

# Unannounced Care Inspection Report 4 & 5 April 2018



## Cornfield Care Centre

**Type of Service: Nursing Home (NH)**  
**Address: 51 Seacoast Road, Limavady, BT39 9DW**  
**Tel No: 028 7776 1300**  
**Inspectors: James Laverty**

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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 76 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Cornfield Care Centre  <b>Responsible Individual(s):</b> Marcus Jervis Nutt	<b>Registered Manager:</b> Mrs Patricia Deighan
<b>Person in charge at the time of inspection:</b> Mrs Patricia Deighan	<b>Date manager registered:</b> 10 January 2017
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia I – Old age not falling within any other category PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years	<b>Number of registered places:</b> 76 comprising: 51 - NH-I, NH-PH, NH-PH(E) 25 - NH-DE  The home is also approved to provide care on a day basis to 3 persons.

### 4.0 Inspection summary

An unannounced inspection took place on 4 April 2018 from 09.05 to 16.05 and 5 April 2018 from 10.00 to 15.00.

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 promoting a culture of teamwork within the home which focused on patient outcomes, management of accidents and incidents and the delivery of care.

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

Areas for improvement under the standards were identified in relation to staff awareness regarding adult safeguarding, the timely transfer of patients from wheelchairs and governance processes focusing on staff management and quality assurance.

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

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	4

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Patricia Deighan, registered manager, and Heather Moore, operations director 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 5 December 2017

The most recent inspection of the home was an unannounced management inspection undertaken on 5 December 2017. There were no further actions required to be taken following the most recent inspection. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

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

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

During the inspection the inspector met with 14 patients, four patients' relatives/representatives and 10 staff. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA directly.

Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten 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 2016/17
- accident and incident records
- one staff recruitment and induction file
- minutes of staff and relatives' meetings
- three patients' care records
- a selection of governance audits
- complaints records
- maintenance records
- a selection of governance risk assessments
- adult safeguarding records
- notifiable incidents to RQIA
- personal emergency evacuation records
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

The findings of the inspection were provided to the registered manager and operations director at the conclusion of the inspection.

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

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 5 December 2017**

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

## 6.2 Review of areas for improvement from the last care inspection dated 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
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a) (b) and (c)  <b>Stated:</b> First time	<p>The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety; and that unnecessary risks are identified and so far as possible eliminated.</p> <p>Records should be maintained to confirm identified risks have been reviewed and managed appropriately.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Observation of the environment, review of environmental risk assessments and discussion with the registered manager confirmed that patients were not exposed to those hazards identified in the previous care inspection. Records confirmed that identified risks had been reviewed and managed appropriately.</p>	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (4)  <b>Stated:</b> First time	<p>The registered person shall ensure that all fire exit routes are maintained clear of equipment/obstruction and that staff are aware of their responsibilities.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Observation of the environment and staff evidenced that all fire exit routes were clear of equipment/obstruction and that staff complied with their responsibilities regarding fire safety.</p>	

<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time	<p>The registered person shall ensure that patient details are maintained securely and confidentially. For example, patient information regarding dietary needs should not be displayed on the dining room walls.</p> <p>As discussed, the practice of displaying patients names and their bedroom number at the reception desk, which is accessible to anyone entering the home, should be reviewed in accordance with patients' rights to confidentiality and privacy; and to any potential safeguarding risk to members of the general public having access to patients names and whereabouts in the home.</p> <p>Any action taken following this review should be recorded in this QIP when it is returned to RQIA.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Observation of the environment confirmed that patients' details were maintained securely and confidentially throughout the home.</p>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6.1  <b>Stated:</b> First time	<p>The registered person shall ensure that net pants are named for individual use and not used communally.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Observation of the environment and discussion with staff confirmed that net pants were named for individual use and not used communally.</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 regular review to ensure that the assessed needs of patients were met. Discussion with the registered manager also confirmed that contingency measures were in place to manage short notice sick leave when necessary. Discussion with the registered manager confirmed that from 18 March 2018 to 1 April 2018 there were three occasions when planned staffing levels were not fully adhered to due to staff sickness. Discussion with patients and staff confirmed that they had no concerns regarding staffing levels.

Discussion with the registered manager further 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 a process of both supervision and appraisal.

The registered manager confirmed that training was planned to ensure that mandatory training requirements were met. Additional face to face training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Review of management 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 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 and it was positive to note that an ASC position report was also completed. While the operations director confirmed that adult safeguarding training has been scheduled for staff on 23 April 2018, some staff who were spoken with demonstrated limited knowledge of their specific roles and responsibilities in relation to adult safeguarding, specifically their obligation to report concerns. This was highlighted to the registered manager and an area for improvement under the standards was made.

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



Discussion with the registered manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC). Discussion with the registered manager further confirmed that the registration status of care staff with the Northern Ireland Social Care Council (NISCC) was also reviewed on a monthly basis. However, governance records concerning NISCC registration of staff did not clearly evidence that monthly checks were monitored in an effective manner. This was discussed with the registered manager and operations director and an area for improvement under the standards was made.

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. One communal lounge was found to be cluttered and therefore not suitable for the assessed needs of patients. This was highlighted to the registered manager who ensured that the lounge environment was suitable for patients before the conclusion of the inspection. It was further observed that the panelling of one communal bath was partially dislodged and therefore posed a risk to patients. The registered manager agreed to refer this to the attention of maintenance staff immediately so that remedial action could be carried out.

Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of staff further evidenced that fire training in relation to fire safety was embedded into practice.

Deficits with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted, namely, the cleanliness of wall mounted soap dispensers. Observation of the environment highlighted that soap dispensers within the Kingfisher and Goldfinch suites were ineffectively cleaned. It was also noted that the underside of one paper towel dispenser was also stained. These deficits consequently impacted the ability of staff to deliver care in compliance with IPC best practice standards and guidance. An area for improvement under the regulations was therefore made. Further shortfalls regarding infection control included the use of unlaminated signage within patient areas. The use of such signage was discussed with the registered manager and satisfactorily addressed before completion of the inspection.

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

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

A review of the reception area highlighted that items being used by maintenance staff were not stored securely. This was brought to the attention of the registered manager and it was agreed that any products and/or tools used by maintenance staff should be stored in a more appropriate and secure location. This was actioned before completion of the inspection.

It was further observed that two designated smoke rooms within the home were being used as storage areas. The registered manager stated that no patients within the home required the use of either smoke room. However, smoke room door signage remained in place and was potentially confusing for patients and visitors. This was highlighted to the registered manager and the signage was removed before completion of the inspection. The change in purpose of both rooms was also discussed with the RQIA estates team and it was agreed that an appropriate application should be made by the home to RQIA to reflect this. This was discussed with the registered manager who agreed to submit such an application as soon as possible. This will be reviewed during a future care inspection.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff supervision/appraisal, the management of falls 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 and the safe storage of medicines.

Areas for improvement under the standards were highlighted with regards to the management of staff registration with NISCC and adult safeguarding.

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	2

**6.5 Is care effective?**

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

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

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

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. 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. Care plans and risk assessments were also noted to be reviewed by nursing staff on a regular basis. In addition, care plans with regards to wound care and pressure relief were found to be comprehensive and person centred. The provision and meaningful review of such care plans is commended.

Supplementary care charts, such as repositioning and food/fluid intake records, evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff also demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

Weaknesses were identified in relation to provision of urinary catheter care. Review of care records for one patient requiring ongoing catheter care did evidence a comprehensive and person centred care plan which had been reviewed in a timely manner. This care plan directed nursing staff to change the patient's catheter drainage bag on a weekly basis. While discussion with nursing staff provided assurance that this task was carried out regularly as required, there was no documentary evidence to support this. Nursing staff did confirm that the patient's catheter was functioning properly on the day of inspection and that no complications had been noted in relation to the catheter. The need to ensure that all nursing interventions are clearly and contemporaneously recorded; specifically the changing of catheter drainage bags; was stressed to the registered manager. This will be reviewed during a future care inspection.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision and regular review of comprehensive and person centred care plans.

### Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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. Patients were afforded choice, privacy, dignity and respect. 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. Observation of staff interactions with patients evidenced the provision of such care and this is commended.

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

“It’s great ... they’re very attentive ... the food’s perfect.”

“It’s tip-top.”

“The staff look after me well.”

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

“The care is great.”

“It’s very good ... I’m very happy with it.”

“These girls are worth their weight in money.”

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

At the time of writing this report, 14 questionnaires have been returned within the specified timescales. All respondents expressed satisfaction with the delivery of care. Returned questionnaires included the following comments:

“Pleasant atmosphere. Staff are very pleasant, helpful and will answer any questions.”

“Excellent care .Brilliant nurses, compassionate and caring ...”

“I have excellent care here and all the nurses and carers are kind to me.”

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.

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

Observation of the lunch time meal within the Goldfinch Suite evidenced that the dining area being used appeared to be clean, tidy and appropriately spacious for patients and staff. It was commendable to hear staff gently encouraging patients with their meals and offering alternative choices if necessary. Staff also demonstrated a good knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plans and associated SALT dietary requirements. All patients appeared content and relaxed during the provision of the lunch time meal. One staff member was observed scraping some unwanted food from a patient’s plate at the table where the patient was dining. Three other patients were also seated at the table while this was done. It was further observed that two patients’ meals had not arrived alongside other patients’ meals. This resulted in the serving of their meals being delayed. These observations were highlighted to the registered manager and it was agreed that staff should remain vigilant with regards to promoting a positive dining experience for patients at all times.

In addition to the lunch time meal, a mid-morning and mid-afternoon tea trolley is used by care staff for patients. Observation of the mid-morning tea trolley within the Goldfinch suite during the first day of the inspection highlighted that hot/cold drinks and a selection of scones and biscuits were available for patients. However, the tea trolley had no dietary option for those patients requiring a modified diet. Discussion with care staff confirmed that “milkshakes” are typically provided for such patients along with a thickening agent, as required. It was agreed with the registered manager that the provision of mid-morning and mid-afternoon snacks for patients requiring a modified diet should be available on the tea trolley on a daily basis. This will be reviewed during a future care inspection.

Throughout the inspection there were several occasions when staff were observed assisting groups of patients into their wheelchairs consecutively, for example, six patients were observed to be seated on wheelchairs at the same time within one communal lounge following the provision of breakfast. These patients had to remain seated in their wheelchairs while staff continued to escort other patients away from the dining area. Consequently, the comfort of these six patients was not effectively promoted and there was no provision of timely stimulation for them while they awaited further assistance from care staff. This was discussed with the registered manager and operations director who acknowledged that there are occasions whenever groups of patients are transferred to/from their wheelchairs consecutively. It was stressed to the registered manager that all staff routines and practices within the home must remain person centred at all times. It was further emphasised that patient dignity and comfort should be promoted by ensuring the timely transfer of patients to/from their wheelchairs. 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 staff communication with patients.

### Areas for improvement

An area for improvement under the standards was stated regarding the timely transfer of patients to/from their wheelchairs.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.

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

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

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

Discussion with the registered manager and a review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. The registered manager was reminded of current RQIA guidance in regards to what constitutes a notifiable event in order to ensure that such reporting is not carried out unnecessarily.

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.

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.

Discussion with the registered manager and 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 care, hand hygiene, the use of creams and lotions, and restrictive practices. Review of restraint audits evidenced that they were completed on a monthly basis by the registered manager and comprehensively highlighted several deficits within patients' care records which required attention. However, the audit lacked a date of completion, the auditor's signature and a date by which corrective actions should be completed. In addition, review of an audit which focused on wound care also lacked the auditor's signature and an action plan which outlined corrective actions to be taken within measurable timescales. These deficits were highlighted to the registered manager. While the registered manager provided assurances that corrective actions in regards to the wound care audit had been completed on the day the audit was completed, the audit record did not evidence this. An area for improvement under the standards was made.

Discussion with the registered manager and a review of records evidenced that an up to date fire risk assessment was in place. Review of governance records relating to patients' Personal Emergency Evacuation Plans (PEEPs) highlighted that the review date had not been adhered to. This was highlighted to the registered manager who confirmed that this risk assessment

had been reviewed on the second day of the inspection. The need to ensure that such assessments are reviewed in a timely manner was emphasised.

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

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

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

### Areas of good practice

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

### Areas for improvement

One area for improvement under the standards was made in relation to governance audits.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Patricia Deighan, registered manager, and Heather Moore, operations director, 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 May 2018</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: Section 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Soap dispensers The underside of wall dispensers were found to be congealed with soap. Housekeepers were informed via supervision. The soap dispensers will be monitored daily, signature sheet in all bathrooms to be signed by housekeeping staff when cleaning of this area is completed.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that chemicals are stored in keeping with COSHH regulations.</p> <p>Ref: Section 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Harmful chemicals that were found by the Inspector were the following:</p> <ol style="list-style-type: none"> <li>1. Reception area of the home WD40, adhesive glue and ant killer (items were used by Maintenance staff and stored behind reception desk)</li> <li>2. Shampoo and conditioner (Hairdressing room)</li> <li>3. Bubble liquid for bubble machine (Activity room)</li> <li>4. Antibacterial hand cleanser (found in cupboard) in the corridor of the General Nursing Unit.</li> </ol> <p>All items were removed on the day of the Inspection. Key padlocks were installed on Hairdressing room and Activity store doors before the Inspector departed on 5/04/18. COSHH training planned.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that all patients' medicines are stored safely and securely within the home at all times.</p> <p>Ref: Section 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Registered nurses have been instructed not to leave supplements or laxido sachets for care staff to administer as this is not in accordance with NMC Guidance.</p>

<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 May 2018</p>	<p>The registered person shall ensure that appropriate arrangements are in place to ensure that all staff attend adult safeguarding training. The registered manager should further ensure that this training is fully embedded into practice.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Staff have been provided with training in Adult Safeguarding 4<sup>th</sup> / 5<sup>th</sup> October 2017, 6<sup>th</sup> February 2018 and 24<sup>th</sup> April 2018. Staff in the Dementia unit took part in Western Local Adult Partnership "Working Together to Keep Me Safe" in 2017 with an event day 26/09/17 which increased awareness in safeguarding issues for all staff and families. Adult Safeguarding training is a Mandatory requirement and is ongoing, this is also addressed during supervision..</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that all routines and care practices within the home are patient centred, specifically, all patients shall be assisted to/from their wheelchairs in a timely manner.</p> <p>Ref: Section 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> Meeting was held with Unit Sisters regarding this. Patients are now transferred in a patient centred, timely manner. Two staff remain in lounges to transfer patients off wheelchairs as soon as they are brought in. TV or CD player are switched on, magazines are given out as requested by patients..</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 38</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 May 2018</p>	<p>The registered person shall ensure that governance processes are in place which facilitate and evidence effective arrangements for monitoring and reviewing the registration status of care staff with the Northern Ireland Social Care Council (NISCC).</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> A list of all care staff who work in the home together with their registration number, renewal date and recurring fee date was available on the day of Inspection. This had not been signed by the Operations Director but was signed and shown to Inspector before he departed the home. The existing form has been updated to include date checked and signature.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 May 2018</p>	<p>The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice, specifically, wound care and restrictive practice audits.</p> <p>Ref: Section 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b> System of audits updated in line with legislative requirements, minimum standards and best practice. Date of audit, auditor's signature, action plan and date completed by, to be fully recorded on all audits.</p>

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



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