

# Unannounced Care Inspection Report 10 May 2016



## Knockmoyle Lodge

**Address: 29 Knockmoyle Road, Omagh, BT79 7TB**  
**Tel No: 02882247931**  
**Inspector: Sharon Loane**

## 1.0 Summary

An unannounced inspection of Knockmoyle Lodge took place on 10 May 2016 from 11:15 to 17:15 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.

In May 2016, RQIA received a written complaint raising concerns regarding issues within the home. RQIA advised the complainant by written correspondence of the appropriate complaints process.

This information regarding the complaint received was shared with Knockmoyle Lodge during the inspection. Post inspection, correspondence was received by the Trust to advise that the concerns raised are being investigated by the Trust Safeguarding team.

It is not the remit of RQIA to investigate complaints made by or behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

An inspection to Knockmoyle Lodge had been scheduled for May 2016. Following discussion with RQIA senior management it was agreed that the focus of the inspection would subsume the alleged areas of concerns. The findings of this inspection have been shared with the Trust.

### **Is care safe?**

Staff were observed to deliver care in a safe manner evidencing positive outcomes for patients. Patients' needs were met by the level and skill mix of staff on duty. Staff consulted were knowledgeable regarding their roles, responsibilities and function. Shortfalls were identified specifically in relation to; the monitoring of the registration of registered nurses with the Nursing and Midwifery Council (NMC); the completion and availability of competency and capability assessments for registered nurses; and the management of risks to prevent harm to patients. Requirements have been made in regards to all of the above mentioned. Three recommendations have been made in regards to; the recording of the duty rota, induction records and information and practices pertaining to the Control of Substances Hazardous to Health (COSHH). These deficits have led to weaknesses in the delivery of safe care.

### **Is care effective?**

Discussion with patients, representatives and staff evidenced that care was effective. This was further evidenced in the review of care records and observation of care delivery. Whilst staff advised that there was good communication and opportunities to raise any concerns there was no evidence that staff meetings had been held on a regular basis. A recommendation has been made in this regard. Overall a review of care records confirmed that assessments were completed and care plans created to prescribe care, however a recommendation has been made in regards to care planning in relation to some issues identified during the review of care records.

## 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. Systems were in place to obtain the views of patients, their representatives, staff and other members of the professional healthcare team. For example, quality questionnaires were issued to all of the aforementioned and a report was available to evidence the findings and any improvements required. It is commended that the home engaged with members of the health and social care team to gain their experiences of working with the service.

## Is the service well led?

The acting manager of the home has been in post since October 2015 and RQIA have received an application in regards to becoming registered manager. The home were operating within the categories of care for which they were registered and a previous requirement made in this regard has been met.

Discussions with patients, and their representatives and staff were complimentary in regards to the standard of care and management within the home. Some patients and their representatives were aware of who the acting home manager was and reported that they are very involved in the day to day care of the home.

Areas for improvement were identified within the domain of well led in regards to governance arrangements.

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.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	3	8*

The total numbers of recommendations above includes one recommendation that has been stated for a second time.

Details of the QIP within this report were discussed with Lavelle Datay, person in charge as part of the inspection process and post inspection with Zeena Watson, acting manager and Therese Mc Garvey, Group Manager. 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 Knockmoyle Lodge was an unannounced care inspection on 3 September 2015. 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 safeguarding issues, whistleblowing and any other communication received since the previous care inspection.

## 2.0 Service details

<b>Registered organisation/ registered person:</b> Bernadette Kiernan O'Donnell	<b>Registered manager:</b> Nil registered at present
<b>Person in charge of the home at the time of inspection:</b> Lavelle Datay, registered nurse in charge	<b>Date manager registered:</b> Zeena Watson – application for registration received
<b>Categories of care:</b> RC-DE, NH-MP(E), RC-MP(E), NH-DE	<b>Number of registered places:</b> 35

## 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 information received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report
- pre assessment inspection audit

During the inspection the inspector met with fifteen patients individually and with others in small groups; two patient's relatives, two registered nurses, three care staff and two ancillary staff and one member of the administration staff team.

The following information was examined during the inspection:

- validation of evidence linked to previous QIP
- three patient care records
- a sample of staff duty records
- staff training matrix
- two staff recruitment files
- staff induction records
- complaints record

- NMC & NISCC records
- incident and accident records
- records of staff meetings
- a sample of audits
- Annual Quality Report 2015 -2016
- Reports of monthly monitoring visits undertaken in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 3 September 2015. The completed QIP was returned and accepted by the care inspector and was validated during this inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 3 September 2015

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 19 October 2015</p>	<p>The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients.</p> <p>Ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare patients.</p> <p>Ensure that the acting manager has been allocated sufficient hours to enable her to undertake her management responsibilities.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>A sample review of staff duty rotas evidenced that on most weeks the acting manager was allocated 15 – 20 hours for managerial duties. There were occasions that the acting manager had to work as a registered nurse on the floor to cover periods of staff sickness and annual leave. This requirement has been met.</p>	

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 15 (e)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 October 2015</p>	<p>The registered person must ensure that the home only accommodates patients within the category of care for whom they are registered.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of the patient list and observation of care confirmed that the home were operating within the categories of care for whom they are registered. This requirement has been met.</p>	<p><b>Met</b></p>
<p><b>Last care inspection recommendations</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 36 Criteria (1) (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 2 November 2015</p>	<p>The registered person should ensure policies and procedures are reviewed to include the following:</p> <ul style="list-style-type: none"> <li>• The policy on communicating effectively should be reviewed to make reference to current best practice, such as DHSSPSNI (2003) Breaking Bad News</li> <li>• The policy on palliative and end of life care should be reviewed to make reference to current regional guidance, such as GAIN (2013) Palliative Care Guidelines (2013)</li> </ul> <p>The policies and guidance documents listed above, should be made readily available to staff.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The policies outlined above have been reviewed October 2015 and referenced best practice guidelines. This recommendation has been met.</p>	<p><b>Met</b></p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 7 December 2015</p>	<p>The registered person should ensure that staff receive training on the following:</p> <ol style="list-style-type: none"> <li>1. Communication including the breaking of bad news</li> <li>2. Palliative and end of life care, death and dying.</li> </ol> <p>A record of all training completed should be retained.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of training records evidenced that fifteen staff had completed training in regards to communication and only three staff had completed training in regards to Palliative and end of life care, death and dying. <b>This recommendation has been stated for a second time</b></p>	<p><b>Partially Met</b></p>

<b>Recommendation 3</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time  <b>To be Completed by:</b> 2 November 2015	The registered person should ensure that the duty rota identifies the capacity in which all employees are working in.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review sample of duty rotas evidenced the capacity of employees working. This recommendation has been met.	

#### 4.3 Is care safe?

The registered nurse in charge confirmed the planned daily staffing levels for the home and advised that these levels were subject to regular review to ensure the assessed needs of the patients were met. The acting manager was rostered to work a number of shifts each week; this afforded opportunities for the acting manager to observe care delivery and gain assurances that staffing levels were adequate to meet the needs of the patients accommodated. A requirement previously stated in regards to management hours had been met.

A review sample of the staffing rota for week commencing 9 May 2016 evidenced that the planned staffing levels were adhered to. Discussions with patients, representatives and staff evidenced that there were no concerns regarding staffing. Observation of the delivery of care evidenced that patients' needs were met by the number and skill mix of staff on duty.

The duty rotas examined evidenced a number of shortfalls in keeping with the Care Standards for Nursing Homes, April 2015 for example; the rota was completed in pencil, the duty rota did not identify the name of the nurse in charge and the acting managers hours worked did not identify either management duty or working as a registered nurse. A recommendation has been made in this regard.

The recruitment processes were discussed with both the registered nurse in charge and the administrator and two personnel files were reviewed. Both files reviewed evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2.

Discussion with staff and a review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. One completed induction programme reviewed included a written record of the areas completed and the signature of the staff member and the person mentoring the new employee. A second induction record requested for a registered nurse was unavailable. The registered nurse in charge advised that the employee had commenced the induction process at another home within the company. Whilst this was acknowledged there was no available evidence that the registered nurse had been inducted in regards to her employed place of work. A recommendation has been made in this regard.

Competency and capability records were requested for two registered nurses left in charge of the home in the absence of the acting manager. These records were not available and could not be located.

A discussion with the registered nurse in charge advised that these were held within a file. The registered nurse in charge confirmed a competency capability assessment had not been completed for them since the acting manager had come into post, October 2015. A discussion with the acting manager post inspection, confirmed that they had not reviewed and/ completed any assessments since coming into post and their response indicated a lack of knowledge in this regard. A requirement has been made.

The arrangements in place to confirm and monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC) were discussed with the staff nurse in charge. The records reflected that these had not been checked since 5 October 2015. The dates for registration renewal were recorded. At the time of the inspection there were eleven registered nurses working in the home and according to the record of the last checks completed, six of these registered nurses were due to renew their registration. We requested that, as a matter of urgency, the registered nurse in charge provide confirmation of the NMC status of all of the nurses employed in the home. The administrator agreed to complete these checks during the inspection and confirmation was provided that all registered nurses employed were on the live NMC register. Given that checks had not been completed for a period of seven months during which time six registered nurses were due to renew their registration and the potential impact this could have on patient health and welfare, a requirement has been made. The registered person must ensure that staff employed are suitably qualified. Robust systems to check the registration status of all registered nurses employed with the NMC must be implemented.

A review of records evidenced that the arrangements for monitoring the registration status of care staff with the Northern Ireland and Social Care Council (NISCC) was appropriately managed. Sixteen care staff were currently registered and seven were working on the registration process.

The home had recently implemented an e-learning system for the delivery of training. Training was also delivered by face to face and by external providers for the practical elements of training, for example Fire safety and Moving and Handling. A matrix was maintained in regards to staffing attending and this was reviewed on a monthly basis to ensure that mandatory training requirements were met. There was written evidence that this matrix had last been reviewed April 2016.

Discussion with the registered nurse in charge, staff and a review of records confirmed that there were systems in place to ensure that staff received supervision and appraisal. Discussion with the registered nurse in charge and staff confirmed that the Group Manager was also involved in this process as well as the acting manager. This is commended.

The registered nurse in charge and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Care staff were aware of how and whom to report concerns to within the home and the registered nurse in charge was aware of the contact details of the Trust safeguarding team.

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



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

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, and lounge/s, dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout and had a very homely ambience. Patient's bedrooms were personalised with photographs, pictures and personal items. Patients/ representatives/staff spoken with were complimentary in respect of the home's environment.

During the inspection, alcohol based hand gel in containers were observed throughout the home; some were contained within a holder and others were positioned along the handrails. A discussion with housekeeping staff and a review of risk assessments held in the COSSH file confirmed that no risk assessment had been completed and there were no information/advice leaflets available in the COSSH file. This was concerning given the category of care the home are registered for and could have a potential impact on patients' health and safety. A requirement has been made.

Cleaning products observed on the cleaning trolley evidenced that they had been decanted into unlabelled spray bottles. A review of the COSSH file evidenced that this had not been updated and was not reflective of the products in use. This is not in keeping with the Control of Substances Hazardous to Health Regulations (COSHH). A discussion with a member of the housekeeping staff indicated a lack of knowledge in this regard. A recommendation has been made.

Fire exits and corridors were observed to be clear of clutter and obstruction. There were no issues identified with Infection prevention and control measures.

### **Areas for improvement**

The duty rota should be completed in accordance with the Care Standards for Nursing Homes, DHSSPS (2005). A recommendation has been made.

Records should be retained, to evidence that staff have completed an induction programme. A recommendation has been made.

The registered person and/ manager must ensure that staff employed are suitably qualified. Robust systems to check the registration status of all registered nurses employed with the NMC on a regular basis must be implemented. A record should be retained. A requirement has been made.

The registered person and/ manager should carry out a competency and a capability assessment with any nurse who is given responsibility of being in charge of the home for any period of time in his/her absence. A record should be retained and available for inspection. A requirement has been made.

COSHH risk assessments should be completed to prevent patients being harmed or being placed at risk of harm, these should include the use and storage of alcohol gels with the Nursing Dementia unit. A requirement has been made.

The registered person and /manager should ensure that any cleaning products used within the home are labelled correctly in accordance with COSHH regulations. The COSHH folder

should be updated in accordance with all cleaning products and chemicals being used within the home.

This information should be shared with staff in line with their roles and responsibilities. A recommendation has been made.

<b>Number of requirements</b>	<b>3</b>	<b>Number of recommendations:</b>	<b>3</b>
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#### 4.4 Is care effective?

A review of four patient care records evidenced that initial plans of care were based on the pre-admission assessment and referral information. A comprehensive, holistic assessment of patients' nursing needs was commenced at the time of admission to the home. As previously discussed a range of validated risk assessments were completed as part of the admission process.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) and dietitians. Care records were regularly reviewed and updated as required in response to patients' needs.

There was evidence within the care records reviewed, that patients and/or their representatives, if appropriate were involved in the care planning process. There was also evidence of regular communication with representatives within the care records and discussion with representatives confirmed that they were kept updated regarding their relatives wellbeing.

The following issues were identified in regards to care planning. One record reviewed contained conflicting information in regards to the patients' nutritional needs. One care plan devised for "swallowing difficulties" advised that the patient required a puree diet; however the care plan for "eating and drinking" advised the patient required a normal mashed diet. This information could have a potential impact on the patients' needs being appropriately met. The staff nurse in charge confirmed that the patient required a "puree" diet and food intake records and discussion with staff confirmed that the patient was receiving same.

A generic care plan was evidenced for the delivery of personal care and indicated that patients would receive a bath and/ shower accordingly. A review of personal care records evidenced that patients were not receiving care in this regard. This element of care planning needs to be reviewed to accurately reflect the care required and records reflect the actual care delivered.

A recommendation has been made in regards to care planning and individualised care.

Discussion with the registered nurse in charge and staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff recognised the importance of the handover reports in ensuring effective communication and continuity of care. Staff spoken with confirmed that the shift handover provided the necessary information regarding any changes in patient's condition.

Staff meetings were discussed with staff who advised that there had been no formal staff meetings for some time. A review of records evidenced that the last staff meeting was June 2015 and there was no actions recorded.

Staff spoken with advised that there was plenty of opportunities to discuss issues and advised that the Group Manager and the acting manager were always available to speak with. Whilst these comments are acknowledged it was recommended that staff meetings take place on a regular basis and at a minimum quarterly as per the DHSSPS Care Standards Guidance, April 2005. Records should be retained and include; the date of all meetings; the names of those attending; minutes of discussion; and any actions agreed. A recommendation has been made.

Staff reported that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff spoken with clearly demonstrated their ability to communicate effectively with their colleagues and other healthcare professionals. Staff also confirmed that if they had any concerns, they would raise these with the Group Manager and/or acting manager.

Patients and relatives spoken with confirmed that they knew who the acting manager was and that she was very visible in the home to speak with. The registered nurse in charge advised that staff had regular, daily contact with the patients and patient representatives and were always available to speak with them in regards to any concerns or issues. During the inspection, staff were observed interacting with patient representatives and provided them with an account of the patient's well-being and any changes in their condition.

An observation of the lunchtime meal was observed and was noted to be very well managed. Tables were presented, meals smelt and looked appetising. A senior care staff member was allocated to direct the meal service and all staff appeared confident in their roles and responsibilities. Staff were knowledgeable of the patient's nutritional and dietary requirements and provided appropriate assistance and encouragement. Staff were observed offering patients choice and were kind and respectful in their interactions. One issue identified was in relation to registered nurses administering medications during the mealtime. The medicine trolleys were prominently positioned in the centre of the dining room and registered nurses were observed administering medications. This practice was discussed with the registered nurses on duty that advised that this was to assist patients with their medication. Consideration should be given in regards to this practice in line with current best practice which promotes mealtimes as an opportunity for social interaction and as far as possible should be protected.

### Areas for improvement

A recommendation has been made in regards to care planning and individualised care.

Staff meetings should be facilitated at a minimum quarterly as per the DHSSPS Care Standards Guidance, April 2005 and records retained.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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## 4.5 Is care compassionate?

Observations throughout the inspection evidenced that staff interactions with patients were compassionate, caring and timely. Consultation with fifteen patients individually and others in smaller groups, confirmed that staff were kind and respectful and treated them with dignity.

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. Staff were knowledgeable in regards to the patients' needs and how to communicate with them effectively.

Patients were observed sitting in the lounge areas or in their bedroom in accordance with their personal preferences. The majority of patients were observed well-presented and comfortable in their surroundings. Some aspects of personal care observed for some patients had not been attended to; however discussions with staff and a review of records evidenced the explanations given and/ or the alternative arrangements in place to meet this aspect of care.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Five questionnaires were issued to patients and two were returned with very positive comments at time of writing this report. Discussions with patients during the inspection were positive.

Ten questionnaires were issued to patient representatives and three have been returned. Responses received were positive in regards to all four domains; safe, effective, compassionate and well led. No concerns were raised. Comments included;

"Safety is always of paramount importance in Knockmoyle".

"The care my brother gets in all aspects is second to none".

Ten questionnaires were issued to nursing, care and ancillary staff and three were returned at time of writing this report. The responses received were positive. One response received included a statement regarding the availability of team meetings which concurred with the evidenced reviewed during the inspection. Please refer to section 4.5 and a recommendation has been made in this regard.

Discussion with the registered nurse in charge and staff confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. A review of the annual quality report for 2015 – 2016 evidenced that quality questionnaires had been distributed to patient representatives, staff and members of the professional healthcare team. The report provided an overview of responses received and any actions subsequently generated. Staff confirmed that the report had been shared with themselves and relevant others to review. This approach is commended.

## 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?

The certificate of registration issued by RQIA and the homes certificate of public liability insurance were appropriately displayed in the foyer of the home. A previous requirement stated in regards to the home operating within the categories of care registered had been met.

The acting manager has been in post since October 2015 and RQIA can confirm that an application for registration with RQIA has been received and is being progressed.

Staff spoken with were knowledgeable regarding the organisational structure within the home. Staff were knowledgeable regarding their roles and responsibilities and function. Staff stated that were good working relationships and management were responsive to any suggestions or concerns raised.

Patients as appropriate and their representatives spoken with confirmed that they were aware of the home complaints procedure and stated that they were confident that staff and/ or management would address any concerns raised. A copy of the complaints procedure was available in the home. A review of the complaints record evidenced that these were managed in line with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

A review of records evidenced that the organisation had management systems and processes in place to monitor, audit and review the quality of nursing and other services provided within the nursing home. However, there was a lack of evidence available to confirm that these had been implemented in a consistent manner since October 2015. A review of an audit completed in regards to the management of accidents and incidents was incomplete and inaccurate; no actions were identified and the information did not correlate with the details recorded in the accident and/ or incident records. These findings were discussed with the registered nurse in charge and with the acting manager post inspection. It was agreed that improvement was needed in regards to governance processes and systems to assure the safe delivery of quality care within the nursing home. A recommendation has been made in this regard.

Discussion with the registered nurse and review of records evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement and compliance with the actions identified was monitored during subsequent visits. Copies of the reports were available for patients, their representatives, and staff and Trust representatives. Although these were completed it was noted that they did not identify the shortfalls evidenced at this inspection. This matter was discussed with the Group Manager completing the monitoring visits and a recommendation has been made that these visits should be reviewed with regards to the organisations governance arrangements.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Staff stated that they felt supported by the acting manager and the operations manager.

### Areas for improvement

Governance arrangements to monitor audit and review the quality of nursing and other services provided within the nursing home should be implemented and completed on a regular basis. An action plan should be developed for any identified improvements and the follow –up actions required.

The content of the report prepared in accordance with Regulation 29 of the Nursing Homes Regulations Northern Ireland (2005) should be reviewed and developed to monitor the robustness of the homes governance arrangements. A recommendation has been made.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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## 5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Lavelle Datay, registered nurse in charge as part of the inspection process. The timescales commence from the date of inspection.

The registered person/ 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 person/ manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 person/s meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

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

### 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) and assessed 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 person/manager 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 person/manager 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)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 June 2016</p>	<p>The registered person and/ manager must ensure that staff employed are suitably qualified. Robust systems to check that registered nurses have a live registration with the NMC must be implemented.</p> <p><b>Ref: Section 4.3</b></p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>This has been completed and is now part of monthly checks to be recorded.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 20(3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 June 2016</p>	<p>The registered person and/ manager must carry out a competency and a capability assessment with any nurse who is given responsibility of being in charge of the home for any period of time in his/her absence. A record should be retained and available for inspection.</p> <p><b>Ref: Section 4.3</b></p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Competency and capability assessments will be completed &amp; recorded for all staff nurses within next 4 weeks.</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 14(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 June 2016</p>	<p>The registered person must ensure risk assessments are completed to prevent patients being harmed or being placed at risk of harm, this should include the use and storage of alcohol gels with the Nursing Dementia unit.</p> <p><b>Ref: Section 4.3</b></p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Risk assessments for individual residents will review and document such risk.</p>

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 30 August 2016</p>	<p>The registered person should ensure that staff receive training on the following:</p> <ul style="list-style-type: none"> <li>• Communication including the breaking of bad news</li> <li>• Palliative and end of life care, death and dying.</li> </ul> <p>A record of all training completed should be retained.</p> <p><b>Ref: Section 4.2</b></p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Both these courses are available on line and all staff should have completed by 30.06.16.</p>



<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 June 2016</p>	<p>The registered person should ensure that the duty rota is completed in accordance with the DHSSPS Care Standards for Nursing Homes (2015).</p> <p><b>Ref : Section 4.3</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The rotas will be completed in pen detailing nurse in charge and 'm' beside management hours allocated.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 19.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 June 2016</p>	<p>The registered person should ensure that records are retained, to evidence that staff have completed an induction programme.</p> <p><b>Ref: Section 4.3</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All staff files being reviewed to ensure record of completed and signed induction is available.</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 47 Criteria 3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 June 2016</p>	<p>The registered person should ensure that any cleaning products used within the home are labelled correctly in accordance with COSHH regulations. The COSHH folder should be updated in accordance with all cleaning products and chemicals being used within the home. This information should be shared with staff in line with their roles and responsibilities.</p> <p><b>Ref: Section 4.3</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> COSHH folder will be updated. All products used to be clearly labelled and safely stored.</p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 June 2016</p>	<p>Care plans should accurately reflect the patient's individual assessed need; care and treatment required and include any recommendations from relevant health and social care professionals.</p> <p><b>Ref: Section 4.4</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Nurses will review all care plans to ensure detail correct and recommendations addressed properly.</p>

<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 41 Criteria 8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 June 2016</p>	<p>Staff meetings should be facilitated at a minimum quarterly as per the DHSSPS Care Standards Guidance, April 2015 and records retained.</p> <p><b>Ref: Section 4.4</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Staff meetings to be held w/c 13.06.16 and regularly thereafter. Records of meetings will be kept.</p>
<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 35.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 June 2016</p>	<p>It is recommended that governance arrangements to monitor audit and review the quality of nursing and other services provided within the nursing home should be implemented and completed on a regular basis. An action plan should be developed for any identified improvements and the follow –up actions required.</p> <p><b>Ref: Section 4.6</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A schedule for audits has been detailed and should now meet RQIA guidelines.</p>
<p><b>Recommendation 8</b></p> <p><b>Ref:</b> Standard 35.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 June 2016</p>	<p>It is recommended that the content of the report prepared in accordance with Regulation 29 of the Nursing Homes Regulations Northern Ireland (2005) should be reviewed and developed to monitor the robustness of the homes governance arrangements.</p> <p><b>Ref: Section 4.6</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> This will be further developed to ensure governance issues highlighted are reviewed.</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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