

Unannounced Care Inspection Report 15 September 2017



Three Rivers Care Centre

Type of Service: Nursing Home (NH)

Address: 11 Millbank Lane, Lisnamallard, Omagh, BT79 7YD

Tel No: 028 8225 8227

Inspector: Aveen Donnelly

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 and residential care for up to 81 persons.

3.0 Service details

Organisation/Registered Provider: Zest Care Homes Ltd Responsible Individual: Philip Scott	Registered Manager: Camilla McNamee (acting)
Person in charge at the time of inspection: Camilla McNamee	Date manager registered: application not required
Categories of care: Nursing Home (NH) PH – Physical disability other than sensory impairment DE – Dementia I – Old age not falling within any other category Residential Care (RC) DE – Dementia	Number of registered places: 81 comprising: Fairywater Unit - 11 beds in category RC-DE; Strule Unit - 28 beds in category NH-DE; Camowen Unit - 14 beds in category NH-I; Drumragh Unit - 28 beds in category NH-I including a maximum of 14 beds in category NH-PH.

4.0 Inspection summary

An unannounced inspection took place on 15 September 2017 from 09.45 to 17.30 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 DHSSPS Care Standards for Nursing Homes 2015.

The term 'patients' is used to describe those living in the home which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified 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.

There were examples of good practice found throughout the inspection in relation to staff induction, supervision and appraisal, infection prevention and control, risk management and the home's environment. The care records were well maintained; wound care was well managed and the registered nurses had good oversight of the patients' total fluid intakes and weight monitoring. Communication between residents, staff and other key stakeholders was well maintained. Patients and their representatives felt that they were listened to and that they felt valued. Mealtimes and activities were well managed. There were also examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships within the home.

Areas for improvement made under the regulations related to mandatory training; the reporting of adult safeguarding incidents; the blocking of fire exits; and the consent for the use of the CCTV system. Areas for improvement made under the care standards related to the recruitment processes; the arrangements in place for embedding the new regional operational safeguarding policy and procedure into practice; the monitoring and recording of pressure mattress settings; the confidentiality of patients' information; the maintenance of the staffing rota; the complaints records; the policy on the use of CCTV; the patient falls audit; and the system for managing alerts regarding staff that had sanctions imposed on their employment by professional bodies.

Patients said they were generally happy living in the home. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4	9

Details of the Quality Improvement Plan (QIP) were discussed with Camilla McNamee, 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 21 March 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 21 March 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit.

During the inspection the inspector met with five patients, four care staff, two registered nurses, one laundry staff, one activities staff member and six patients' representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

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

The following records were examined during the inspection:

- staffing arrangements in the home
- one staff personnel file to review recruitment and selection
- staff induction, supervision and appraisal records
- staff training records for 2016/2017
- accident and incident records
- records relating to adult safeguarding
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- emergency evacuation register
- three patient care records
- two patient care charts including food and fluid intake charts and repositioning charts
- Close Circuit Television (CCTV) monthly report
- Documentation in relation to the use of CCTV
- patient register
- annual quality report
- compliments records
- RQIA registration certificate
- certificate of public liability
- audits in relation to care records and falls
- a selection of policies and procedures
- complaints received since the previous care inspection
- minutes of staff', patients' and relatives' meetings held since the previous care inspection
- monthly quality monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 21 March 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

6.2 Review of areas for improvement from the last care inspection dated 27 July 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 30 (1) (c) Stated: First time	The registered persons must ensure that RQIA is notified of any serious injury to a patient in the home.	Met
	Action taken as confirmed during the inspection: Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection, confirmed that these were appropriately managed.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 39 Stated: First time	The registered persons should ensure that competency and capability assessments are completed on an annual basis, for registered nurses who have the responsibility of being in charge of the home, in the absence of the registered manager.	Met
	Action taken as confirmed during the inspection: A review of personnel files and discussion with staff confirmed that this recommendation had been met.	

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 manager confirmed the planned daily staffing levels for the home and stated that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for the week commencing 5 September 2017 evidenced that the planned staffing levels were generally adhered to. Observation of the delivery of care evidenced that patients' needs were met by the number and skill mix of staff on duty.

Discussion with patients and their representatives evidenced that there were no concerns regarding staffing levels. Further detail regarding the maintenance of the duty rota is discussed in section 6.7.

The manager explained there was currently one registered nurse and four care staff vacancies; these vacancies were being filled by agency staff or bank staff. Staff had recently been recruited and were awaiting the appropriate checks before starting in post.

Staff consulted with stated that communication was well maintained in the home and that appropriate information was communicated in the shift handover meetings.

A review of one personnel file and discussions with the manager evidenced that recruitment processes were generally in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. Where nurses and carers were employed, their registrations were checked with NMC and NISCC, to ensure that they were suitable for employment. The review of recruitment records evidenced that enhanced criminal records checks were completed with Access NI prior to the staff member starting their employment. For agency staff, their profile was maintained, which included information on the Access NI and NMC check.

Although the manager had obtained most of the recruitment information required, further action was required, to ensure that employment histories were clearly recorded on the application form and any gaps explored prior to employment starting. Furthermore, although satisfactory references had been sought and received, prior to employment starting, it was noted that in one personnel file, the reference received had not been from the employee's last employer. This has been identified as an area for improvement under the care standards.

Newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. One completed induction programme was reviewed. The induction 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 employee and the inductor signed the record to confirm completion and to declare understanding and competence. Discussion with staff and a review of records confirmed that agency staff also received an induction to the home.

Discussion with the manager and staff confirmed 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 one to one supervision, undertook competency and capability assessments and completed annual appraisals. Individual supervisions were also conducted with staff in response to learning that was identified from the home's CCTV surveillance system. For example, where deficits were identified in the hand hygiene practices of staff, there was evidence that an individual supervision had been undertaken with the identified staff members, to ensure that they adhered to best practice.

Consultation with staff and a review of the staff training records confirmed that there was a rolling programme of mandatory training. Staff completed modules on basic life support, medicines management, control of substances hazardous to health, fire safety, food safety, health and safety, infection prevention and control, safe moving and handling and adult prevention and protection from harm. However, the review of the training records identified that they were not up to date and there was evidence of many gaps in completion of mandatory training, particularly in relation to adult safeguarding. This was discussed with the manager and has been identified as an area for improvement under the regulations.

Discussion with the manager and review of records evidenced that the arrangements for monitoring the registration status of nursing staff were appropriately managed in accordance with NMC. Similar arrangements were in place to ensure that care staff were registered with NISCC.

Staff consulted with, were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding. The staff understood what abuse was and how they should report any concerns that they had. However, a review of the CCTV monthly surveillance report identified two instances of poor moving and handling practices that should have been reported in accordance with the regional safeguarding protocols. Following the inspection, the manager confirmed to RQIA by email on 18 September 2017 that this had been done. It was concerning that these incidents had not been recognised as needing to be referred to Adult Safeguarding. This has been identified as an area for improvement under the regulations.

Furthermore, the manager was not knowledgeable regarding the role of the organisation's safeguarding champion; and was unable to describe how information from the home was going to inform the annual position report, which the safeguarding champion is responsible for developing. This has been identified as an area for improvement under the care standards.

Review of patient care records evidenced that validated risk assessments were completed as part of the admission process and were reviewed as required. These risk assessments informed the care planning process.

A review of the accident and incident records confirmed that the falls risk assessments and care plans were consistently completed following each incident and that care management and patients' representatives were notified appropriately. A falls calendar was also utilised, to alert staff to when patients had fallen.

A number of patients had pressure relieving mattresses on their beds, to prevent skin breakdown. Observation of the specific pressure relieving mattresses evidenced that staff had to 'set' the pressure according to the patients' weights. We found that one patient, whose weight was 73 kgs, using a mattress that was set for a patient of more than 130 kgs which would not effectively relieve pressure and could potentially be detrimental. Specific details of the findings were discussed with the staff who advised that there was no system in place to monitor or record pressure mattress settings. This has been identified as an area for improvement under the care standards.

Infection prevention and control measures were adhered to and equipment was stored appropriately.

A review of the home's environment was undertaken which included a number of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout. The majority of patients' bedrooms were personalised with photographs, pictures and personal items.

The emergency evacuation register was up to date and included the details of the last patient admitted to the home. However, one fire exit was obstructed with chairs and discussion with staff confirmed that these items had been there for two days. It was disappointing that these had not been removed until raised by the inspector. The manager ensured that the fire escape

routes were clear of obstruction before the end of the inspection. This has been identified as an area for improvement under the regulations.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, supervision and appraisal, infection prevention and control, risk management and the home’s environment.

Areas for improvement

Areas for improvement made under the regulations related to mandatory training; the reporting of adult safeguarding incidents; and the blocking of fire exits. Areas for improvement made under the care standards related to the recruitment processes; the arrangements in place for embedding the new regional operational safeguarding policy and procedure into practice; and the monitoring and recording of pressure mattress settings.

	Regulations	Standards
Total number of areas for improvement	3	3

6.5 Is care effective?

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

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

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner’s (GP), Speech and language therapist (SALT), dietician and Tissue Viability Nurse specialists (TVN). Discussion with registered nurses and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient’s record.

A review of wound care records evidenced that wound care was managed in line with best practice. A review of the daily progress notes of one patient evidenced that the wound dressing had been changed according to the care plan.

Patients who had been identified as being at risk of losing weight had their weight regularly monitored. This ensured that any weight loss was identified and appropriate action taken in a timely manner.

Personal care records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. For example, a sampling of food and fluid intake charts confirmed that patients’ fluid intake was monitored and recorded by the registered nurses in the daily progress notes. This is good practice.

Patients' elimination records were monitored by the registered nurses on a daily basis, to ensure that any changes from the patients' usual bowel patterns were identified and timely action taken.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and discussions at the handover provided the necessary information regarding any changes in patients' condition. Staff also confirmed that communication between all staff grades was effective.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff meetings were held on a regular basis. The most recent staff meeting was held on 23 May 2017; however the minutes of the meetings were not adequately maintained. This meant that staff who were unable to attend would not have been able to read the matters discussed at the meeting. This was relayed to the manager, to address.

All those consulted with confirmed that if they had any concerns, they could raise these with the staff and/or the registered manager. A patients' meeting had been held on 1 August 2017 and a relatives' meeting had been held on 8 August 2017; minutes were available. The manager had also developed an action plan in relation to areas which needed to be addressed, following the meetings. This is good practice.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping; wound care management and the oversight of weight loss; and communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were made in this domain.

	Regulations	Standards
Total number of areas for improvement	0	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, caring and timely. Consultation with five patients individually and with others in smaller groups, confirmed that patients were afforded choice and were observed to treat patients with dignity and respect. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

Discussion with patients also confirmed that staff consistently used their preferred name and that staff spoke to them in a polite manner. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care.

There were some areas of good practice identified during the inspection. For example, patients were consulted with regarding meal choices and their feedback had been listened to and acted on. Patients were offered a choice of meals, snacks and drinks throughout the day. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. We observed the lunch time meal in the dining room. The lunch served appeared appetising and patients spoken with stated that they were satisfied with the meals provided. The atmosphere was quiet and tranquil and patients were encouraged to eat their food; assistance was provided by staff, as required.

Patients consulted with also confirmed that they were able to maintain contact with their families and friends. Two staff members were designated to provide activities in the home. There was evidence of a variety of activities in the home and discussion with patients confirmed that they were given a choice with regards to what they wanted to participate in. There was evidence of regular church services to suit different denominations. Social care plans were in place to provide information to staff to ensure that patients' social care needs were met individually.

Discussion with the manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided. An annual quality audit had been undertaken in 2016; views and comments recorded were analysed.

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

From discussion with the manager, staff, relatives and a review of the compliments record, there was evidence that the staff cared for the patients and their relatives in a kindly manner.

Despite this, some areas for improvement were identified. For example, a notice board was displayed at the nurses' stations, which detailed confidential patient information. Given that relatives were sometimes present in the nurses' station, this information should have been maintained in a more confidential location. The manager agreed to move the notice boards to the treatment room. This has been identified as an area for improvement under the care standards.

Closed circuit televisions (CCTV) had been installed in the home in 2016. Patients and relatives, who had consented to the use of the CCTV did not raise any issues of concern with the inspector. However, two patients who had not consented to the use of the camera surveillance system in their bedrooms, were not aware of the existence of any other area within the home where they could sit, without surveillance. Where patients had declined the use of CCTV cameras in their bedrooms, the cameras could be covered, which clearly indicated that the cameras were not in use; however these covers were not consistently in place for those who had not consented to its use. One patients' relatives also informed the inspector that although they did not want the cameras activated during the day, when they were present, they had informed management that they would consent to the cameras being on between 7pm and 7am; they stated that they had been informed that this was not possible.

Furthermore, where patients lacked capacity, a best interests decision form was completed, which was signed by the manager and the patients' representatives. The manager also

explained that the patients' care managers' from the local Health and Social Care Trust were informed in relation to the decision to use the CCTV; however, this was not consistently recorded. A review of one completed form also did not clearly specify whether or not consent had been given specifically in relation to the filming of intimate, personal care; and it was unclear if those involved were fully aware of what 'personal care' meant. These matters were discussed with the manager and have been identified as an area for improvement under the regulations. This has been identified as an area for improvement under the regulations.

As previously discussed in section 6.4, the home received a monthly report on the practices observed via the CCTV system. This provided information on areas of improvement and also areas of good practice observed. It was noted that the information in this report was reported under the domains of safe, effective and caring care, in keeping with the RQIA inspection methodology.

During the inspection, we met with five patients, four care staff, two registered nurses, one laundry staff, one activities staff member and six patients' representatives. Some comments received are detailed below:

Staff

"I love it, this is the best place I have worked in."
 "I can go home and say I've done a good job."
 "I am getting on grand, the care is great."
 "We give really good care, this place is known to be the best."
 "The care is excellent, we have a good rapport."
 "I have no concerns, there are very high standards here."

Patients

"Everything is fine, they are all polite, though there are good and bad days."
 "All is good".
 "I am happy enough."

Patients' representative

"The girls are very good, absolutely no problems."
 "Generally the care is quite good".
 "Any issues are dealt with there and then."
 "We are very happy, a great team and a great quality of care."
 "This is a great place, excellent staff."
 "They are well looked after here."

We also issued ten questionnaires to staff and relatives respectively and eight questionnaires to patients. No patients' questionnaires were returned. Five staff and two relatives had returned their questionnaires, within the timeframe for inclusion in this report. Comments and outcomes were as follows.

Relative respondents indicated that they were either 'very satisfied' or 'satisfied' that the care in the home was safe, effective and compassionate; and that the home was well-led. One respondent provided written comment in relation to the 'caring, helpful and courteous manner' of staff. Following the inspection, this comment was relayed to the registered manager.

Staff respondents indicated that they were either ‘satisfied’ or ‘very satisfied’ that the care in the home was safe, effective and compassionate; and that the home was well-led. One respondent provided written comment in relation to the level of absenteeism within the home which in their opinion was high. Following the inspection, this comment was relayed to the manager to address.

Any comments from patient representatives and staff in returned questionnaires received after the return date will be shared with the manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and taking account of the views of patients. Mealtimes and activities were well managed.

Areas for improvement

Areas for improvement made under the regulations related to the consent for the use of the CCTV system.

Areas for improvement made under the care standards related to the confidentiality of patients’ information.

	Regulations	Standards
Total number of areas for improvement	1	1

6.7 Is the service well led?

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

Observation of patients and discussion with the manager evidenced that the home was operating within its’ registered categories of care. A previously identified issue in regards to the accommodation arrangements of one identified person was discussed with the manager and will be followed up at future inspection. The registration certificate was in the process of being updated by RQIA. Following the inspection, this was forwarded to the home to be displayed appropriately. A certificate of public liability insurance was current and displayed.

There were good working relationships and that management were responsive to any suggestions or concerns raised. All those consulted with described the manager in positive terms. Staff described how they felt confident that the manager would respond positively to any concerns/suggestions raised.

There was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. There was a system in place to identify the person in charge of the home, in the absence of the manager; however, this was not recorded on the staffing rota. There was also evidence that changes had been made to the staffing rota, using corrective

fluid. This was discussed with the manager and has been identified as an area for improvement under the care standards.

Staff, patients and patients' representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Patients were aware of who the manager was. Discussion was undertaken in relation to the complaints procedure; which needed to include the details for contacting the Patient Client Council. The manager agreed to address this matter.

Discussion with the manager and review of the home's complaints record evidenced that although complaints were recorded, some of the home's responses to complainants were not available for inspection. This meant that we were unable to determine if the complaints were being managed appropriately. This has been identified as an area for improvement under the care standards.

There was a system in place to ensure that the policies and procedures were reviewed on a three yearly basis. A review of the policy on the use of CCTV in the home included reference to sharing footage with RQIA. This statement is inaccurate and should be removed from the policy. Given that the use of CCTV does not comply with RQIA guidance the policy should be reviewed. This has been identified as an area for improvement under the care standards.

There were systems in place to monitor and report on the quality of nursing and other services provided. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified.

A review of the patient falls audit evidenced that this was analysed to identify patterns and trends, on a monthly basis. Although there was an action plan in place to address any deficits identified; further analysis was required to identify the timing and location of the incidents, specific to the patients involved. This has been identified as an area for improvement under the care standards.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection, confirmed that these were appropriately managed.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. These included medication and equipment alerts; however the alerts regarding staff that had sanctions imposed on their employment by professional bodies were not up to date. This has been identified as an area for improvement under the care standards.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated to address any areas for improvement; discussion with the registered manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships within the home.

Areas for improvement

Areas for improvement made under the care standards related to the maintenance of the staffing rota; the complaints records; the policy on the use of CCTV; the patient falls audit; and the system for managing alerts regarding staff that had sanctions imposed on their employment by professional bodies.

	Regulations	Standards
Total number of areas for improvement	0	5

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Camilla McNamee, 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 20 (c)(i)</p> <p>Stated: First time</p> <p>To be completed by: 13 November 2017</p>	<p>The registered persons shall ensure that a system is put in place to ensure that the manager has oversight of the staffs' compliance with mandatory training requirements.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Both Manager and Administrator met with the training supplier 3/11/17 and received training on how to use the current online system effectively in order that regular live matrix schedules and compliance reports can be produced. A copy of the training matrix will be displayed monthly for all staff to be aware of topics due for completion. Non-compliance with completion of mandatory training will lead to instigate disciplinary measures and all staff aware of same as per staff meeting held 3/11/17.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 30 (g)</p> <p>Stated: First time</p> <p>To be completed by: 13 November 2017</p>	<p>The registered persons shall ensure that all safeguarding incidents, including those identified through CCTV surveillance, are reported in line with regional safeguarding protocols.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: All future safeguarding incidents identified through CCTV or any other means will be dealt with via alternative safeguarding responses or referral if the threshold has been breached as per the HSC Adult Safeguarding Operational Procedures issued Sep 2016. The newly appointed Acting Home Manager is attending training on same 8/12/17.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: 13 November 2017</p>	<p>The registered persons shall ensure that fire exits are maintained clear of obstruction at all times.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: The fire exits were cleared immediately on the day of inspection, notices are in place to remind all staff that these areas are to remain obstruction free and spot checks on compliance with same have been introduced and conducted by Maintenance, Management and persons appointed to undertake Reg29 monitoring visits.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (2) and (3)</p> <p>Stated: First time</p> <p>To be completed by: 13 November 2017</p>	<p>The registered persons shall ensure that patients and their representatives have sufficient information on which to base their decision to use CCTV. This is particularly in relation to clearly defining 'personal care'. Those involved in the best interest decision making must be defined.</p> <p>Ref: Section 6.6</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 38.3</p> <p>Stated: First time</p> <p>To be completed by: 13 November 2017</p>	<p>The registered persons shall ensure that the recruitment processes are further developed to ensure that references are received from the prospective employees' most recent employer; and that employment histories are clearly recorded, in order for any gaps in employment to be explored.</p> <p>Ref: Section 6.4</p>
<p>Response by registered person detailing the actions taken:</p>	
<p>This Area for improvement had previously been identified by Senior management and the person appointed for undertaking Reg29 monitoring visits. A recruitment checklist and sufficient guidance had been provided but not followed. The newly appointed Acting Home Manager is fully aware of good practice in recruitment and selection procedures and the required protocols in place in order to ensure compliance with Care Standard 38.3. This will continue to be monitored on support visits and Reg29 monitoring visits.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that arrangements are put in place for embedding the new regional operational safeguarding policy and procedure into practice.</p> <p>Ref: Section 6.4</p>
<p>To be completed by: 13 November 2017</p>	<p>Response by registered person detailing the actions taken:</p> <p>The newly appointed Acting Home Manager is attending training on same 8/12/17. The Deputy/Residential Manager and 2 Nursing Sisters are also scheduled to attend this early 2018. Zest Care Homes Ltd has recently employed a Clinical Manager who is commencing an Adult Safeguarding train the trainers course on 14/12/17 which upon completion will provide us with a resource to deliver further as and when needed training, supervision and support for all staff.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 13 November 2017</p>	<p>The registered persons shall ensure that a system is put in place to monitor and record pressure mattress settings, to ensure their effective use; and this information is included in the care plans.</p> <p>Ref: Section 6.4</p>
<p>Area for improvement 4</p> <p>Ref: Standard 5.8</p> <p>Stated: First time</p> <p>To be completed by: 13 November 2017</p>	<p>Response by registered person detailing the actions taken: All residents have been reviewed for the necessity of having pressure mattresses in place based on Braden score and current skin integrity. Those requiring same will have the required weight/pressure settings as per manufacture guidelines recorded in care plans. A daily setting chart has been developed and implemented to monitor effective use of pressure mattresses.</p> <p>The registered persons shall review the location of the notice board in the nurses' stations, to ensure that the patients' confidentiality is maintained at all times.</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: These notice boards are now removed and a less conspicuous resident list has been made available in all nursing stations in the interests of confidentiality. Pertinent personal information previously displayed on these boards has now been transferred to newly modified handover/resident need sheets.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 13 November 2017</p>	<p>The registered persons shall ensure that a permanent record is maintained of the name of the nurse in charge of the home, in the absence of the manager; and the practice of amending duty rotas, as described in this report should cease.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: The Nurse in charge of the home is clearly and permanently identified by means of highlighting the appropriate employee on the printed off duty. Amendments to the rota are only permitted to be made by the Nurse in charge, Deputy/Residential manager or Acting Home Manager and must be clearly marked in red ink with no use of corrective fluids in order to ensure clarity and legibility.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 16.11</p> <p>Stated: First time</p> <p>To be completed by: 13 November 2017</p>	<p>The registered persons shall ensure that responses made in relation to all complaints are maintained in the home.</p> <p>Ref: Section 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: Complaints records and responses have now been centralised in the Complaints file. If in future responses are to be made available for the purposes of Trust or any other investigation a copy will be taken and the original remain in the Complaints file within the home.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 22.10</p> <p>Stated: First time</p> <p>To be completed by: 13 November 2017</p>	<p>The registered persons shall ensure that the patient falls' audit is analysed more meaningfully, to ensure that there is analysis of the patterns and trends for each patient.</p> <p>Ref: Section 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: Patterns and trends for each resident are not identified in the home falls audit as this is conducted by both the Named nurse completing monthly care plan evaluations for falls and associated risk assessments and the Home Manager reviewing individual accident/incident records. A falls pathway tool has been introduced which provides an aide memoire to staff taking into account appropriate first aid action, assessing pain, identifying contributory factors in falls and when referral to outside services such as falls clinic, CPN review etc would be appropriate. The current falls audit identifies trends within both nursing units and peak times of day for occurrence, alerting the Manager to any potential need for increased staffing/supervision.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 35.17</p> <p>Stated: First time</p> <p>To be completed by: 13 November 2017</p>	<p>The registered persons shall ensure that there is a robust system in place for managing alerts regarding staff that have sanctions imposed on their employment by professional bodies.</p> <p>Ref: Section 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: A file has now been implemented for collating received healthcare professional alert notices from NISCC, DHSSPS and the NCAS.</p>

<p>Area for improvement 9</p> <p>Ref: Standard 36.2</p> <p>Stated: First time</p> <p>To be completed by: 13 November 2017</p>	<p>The registered persons shall amend the policy on the use of CCTV to ensure it is in line with RQIA guidance and to remove the reference to RQIA identified. The amended copy should be submitted to RQIA with the returned QIP.</p> <p>Ref: Section 6.7</p>
	<p>Response by registered person detailing the actions taken: CCTV provider company Care & Protect have been advised of this Area for improvement and are addressing the amendments to their policy as stated. A copy is not yet complete for submission with this QUIP return but will be available by the completed by date stated of 13/11/17 and will follow via portal submission.</p>

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



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