



Unannounced Care Inspection Report 4 August 2018



Templemoyle

Type of Service: Nursing Home (NH)
Address: 41a Whitehill Road, Eglinton, BT47 3JT
Tel No: 0287181 1461
Inspector: James Lavery

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 30 persons.

3.0 Service details

Organisation/Registered Provider: Elizabeth Kathleen Mary Lisk Responsible Individual: Elizabeth Kathleen Mary Lisk	Registered Manager: Jeya Pratheeksha
Person in charge at the time of inspection: Upon arrival – Staff Nurse Kerry O'Donnell. 10.06 to 17.00 hours - Jeya Pratheeksha	Date manager registered: 9 January 2015
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of registered places: 30

4.0 Inspection summary

An unannounced inspection took place on 4 August 2018 from 09.00 to 17.00.

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

The inspection assessed progress with any areas for improvement identified during and since the last inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to monitoring the professional registration of staff, the notification of incidents, communication with the multi-professional team, selection and recruitment of staff and monthly monitoring visits.

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

Areas for improvement under the standards were identified in relation to nutritional care, the repositioning of patients, the dining experience of patients and staff management.

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

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*5	*4

*The total number of areas for improvement includes one regulation and one standard which have each been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Jeya Pratheeksha, 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.

4.2 Action/enforcement taken following the most recent inspection dated 30 January 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 30 January 2018. There were no further actions required to be taken following the most recent inspection. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

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

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

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

The following records were examined during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2018/19
- one staff recruitment and induction file
- three patients' care records
- a selection of governance audits
- notifiable incidents to RQIA
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

The findings of the inspection were provided to the registered manager the conclusion of the inspection.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 30 January 2018

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

6.2 Review of areas for improvement from the last care inspection dated 15 February 2018

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 12 (1) (a) Stated: First time	<p>The registered persons must ensure that the treatment and care provided to each patient meets their individual needs and reflects current best practice in respect of wound care.</p>	Not met
	<p>Action taken as confirmed during the inspection: Review of care records for one patient requiring regular wound care and discussion with the registered manager highlighted a number of deficits with regards to the delivery of wound care. These are discussed further in section 6.5.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	
Area for improvement 2 Ref: Regulation 10 (1) Stated: First time	<p>The registered person shall ensure that robust governance arrangements are developed, implemented and maintained to assure the safe and effective delivery of care and other services provided in the home.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of governance records, including wound care and care record audits which are maintained by the registered manager/nursing staff, confirmed that robust governance arrangements had been developed and implemented to help assure the safe and effective delivery of care and other services provided in the home. This is discussed further in section 6.7.</p>	

<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4)</p> <p>Stated: First time</p>	<p>The registered person shall provide adequate means of escape in the event of a fire. Ensure all fire exits and corridors are clear of clutter and obstruction.</p> <hr/> <p>Action taken as confirmed during the inspection: Observation of the environment and staff practices confirmed that fire safety practices were effectively adhered to.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 35.16</p> <p>Stated: Second time</p>	<p>The registered person shall further develop the system in place for monitoring, auditing and reviewing the quality of nursing care, to ensure that the annual quality report provides an accurate reflection of the standard of care and services provided; and the opinions of key stakeholders.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of governance records and the June 2018 annual quality report alongside discussion with the registered manager confirmed that nursing care was monitored, audited and reviewed. This information was evidenced within the aforementioned annual report. The annual report included results from a residents' survey undertaken in 2018. While discussion with the registered manager confirmed that staff feedback was considered in producing the report, the need to ensure that staff views are clearly acknowledged and/or shared in the body of the report was stressed.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 22.10</p> <p>Stated: Second time</p>	<p>The registered persons should ensure that falls are reviewed and analysed on a monthly basis to identify any patterns or trends and appropriate action is taken. This should include information on which patient, the type, place and outcome of falls, therefore trends in these areas could be identified.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: Review of the monthly falls analysis and discussion with the registered manager confirmed that falls were reviewed and analysed on a monthly basis to identify any patterns or trends and ensure that appropriate action is taken. The registered manager stated that she cross referenced her analysis with existing accident records in order to ensure that it included information on which patient was involved, the type, place and outcome of falls. It was noted that this information was not directly contained within the falls analysis itself. The registered manager was encouraged to include this information in the analysis and following the inspection the registered manager reviewed and amended the analysis pro forma. This revised document was shared with RQIA following the inspection and noted to be satisfactory.</p>	
<p>Area for improvement 3 Ref: Standard 46.2 Stated: First time</p>	<p>The registered person shall ensure that infection prevention and control measures are adhered to and equipment is appropriately stored.</p> <hr/> <p>Action taken as confirmed during the inspection: Observation of the environment evidenced that this area for improvement was not met, specifically, one communal bathroom located on the first floor was being used inappropriately as a storage area. Further IPC weaknesses were also noted. This is discussed further in section 6.4.</p> <p>This area for improvement has not been met and has been subsumed into a new area for improvement under regulation.</p>	<p>Not met</p>

<p>Area for improvement 4</p> <p>Ref: Standard 4 (9)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff receives training and or supervision in developing care plans.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of training records evidenced that some registered nursing staff had reviewed written guidance in regards to documentation. However, these records were not dated. Although the registered manager stated that all nursing staff had attended training which focused on documentation/developing care plans and that she had addressed this training need in supervision with registered nursing staff, governance records were not available to corroborate this.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 35 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the monthly monitoring reports are developed to ensure that the organisation is being managed in accordance with legislation and minimum standards. These should focus on areas for improvement identified at this inspection.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of available monthly monitoring reports confirmed that they had been completed in compliance with legislative and best practice standards.</p>	<p>Met</p>

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to a monthly review to ensure that the assessed needs of patients were met. Discussion with the registered manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. The registered manager advised that from 23 July 2018 to 4 August 2018 there were no occasions when planned staffing levels were not fully adhered to. Discussion with patients and staff provided assurances that they had no concerns regarding staffing levels.

Discussion with the registered manager and review of governance records evidenced that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through a process of both bi-annual supervision and annual appraisal.

Discussion with the registered manager indicated that online and face to face training was planned to ensure that mandatory training requirements were met. Additional training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. The provision of training for nursing staff with regards to care planning is discussed further in section 6.7.

Review of governance audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. The registered manager stated that when completing this monthly analysis she cross referenced her audit with existing accident records in order to ensure that it included information on the patient, type, place and outcome of falls. However, it was noted that this information was not directly contained within the falls analysis itself. The registered manager was encouraged to include this information in the analysis and following the inspection the registered manager reviewed and amended the analysis pro forma. This revised document was shared with RQIA following the inspection and noted to be satisfactory.

Discussion with the registered manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home.

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

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

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms, were personalised with photographs, pictures and personal items. It was noted that doorways which facilitated access/egress for patients on each floor were locked by means of a numerical keypad. Although signage was displayed adjacent to a keypad on one floor which directed patients/visitors to nursing staff if they wished to exit, such signage was not displayed elsewhere. This was discussed with the registered manager and the importance of ensuring that the free movement of patients is not inappropriately restricted was stressed. Appropriate signage was erected beside each keypad before conclusion of the inspection which would enable patients/visitors to use the keypads, as necessary. It was also observed that a laundry trolley was left unattended outside the laundry room entrance. This trolley restricted access for patients to a communal bathroom. This was highlighted to the registered manager who moved the trolley and agreed that it would be stored more appropriately by staff.

Observation of the environment and discussion with one patient highlighted that the patient's nurse call was not working and staff had not made any alternative provision for the patient to summon assistance. This was immediately highlighted to the registered manager and it was requested that the patient's nurse call be repaired within 24 hours and that alternative arrangements be put in place during the interim to facilitate the patient requesting staff assistance, if necessary. The registered manager confirmed following the inspection that the nurse call system within the patient's bedroom had been repaired within the requested timescale with alternative interim arrangements in place, as requested by the inspector.

Fire exits and corridors were observed to be clear of clutter and obstruction. Staff training with regards to fire safety practices appeared to be embedded into practice.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. There was also evidence of consultation with patients' relatives/representatives, as appropriate. Comprehensive and person centred care plans were in place for the management of restrictive practices. This practice is commended.

Deficits with regards to the delivery of care in compliance with infection, prevention and control (IPC) best practice standards were noted, namely: two linen stores were found to be poorly maintained with several items lying on the floor; the underside of several wall mounted soap dispensers were stained and ineffectively cleaned; the top of a number of wardrobes were noted to be significantly dusty; a front and side panel of one communal bath was cracked and in disrepair; one bed rail cover was stained; one communal bathroom was inappropriately cluttered and there was unlaminated signage in communal areas and patients' bedrooms. The transport of patients' meals from the dining area without adequate food covers in place is discussed separately in section 6.6. These deficits consequently impacted the ability of staff to deliver care in compliance with IPC best practice standards and guidance. An area for improvement under the regulations was made.

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

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

It was also found that a storage area used by maintenance staff had been left partially unlocked. The storage area was found to be untidy and contained several items which posed a potential risk to patients. The need to ensure that all areas within the home are maintained in such a manner which ensures the safety and well-being of patients at all times was emphasised. An area for improvement under regulation was made.

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	4	0

6.5 Is care effective?

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

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

Staff who were spoken with stated that that if they had any concerns, they could raise these with their line manager and/or the registered manager. Staff spoke positively about working within the home. Three staff who were spoken with independently stated "I love it here."

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

There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found.

Review of the care record for one patient who required regular wound care evidenced that a person centred and comprehensive care plan was in place and had been reviewed in a timely manner. However, while the care plan accurately referenced current TVN recommendations, it was noted that the care plan had been written 22 days after multiprofessional recommendations had been provided. A review of supplementary wound care records for the period 30 April 2018 to 4 August 2018 highlighted five instances in which records did not confirm that staff had adhered to the prescribed wound care regimen. Discussion with the registered manager and nursing staff confirmed that the patient's wound was improving. The registered manager stated that nursing staff were dressing the wound as required but not always recording their interventions. An area for improvement under regulation was stated for a second time.

The care record for a second patient who required assistance with repositioning was reviewed. It was found that relevant risk assessments had been accurately completed / reviewed by nursing staff and confirmed that the patient was assessed as being at a high risk of developing pressure sores. It was also noted that body map assessments which focused on the patient's skin integrity had been completed in a contemporaneous and accurate manner. However, it was found that the current body map had not been reviewed during June 2018 and the care plan which related to pressure relief had not been reviewed during May or June 2018. Review of supplementary repositioning care records did evidence that when staff completed these records, detailed and comprehensive information was recorded. Nevertheless, review of repositioning records for the period 1 to 3 August 2018 highlighted four instances when staff had failed to reposition the patient in keeping with the agreed repositioning regimen. An area for improvement under the standards was made. Staff confirmed during the inspection that they had no concerns regarding the state of the patient's skin.

Review of the care record for one patient who required a modified diet evidenced that relevant risk assessments were in place which accurately and comprehensively described the patient's nutritional requirements. Similarly, a relevant nutritional care plan was also on place and had been written / reviewed in a timely manner by nursing staff. However, while the care plan accurately referenced the dietary needs of the patient with regards to suitable foodstuffs, it did not include any information relating to the patient's fluid needs. Discussion with kitchen staff and review of catering records also highlighted that catering records did not reference the patient's current nutritional needs. While catering staff were able to confirm for the inspector what the patient's dietary needs were, it was noted that communication between nursing and kitchen staff with regards to the dietary needs of patients was not sufficiently robust. This was discussed with the registered manager and an area for improvement under the standards was made.

Areas of good practice

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

Areas for improvement

An area for improvement under regulation was stated for a second time in relation to wound care.

Two areas for improvement under the standards were identified in regards to nutritional care and the repositioning of patients.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

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

Staff interactions with patients were observed to be compassionate and caring. All patients were positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the registered manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

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

"It's grand here."

"It's good here."

"I love it here."

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

"Staff are very caring ... not enough activities."

In addition to speaking with patients, patients' relatives and staff, RQIA provided ten questionnaires for patients and ten questionnaires for patients' relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report, five questionnaires have been returned within the specified timescales. Four returned questionnaires were from patients while the fifth questionnaire did not indicate the source. All respondents indicated that they were very satisfied with the delivery of care.

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

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

There were systems in place to obtain the views of patients and their representatives in relation to the delivery of care and the management of the home.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

It was noted that there was no activity programme displayed within the home. This was discussed with the registered manager who stated that it was normally displayed but wasn't on the day of the inspection as the activity therapist was currently on leave. The registered manager expressed confidence that the home provided an active and stimulating activity programme for patients. However, discussion with the registered manager highlighted that the provision of activities / social stimulation for patients in the absence of the activity therapist was not sufficiently structured and/or recorded by staff. The need to ensure that an activity programme is displayed within the home for patients at all times was highlighted along with the importance of ensuring that social stimulation for patients is effectively addressed/recorded in the absence of the activity therapist. This will be reviewed during a future care inspection.

Observation of the environment highlighted that several patients' bedroom doors lacked any form of personalised signage which would help to promote their orientation and comfort. This was discussed with the registered manager and appropriate signage was erected, according to patients' wishes/preferences, before conclusion of the inspection.

Observation of the breakfast time meal within one lounge/dining area evidenced that patients were given a choice in regards to the meals being served. The dining area appeared to be clean, tidy and appropriately spacious for patients and staff. All patients appeared content and relaxed in their environment. However, staff were observed preparing meals at the same table at which two patients were eating. Further observation of the lunch time meal across all lounge / dining areas confirmed that staff possessed a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. However, it was noted that one uncovered meal was transported to a patient's bedroom. It was also observed that the menu on display within each dining area was inaccurate/out of date and not presented in an easy to read format for patients. These shortfalls were highlighted to the registered manager and an area for improvement under the standards was made.

Areas of good practice

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

Areas for improvement

An area for improvement under the standards was identified in relation to the dining experience of patients.

	Regulations	Standards
Total number of areas for improvement	0	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.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern. Signage was also on display which highlighted that a 'Manager's surgery' operated on a weekly basis to facilitate communication with patients and/or patient's representatives.

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

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was displayed although noted to be out of date. The registered manager confirmed that liability insurance cover was up to date and agreed to ensure that the current certificate be displayed.

Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. It was also confirmed with the registered manager that any expression of dissatisfaction should be recorded appropriately as a complaint.

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

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

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

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

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

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available.

Review of training records evidenced that some registered nursing staff had reviewed written guidance in regards to documentation. However, these records were not dated by the registered nurses who signed to confirm they had read the guidance. Although the registered manager stated that all nursing staff had attended training which focused on documentation/developing care plans and that she had addressed this training need in supervision with staff, governance records were not available to corroborate this. An area for improvement under the standards was stated for a second time.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to wound management; record keeping; the use of restrictive practices and infection control. It was noted that the registered manager did not routinely audit the incidence of Healthcare Acquired Infections (HCAIs) within the home and it was recommended that such an audit would assist with existing quality assurance arrangements.

Areas of good practice

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

Areas for improvement

An area for improvement under the standards with regards to staff training was stated for a second time.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jeya Pratheeksha, registered 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 12 (1) (a)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons must ensure that the treatment and care provided to each patient meets their individual needs and reflects current best practice in respect of wound care.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: This issue was discussed at a staff meeting. Staff were told of the importance of ensuring that the treatment and care provided should be reflected in all care documents. Staff were also informed care plans should be updated immediately if there are any changes from the multidisciplinary team.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All issues are currently being dealt with. Staff documentation and checklists have been updated to assure that the infection prevention issues are addressed. The linen store is now being checked both by day and night staff. Domestic staff have been made aware of the issues regarding soap dispensers and wardrobes. The same is being checked by the home manager to ensure the correct standards are being met. The side of the bath has now been repaired, the bed rail cover has been replaced and all items have been removed. All signs have been laminated.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all medicines are stored safely and securely within the home at all times.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Locks have been replaced on medicine cupboard on the top floor. Staff have been made aware of the importance of the areas remaining locked at all times.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (a)(c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that chemicals are stored in keeping with COSHH regulations.</p> <p>Ref: 6.4</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the internal environment is maintained in such a manner as to promote and ensure the safety and well-being of patients at all times. This relates specifically to the maintenance store within the home.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Staff have been made aware of COSHH requirements of storing chemicals. Checks are now in place to ensure that this is adhered too.</p> <p>Response by registered person detailing the actions taken: The Cupboard that was being used as a maintenance store has been completely of all items. These are now stored in a locked shed at the rear of the building</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 4 (9)</p> <p>Stated: Second time</p> <p>To be completed by: 15 September 2018</p>	<p>The registered person shall ensure that staff receives training and or supervision in developing care plans.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: All staff have now completed the the required training.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in relation to the provision of nutritional care for all patients:</p> <ul style="list-style-type: none"> • that care plan(s) are in place which accurately describe the assessed needs of patients, including both foodstuffs and fluids • that the nutritional needs of patients will be effectively and accurately communicated between nursing and kitchen staff <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Staff have been informed to let the catering staff know if there are any changes in residents diet. Staff are now aware that diet notification forms should be used with any changes.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in relation to pressure relief care for all patients:</p> <ul style="list-style-type: none"> • that care plan(s) and any relevant supplementary risk assessments/records will be reviewed in a timely manner and/or in keeping with any changes in the patient's assessed pressure area care needs • that staff will provide pressure area care in compliance with the prescribed care and shall document the delivery of such care in a contemporaneous and accurate manner at all times <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: Night staff have been advised that care plans should be consulted when doing supplementary care records. Manager will check that these records are accurate.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in relation to the dining experience of patients:</p> <ul style="list-style-type: none"> • that an accurate menu will be on display for patients within all dining areas and which is presented in an easy to read format for patients • that care staff will serve meals in a manner which promotes the dining experience of patients • that meals will be appropriately covered when being transported by staff from the dining area to patients' bedrooms <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: All of the above issues have been raised with catering and care staff. Spot checks are now being carried out to ensure that this promotes a good dining experience for residents</p>

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