

# Unannounced Care Inspection Report 21 April 2016



## County

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**Tel No: 02866323845**  
**Inspector: Sharon Loane**

## 1.0 Summary

An unannounced inspection of the County took place on 21 April 2016 from 10.15 to 18.00 hours.

The inspection sought to assess progress with issues identified 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?**

There was evidence that there were safe recruitment and selection processes; staff received an induction and their skills and knowledge was supported through training, supervision and appraisal processes. Staff were knowledgeable, in regards to their roles and responsibilities in adult safeguarding; risk assessments were completed appropriately and were used to inform the care planning process. The environment was clean and all staff were observed to adhere to infection prevention and control procedures. Weaknesses were identified in the delivery of safe care, specifically in relation to staffing arrangements not being adequate to ensure that patients' needs were met in a timely and dignified manner.

### **Is care effective?**

There were systems in place to involve patients and/or their representatives in the development of care plans and the patient's ongoing care. There was evidence that staff worked together as a team. Systems and processes have been developed to involve the heads of department in staff supervisions and appraisals. Shortfalls have been identified in the delivery of effective care with particular reference to the management of care planning, the dining experience in the general nursing unit and concerns and negative comments made by some patients. These findings have the potential to impact on the service users' health and well-being. Four recommendations have been made within is care effective.

### **Is care compassionate?**

At this inspection, there was evidence that staff were compassionate and caring in their interactions with patients and their representatives confirmed that staff were kind, respectful and caring. Weaknesses identified in relation to staffing arrangements specifically within the general nursing unit comprised staffs ability to respond to patients needs in a timely and dignified manner. The shortfalls identified in relation to the dining experience also had a direct impact on patient's privacy and dignity. Requirements and recommendations have been made in this regard under safe and effective care and compliance will further drive improvements in compassionate care.

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

Within this domain there was evidence of good leadership, governance and management systems.

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.

For the purposes of this report, the term “patients” will be used to describe those living in the County which provides both nursing and residential care.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	5

Details of the QIP within this report were discussed with Tanya Taylor Smith, Registered Manager and Caroline McCrea, Nursing Sister, 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 unannounced medicines management inspection dated 31 March 2016. This inspection did not result in any enforcement action.

Other than those actions detailed in the previous QIP there were no further actions required.

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

### 2.0 Service details

<b>Registered organisation/registered person:</b> Four Season Health Care Dr Maureen Claire Royston	<b>Registered manager:</b> Tanya Taylor-Smith
<b>Person in charge of the home at the time of inspection:</b> Tanya Taylor-Smith	<b>Date manager registered:</b> 15 April 2016
<b>Categories of care:</b> RC-I, NH-DE, NH-I, NH-PH	<b>Number of registered places:</b> 58

### 3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted 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
- pre-inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment was undertaken. The inspector met with nine patients, two registered nurses, three care staff, one student nurse, the activities co-ordinator and three ancillary staff and six patients' visitors/representatives.

The following information was examined during the inspection;

- validation evidence linked to the previous QIP
- a sample of staff duty rotas for registered nurses and care staff
- three patient records
- supplementary nursing records
- a random sample of incident and accident records
- a sample of staff training records
- two recruitment files
- staff induction, supervision and appraisal records
- complaints records
- a sample of audits
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations ( Northern Ireland) 2005
- NMC and NISCC registration records
- Staff, patients and relatives meetings.

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 31 March 2016

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 31 March 2016. The completed QIP was returned and approved by the pharmacy inspector. Validation of compliance will be examined by the pharmacy inspector at their next inspection visit.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 29 October 2015

Last care inspection recommendations		Validation of compliance
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 46 Criteria (2) (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 18 December 2015</p>	<p>It is recommended that an environmental audit is conducted to ensure compliance with best practice in infection prevention and control within the home.</p> <p>Particular attention should focus on the areas identified on inspection.</p> <p><b>Ref: Section 5.5.2</b></p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>An environmental audit had been completed in November 2015 which identified areas for improvement and refurbishment.</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 subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for nursing and care staff commencing weeks 11 and 18 April 2016 evidenced that in the majority planned staffing levels were adhered to. There were some occasions noted that planned staffing levels were not met due to unexpected staff sickness, however the registered manager and staff advised that whilst every effort is taken to cover these hours it can be difficult to get cover at short notice.

From a discussion with the registered manager and a review of the duty rota, it was apparent that agency registered nurses were being employed to cover the shortfall in registered nurses, staffing levels. The registered manager stated that they endeavour to "block book" the same agency nurses to provide continuity of care for the patients. Staff profiles were available for the agency nurses being used and a review of induction records demonstrated that agency nurses had received an induction. The registered manager had also requested a copy of the agency nurses NMC to validate their registration status.

Discussion with staff, patients and observation of the delivery of care evidenced that on some occasions patients' needs were not been met in a timely manner within the general nursing unit. At this inspection, two patients were observed being served and assisted with their breakfast at 11.30am. Furthermore, one of the identified patients was assisted with their breakfast whilst seated in a wheelchair positioned in the middle of the dayroom and the patient's dignity was comprised as there were visitors present. The mid-morning tea trolley was served at 11.45am and was follow by lunch served at approximately 12.30pm.

Discussions with some staff advised that this was uncommon, whilst other staff stated that this was an everyday occurrence. Staff advised that patients may not be attended to until 11.30am – 12.00pm in the morning and this was due to the overall dependency of patients and reduced care staff numbers. Staff advised that previously there was an additional care staff member on duty in the morning shift however, staffing levels had been reduced.

At a previous care inspection, 29 October 2015, it was also observed by the inspector that care staff appeared under pressure in the afternoon trying to attend to patients' individual personal care needs and other care duties in the general nursing unit and also information received by staff at this inspection had highlighted concerns regarding staffing levels with particular reference to the morning shifts. At this time, the registered manager advised that actions had been taken to address the staffing levels and the deployment of staff to ensure patients' needs were met. Discussion with the nurse sister and staff advised that staffing had only been reviewed from a "routine" point of view and whilst this had made some improvements, there were still problems in meeting patients' needs in a timely and dignified manner.

A number of questionnaires were issued to patients and patient representatives. Overall responses received from patients (five) and one patient representative advised that the homes staffing arrangements were not sufficient enough to meet the patient's needs. Some comments included:

"Need more staff, have to wait on the toilet"

"I see a lot of residents waiting for the toilet. It's a pity for those who can't walk"

"Not enough staff, they are on their feet all the time"

"Not enough staff to care for everyone"

"Generally I feel this home is short staffed".

These matters were discussed at length with the registered manager during the inspection and post inspection. Observations of the delivery of care and information received by staff, patients and their representatives confirmed that patients' needs were not been met by the levels and skill mix of staff on duty during this inspection. A requirement has been made that the registered manager reviews staffing arrangements in the home with particular reference to the general nursing unit to ensure the needs of the patients are met in a timely manner.

During the inspection process, a registered nurse left a drug trolley unattended whilst they assisted a patient with their medication. Whilst it was acknowledged that another registered nurse had view of the medicine trolley, this matter was discussed with the registered nurse and management during the inspection and feedback. Assurances were given that this would be addressed and monitored accordingly.

Discussion with staff and review of one recent recruitment record evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of staff training records confirmed that staff completed e-learning modules for mandatory training requirements. Practical training sessions were provided for areas such as; Fire Awareness and Moving and Handling. A review of training information for 2015-2016 evidenced there was an 80% compliance rate. This information was discussed with the registered manager who advised that they monitor compliance with training and appropriate actions are taken in regards to non-compliance. The registered manager advised that a

training plan was currently being developed for additional topics that would further enhance staff knowledge and care delivery.

Discussion with the registered manager and staff confirmed that systems had been further developed to monitor staff performance and /or ensure that staff received support and guidance. The registered manager had implemented a system that heads of departments for example; within Nursing, Catering and Housekeeping would assist with staff supervisions and annual appraisals. The registered manager advised that training had been provided for staff with supervisory responsibilities to ensure there were knowledgeable of the policy and procedure that detailed the arrangements for the supervision and appraisal of staff. Discussion with supervisory staff confirmed this information; however some staff advised that they still felt anxious about this function of their role. This information was shared with the registered manager who advised that they would continue to support staff until they felt competent and confident. A review of information confirmed that supervisions were scheduled and completed for each department on a quarterly basis. Discussion with staff confirmed that they had received supervision accordingly.

Discussion with the registered manager and review of the management of registration checks records evidenced that the arrangements for monitoring the registration status of nursing staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC). The registered manager advised that a matrix was currently being developed to monitor the registration status of care staff with the Northern Ireland Social Care Council (NISCC). The registered manager advised that correspondence had been issued to all care staff that were currently not on the NISCC register and a timescale had been given to complete this process. The correspondence clearly communicated the actions that would be taken should staff fail to register.

The registered manager and staff spoken with were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding. Care staff were aware of whom to report concerns to within the home and both registered nurses spoken with were aware of the contact details for the local 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 and reviewed as required. There was evidence that risk assessments informed the care planning process.

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 the relevant bodies. A random selection of accident and incident records completed since the last care inspection evidenced that these had been appropriately notified to RQIA in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005. The registered manager completed a monthly analysis of accidents/incidents to identify any trends or patterns.

A review of the home's environment was undertaken which included observations of a sample of bedrooms, bathrooms, shower and toilet facilities, dining rooms and communal areas. The home was found to be warm, fresh smelling and clean throughout. On the day of inspection, there was evidence that some actions had been satisfactorily actioned since the last care inspection for example; floor coverings in the identified bedrooms had been replaced, some bedrooms and bathrooms had been re-painted, sealant around sink areas had been replaced and items of damaged furniture had been repaired and / or removed. The refurbishment of the bathroom and shower areas remains outstanding; however there was evidence of ongoing communication with senior management within Four Seasons Health Care re the completion of

these works. The Managing Director of Four Seasons Health Care was scheduled to visit the home to overview the works required. A date for this visit has not been confirmed, however the registered manager agreed to keep RQIA informed of any progress. There was written evidence that there were ongoing communications and plans to complete the refurbishment of the identified bathroom and shower facilities.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

### Areas for improvement

The registered manager must review the current staffing arrangements in the home with particular reference to the general nursing unit to ensure the needs of the patients are met in a timely manner. A requirement has been made.

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.4 Is care effective?

A review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and were subsequently reviewed as required. There was evidence that risk assessments informed the care planning process. In general, the care plans reviewed were detailed and person centred. There was evidence that the care planning process included input from patients and/or their representatives, if appropriate, and there was evidence of regular communication with patient representatives within the care records examined.

The following issues were identified in the named care records provided to the registered manager. One care record evidenced duplication of care planning for identified problems which required similar interventions. Within the same care record a care plan for a urinary tract infection which had cleared was continuing to be evaluated at monthly intervals. This matter was discussed at length with the registered manager and nursing sister who agreed to review the care planning process and action accordingly.

A second care record for a patient in receipt of palliative care evidenced that the needs assessment had been reviewed in accordance with the changes in the patient's condition however; the care plans had not been updated to accurately reflect the patients assessed care needs. For example, the care plan for pain management had not been updated to reflect recent medication changes. Care plans were still in place to manage care needs which were no longer relevant. For example mobility, safe moving and handling and eating and drinking.

A recommendation has been made to ensure that care plans are reviewed and updated to accurately reflect the identified needs and care interventions required. Care plans should be archived when no longer relevant to the needs of the patient.



Personal care records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. For example, a review of repositioning records for one patient evidenced that the patient was repositioned according to their care plan.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. Records reviewed were in keeping with NMC guidelines.

The serving of the lunch time meal was observed for both units. The food was presented well, smelt and looked appetising. Patients spoken with confirmed that the food was tasty and that they enjoyed their meal.

Within the nursing dementia unit patients had their meal either in the dayroom(s) or the dining room. Staff were observed asking patients their preference as to where they wanted to dine, and patients choices were respected. Staff were observed assisting patients and engaging with patients appropriately.

The dining experience observed in the general nursing unit was not in accordance with best practice guidance. Some patients were observed seated in the dining room, and the catering manager was present asking and assisting patients with their food choices. No nursing and care staff were present during the mealtime to ensure the supervision of patients and manage any potential risks for example; choking when patients are eating and drinking. A recommendation has been made in this regard. The majority of patients remained in the lounge seated in their armchairs and ate their meals of portable tables or where assisted by staff who were observed going from one patient to another in an attempt to respond to their needs. A sign was also displayed regarding protected mealtimes; however this was not adhered to, as relatives visiting were observed in the main dayroom during meal service, this had the potential to impact on patient's privacy and dignity. These matters were discussed during feedback and management agreed with the findings and acknowledged that this had also been identified by the registered manager and senior management staff.

The explanation provided for this practice was attributed to the limited space within the dining room. A review of a monitoring report completed March 2016 confirmed this information. Whilst RQIA acknowledge that this matter had been identified by management, the registered manager should ensure that the dining experience for patients, particularly in the general nursing unit, is reviewed in line with current best practice guidance and actioned accordingly. A recommendation has been made.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and it provided the necessary information regarding any changes in the patient's condition. Staff also confirmed that communication between all grades of staff was effective. Discussion with the registered manager advised that team meetings for heads of departments in each unit were conducted on a monthly basis and records of these meetings were available and staff confirmed that the minutes were shared with them. Records of meetings available evidenced that a number of meetings had occurred across all staff departments and actions identified had been actioned accordingly.

Staff stated that although the home was going through a period of change with new management, there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager.

Discussion with the registered manager and review of records evidenced that a meeting for patients and/or their relatives was held during February 2016. The registered manager advised that this meeting was an opportunity for patients and/their representatives to meet the “new” manager. The registered manager advised that relatives meetings would be held on a quarterly basis within each unit. In addition, the registered manager advised that “participation strategy meetings” would be scheduled on a six monthly cycle providing service users and their representatives the opportunity to discuss and review the operations of the home.

The majority of patients and representatives spoken with and responses received from questionnaires issued expressed their confidence in raising concerns with the home’s staff/ management. During the inspection and within some of the returned questionnaires completed by patients indicated that the registered manger did not communicate with them on a regular basis. One patient spoken with during the inspection and who also completed a questionnaire expressed their dissatisfaction that a concern that they had previously raised with the registered manager had not been effectively dealt with. A review of the complaints record evidenced that no record was available of the concerns raised by the patient. This information was shared with the registered manager during the inspection process and post inspection with the regional manager accordingly. Assurances were given that all comments made and information provided would be addressed appropriately. The registered persons should ensure that the negative comments and/or concerns raised by patients during the inspection process are recorded as complaints and are appropriately recorded, investigated, and actioned as required. A recommendation has been made.

**Areas for improvement**

A recommendation has been made to ensure that care plans are reviewed and updated to accurately reflect the identified needs and care interventions required. Care plans should be archived when no longer relevant to the needs of the patient.

The registered persons should ensure that the negative comments and/or concerns raised by patients during the inspection process are recorded as complaints and are appropriately recorded, investigated, and actioned as required. A recommendation has been made.

Adequate numbers of staff should be present when meals are served to ensure risks when patients are eating and drinking are managed; and required assistance id provided.

The registered manager should ensure that the dining experience for patients, particularly in the general nursing unit, is reviewed in line with current best practice guidance and actioned accordingly. A requirement and a recommendation have been made to action different aspects of this issue.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>4</b>
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**4.5 Is care compassionate?**

Staff interactions with patients were observed to be compassionate and caring. In the majority patients were afforded privacy, dignity and respect. There were some observations made during the inspection with particular reference to mealtimes and staffing arrangements that had the potential to impact on patient’s privacy and dignity. Please refer to sections 4.3 & 4.4 of the report for further information.

Discussion with patients confirmed that staff spoke to them in a polite and respectful manner. Patients were observed to be sitting in the lounges, or in their bedroom, as was their personal preference.

Staff made every effort to respond to patients' needs and requests promptly, however within the general nursing unit their efforts were comprised due to the current staffing arrangements previously referred to in section 4.3 of the report. Staff spoken with were knowledgeable regarding patient's likes and dislikes and individual preferences.

Patients spoken with during the inspection commented positively in regard to the care they received. The following comments were provided:

"Couldn't be better very pleasant"

"Staff are kind and respectful"

"Food is very good and the staff try their best to help you with what you want".

As previously referred to in section 4.3 of the report some questionnaires returned by patients indicated some dissatisfaction with the standard of care and services provided as a result of staffing levels. A requirement has been made under the safe domain.

Those patients who were unable to verbally express their views were observed to be appropriately dressed and were relaxed and comfortable in their surroundings.

Patient representatives spoken with during the inspection and responses provided in the returned questionnaires indicated that overall they were satisfied with the care and services provided. Four relatives' questionnaires have been returned at time of writing this report and all responses received were very positive in respect of services provided.

Some comments provided include:

"100% care and efficiency, gold star"

"Could not fault the care, definitely well looked after"

"Best home in Ireland, good staff and very kind".

Some additional comments were made regarding staffing levels as previously referred to and one relative highlighted that a "Reminiscent Room" that was previously used by visitors in the nursing dementia unit was currently being used otherwise and whilst visiting their relative they had no "private area" other than the patient's bedroom and/or dining room. This comment was shared with the registered manager who agreed to review and address accordingly.

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. Views and comments recorded were analysed and an action plan was developed and shared with staff, patients and representatives.

Patient representatives and the majority of patients (with the exception of the example referred to in section 4.4) confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

There was evidence of a variety of activities in the home and discussion with patients confirmed that they were given choice with regard to participation. A discussion with the activities co-ordinator confirmed that they planned activities and events that were meaningful

to each patient. There were opportunities for informal activity and interaction between staff and patients as well as opportunities for patients to be involved in the routines of the home. Patients who were unable to participate in group activities were supported with one to one activities. This area of practice is commended.

### Areas for improvement

No areas for improvement have been identified in relation to this domain.

<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 was displayed at the entrance of the home. The home's certificate of public liability insurance was also displayed appropriately. Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered.

Staff spoken with were knowledgeable regarding the organisational structure within the home and who they would escalate any issues or concerns to; this included the reporting arrangements when the registered manager was off duty. From a review of the duty rotas it was clear which hours the registered manager had worked on the floor as a registered nurse when the home were unable to cover shifts for registered nurses. Discussions with staff also confirmed that there were good working relationships between staff and that the registered manager was responsive to any suggestions or concerns raised.

Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure. All patient representatives confirmed that they were confident that staff and /or management would address any concern raised by them appropriately. The majority of patients were also satisfied with the exception of the example previously referred to in section 4.3 of the report. As previously referred to in section 4.3 some patients stated that the registered manager did not speak with them on a regular basis and this information has been shared with senior management who agreed to address same. On the day of the inspection the registered manager was observed to be very visible and demonstrated that she knew the patients by name and their assessed needs.

A review of the complaints record evidenced that all recorded complaints had been managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes, 2015. A concern raised by a patient during the inspection had not been recorded and the registered manager advised that they had no recollection of the patient raising any concerns. However, a returned questionnaire from the patient also referred to this matter. A recommendation has been made in this regard under the effective care domain.

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 falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents.

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.

Discussion with the registered manager and staff confirmed that since the registered manager had come into post, a number of structures and processes have been reviewed and actioned accordingly to assure and enhance the safe delivery of quality care within the nursing home. For example, staff have been allocated to work within a particular unit to ensure continuity of care, staff have been assigned additional roles and responsibilities in regards to supervision and appraisal which will enhance this area of practice and unit meetings have been organised for heads of departments to enable staff to discuss and review care and services provided from an holistic approach. These decisions and actions, whilst ensuring safe effective care, also demonstrate good leadership within a service.

Discussion with the registered manager and review of records evidenced that monthly monitoring visits were undertaken in accordance with the Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated to address any areas for improvement. There was no information displayed to advise patients, their representatives and stakeholders that the reports were available for review if required. A recommendation has been made.

### **Areas for improvement**

The registered person should make available a copy of the monthly quality monitoring report to patients, patient representatives, staff and stakeholders. A recommendation has been made.

As previously discussed in the report issues were identified in regards to staffing arrangements, not being adequate to meet the needs of the patients, specifically in the general nursing unit.

<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

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed 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.

<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 12 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2016</p>	<p>The registered person must review the current staffing arrangements with particular reference to the general nursing unit to ensure that safe and effective care is being delivered.</p> <p><b>Ref Sections: 4.3, 4.4 and 4.5.</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The needs assessments of residents have been completed and reviewed. Staffing will be scheduled in line with Residents needs which will be monitored by Registered Manager</p>
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 4 Criteria (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 June 2016</p>	<p>The registered person should ensure that care plans are reviewed and updated to accurately reflect the identified needs and care interventions required. Care plans should be archived when no longer relevant to the needs of the patient.</p> <p><b>Ref Section:4.4</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Reviewing of care plans are conducted through the Quality of Life auditing process. Care documentation no longer required will be archived. Registered nurses were advised during a recent meeting on 17<sup>th</sup> May 2016 to ensure care plans are reflective to identified needs.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 June 2016</p>	<p>The registered person should ensure that the negative comments and/or concerns raised by patients during the inspection process are recorded as complaints and are appropriately recorded, investigated, and actioned as required.</p> <p><b>Ref Section:4.4, 4.5 and 4.6</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Registered Manager is aware to record, investigate and action all complaints/concerns raised verbally or in writing as per FSHC complaints policy and procedure process. Learning outcomes will be shared with staff through recorded supervision.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 12 Criteria 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 June 2016</p>	<p>The registered person should ensure that adequate numbers of staff are present when meals are served to ensure risks when patients are eating and drinking are managed; and required assistance is provided.</p> <p><b>Ref Section:4.4</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Registered manager has reviewed dining experience with staff and they have been advised to ensure dining room is supervised and assistance is provided. Registered manager will continue to monitor this.</p>



<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 June 2016</p>	<p>The registered manager should ensure that the dining experience for patients, particularly in the general nursing unit, is reviewed in line with current best practice guidance and actioned accordingly.</p> <p><b>Ref Section: 4.4 and 4.5</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> This has been discussed with Senior Management and a plan for an additional dining area is in the process of being reviewed.</p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 35 Criteria 16</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2016</p>	<p>The registered person should make available a copy of the monthly quality monitoring report to patients, patient representatives, staff and stakeholders.</p> <p><b>Ref Section: 4.6</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The sharing of the monthly quality monitoring report is now available for reading.</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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