

# Unannounced Care Inspection Report 12 October 2016



## The Beeches Professional & Therapeutic Services

Type of Service: Nursing Home  
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Inspector: Dermot Walsh

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of The Beeches Professional & Therapeutic Services took place on 12 October 2016 from 09.30 to 18.10 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.

During the inspection, patients were observed to be accommodated in two bedrooms which had been converted from a day room. RQIA had received an application for these works to commence, however, the rooms had not been registered for use prior to the patients being accommodated within them. The last remaining bath in the home had been removed to accommodate an assisted shower room. RQIA had no knowledge of this change prior to the inspection. A requirement had been stated for the second time in the previous care inspection regarding a rolling programme of repair / replacement of damaged doors and architraves. Doors and architraves were observed to be in disrepair on inspection.

Following the inspection a meeting was held at RQIA on 14 October 2016 and it was decided to invite the registered persons to attend a serious concerns meeting at RQIA to discuss the breaches in relation to Regulation 3 (3) (a) and Regulation 27 (1) of The Nursing Homes Regulations (Northern Ireland) 2005. This meeting was held on the 20 October 2016. An urgent estates inspection was arranged to review the two bedrooms. As a result of this inspection, the two bedrooms were approved by RQIA for use on 14 October 2016. Following consideration of the information and assurances provided by the registered persons RQIA decided to allow a period of time to repair or replace doors and architraves within the home and to arrange for a bathing facility to be re-established in the home.

### **Is care safe?**

Safe systems were in place for monitoring the registration status of current nursing and care staff. 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. One requirement was made in this domain in relation to issues identified around infection prevention and control. Two recommendations were made with regards to the management of patients following a fall and systems currently in place to ensure compliance with best practice in infection prevention and control.

### **Is care effective?**

Staff were aware of the local arrangements for referral to health professionals and communications with health professionals were recorded within the patients' care records and recommendations were adhered to. Patients and staff demonstrated confidence and awareness in raising any potential concerns to the relevant people. Staff meetings were held regularly. One requirement was made in relation to wound management. Three recommendations were made in this domain with regards to falls risk assessments, bedrail assessments and the nursing 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.

## Is the service well led?

Monthly monitoring visits were conducted consistently and reports were available for review. 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. One recommendation was made in this domain regarding the auditing process.

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>	3	6

Details of the Quality Improvement Plan (QIP) within this report were discussed with Carmel Nelson, 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.

Following the inspection, the registered persons were required to attend a meeting at RQIA due to the use of unregistered rooms, the removal of the last remaining bath in the home and the continued condition of doors and architraves within the home. This meeting was held on the 20 October 2016. The two bedrooms were approved by RQIA for use on 14 October 2016. Following consideration of the information and assurances provided by the registered persons RQIA decided to allow a period of time to repair or replace doors and architraves within the home and to arrange for bathing facility to be re-established in the home.

### 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 7 April 2016. There were no further actions required to be taken following the most recent 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> The Beeches Professional & Therapeutic Services Ltd. James Wilson	<b>Registered Manager:</b> Carmel Nelson
<b>Person in charge of the home at the time of inspection:</b> Carmel Nelson	<b>Date Manager Registered:</b> 9 March 2007
<b>Categories of care:</b> NH-LD, NH-LD(E) Associated PD under and over 65.	<b>Number of registered places:</b> 36

## 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 10 patients individually and others in small groups, one patient representative, three care staff, two registered nurses and one ancillary staff member.

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
- three 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 3 October to 16 October 2016

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 7 April 2016

The most recent inspection of the home was an unannounced medicines management inspection. There were no issues required to be followed up during this inspection.

### 4.2 Review of requirements and recommendations from the last care inspection dated 4 August 2015

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 27 (2) (b)</p> <p><b>Stated:</b> Second time</p>	<p>The premises must be kept in a good state of repair and equipment provided kept in good working order. This is particularly in relation to the following:</p> <ul style="list-style-type: none"> <li>• Damaged doors and architraves</li> </ul> <p>A rolling programme of repair / replacement should be undertaken.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that some doors and architraves had been repaired / replaced. Although, other doors and architraves were observed in a poor state of repair on inspection.</p> <p>Following the serious concerns meeting on 20 October 2016, assurances were given that any damaged doors and architraves would be repaired or replaced as part of the ongoing refurbishment works within the home. We will continue to monitor the ongoing refurbishment and the premises will be subject to a pre-registration inspection on the completion of the planned works.</p>	<b>Met</b>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 18 (2) (c)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person must ensure that bedroom furniture provided for patients is, repaired and / or replaced as necessary.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence of repairs that had been completed. The registered manager confirmed that any further damage observed would be repaired or replaced as necessary.</p>	<b>Met</b>

<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 13 (4) (b)</p> <p><b>Stated:</b> Second time</p>	<p>The registered manager must ensure that all prescribed thickening agents are individually labelled and administered only to the patient for whom they were prescribed.</p>	<p><b>Met</b></p>
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 14 (2) (c)</p> <p><b>Stated:</b> Second time</p>	<p><b>Action taken as confirmed during the inspection:</b> All thickening agents observed in use were used to thicken fluids for the patients they were prescribed for.</p>	
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 14 (2) (c)</p> <p><b>Stated:</b> Second time</p>	<p>The registered provider must take measures to reduce risks to the health and safety of patient by ensuring that the treatment room door is kept locked when unattended.</p>	<p><b>Met</b></p>
<p><b>Last care inspection recommendations</b></p> <p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard19.1</p> <p><b>Stated:</b> Second time</p>	<p><b>Action taken as confirmed during the inspection:</b> The treatment room door now has a keypad attached to gain entry. The door was closed and locked when reviewed twice on inspection.</p>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard19.1</p> <p><b>Stated:</b> Second time</p>	<p>A continence assessment should be developed and completed for any newly admitted patients and for existing patients whose continence needs change. This should include a bowel assessment.</p>	<p><b>Validation of compliance</b></p> <p><b>Met</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard19.1</p> <p><b>Stated:</b> Second time</p>	<p><b>Action taken as confirmed during the inspection:</b> Newly admitted patients had a continence assessment completed which included a bowel assessment.</p>	

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard11.3</p> <p><b>Stated:</b> Second time</p>	<p>Where a patient is assessed as “at risk” of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual’s needs and comfort is drawn up and agreed with relevant professionals.</p>	<p><b>Partially Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was an improvement noted of treatment programmes for ‘high risk’ patients. However, a patient’s treatment programme, where the patient had been assessed as at ‘moderate risk’ of developing pressure ulcers, required further development.</p> <p>This recommendation has not been met and has now been stated as a requirement following consultation with senior management in RQIA.</p>		
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p>	<p>In order to minimise the risk of infection for staff, residents and visitors, items, such as wipes, gloves and seating, should not be stored in the bathrooms.</p>	<p><b>Subsumed into requirement</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Gloves and seating were observed within bath/shower rooms and toilets in the home.</p> <p>This recommendation has not been met and has now been subsumed within a requirement made at this inspection regarding compliance with best practice in infection prevention and control.</p>		
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 32</p> <p><b>Stated:</b> First time</p>	<p>The current death and dying policy should be reviewed to include reference to best practice guidelines, such as, the GAIN Palliative care guidelines (2013).</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The policy had been reviewed and now makes reference to the GAIN guidelines.</p>		

<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p>	<p>The current care plan regarding pressure ulcer prevention and management should be further developed to include frequency of repositioning and skin checks in accordance with best practice guidelines.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A relevant care plan reviewed made reference to the recording of skin condition and the frequency of repositioning.</p>	<p style="text-align: center;"><b>Met</b></p>	
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p>		<p>A plan for the repair/replacement of damaged doors and architraves and patients' furniture, including timescales for the completion of these works, should be submitted to RQIA with the return of the QIP.</p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A plan had been submitted to RQIA</p>		

### 4.3 Is care safe?

A review of the staffing rota for the period 3 October to 16 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. Discussion with staff, patients and a patients' representative 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. The training records were well maintained and audited to identify any training deficits. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Compliance in mandatory training had been achieved in the following areas: moving and handling (83.9%), fire safety (75.8%), adult safeguarding (87.1%), first aid (88.7%) and infection prevention and control (98.3%). Observation of the delivery of care evidenced that training had been embedded into practice.

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.

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

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 since 4 August 2015 confirmed that these were appropriately managed. Accidents and incidents were reviewed weekly. However, accident records did not always indicate that where a head injury had occurred or was suspected, central nervous system (CNS) observations were taken immediately following the incident and monitored for 24 hours from the time of the fall. A recommendation was made in this regard.

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.

The following issues were identified which were not managed in accordance with best practice guidelines in IPC:

- inappropriate storage in identified rooms
- pull cords in use without appropriate covering
- rusted shower and commode chairs
- toilet aid and shower chair not effectively cleaned after use

The above issues were discussed with the registered manager on the day of inspection and a requirement was made. An assurance was provided by the registered manager that these areas would be addressed with staff to prevent recurrence. A recommendation was made that management systems are put in place to ensure compliance with best practice in infection prevention and control.

There was evidence of ongoing refurbishment in the home. Works were in progress to increase the number of patients accommodated within the home and to increase the living space within the home.

As discussed in section 1.1, concerns were raised regarding the use of unregistered rooms and the removal of the last remaining bath within the home. The inspector had advised that these concerns would be discussed with senior management in RQIA. An enforcement decision-making meeting was held on 14 October 2016 and the decision was made to invite the registered persons to attend a meeting at RQIA.

A serious concerns meeting was held on 20 October 2016 to discuss and consider a breach of the Nursing Homes Regulations (Northern Ireland) 2015, Regulation 3 (3) (a) and Regulation 27(1). The unregistered rooms were approved for use following an announced estates inspection on 14 October 2016. At the meeting, the registered provider gave assurances that the agreed actions would be completed within an agreed timeframe.

### Areas for improvement

It is required that the infection prevention and control issues identified on inspection are appropriately managed.

It is recommended that post falls management is conducted in accordance with best practice guidance.

It is recommended that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	2
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#### 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. However, falls risk assessments had not been completed within 24 hours of admission and/or reviewed monthly or following a fall. A recommendation was made in this regard. A recommendation was also made to ensure a recognised bedrail assessment was used to determine the level of risk the use of bedrails would have on a patient.

A recommendation stated for the second time in the previous care inspection made to ensure where a patient was assessed as “at risk” of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual’s needs and comfort is drawn up and agreed with relevant professionals. There was an improvement noted of treatment programmes for ‘high risk’ patients. However, a patient’s treatment programme, where the patient had been assessed as at ‘moderate risk’ of developing pressure ulcers, required further development. These treatment programmes had been written in a general format and were not specific to meet the individuals’ needs. This recommendation had been stated for a second time at the most recent care inspection on 4 August 2015 and following the findings of this inspection and in consultation with senior management in RQIA this has now been stated as a requirement.

Continence assessments had been completed for newly admitted patients and included bowel assessments. Two out of three patient care records reviewed did not have a continence assessment within the records but did have a continence care plan. A recommendation was made that in accordance with the ‘nursing process’ and professional guidance, an assessment was to be completed to inform the care planning process and a record of this assessment was to be included within the patient care records.

Care plans had largely been personalised to meet the individual needs of the patients and had been reviewed monthly. Although, a review of records pertaining to the management of a wound evidenced that registered nurses were not adhering to regional guidelines. The wound care plan required further development to direct care required to meet the patient's wound care need. Wound observation charts had been completed, though, these charts did not include the wound dimensions. A requirement 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 the registered manager and staff confirmed that staff meetings were conducted regularly. Registered nurse meetings had been conducted monthly. Senior staff meetings had been conducted every two months and carers meetings had been conducted three monthly. Minutes of these meetings were available for review. A signature sheet was also available and included the attendees of the meeting and also the date and signature of staff who had read the minutes. This was a good practice. The registered manager also confirmed that patients' meetings were conducted three / four monthly.

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.

There was evidence of service user surveys, stakeholder surveys and staff satisfaction surveys having been conducted in 2015. Information sent to RQIA following the inspection confirmed these surveys were to be repeated at the end of October 2016. The registered manager also confirmed that letters would be posted to relatives/representatives with regards to any appointments, opening days or events. A noticeboard was maintained beside the visiting room informing of relevant information.

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 required that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.

It is recommended that falls risk assessments are conducted within 24 hours of a patients' admission and reviewed monthly or following a fall.

It is recommended that a recognised bedrails assessment is conducted on all patients within the home where the use of bedrails is considered.

It is recommended that assessments are used to inform care plans in accordance with the nursing process and professional guidance. Copies of assessments conducted should be maintained within patient care records.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	3
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#### 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.

On inspection two registered nurses, three carers and one ancillary staff member was consulted to ascertain their views of life in The Beeches Professional & Therapeutic Services. Nine staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Six of the questionnaires were returned within the timescale for inclusion in the report.

Some staff comments were as follows:

"I really love it here and I'm not just saying that."

"I love it here."

"I wouldn't be here if I didn't love it."

"I love it."

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Consultation with 10 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:

"It's lovely here. They (the staff) are really good to us."

"It's alright. The food is good."

"It's nice here."

"Lovely."

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

One patient representative was consulted with on the day of inspection. Seven relative questionnaires were left in the home for completion. Three relative questionnaires were returned within the timeframe.

The relative's comments were as follows:

"I find the care here excellent. Anytime we come in we are made to feel very welcome."

"The level of care given to ... is exemplary and I know I will be contacted if he takes ill or requires any additional treatments."

The serving of lunch was observed in the main dining room. The mealtime was well supervised. Staff wore appropriate aprons when serving or assisting with meals and patients were provided with dignified clothing protectors. A selection of condiments was available on the tables and a range of drinks were offered to the patients. The food was served from the kitchen when patients were ready to eat or be assisted with their meal. Patients had their own personalised placemat which contained all of the patients' special dietary requirements. This was viewed as good practice. The food appeared nutritious and appetising. A menu was on display on the wall of the dining room. Patients were observed to enjoy their meals.

Discussion with staff confirmed that the religious needs of patients were met through twice monthly visits from the clergy. Staff also confirmed that some patients were taken to church on Sunday to attend the service taking place.

The registered manager confirmed that results from any surveys conducted would be included within the 'Annual Quality Report'.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 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.

Policies and procedures for the home were available within a file at the nurses' station and were subject to a three yearly review.

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:

"We could not have picked a more wonderful home for ... to spend the rest of her life."  
 "Thank you very much for the kindness and support over the years."

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 book as stated in section 4.3 of this report, a recommendation 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 care records, environment, moving and handling and complaints.

The infection prevention and control audit was reviewed on inspection. The last IPC audit had been conducted on 27 June 2016. There was no evidence for any review of actions identified to address shortfalls within the audit. Given the findings on inspection and identified in section 4.3, a recommendation was made to ensure robust systems are in place to ensure compliance with best practice in infection prevention and control within the home.

Care plan audits were also reviewed on inspection. The last care plan audit had been conducted in April 2016. As with the IPC audit, there was no evidence for any review of actions identified to address shortfalls within the audit. A recommendation was made to ensure any planned actions to address identified shortfalls are reviewed and verified by a nominated person.

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. A notice was displayed within the home with regards to the availability of the reports.

### Areas for improvement

It is recommended that any planned actions to address identified shortfalls within audits are reviewed and verified by a nominated person.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Carmel Nelson, 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>	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 13 (1)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2016</p>	<p>The registered person must ensure where a patient is assessed as “at risk” of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual’s needs and comfort is drawn up and agreed with relevant professionals.</p> <p><b>Ref: Section 4.2, 4.4</b></p> <p><b>Response by registered provider detailing the actions taken:</b> A plan of care has been formulated and implemented for each resident that is deemed to be at risk.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 October 2016</p>	<p>The registered person must ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p><b>Ref: Section 4.3</b></p> <p><b>Response by registered provider detailing the actions taken:</b> The items identified during the inspection have been disposed of and staff team reminded of the maintenance of infection control policies.</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 19 (1) (a) Schedule 3 (1) (a) (b) (3) (K)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 October 2016</p>	<p>The registered person must ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.</p> <p><b>Ref: Section 4.4</b></p> <p><b>Response by registered provider detailing the actions taken:</b> Updated version of the proforma for wound assessment and care planning has been implemented.</p>



<b>Recommendations</b>	
<b>Recommendation 1</b> <b>Ref:</b> Standard 22 <b>Stated:</b> First time <b>To be completed by:</b> 19 October 2016	The registered person should ensure that post falls management is conducted in accordance with best practice guidance.  <b>Ref: Section 4.3</b>
	<b>Response by registered provider detailing the actions taken:</b> Nursing team informed of the need to ensure appropriate follow up regarding post falls monitoring.
<b>Recommendation 2</b> <b>Ref:</b> Standard 46 Criteria (1)(2) <b>Stated:</b> First time <b>To be completed by:</b> 30 November 2016	The registered person should ensure that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home.  <b>Ref: Section 4.3, 4.6</b>
	<b>Response by registered provider detailing the actions taken:</b> Auditing of environment has been updated and new programme of audits implemented.
<b>Recommendation 3</b> <b>Ref:</b> Standard 22 <b>Stated:</b> First time <b>To be completed by:</b> 31 October 2016	The registered provider should ensure that all patients have a falls risk assessment completed and reviewed monthly or following a fall. All new patients should have this assessment completed within 24 hours of admission and reviewed accordingly.  <b>Ref: Section 4.4</b>
	<b>Response by registered provider detailing the actions taken:</b> Programme of falls risk assessments rolled out to all residents and plan of care implemented accordingly.
<b>Recommendation 4</b> <b>Ref:</b> Standard 18 Criteria (1) <b>Stated:</b> First time <b>To be completed by:</b> 19 October 2016	The registered person should ensure that a recognised bedrails assessment is conducted on all patients within the home where the use of bedrails is considered.  <b>Ref: Section 4.4</b>
	<b>Response by registered provider detailing the actions taken:</b> updated proforma implemented for all residents.

<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 21 Criteria (11)</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 assessments are used to inform care plans in accordance with the nursing process and professional guidance. Copies of assessments conducted should be maintained within patient care records.</p> <p>This is specifically in relation to all patients' continence assessments.</p> <p><b>Ref: Section 4.4</b></p>
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 35</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 any planned actions to address identified shortfalls within audits are reviewed and verified by a nominated person.</p> <p><b>Ref: Section 4.6</b></p> <p><b>Response by registered provider detailing the actions taken:</b> All residents will have a continence assessment completed which will inform the continence care plan and this should be reviewed according to the individual's needs.</p> <p><b>Response by registered provider detailing the actions taken:</b> New programme of audits to be implemented before December 31<sup>st</sup>.</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\**



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