discussed with the registered manager and an area for improvement under regulation was made.

Shortfalls were identified in relation to provision of urinary catheter care. Review of care records for one patient requiring ongoing catheter care evidenced that although a corresponding care plan was in place, it lacked comprehensive information in regards to the delivery of such care. An area for improvement under regulation was made. Nursing staff did confirm that the patient's catheter was functioning properly on the day of inspection and that no complications had been noted in relation to the catheter.

Weaknesses were also noted in relation to wound care records. Review of care records for one patient requiring ongoing wound care highlighted that a care plan was in place which accurately referenced multi-professional advice from the TVN. However, content within the care plan referencing a specific risk assessment and the patient's level of mobility had not been updated and was inaccurate. In addition, although supplementary wound care records did evidence that the patient's wound dressing was being reviewed by nursing staff in a timely manner, the records were partially incomplete. These deficits were highlighted to the registered manager and an area for improvement under regulation was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication with the multi-professional team.

Areas for improvement

Three areas for improvement under regulation were identified in regards to care records.

	Regulations	Standards
Total number of areas for improvement	3	0

6.6 Is care compassionate?

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

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

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

- "They look after me."
- "The staff are kind."
- "I think it's great."

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

- "The staff are brilliant."
- "It's great here."

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, eight questionnaires have been returned within the specified timescales. All respondents expressed satisfaction with the delivery of care. Returned questionnaires included the following comments:

"The staff are all very good and the manager is very approachable."

Questionnaire comments received after specified timescales will be shared with the registered manager as necessary.

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.

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.

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.

Observation of the lunch time meal within the McKeown suite evidenced that patients were given a choice in regards to the meals being served. The dining area appeared to be clean, tidy and appropriately spacious for patients and staff. Staff demonstrated a good knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plans and associated SALT dietary requirements. All patients appeared content and relaxed in their environment. Discussion with kitchen staff evidenced good awareness of the holistic and nutritional needs of patients.

Some deficits were observed however with regards to the dining experience of patients, specifically: patients’ meals were transported from the dining area to various patients’ bedrooms without food covers in place (this practice was also observed during the provision of breakfast within the Stewart suite); one patient was escorted to the dining area at 12.45 and was not served lunch until 13.20 resulting in a 35 minute wait; patients within the dining area were not served any fluids promptly alongside their meals. These shortfalls were discussed with the registered manager and an area for improvement relating to the covering of meals was stated for a second time. The importance of ensuring that patients are only assisted to the dining area immediately prior to the serving of meals and the need for fluids to be served promptly was stressed to the registered manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to awareness of and adherence to the dietary requirements and preferences of patients.

Areas for improvement

An area for improvement under the standards in relation to the covering of meals was stated for a second time.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

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

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

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 registered manager that any expression of dissatisfaction should be recorded appropriately as a complaint.

Discussion with the registered manager and a review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

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

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

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

Observation of the environment highlighted that two storage areas in which patients' records were archived were left unlocked on occasion. This was discussed with the registered manager and the need to ensure that such records are stored securely at all times in line with good practice and legislative requirements was agreed.

Discussion with the registered 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 wound management; record keeping; the use of restrictive practices and infection control. Review of wound and record keeping audits evidenced that they were completed on a monthly basis by the registered manager and comprehensively highlighted several deficits within patients' care records which required attention. However, review of the restrictive practice audit evidenced that while it effectively highlighted particular deficits within patients' care records, it did not provide clear guidance as to the corrective actions required or the deadline by which should actions should be achieved. These deficits were highlighted to the registered manager and an area for improvement under the standards was made.

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.

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

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

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

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the selection and recruitment of staff and monthly monitoring visits.

Areas for improvement

One area for improvement under the standards was identified in regards to governance audits.

	Regulations	Standards
Total number of areas for improvement	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 Mauro J Magbitang Jr, registered manager, and Elaine McShane, resident experience support manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a)(c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that chemicals are stored in keeping with COSHH regulations.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Staff have been advised regarding the storage of COSHH products such as nail polish remover and hairdressing products as identified and to always keep these in a secure place. The keypad system on the sluice room door will be replaced with a more superior system within the next 4 weeks, in the interim staff have been advised to keep sluice doors locked, this is being monitored on the daily walkabout audit.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all medicines are stored safely and securely within the home at all times.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Staff have been advised that if they choose to carry own medication that they must keep these secure and within a locked location in the Home. An allocated room for staff property has been identified.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 15 May 2018</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: Section 6.4</p> <p>Response by registered person detailing the actions taken: Areas identified during inspection have been addressed and are being monitored via the daily walkabout audit and quality assured via the Regional Manager during the Reg 29 audit. Infection control audits are being completed as per FSHC policy and procedures. Supervision sessions are currently being held with staff in relation to infection control and general tidiness and cleanliness of the Home.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p>	<p>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.</p> <p>Ref: Section 6.4</p>

<p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: The staff in Brownlee suite will carry and use the cordless phone to contact the staff in Bloomfield suite, if necessary during an emergency situation.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 15 (2) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: 15 May 2018</p>	<p>The registered person shall ensure that all patients' risk assessments are completed and reviewed in an accurate, comprehensive and timely manner.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: A matrix is in place to ensure that Resident care records are audited using either a Care TRaCA or a dementia care TRaCa within at least a six month period. These audits are carried out on a weekly basis following a planned schedule with an action plan given to the named nurse to address any identified deficits when necessary. Compliance will be monitored via the Reg 29 Audit and the closing off of actions from the Care TRaCA electronic system.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: First 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 plan(s) 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: Section 6.5</p> <p>Response by registered person detailing the actions taken: A Tissue Viability audit is being completed on a monthly basis. Any areas identified as being non-compliant are discussed with named nurse and then rectified. The 2018 wound care competencies are currently being completed and a supervision session has been held with nurses in relation to completion of wound documentation. Compliance will be monitored via the Regional Manager during the monthly Reg 29 audit.</p>

<p>Area for improvement 7</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: First 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 catheter care to patients:</p> <ul style="list-style-type: none"> • that care plan(s) are in place which prescribe the required catheter care and refer, if appropriate, to any relevant multi-professional 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>Ref: Section 6.5</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</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>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: Additional plate covers have been purchased and will be replaced when necessary. Meals being served to bedrooms are spot checked by Nurses to ensure that they are covered during transport to bedrooms.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 44</p> <p>Stated: First 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: Section 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. Governance audits are carried out within this unit and all mandatory Health and Safety and Maintenance checks are carried out as per policy and legislation.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 39</p> <p>Stated: First 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: Section 6.4</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 15 May 2018</p>	<p>Response by registered person detailing the actions taken: The Safeguarding and Whistleblowing policies have been issued to staff during a supervision session. All staff have been advised to complete the Safeguarding e-learning module prior to face to face training being organised. Knowledge will be monitored by the Regional Manager via the Reg 29 audit.</p> <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> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: A restraint audit is completed on a monthly basis. The content of this audit includes the monitoring of those residents who are assessed as requiring bed rails, lap belts, alarm mats and chemical restraint. Compliance will be monitored via the Regional Manager during the Reg 29</p>

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

📍 @RQIANews