

Unannounced Care Inspection Report 5 July 2016



Carryduff Nursing Home

Type of Service: Nursing

Address: 19 Church Road, Carryduff, BT8 8DT

Tel No: 02890814862

Inspector: Sharon Mc Knight

1.0 Summary

An unannounced inspection of Carryduff took place on 5 July 2016 from 09:30 hours to 18:00 hours.

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

Is care safe?

The systems to ensure that care was safely delivered were reviewed. We examined staffing levels and the duty rosters, recruitment practices, staff registration status with their professional bodies and staff training and development. Through discussion with staff we were assured that they were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding. A general inspection of the home confirmed that the premises were well maintained.

Deficits were identified in the delivery of safe care, specifically in relation to the confirmation and monitoring of the registration status of registered nurses. Two requirements were made. Areas for improvement were identified in the information available with regard to the outcome of Access NI checks, non-adherence to the home's policy on the provision of annual refresher training in adult safeguarding and the use of an identified area for storage. Three recommendations were made.

Is care effective?

Evidence gathered during this inspection confirmed that there were systems and processes in place to ensure that the outcome of care delivery was positive for patients. A review of care records confirmed that patients were comprehensively assessed and care plans created to prescribe care. There were arrangements in place to monitor and review the effectiveness of care delivery. We examined the systems in place to promote effective communication between staff, patients and relatives and were assured that these systems were effective. Patients, relatives and staff were of the opinion that the care delivered provided positive outcomes.

Areas of improvement were identified in the delivery of effective care; one relating to care records, one with regard to the provision of equipment for weighing patients and one with regard to best practice in the serving of meals. Three recommendations were made.

Is care compassionate?

Observations of care delivery evidenced that patients were treated with dignity and respect. Staff were observed responding to patients' needs and requests promptly and cheerfully. Staff were also observed to be taking time to reassure patients as was required from time to time. Systems were in place to ensure that patients, and relatives, were involved and communicated with regarding day to day issues affecting them. Patients and relatives spoken with commented positively in regard to the care they received.

There were no areas of improvement identified in the delivery of compassionate care.

Is the service well led?

There was a clear organisational structure and staff were aware of their roles and responsibilities. A review of care confirmed that the home was operating within the categories of care for which they were registered and in accordance with their Statement of Purpose and Patient Guide.

The two requirements which impact on safe care also identify deficits in the leadership within the service; therefore the requirements must also be considered as areas for improvement in the well led domain. A recommendation was also made with regard to the auditing processes.

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 by the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3*	9*

The total number of requirements and recommendations made includes one requirement and two recommendations that have been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Bella Calip, 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 type e.g. care inspection

The most recent inspection of the home was an announced estates inspection undertaken on 7 April 2016. Other than those actions detailed in the previous QIP there were no further actions required. 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

Registered organisation/ registered provider: Gerald William Beattie Edwin Samuel Johnston	Registered manager: Bella Calip
Person in charge of the home at the time of inspection: Bella Calip	Date manager registered: 22 October 2015
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of registered places: 23

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report

During the inspection we met with seven patients individually and with others in small groups, relatives of two patients, two registered nurses, three care staff and the cook.

Ten questionnaires were also issued to relatives and staff with a request that they were returned within one week from the date of this inspection.

The following information was examined during the inspection:

- three patient care records
- staff duty roster for the week commencing 4 July 2016
- staff training records
- staff induction records
- staff competency and capability assessments
- staff recruitment records
- complaints and compliments records
- incident and accident records
- records of audit
- records of staff meetings
- reports of monthly quality monitoring visits

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 announced estates inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated at the next estates inspection.

Following discussion with the estates inspector it was agreed that the availability of hot water would be reviewed during this inspection. Discussion with the registered manager, staff and patients confirmed that there have been no further problems with the supply of hot water. The estates inspector was provided with an update via e mail following this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 25 November 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 18(2)(a) Stated: First time	The registered person must ensure that patients are provided with appropriate communication facilities. Patients must have access to a nurse call bell to alert staff when they require assistance.	Met
	Action taken as confirmed during the inspection: We observed that patients in their bedrooms had a nurse call bell provided. Patients spoken with were familiar with the system and how to alert staff when they required assistance. This requirement has been met.	

<p>Requirement 2</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered person must ensure the safe administration of medicines.</p> <p>Medicines must not be left unattended and registered nurses must only sign for the administration of medicines which they have actually administered.</p> <p>Action taken as confirmed during the inspection: In the afternoon of the inspection we witnessed one relative report to the registered manager that their mother had not taken her morning medication but had spat them into a medicine cup in her bedroom; we observed the tablets that were removed by staff. This incident evidenced that this requirement has not been met and is therefore stated for a second time.</p>	<p>Not met</p>
<p>Last care inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 39.4</p> <p>Stated: First time</p>	<p>It is recommended that training on communication, palliative and end of life care should be provided for all grades of staff appropriate to their roles and responsibilities.</p> <p>Action taken as confirmed during the inspection: A review of training records evidenced that seven staff had attended training on communication and palliative care. The registered manager confirmed that further dates were available and that staff would be identified to attend. This recommendation is assessed as met.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 36.2</p> <p>Stated: First time</p>	<p>Policies and procedures on the management of palliative and end of life care and death should be reviewed and, where necessary updated, to ensure they reflect the Guidelines and Audit Implementation Network (GAIN) Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes in December 2013.</p> <p>Action taken as confirmed during the inspection: A review of policies on the management of palliative and end of life care and death evidenced that these had been reviewed and made reference to best practice guidance. This recommendation has been met.</p>	<p>Met</p>

<p>Recommendation 3</p> <p>Ref: Standard 41.2</p> <p>Stated: First time</p>	<p>It is recommended that staff provide the registered manager with evidence of training undertaken outside of the home to ensure they have the necessary training to undertake roles outside of their main job description.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The registered manager explained that the identified member of staff has not been rostered to undertake roles outside of their main job description. They explained that the previous situation had occurred in response to an emergency and that contingency plans have now been made with other homes in the company to provide cover. We were assured following discussion with the registered manager that they understood the rationale for the recommendation and the need to evidence training undertaken outside of the home for any staff should a situation arise where staff are asked to undertake roles outside of their main job description. This recommendation has been met.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>It is recommended that the duty rota reflects the capacity in which staff are working and the actual hours they are rostered to work.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of the duty rota evidenced that this recommendation has been met.</p>		
<p>Recommendation 5</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>It is recommended that records of the date of the meeting, the names of those attending and minutes of discussions with the agreed action are maintained.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of records of staff meetings evidenced that this recommendation has been met.</p>		

<p>Recommendation 6</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p>	<p>It is recommended that environmental issues as referenced in section 5.3 are addressed to ensure that infection prevention and control best practice is adhered to and that the home is decorated to a standard acceptable for patients.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>An inspection of the environment evidenced that</p> <ul style="list-style-type: none"> • carpets had been cleaned and were stain free. New flooring had been provided in one bedroom • the veneer on a number of integrated bed rails remains damaged with the wood exposed. The registered manager explained that these surfaces could not be repaired and the home were currently trying to source replacement bedrails • the paint on the frames of a number of hoists remains damaged with metal exposed. The cushion covering on the arm of one hoist has been repaired • the damage previously noted to the paintwork, woodwork and decorative boards has been repaired <p>This recommendation is assessed as partially met and the elements which have not been addressed will be reviewed at a future inspection. This recommendation has been stated for a second time.</p>	<p>Partially Met</p>
<p>Recommendation 7</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>It is recommended that the dining experience is reviewed to ensure that it is a positive experience for patients. This review should include the environment of the dining rooms</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Improvements were noted during this inspection with the environment of the dining room and the serving of the meals. This recommendation as stated has been met. However other issues were identified with the evening meal. This is further discussed in section 4.4 of this report.</p>	<p>Met</p>

Recommendation 8 Ref: Standard 12.13 Stated: First time	It is recommended that the menu is reviewed to ensure that there is meaningful choice for patients at each meal. This includes choice for those patients who require a modified diet.	Partially Met
	Action taken as confirmed during the inspection: A review of menu choice sheets and discussion with patients and staff confirmed the choice of dishes was offered at each mealtime. However issues were identified with the evening meal on the day of the inspection. This is further discussed in section 4.4. This recommendation is assessed as partially met and is stated for a second time.	

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and advised that these levels were subject to regular review to ensure the assessed needs of the patients were met. The registered manager provided examples of the indicators they used to evidence that there was sufficient staff to meet the needs of the patients.

A review of the staffing roster for week commencing 4 July 2016 evidenced that the planned staffing levels were adhered to. In addition to nursing and care staff, staffing rosters confirmed that staff were on duty daily to provide catering, domestic and laundry services. On occasions the registered manager was rostered to work as a registered nurse; this was clearly identified on the staffing roster.

Patients and relatives commented positively regarding the staff and care delivery. Ten questionnaires were issued to relatives; one was returned in time for inclusion in this report. No concerns were identified with staffing or the safe delivery of care.

Staff spoken with were satisfied that there were sufficient staff to meet the needs of the patients. We also sought staff opinion on staffing via questionnaires; one completed questionnaire was returned following the inspection. The staff member responded that in their opinion there was insufficient staff to meet the needs of the patients and provided examples of how they believed this impacted negatively on patient care. The comments were shared with the registered manager.

A review of records evidenced that a competency and capability assessment had been completed with nurses who were given the responsibility of being in charge of the home in the absence of the registered manager. The assessments were signed by the registered manager to confirm that the assessment process has been completed and that they were satisfied that the registered nurse was capable and competent to be left in charge of the home.

The recruitment procedures were discussed with the registered manager who confirmed that recruitment records were maintained by the Human Resources (HR) manager and forwarded to the home when the recruitment process was complete. One personnel file reviewed was in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. However issues were identified with evidence of registration with professional bodies prior to a candidate commencing employment. There were six registered nurses recorded on the duty roster; only five nurses' names were on the record of the Nursing and Midwifery council (NMC) checks. There was no recorded evidence to support that the registration status of one nurse had been confirmed with the NMC at the time of their employment or since. A requirement has been made to ensure that documentary evidence of registration with professional bodies is obtained prior to candidates commencing employment.

The arrangements in place to confirm and monitor the registration status of registered nurses with the NMC were discussed with the registered manager. The records reflected that the registration of nurses on the NMC website was checked monthly. The date registrations were due for renewal was recorded. It was noted that one nurse's registration had been due for renewal since the most recent check had been completed. The registered manager confirmed that no check had been completed to confirm that this registration had been renewed.

We requested that the registered manager, as a matter of urgency, provide confirmation of the NMC registration status of all of the nurses employed in the home. Confirmation that all of the nurses currently employed had a live registration with the NMC was provided by the registered manager prior to the completion of this inspection. A requirement has been made that the registered person ensures that staff employed are suitably qualified. Robust systems to check that registered nurses have a live registration with the NMC must be implemented.

We discussed the arrangements in place to confirm and monitor care staff registration with the Northern Ireland Social Care Council (NISCC). The registered manager confirmed that these records were held by the Human Resources manager; no details of NISCC registrations were maintained in the home. The importance of the registered manager having confirmation that care staff are appropriately registered was discussed and it was agreed that they would discuss this further with the HR manager with a view to a record being maintained in the home.

The record maintained of Access NI checks was reviewed. Confirmation that a check had been completed, the date of completion was forwarded to the registered manager. There was no clear information to confirm if the outcome of the check was satisfactory. This was discussed with the registered manager and a recommendation made that the information provided by the HR manager must be sufficient to assure the registered manager of the outcome of the check from Access NI. A record should be maintained of the date the outcome was checked to evidence that this check was completed prior to the candidate commencing employment.

Discussion with the registered manager and staff and a review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. One completed induction programme was reviewed. The programme included a written record of the areas completed and the signature of the person supporting the new employee. On completion of the induction programme the registered manager signed the record to confirm that the induction process had been satisfactorily completed.

Mandatory training was provided by the home in classroom based sessions. An annual training plan was arranged at the company's head office and shared with the homes.

The annual training plan was displayed in the home and provided staff with advanced warning of dates. The registered manager had systems in place to monitor staff attendance and compliance with training. These systems included a training matrix to facilitate an over view and the signing in sheets from each training session to evidence staff attendance. A review of mandatory training for 2016 evidenced good compliance, with moving/ handling training in June and fire awareness in April. It was noted that in 2015 only 2 staff attended adult safeguarding training. A review of the homes policy entitled "Adults at risk of abuse", February 2016, confirmed that refresher training would be provided to staff on an annual basis. This was discussed with the registered manager and it was agreed that refresher training in adult safeguarding should be arranged as a priority in accordance with the home's policy and best practice. A recommendation was made.

Training opportunities were also provided by the local health and social care trust. The registered manager explained that dates and details of the planned training were provided to the home regularly and staff were supported to attend.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The registered nurses and care staff were aware of whom to report concerns to within the home.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process to accurately identify risk and inform the patient's individual care plans.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to the relevant bodies. A random selection of accidents and incidents recorded since the previous inspection evidenced that accidents and incidents had been appropriately notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. The registered manager completed a monthly analysis of accidents to identify any trends or patterns.

A general inspection of the home was undertaken to examine a random sample of patients' bedrooms, lounges, bathrooms and toilets. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated. A number of pieces of equipment were stored in an area at the bottom of the stairs. It was recommended that the use of the identified area for storage should be discussed with the fire risk assessor to ensure that it does not compromise fire safety. RQIA should be informed of the outcome of this discussion.

There were no issues identified with infection prevention and control practice.

Areas for improvement

Details and documentary evidence of registration with professional bodies must be obtained prior to candidates commencing employment.

Robust systems to check that registered nurses have a live registration with the relevant professional body must be implemented.

Information provided by the HR administrator should be sufficient to assure the registered manager of the outcome of the check from Access NI.

A record should be maintained of the date the outcome was checked to evidence that this check was completed prior to the candidate commencing employment.

Refresher training in adult safeguarding should be arranged as a priority in accordance with the home's policy and best practice.

The use of the identified area for storage should be discussed with the fire risk assessor to ensure that it does not compromise fire safety. RQIA should be informed of the outcome of this discussion.

Number of requirements	2	Number of recommendations:	3
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4.4 Is care effective?

We reviewed three patients' care records with regard to the admission process, the management of wound care and the day to day maintenance and review of care records.

A review of one care record evidenced that a comprehensive assessment of patients' nursing needs was commenced at the time of admission to the home. The assessment contained good detail of the outcome of each area assessed and the patient's individual needs. Initial plans of care were generated within 24 hours of admission. As previously discussed a range of validated risk assessments were also completed as part of the admission process.

Wound management in respect of one patient was reviewed. Details of the wounds and frequency with which they required to be re-dressed were recorded in patient's care records. The care record contained an initial wound assessment and an assessment of the wound following dressing renewal. The tissue viability nurses (TVN) from the local health and social care trust were also involved in the patient's care. Care records were updated to reflect recommendations made following reviews. A review of care records did not evidence the delivery of prescribed dressing. Records by the TVN evidenced improvement to the wound; this provided assurances that wound care was being delivered. There were inconsistencies in where registered nurses were recording the dressing changes; some were recording the dressing change, along with an assessment of the wound on the "open wound observation chart", others were recording that the dressing change in the daily evaluation notes. There was more than one wound evaluated on the "open wound evaluation sheet". The recording of wound care should be reviewed to ensure the delivery of care is evidenced; a consistent approach should be agreed to recording wound care. Individual care records should be maintained for each wound in accordance with best practice. A recommendation was made.

A review of one care record evidenced that care records were regularly reviewed and updated, as required. Investigations requested by GP's were actioned and the outcome recorded. The patient was under the care of a dietician and we noted that they had requested the patient's weight be checked in April 2016. There was no record of this being done. We noted three other patients who had not been weighed for a number of months. This was discussed with the registered manager who explained they did not have appropriate equipment to weigh patients who were non-weight bearing. This issue was identified by the operational manager during the monthly quality review visit on 17 June 2016 and an action recorded to borrow scales from another home within the company; this had not been actioned.

It is recommended that the necessary equipment to monitor the weight of those patients who are non-weight bearing, is available.

records reflected that, where appropriate, referrals were made to healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) and dieticians.

There was evidence within the care records of regular, ongoing communication with relatives.

Observations evidenced that call bells were answered promptly and patients requesting assistance in the lounge areas or their bedrooms were responded to appropriately. Patients were confident of the ability of staff to meet their needs effectively and in a timely manner. Patients were satisfied that staff responded to call bells promptly.

In the questionnaires issued to staff we asked if services users got the right care, at the time and with the best outcome for them. The staff member who returned a questionnaire replied "no" to this question. They commented that "ordinarily yes but as we are short staffed very often, residents have to wait for the commodes etc." Their comments were shared with the registered manager.

The serving of lunch was observed. A number of patients were assisted to the dining rooms while others preferred to remain in the lounge or their bedrooms. Meals were transported to the first floor in a heated trolley. Staff encouraged and prompted patients to eat their meal in addition to providing full assistance to those patients who required this level of support. Lunch was observed to be well organised with all of the patients being attended to in a timely manner. There was a choice of two dishes; all were nicely presented and smelt appetising. The cook confirmed that both dishes were suitable for those patients who required a modified/pureed diet. The food served at lunchtime was commended. All of the patients spoken with enjoyed their lunch.

At 16:10 hours care staff brought a tray with a number of bowls to the upstairs lounge; they explained that this was the evening tea for those patients who required a modified/ pureed diet. When we queried the time care staff confirmed this was normal practice. We spoke with the cook who explained that the dish was a homemade mousse of fresh fruit with yoghurt and fresh cream. The cook explained that dishes they had previously served were often not eaten and that the patients enjoyed this meal. We expressed our concern regarding the nutritional content of this dish as an evening meal. We discussed the short interval between meals and how this may contribute to the patients' apparent lack of appetite at this time. The nutritional content of the dishes served and the intervals between meals, including the serving of morning and afternoon tea, should be delivered in accordance with best practice guidance, for example, Nutritional Guidelines and menu checklist, March 2014. A recommendation was made.

A further recommendation was made during the previous inspection to ensure there is meaningful choice for patients at each meal. This includes choice for those patients who require a modified diet. This recommendation is now stated for a second time.

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

The registered manager confirmed that staff meetings were held regularly. The most recently recorded meeting with staff teams were held in January and June 2016. Minutes of these meetings, detailing the areas discussed, were available.

Areas for improvement

The recording of wound care should be reviewed to ensure the delivery of care is evidenced; a consistent approach should be agreed to where the entries are documented. Individual care records should be maintained for each wound in accordance with best practice.

The necessary equipment should be available to ensure patients' weight can be monitored.

The nutritional content of the dishes served and the intervals between meals, including the serving of morning and afternoon tea, should be delivered in accordance with best practice guidance, for example, Nutritional Guidelines and menu checklist, March 2014.

Number of requirements	0	Number of recommendations:	3
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4.5 Is care compassionate?

Observations throughout the inspection evidenced that there was a calm atmosphere in the home and staff were quietly attending to the patients' needs.

Patients were observed to be sitting in the lounges, or in their bedroom, as was their personal preference. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time. Staff spoken with were knowledgeable regarding patients' likes and dislikes and individual preferences.

Patients spoken with commented positively in regard to the care they received. Those patients who were unable to verbally express their views were observed to be appropriately dressed and were relaxed and comfortable in their surroundings. Observation of care delivery confirmed that patients were assisted appropriately, with dignity and respect, and in a timely manner.

We discussed how the registered manager consulted with patients and relatives and involved them in the issues which affected them. Quality assurance questionnaires were sent out annually to patients. These were last sent in June 2016. The registered manager explained that they were still waiting for some responses and when these were received a report would be compiled and made available in the home. Response received in June 2015 were available. The following comments were included:

- "Staff always approachable – regular staff who know all residents – very important."
- "Food well cooked – maybe a bit bigger plate."
- "I have always found the building and bedroom clean and pleasant."
- "There is need for more activities to keep residents active and involved."

Relatives spoken with confirmed that they were welcomed into the home by all staff. They were confident that if they raised a concern or query with the registered manager or staff, their concern would be addressed appropriately.

Ten relative questionnaires were issued; one was returned within the timescale for inclusion in this report. The relative responded positively to all of the questions asked. The following comments were provided:

- “The home is always very clean and fresh smelling and the staff always have time for relatives.”
- “Always made to feel very welcome and use of name which means a lot.”
- “The home is extremely well with excellent staff in all departments.”

Ten questionnaires were issued to staff; one was returned within the timescale for inclusion in this report. The staff member responded positively to the questions within the domain of safe, and well led. Comments provided within the domain of safe and effective are discussed in section 4.3 and 4.4 respectively.

In the questionnaire we asked if staff were satisfied that care met the individual needs and preferences of service users and if they had a say in how their care was delivered. The staff member replied “no” to these questions and commented that carers’ decisions were given priority over what the patient wanted. These comments were shared with the registered manager.

Areas for improvement

No areas for improvement were identified in the assessment of compassionate care during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

The certificate of registration issued by RQIA and the home’s certificate of public liability insurance were appropriately displayed in the home.

Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered. The Statement of Purpose and Patient Guide were displayed and available in the reception area of the home.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. From a review of the duty rotas it was clear which hours the registered manager was working in a management capacity or that of a registered nurse on the floor.

Staff spoken with were knowledgeable regarding the line management arrangements and who they would escalate any issues or concerns to; this included the reporting arrangements when the registered manager was off duty.

Patients and relatives spoken with confirmed that they were aware of the home’s complaints procedure and confirmed that they were confident that staff and/ or management would address any concern raised by them appropriately. Patients were aware of who the registered manager was. Records were maintained of complaints received and included the nature of the complaint and action taken to address the issues.

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, audits were completed in relation to incidents/accidents, infection prevention and control practices and the kitchen environment. A review of an audit undertaken on the kitchen environment evidenced that some areas for improvement had been identified. There was no evidence in any of the audit records that the areas for improvement had been re-audited to check compliance. The completion of the audit cycle to ensure quality improvement was discussed with the registered manager and a recommendation made.

The unannounced monthly visits required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 were completed in accordance with the regulations. An action plan was generated to address any identified areas for improvement.

As previously discussed in section 4.3 issues were identified with the recruitment processes and the arrangements in place to confirm and monitor the registration status of registered nurses with the NMC. Two requirements are stated in this regard. These procedures, whilst ensuring safe care, also identify deficits in the leadership within a service; therefore the requirements made must also be considered as areas for improvement in the well led domain.

Areas for improvement

Areas for improvement identified during audit should be re-audited to ensure the required improvements have been made and compliance with best practice is achieved and sustained.

Number of requirements	0	Number of recommendations:	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Bella Calip, 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 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 may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for review 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.

Quality Improvement Plan	
Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 13(4)</p> <p>Stated: Second time</p> <p>To be completed by: 2 August 2016</p>	<p>The registered person must ensure the safe administration of medicines.</p> <p>Medicines must not be left unattended and registered nurses must only sign for the administration of medicines which they have actually administered.</p> <p>Ref section 4.2</p>
	<p>Response by registered provider detailing the actions taken: All nurses will undergo further supervision and training sessions regarding the administration of medicines in accordance to NMC standards</p>
<p>Requirement 2</p> <p>Ref: Regulation 21(1)(b)</p> <p>Stated: First time</p> <p>To be completed by: 2 August 2016</p>	<p>The registered person must ensure that all of the information required and documents specified in regard to the selection and recruitment of staff are obtained prior to the commencement of employment.</p> <p>Ref section 4.3</p>
	<p>Response by registered provider detailing the actions taken: All documents specific to the selection and recruitment of staff are all obtained prior to the commencement of employment and are evidenced along with a checklist which is also in place.</p>
<p>Requirement 3</p> <p>Ref: Regulation 20(1)(a) and 21(1)(b)</p> <p>Stated: First time</p> <p>To be completed by: 2 August 2016</p>	<p>The registered person must ensure that staff employed are suitably qualified. Robust systems to check that registered nurses have, and maintain, a live registration with their professional body must be implemented.</p> <p>Ref section 4.3</p>
	<p>Response by registered provider detailing the actions taken: All nurses employed have their registrations checked at the beginning of each month to ensure they have a live registration and this is evidenced through updated documentation which is in place</p>

Recommendations	
Recommendation 1 Ref: Standard 44.1 Stated: Second time To be completed by: 2 August 2016	It is recommended that environmental issues as referenced in section 5.3 (of the previous report) are addressed to ensure that infection prevention and control best practice is adhered to and that the home is decorated to a standard acceptable for patients. Ref section 4.2
	Response by registered provider detailing the actions taken: All issues identified are being addressed, new bedrails have been ordered and hoists have been repainted and are continuously monitored for any further damage which will be repaired. The home has a refurbishment plan in place and is working through this to ensure the home is decorated to an acceptable standard
Recommendation 2 Ref: Standard 12.13 Stated: Second time To be completed by: 2 August 2016	It is recommended that the menu is reviewed to ensure that there is meaningful choice for patients at each meal. This includes choice for those patients who require a modified diet. Ref section 4.2 & 4.4
	Response by registered provider detailing the actions taken: The menu is currently under review and will include choices for all residents requiring a modified diet.
Recommendation 3 Ref: Standard 38 Stated: First time To be completed by: 2 August 2016	It is recommended that information provided by the HR administrator is sufficient to assure the registered manager of the outcome of the check from Access NI. A record should be maintained of the date the outcome was checked to evidence that this check was completed prior to the candidate commencing employment. Ref section 4.3
	Response by registered provider detailing the actions taken: A new form has been developed to evidence the outcome of all checks from Access NI prior to commencement of an employee in their post, this will be retained in all personnell records for evidence.
Recommendation 4 Ref: Standard 13.11 Stated: First time To be completed by: 2 August 2016	It is recommended that refresher training in adult safeguarding should be arranged as a priority in accordance with the home's policy and best practice. Ref section 4.3
	Response by registered provider detailing the actions taken: Further training in relation to Adult Safeguarding has been organised for all staff to attend, training records will be retained.

<p>Recommendation 5</p> <p>Ref: Standard 48</p> <p>Stated: First time</p> <p>To be completed by: 2 August 2016</p>	<p>It is recommended that the use of the identified area for storage should be discussed with the fire risk assessor to ensure that it does not compromise fire safety.</p> <p>RQIA should be informed of the outcome of this discussion.</p> <p>Ref section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: The area identified has been now been cleared of items which were stored on the day of inspection.</p>
<p>Recommendation 6</p> <p>Ref: Standard 4.8</p> <p>Stated: First time</p> <p>To be completed by: 2 August 2016</p>	<p>It is recommended that the recording of wound care is reviewed to ensure the delivery of care is evidenced; a consistent approach should be agreed to where the entries will be documented.</p> <p>Individual care records should be maintained for each wound in accordance with best practice.</p> <p>Ref section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: New wound documentation has been introduced, which will allow staff to clearly reference each individual wound in accordance to best practice.</p>
<p>Recommendation 7</p> <p>Ref: Standard 12.12</p> <p>Stated: First time</p> <p>To be completed by: 2 August 2016</p>	<p>It is recommended that the necessary equipment to monitor the weight of those patients who are non-weight bearing, is available.</p> <p>Ref section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: This has been addressed and all residents are weighed monthly</p>
<p>Recommendation 8</p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p> <p>To be completed by: 2 August 2016</p>	<p>It is recommended that the nutritional content of the dishes served and the intervals between meals, including the serving of morning and afternoon tea, are delivered in accordance with best practice guidance, for example, Nutritional Guidelines and menu checklist, March 2014.</p> <p>Ref section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: Mealtimes have been reviewed to ensure intervals between meals are acceptable. Menus are currently under review to ensure the nutritional content is in accordance with best practice.</p>

<p>Recommendation 9</p> <p>Ref: Standard 35.16</p> <p>Stated: First time</p>	<p>It is recommended that areas for improvement identified during audit should be re-audited to ensure the required improvements are made and compliance with best practice is achieved.</p> <p>Ref section 4.5</p>
<p>To be completed by: 2 August 2016</p>	<p>Response by registered provider detailing the actions taken: All areas identified during an audit will be re-audited to ensure all actions are addressed and this will be evidenced within the audit.</p>



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