

# Unannounced Care Inspection Report 29 and 30 June 2016



## **Cornfield Care Centre** **Kingfisher, Nightingale and Goldfinch Suites**

**Type of Service: Nursing Home**  
**Address: 51 Seacoast Road, Limavady, BT49 9DW**  
**Tel No: 028 7776 1300**  
**Inspector: Lyn Buckley**

## 1.0 Summary

An unannounced inspection of Cornfield Care Centre; Kingfisher, Nightingale and Goldfinch Suites took place on 29 June 2016 from 09:50 to 17:00 hours and 30 June 2016 from 09:00 to 17:00 hours.

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

### **Is care safe?**

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 19 June to 2 July 2016 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives/relatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Some areas for improvement were identified in relation to training, knowledge and awareness of good practice. The registered provider must also ensure that he defers decisions in respect of patient care to healthcare professionals.

Four requirements and one recommendation have been made to help drive improvement.

### **Is care effective?**

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

Care records also accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

A requirement was made in relation to the enablement of patients to interact positively with their home environment, exercise choice and that any decision made to impose restrictions on patient liberty are reviewed in line with the DHSSPS guidance on deprivation of liberty and as part of a multidisciplinary decision making process.

### **Is care compassionate?**

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Patients and relatives confirmed that the details known by staff also ensured that staff provided assurance and comfort when needed. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

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 no areas for improvement identified.

### **Is the service well led?**

The registered manager had ensured that systems and processes were in place to monitor the quality of care and other services provided to patients. RQIA were assured that registered nursing staff were ensuring patients received safe, effective and compassionate care.

The inspection findings detailed in the report have raised concerns which impact directly of the delivery of a well led service. Areas for improvement have been identified and compliance with these requirements and recommendations will further enhance the quality of care and services provided.

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 throughout this report to describe those receiving care in Cornfield Care Centre who provides residential care and nursing care.

### **1.1 Inspection outcome**

	<b>Requirements</b>	<b>Recommendations</b>
<b>Total number of requirements and recommendations made at this inspection</b>	5	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Jane Bell, Registered Manager and with Mr Jervis Nutt, Responsible Person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

### **1.2 Actions/enforcement taken following the most recent inspection**

The most recent inspection of the home was an announced finance inspection undertaken on 16 June 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

## 2.0 Service details

<b>Registered organisation/registered provider:</b> Mr Marcus Jervis Nutt	<b>Registered manager:</b> Mrs Jane Bell
<b>Person in charge of the home at the time of inspection:</b> Mrs Jane Bell	<b>Date manager registered:</b> 1 February 2016
<b>Categories of care:</b> NH- I, DE, PH, PH(E) and TI RC – I  A maximum of; <ul style="list-style-type: none"> <li>• two residents in category RC-I</li> <li>• 25 patients in category NH-DE</li> <li>• One patient in category NH-PH</li> <li>• One patient in category PH(E)</li> <li>• One patient in category NH-TI</li> </ul> <p>The home is also approved to provide care on a day basis to three persons.</p>	<b>Number of registered places:</b> 76

## 3.0 Methods/processes

Prior to inspection we analysed the following information:

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

During the inspection the inspector spoke with 16 patients individually and greeted others in small groups, six care staff, four registered nurses, one catering staff, two members of staff from housekeeping, two staff from the laundry service, two relatives and one healthcare professional from Western Health and Social Care Trust (WHSCT).

In addition questionnaires were provided for distribution by the registered manager; 10 for relatives, eight for patients and 10 for staff. Seven relatives and two staff questionnaires were returned. Refer to section 4.5 for details.

The following information was examined during the inspection:

- three patient care records
- three patients' repositioning charts
- staff roster from 19 June to 2 July 2016
- staff training and planner/matrix for 2016
- one staff recruitment record
- records relating to registration checks with Nursing and Midwifery Council (NMC) and the Northern Ireland Social care Council (NISCC)
- complaints record
- incident and accident records
- record of quality monitoring visits carried out in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- records of audit/governance
- staff appraisal and supervision planners 2015/16
- records pertaining to consultation with staff, patients and relatives
- audit and governance records

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 16 June 2016

The most recent inspection of the home was an announced finance inspection. The completed QIP will be returned and approved by the finance inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP, will be validated at the next finance inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 07 September 2015

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref: Standard 39</b> <b>Stated: First time</b>	The registered person shall ensure that training is carried out for all registered nursing and care staff in the following areas: <ul style="list-style-type: none"> <li>• restraint and restrictive practices; and</li> <li>• dementia care.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of staffing training and supervision records; and discussion with the registered manager and staff confirmed that nursing and care staff had received training as recommended in October and	

	<p>November 2015.</p> <p>This recommendation has been met.</p>	
<p><b>Recommendation 2</b></p> <p><b>Ref: Standard 35</b></p> <p><b>Stated: First time</b></p>	<p>The registered person shall ensure that the issues identified in section 5.3 regarding the Regulation 29 monitoring reports are addressed. The registered person shall also ensure that the person receiving the report dates and signs when they receive it. The registered person should also refer to the guidance for the report on RQIA website.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of Regulation 29 reports from April 2016 confirmed that this recommendation, as stated, had been met.</p> <p>Further recommendations were made in relation to reviewing the processes for audit and regulation 29 visits to ensure areas for improvement identified by RQIA, during this inspection, are identified through the home's own processes. For example, rusty equipment, management of food in refrigerators in kitchenettes and the storage and dispensing of personal protective equipment (PPE) such as aprons, gloves used in infection prevention and control. Refer to section 4.6 for details.</p>	<p><b>Met</b></p>

### 4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subjected to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 19 June to 2 July 2016 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives/relatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. New staff were supported through their induction by a dedicated mentor. Review of one staff member's recruitment file and induction record evidenced that records were completed in full and in accordance with legislative requirements and best practice recommendations.

Nursing and care staff confirmed that they were required to complete mandatory training through the 'e-learning' system and by attending 'face to face' training. Training records of staff attendance at mandatory training were maintained and an overview was made available. Records also included information on additional training such as the management of enteral feeding systems and syringe drivers. However, it was evident that not all staff were required to complete mandatory training. For example; discussion with staff in the laundry and the hairdresser evidenced that they had not attended adult safeguarding, dementia, moving and handling and infection prevention and control training as it "was not for them". In addition some of the ancillary staff were asked about the home's whistle blowing procedures. One staff member stated that they operated the view that a "closed mouth carried a wise head". This was concerning because of the potential negative impact on patients.

The registered manager was able to evidence that she had commenced a training programme on adult safeguarding with catering staff. However, the remainder of ancillary staff had not received all of the mandatory training and in particular adult safeguarding. Concerns were also raised that not all staff had received dementia awareness training despite the home having patients with varying levels of dementia needs in all three units. Two requirements were made.

Through discussion with the registered provider, Mr Nutt, at the conclusion of the inspection it was evident that his knowledge and understanding of best practice in dementia care, restrictive practices, regional guidance on infection control and adult safeguarding procedures required to be updated. RQIA acknowledged that the registered provider, while not a healthcare professional, had had many years' of experience in the care home business; however in matters relating to patient care advice was given for Mr Nutt to defer to the home's registered manager and clinical staff for guidance in these areas. A requirement was made.

A planner was in place to manage staff supervision sessions and annual appraisals. Discussion with nursing staff and the registered manager confirmed that supervision sessions were meaningful and relevant to staffs' role and function in the home.

The registered manager and staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibilities on a day to day basis and specifically in relation to adult safeguarding, dementia care and the management of restrictive practices. Staff described their role and responsibilities with confidence and said that they wished to 'make a difference'. Patients and relatives spoken with confirmed that they were assured and confident of the staffs' ability to care for their loved ones and that they 'trusted' staff to always do the right thing.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC). Safety and medical alerts were reviewed on a regular basis and relevant notices were 'actioned' and/or disseminated to staff as required.

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.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since September 2015 confirmed that these were managed appropriately. Audits of falls and incidents were maintained and clearly evidenced analysis of the data to identify any emerging patterns or trends and action plans were in place as required. This information also informed the registered provider's monthly monitoring visit in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and spotlessly clean throughout. Housekeeping staff were commended for their efforts.

Concerns were raised in relation to the storage of cleaning chemicals in unlocked sluice rooms and bathrooms. The registered manager did address this with staff on day one. Observations on day two evidenced that further work in this area was needed and a recommendation was made.

Fire exits and corridors were observed to be clear of clutter and obstruction. Paint pots were observed to be stored in a kitchenette in the Nightingale Suite. The registered manager arranged for these to be removed to a safe storage area immediately.

In relation to infection prevention and control practices, staff were observed to wear white aprons and gloves while serving food and when preparing to deliver personal care. Concerns were raised because staff had obtained their aprons and gloves, from dispensers positioned inside bathrooms in which there was a toilet. Further review of the environment confirmed that apron and glove dispensers were also on the inside of sluice room doors. This is not in keeping with regional guidance on infection prevention and control measures. A requirement was made.



In addition observation of laundry/housekeeping staff 'sorting' laundry onto the laundry floor without wearing aprons or gloves was concerning. When asked, the staff were aware they should not do this and should sort soiled linen and clothing into the black bins provided. Staff spoken with could not confirm when or if they had received infection prevention and control training. A requirement has previously been made regarding staff receiving mandatory training which would include infection prevention and control.

### Areas for improvement

It was required that all staff, employed by the home, receive mandatory training.

It was required that staff employed by the home, regardless of their grade or function, receive training in adult safeguarding commensurate with their role and function.

It was required that the registered provider undertakes training to enable insight and understanding into the impact of poor practice and knowledge of best practice in dementia care, restrictive practice and the regional adult safeguarding procedures. Also the registered provider must ensure that clinical decision making is undertaken by healthcare professionals.

It was recommended that the storage of chemicals throughout the home is reviewed and staff reminded of their responsibilities under Control of Substances Hazardous to Health (COSHH) regulations in ensuring a safe environment for patients.

It was required that the dispensers for aprons and gloves are removed from contaminated areas, such as bathrooms and sluices in accordance with regional guidance on infection prevention and control.

<b>Number of requirements</b>	<b>4</b>	<b>Number of recommendations:</b>	<b>1</b>
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### 4.4 Is care effective?

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. Risk assessments informed the care planning process and both were reviewed as required. For example, records in relation to the management of lap straps on patient seating indicated that when a patient was identified as requiring the use of a lap strap there was evidence of multidisciplinary assessment in the care planning process. Care plans specified the arrangements for the use of the lap strap and requirements for monitoring and review.

Care records also accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. Discussion with one healthcare professional visiting the home confirmed that they were happy with the management of their patients and the response from the nursing staff in relation to referrals, adhering to recommendations and in escalating concerns appropriately.

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. Relatives confirmed that they were kept informed of any changes in their loved ones' care.

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

Observations evidenced that call bells were answered promptly and patients requesting assistance in one of the lounge areas or their bedrooms were responded to in a calm, quiet and caring manner. Patients expressed confidence in the staffs' ability to meet their needs effectively and in a timely manner. Patients were also aware that staff had many demands on their time and that at times 'they' [patients] needed to wait for staff to come to them.

Staff confirmed that they were kept informed of changes or concerns regarding patients' needs through the handover reports at the beginning of their shift. Staff also confirmed that regular staff meetings were held, that they contributed to the agenda and that minutes were made available.

Staff stated that there was 'effective teamwork'; this was evidenced through discussion and observation of interactions throughout the inspection process. Staff stated they were 'proud' to 'make a difference'. Nursing and care staff confirmed that if they had any concerns, they could raise these with the nurse in charge or the registered manager. Nursing and care staff consulted clearly demonstrated the ability to communicate effectively with the patients, with their colleagues and with other healthcare professionals.

Effective communication with patients and their representatives was evident on a one to one basis as recorded in the care records and through observations of interactions. Patients confirmed that the registered manager was available to them on a daily basis. One patient said, "Jane is a lovely girl". One relative was very complimentary toward the registered provider, registered manager and nursing/care staff in the Nightingale Suite. Another relative stated that they "could not manage" without the registered manager or the nursing sister and commended the difference made to their loved one's quality of life.

The registered manager also described how the home had participated in a review of the nutritional makeup of the food served in relation to increasing calories and nutrition for patient identified as being at risk of weight loss. Working with WHSCT dieticians since September 2015 had achieved improvements with evidence of positive benefits for patients in hydration and weight gain. In addition, the introduction of computer tablets for staff to use to complete records accurately and contemporaneously, in one suite, evidenced improvements in record keeping in relation to fluid and food intake and repositioning. Care staff said that they found the system easy to use and more accurate than the paper records. The deputy manager confirmed that the use of the computer tablets was on a trial basis in one suite and following review it may be 'rolled out' to the other units. This was commended.

Following observations there were concerns identified regarding the delivery of dementia care. This included:

- observation of the difference in the standard of table settings in the dining room of the dementia suite compared to the other two suites
- the lack of seating along corridors and communal spaces in the dementia unit compared to the other two suites
- the new lounge had not been completed in relation to furnishings and fittings and required to be 'softened' to give the sense and feel of a living/sitting room
- a letter, dated 15 June 2016, from the registered provider to the registered manager, nursing and care staff in the dementia unit which had been 'posted' in the new lounge. The letter gave direction to staff which was contrary to the DHSSPS guidance on deprivation of liberty and patients' wishes and choices. RQIA were assured during discussion with the registered manager and nursing staff that patients' wishes and requests were safeguarded. A requirement was made.

These findings were discussed with the registered provider and registered manager during feedback. RQIA asked the registered provider and registered manager to review the delivery of dementia care. The review must include how the environment impacted on patients and how it and staff enabled patients living with dementia to 'make sense' of their surroundings. A requirement has been made regarding the registered provider's knowledge/awareness of dementia care.

The delivery of care in relation to dementia care, infection prevention and control and adult safeguarding, were observed and requirements and recommendations have been made in the previous domain regarding the knowledge and skill of some staff. Compliance with requirements and recommendations made in this domain and the previous will further enhance safe and effective care delivery.

### Areas for improvement

It was required that patients are enabled to interact positively with their home environment, exercise choice, and that any decision made to impose restrictions on patient liberty are reviewed in line with the DHSSPS guidance on deprivation of liberty and as part of a multidisciplinary decision making process.

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Patients and relatives confirmed that the details known by staff also ensured that staff provided assurance and comfort when needed. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

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.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. For example, patients, relatives, visitors to the home and staff were invited to provide feedback on an ongoing basis.

All patients and relatives spoken with commented positively regarding the care they received and the staffs' caring and kind 'nothing is any trouble' attitude from everyone. It was evident good relationships had been developed and that there was a good level of confidence in the staffs' ability to deliver care and to address concerns effectively.

It was evident that the home provided a varied programme of activities which was considerate of various levels of ability and participation. Patients and relatives spoke highly in relation to the activity therapist.

In addition to speaking with patients, relatives and staff we also provided questionnaires. At the time of writing this report seven relatives and two staff had returned their questionnaires. No questionnaires were returned by patients.

Comments and outcomes were as follows:

Relatives indicated that they found care in the home to be very satisfactory (6) or satisfactory (1) in all four domains. One respondent commented, "staff are pleasant and approachable" and in relation to 'is the service well led?' one respondent stated, "very professional."

Those staff who responded indicated that they found the care provided was very satisfactory (1) or satisfactory (1) under the four domains. There were no additional comments recorded.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.6 Is the service well led?

Discussion with the registered manager and the three nursing sisters confirmed that they were confident of their role and function in the home and how to escalate concerns appropriately and in line with regional and best practice guidance.

Most staff confidently described their role and responsibilities in the home. Concerns were raised previously regarding some staff's awareness of their responsibility in relation to adult safeguarding/whistleblowing and infection prevention and control. Concerns were also raised regarding the provision of mandatory training to staff employed regardless of their grade or role.

In discussion patients were aware of the roles of the staff in the home and to whom they should speak to if they had a concern. Patient and relatives spoke in positive terms in relation to the registered manager and their confidence in her leadership skills. One relative spoke in very positive terms in relation to the overall provision of care and the contribution the registered provider made to the home and the local community.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients and their representatives confirmed that they were confident that staff/management would address any concern raised by them appropriately.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately. Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events, complaints, and/or potential adult safeguarding concerns were investigated and reported to RQIA or other relevant bodies appropriately. An update was provided by the registered manager in relation to safeguarding matters. RQIA were satisfied that the registered manager and the nursing sisters spoken with were confident of the procedure to follow in the event of a disclosure made to them in relation to adult safeguarding. Requirements and recommendations have been made in section 4.3 in relation to staff awareness of their role in relation to adult safeguarding and protection.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, care records, infection prevention and control, environment, complaints and incidents/accidents. Records also evidenced that the results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice. A requirement was made in relation to infection prevention and control measures. During discussion it was agreed that the registered manager would review the content of the home's infection control audit to ensure it was effective given the inspection findings.

Visits made on behalf of the registered provider and in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, were conducted by the registered manager of the adjacent home also known as Cornfield Care Centre. As stated in section 4.2 the reports for these visits were available in the home and the report format followed the guidance provided by RQIA. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and Trust representatives. However, following a review of the report for June 2016 and given the inspection findings, including areas of practice discussed with and addressed during the inspection by the registered manager relating to the management of rusted equipment and refrigerators in kitchenettes; a recommendation was made to review the 'visit' process in light of the areas for improvement identified by RQIA.

There was an effective system in place to ensure nursing staff were registered with the nursing and Midwifery Council; and that care staff were registered with the Northern Ireland Social Care Council (NISCC). New care staff not registered with NISCC were required and supported to register.

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

The inspection findings detailed in the preceding domains have raised concerns which impact directly of the delivery of a well led service.

### Areas for improvement

No new requirements were made.

A recommendation was made to review the 'visit' process in light of the areas for improvement identified by RQIA.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Jane Bell, Registered Manager and Jervis Nutt, Registered Provider, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, RQIA would apply standards current at the time of that application.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

### 5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 20 (1) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2016</p>	<p>The registered provider must ensure that staff employed by the home receive mandatory training and any other training appropriate to the work they are to perform.</p> <p><b>Ref: Section 4.3</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b> Full mandatory training sessions have been provided for all ancillary staff. This will be completed early September.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 14 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2016</p>	<p>The registered provider must ensure that staff employed by the home, regardless of their grade or function, receive training in adult safeguarding commensurate with their role and function.</p> <p><b>Ref: Section 4.3</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b> Training sessions have been arranged for all staff and will be completed by early September</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 10 (1); (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2016</p>	<p>The registered provider must ensure that they operate within their level of competence and skill and that clinical decision making is undertaken by healthcare professionals and advice sought from the commissioning Trust's specialist healthcare professionals as required.</p> <p>The registered provider must ensure that he undertakes training to enable insight and understanding into the impact of poor practice and knowledge of best practice, in relation to dementia care, restrictive practices and the adult safeguarding procedures.</p> <p><b>Ref: Section 4.3</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b> The Senior Management team have commenced training sessions. This will be rolled out to all senior management</p>
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered provider must ensure that dispensers for personal protective equipment (PPE) such as aprons and gloves are placed in areas that are accessible to staff and not in areas of high contamination risk such as toilets and sluices.</p> <p><b>Ref: Section 4.3</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b> PPE dispensers have been relocated to areas with a lower risk of contamination.</p>



<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 13 (1) (2) and (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered provider must ensure that patients are enabled to interact positively with their home environment, exercise choice, and that any decision made to impose restrictions on patient liberty are reviewed in line with the DHSSPS guidance on deprivation of liberty and as part of a multidisciplinary decision making process.</p> <p><b>Ref: Section 4.4</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Action was taken immediately to address. Seating is available for residents and they are free to sit where they choose</p>
<p><b>Recommendations</b></p>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 47.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required.</p>	<p>The registered provider should ensure that cleaning chemicals are stored safely in accordance with Control of Substances Hazardous to Health(COSHH) requirements.</p> <p><b>Ref: Section 4.3</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Substances were removed . Await locked cupboards, these have been ordered but have not arrived at present</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2016</p>	<p>The registered provider should ensure that visits carried out on his behalf in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005; are reviewed to meet the needs of the home in light of the RQIA's inspection findings.</p> <p><b>Ref: Section 4.2 and 4.6</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Heather Moore Operations Manager is completing the regulation 29 visit on a monthly basis and is monitoring the requirements as stated</p>

*\*Please ensure this document is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\**



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