

Unannounced Care Inspection Report 26 April 2016



Mullaghboy

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1.0 Summary

An unannounced inspection of Mullaghboy took place on 26 April 2016 from 09:50 hours to 16:35 hours.

The inspection sought to assess progress with any 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 systems to ensure that care was safely delivered were reviewed. We examined staffing levels and the duty rosters, recruitment practices, staff registration status with their professional bodies and staff training and development. Through discussion with staff we were assured that they were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding. A general inspection of the home confirmed that the premises and grounds were well maintained.

Deficits were identified in the delivery of safe care, specifically in relation to the recruitment processes, confirmation and monitoring of the registration status of registered nurses, compliance with mandatory training, provision of equipment and infection prevention and control practices; five requirements were stated. Three recommendations were made; one with regard to training in recruitment and selection, another to improve the registered manager's oversight of the induction process and one with regard to the recording of Access NI checks. These deficits have led to weaknesses in the delivery of safe care.

Is care effective?

Evidenced gathered during this inspection confirmed that there were systems and processes in place to ensure that the outcome of care delivery was positive for patients. A review of care records confirmed that patients were comprehensively assessed and care plans created to prescribe care. There were arrangements in place to monitor and review the effectiveness of care delivery. We examined the systems in place to promote effective communication between staff, patients and relatives and were assured that these systems were effective. Patients, relatives and staff were of the opinion that the care delivered provided positive outcomes.

There were no areas of improvement identified in the delivery of effective care.

Is care compassionate?

Observations of care delivery evidenced that patients were treated with dignity and respect. Staff were observed responding to patients' needs and requests promptly and cheerfully. Staff were also observed to be taking time to reassure patients as was required from time to time. Systems were in place to ensure that patients, and relatives, were involved and communicated with regarding day to day issues affecting them. Patients spoken with commented positively in regard to the care they received.

There were no areas of improvement identified in the delivery of compassionate care.

Is the service well led?

There was a clear organisational structure and staff were aware of their roles and responsibilities. A review of care confirmed that the home was operating within their registered categories of care, in accordance with their Statement of Purpose and Patient Guide.

Patients and their representatives confirmed that they were confident that staff and/or management would address any concern raised by them appropriately. Patients were aware of who the registered manager was and reported that they would have daily contact.

Areas of weakness were identified within the domain of well led. One requirement and three recommendations were stated with regard to the availability of the report prepared following the monthly visit the auditing processes, the recording of complaints, and the registered managers work patterns. The five requirements stated under safe care also impact on the leadership within a service; therefore they must also be considered as areas for improvement within the domain of “well led.”

As a result of the inspection, RQIA were concerned with the recruitment procedures and the robustness of the arrangements in place to confirm and regularly monitor the registration status of registered nurses with the NMC. The findings were discussed with senior management in RQIA, during which enforcement action was considered. Following a review of the inspection outcomes a decision was taken to hold a meeting with the registered person Mr Robert Duncan and the registered manager Mrs Anne Dugan. The purpose of the meeting was to seek assurances that the systems in place would be reviewed to ensure they were robust and would address the weaknesses identified during this inspection. The meeting took place at RQIA on 3 May 2016. RQIA were assured that the information provided and the supporting documentation shared at this meeting would strengthen the recruitment processes and the processes to monitor professional registration of staff. The requirements stated are detailed in the Quality Improvement Plan (QIP) and will be validated at the next care inspection

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
Total number of requirements and recommendations made at this inspection	6	6

Details of the QIP within this report were discussed with Mr Robert Duncan, registered person and Mrs Anne Dugan, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection. 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

Registered organisation/registered person: Mullaghboy Limited Robert Maxwell Duncan	Registered manager: Anne Dugan
Person in charge of the home at the time of inspection: Anne Dugan	Date manager registered: 1 April 2005
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of registered places: 32

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 met with eleven patients, the nursing sister, two care staff, a laundry assistant and three patients' relatives.

The following records were examined during the inspection:

- three patient care records
- staff duty roster for the week commencing 25 April 2016
- staff training records
- staff induction records
- staff competency and capability assessments
- staff recruitment records
- complaints and compliments records
- incident and accident records

- records of audit
- records of staff meetings
- patient and relative satisfaction survey outcomes
- reports of monthly visits undertaken in accordance with Regulation 29

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 medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector and will be validated at the next medicines management inspection. There were no areas of concern required to be followed up during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 21 July 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 36 Stated: First time	It is recommended that a policy on palliative / end of life care is developed. The policy should be developed with reference to the Care Standards for Nursing Homes April 2015 and GAIN Palliative Care Guidelines November 2013.	Met
	Action taken as confirmed during the inspection: Policies entitled Management of death and dying, accessing emergency drugs or equipment during out of hours during end of life, communication bad news and the removal of deceased resident's belongings were provided to RQIA following the inspection. A review of these policies evidenced that this recommendation has been met.	

<p>Recommendation 2</p> <p>Ref: Standard 32</p> <p>Stated: First time</p>	<p>It is recommended that the registered manager ensures assessment of need and care plans are updated when a patient is identified as requiring end of life care.</p> <p>The records should also reflect evidence of communication with the patient's representative to ensure that the patient's wishes for end of life care are fully considered.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of one care record evidenced that there had been communication with the patient's representative to identify the patient's wishes for end of life care.</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. The registered manager provided examples of the indicators they used to evidence that there was sufficient staff to meet the needs of the patients. The provision and deployment of registered nurses was discussed. The registered manager was rostered to work as a registered nurse a number of morning shifts each week; this is further discussed in section 4.6.

A review of the staffing rosters for week commencing 25 April 2016 evidenced that the planned staffing levels were adhered to. In addition to nursing and care staff it was confirmed that administrative, catering, domestic and laundry staff were on duty daily. Staff spoken with were satisfied that there were sufficient staff to meet the needs of the patients. Patients commented positively regarding the staff and care delivery.

The recruitment procedures were discussed with the registered manager and two personnel files were reviewed. One file reviewed contained no references or any evidence to confirm that references had been requested. This was discussed with the registered manager who stated that references were obtained by telephone; there were no records available of these telephone references. The second file contained only one reference which was from the staff member's most recent employer. It is required in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2 that two references are obtained for each candidate, one of which is from the applicant's present or most recent employer. There was no evidence in the recruitment records that the registration status of a nurse had been confirmed with the NMC at the time of their employment and there was no record to confirm that an Access NI check had been completed. We requested that the registered manager, as a matter of urgency, provide confirmation of the NMC registration status and that an Access NI check had been completed prior to employment. Confirmation that the nurse currently had a live registration with the NMC and had been subject to an Access NI check with a satisfactory outcome was provided by the registered manager prior to the completion of this inspection. A requirement has been stated with regard to the recruitment procedure.

Training in the recruitment and selection of staff for the registered persons was discussed and a recommendation stated.

The record maintained of Access NI checks was reviewed. The record in place from February 2016 included the name of the staff member, the date the certificate was issued and the registration number of the certificate. These records should be further developed to include the date the certificate was checked by the home; this would evidence that the registered manager had checked the certificate prior to the candidate commencing employment. A recommendation has been stated.

A review of records confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. The registered manager explained that there were two stages to the induction process. Stage one was completed during the employees first two days in the home and included, for example, the geographical lay out of the home and fire safety. A review of one completed induction programme evidenced that the registered manager had met with the member of staff on completion of stage one and, following discussion, had signed the record to confirm that the induction process had been satisfactorily completed. Stage two of the induction process was completed over the next 12 months and included, for example, completion of mandatory training. There was nowhere on this second document for the registered manager to sign. The importance of the registered manager having oversight of the entire process to ensure that it was satisfactorily completed and that they were satisfied that the staff member was competent was discussed and a recommendation stated. The timescales for completion of the induction process was also discussed.

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 registered manager. The records reflected that they had checked the registration of nurses on the NMC website on 3 February 2016. The date registrations were due for renewal was printed from the NMC website and available in the home.

At the time of the inspection there were seven registered nurses working in the home; the registration of only six nurses had been checked. As previously discussed there were no records to evidence that the registration status of one nurse had been confirmed with the NMC at the time of their employment or since.

It was noted that one nurse's registration had been due for renewal since the most recent check had been completed. The registered manager reported that this registration had not been renewed at the time and the registered nurse had undertaken nursing duties on a number of shifts when their registration had lapsed. Whilst RQIA acknowledge that appropriate action was taken by the registered manager when they became aware of the lapsed registration it is concerning that the systems in place were not effective and did not prevent this registered nurse practising whilst their registration had lapsed. We requested that the registered manager submit a notification to RQIA that a registered nurse undertook nursing duties on a number of shifts without a live registration with the NMC. This was submitted to RQIA by electronic mail prior to the conclusion of the inspection. Robust systems to check that registered nurses and care staff have a live registration with the relevant professional body must be implemented. A requirement has been stated.

Whilst no issues were identified with the registration status of the care assistants with the Northern Ireland Social Care Council (NISCC) this system must also be reviewed to ensure that it is effective. The registered manager was knowledgeable regarding the requirements of the registration process for newly employed care staff not yet registered with the NISCC.

Training was available via an e learning system known as EVO learning, internal face to face training arranged by the home and training provided by the local health and social care trust. The registered manager confirmed that they maintained a training matrix which provided them with an overview of the training undertaken by individual staff. The annual training matrix for 2015 was submitted to RQIA via electronic mail on 6 May 2016. A review of this matrix evidenced poor compliance with mandatory training; for example in 2015 nine out of 34 staff had completed safeguarding training, two staff completed the e learning component of manual handling and four staff completed infection prevention and control. The registered persons must ensure that staff receive mandatory training and other training appropriate to the work they are to perform. Effective systems to monitor staff attendance at mandatory training must be implemented. A requirement was stated.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Care staff were aware of who to report concerns to within the home and the nursing sister was aware of the contact details of the health and social care trusts' safeguarding teams. As previously discussed compliance with mandatory training, including safeguarding, must be reviewed to ensure staff knowledge is up to date.

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 risk and inform the patient's individual care plans. A manual handling risk assessment was completed for each patient on admission. Two patients were observed being transported from their bedrooms to the shower/bathrooms using a commode; this equipment is not designed for transporting patients and creates potential risks as there are no foot rests or safety belts fitted. Following discussion with the registered manager issues were identified with the provision of shower chairs and staff using commodes as a substitute. To ensure that there is proper provision for the nursing, health and welfare of patients, equipment to meet patient need must be available. A requirement was stated. The issue of ensuring that patients' dignity is preserved when being taken to the shower or bathrooms was discussed with the registered manager.

Discussion with the registered manager and 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 accidents and incidents recorded since the previous inspection evidenced that accidents and incidents had been appropriately notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.

A general inspection of the home was undertaken to examine a random sample of patients' bedrooms, lounges, bathrooms and toilets. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Fire exits and corridors were observed to be clear of clutter and obstruction. The home fresh smelling, clean and appropriately heated.

Numerous commode pots were stored in bathrooms, shower rooms and toilets throughout the home. Following discussion with the registered manager issues with adherence to best practice in infection prevention and control were identified with the decontamination and storage of commode pots.

It was agreed that the registered manager would seek advice from relevant healthcare professionals and ensure that the decontamination process and storage of this equipment is in accordance with best practice. A requirement was stated.

Areas for improvement

Systems must be put in place to ensure that all of the information required and documents specified in regard to the selection and recruitment of staff are obtained prior to the commencement of employment.

Formal training should be provided for the registered manager and any staff who are involved in the selection and recruitment of staff.

The record of Access NI checks should be further developed to include the date the certificate was checked by the home.

The registered manager should sign all of the documents in the induction process to confirm that the process had been satisfactorily completed and that they were satisfied that the staff member was competent. The timescales for completion of the induction process should be reviewed to ensure that are meaningful and in keeping with DHSSPS Care standards for Nursing Homes.

Robust systems to check that registered nurses and care staff have a live registration with the relevant professional body must be implemented.

The registered persons must ensure that staff receive mandatory training and other training appropriate to the work they are to perform. Effective systems to monitor staff attendance at mandatory training must be implemented.

Equipment must be available to meet the needs of the patients.

The registered manager must seek advice from relevant healthcare professionals and ensure that the decontamination process and storage of commode pots is in keeping with best practice in infection prevention and control.

Number of requirements	5	Number of recommendations:	3
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4.4 Is care effective?

A review of three 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 dieticians.

Care records were regularly reviewed and updated, as required, in response to patient need. Patient confidentiality in relation to the storage of records was maintained.

There was evidence within the care records that patients and/or their representatives were involved in the care planning process. There was also evidence of regular, ongoing communication with relatives. The registered manager confirmed that care management reviews were arranged by the relevant health and social care trust. These reviews were generally held annually but could be requested at any time by the patient, their family or the home.

Discussion with the registered manager and staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication. Staff spoken with confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

The registered manager confirmed that formal staff meetings were held approximately three times a year. A record was maintained of the issues discussed and any agreed outcomes were recorded. The record of each meeting was made available to those staff who did not attend.

We discussed how the registered manager consulted with patients and relatives and involved them in the issues which affected them. The registered manager explained that they had regular, daily contact with the patients and visitors and were available, throughout the day, to meet with both on a one to one basis if needed. Patients and relatives spoken with confirmed that they knew who the registered manager was and that she was regularly available in the home to speak with.

Staff advised that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted clearly demonstrated the 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 registered manager.

Ten relative questionnaires were issued; three were returned prior to the issue of this report. All of the respondents were very satisfied or satisfied with the delivery of safe, effective and compassionate care and were of the opinion that the home was well lead. There were numerous comments included on one questionnaire which was returned anonymously. The comments in this questionnaire were shared with the registered manager who confirmed that similar issues had been raised with them previously and shared with the appropriate health and social care trust for resolution.

Ten questionnaires were issued to nursing, care and ancillary staff; six were returned prior to the issue of this report. Staff were either very satisfied or satisfied with the delivery of safe, effective and compassionate care and that the home was well led. One respondent commented "A very good team with very good communication between all staff."

Areas for improvement

No areas for improvement were identified in the delivery of effective care during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

Throughout the inspection there was a calm atmosphere in the home and staff were quietly attending to the patients' needs. Patients were sitting in the lounges, or in their bedroom, as was their personal preference. The main lounge is situated directly off the entrance hall and has large windows providing panoramic views of the sea; these windows also face directly on to a main road. As many patients required the use of a hoist staff were observed closing the lounge doors and closing the curtains prior to assisting the patients from their armchairs into wheelchairs. This practice was commended in the preservation of patient dignity.

Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time. Staff spoken with were knowledgeable regarding patients' likes and dislikes and individual preferences.

Patients spoken with commented positively in regard to the care they received. Those patients who were unable to verbally express their views were observed to be appropriately dressed and were relaxed and comfortable in their surroundings. Observation of care delivery confirmed that patients were assisted appropriately, with dignity and respect, and in a timely manner.

We discussed how the registered manager consulted with patients and relatives and involved them in the issues which affected them. Satisfaction surveys were sent out annually to patients and relatives. These were last sent in June 2015 and included patients and relatives opinion on the standard of care, provision of activities, choice and range of food, the environment, laundry services and staff. The registered manager explained that the results were then summarised, printed, laminated and displayed in the home. The laminated copies were reviewed and evidenced that six patients and nine relatives had participated in the most recent survey; responses varied from very satisfied to fairly satisfied. There were no areas for improvement identified.

Numerous compliments had been received by the home from relatives and friends of former patients. The following are some comments recorded in thank you cards displayed:

- "Thank you for all the kindness you showed him over the years – he felt very comfortable and among friends..."
- "Just a short note of thanks to you all for the superb care and affection you're showed to our late uncle..."

Relatives spoken with confirmed that they were welcomed into the home by all staff. They were confident that if they raised a concern or query with the registered manager or staff, their concern would be addressed appropriately.

Areas for improvement

No areas for improvement were identified in the delivery of compassionate care during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

The certificate of registration issued by RQIA and the home's certificate of public liability insurance were appropriately displayed in the foyer of the home.

Discussion with staff, a review of care records and observations confirmed that the home was operating within its registered categories of care. The Statement of Purpose and Patient Guide were displayed and available in the reception area of the home.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff spoken with were knowledgeable regarding the line management arrangements 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. Discussions with staff also confirmed that there were good working relationships; staff stated that management were responsive to any suggestions or concerns raised.

Patients and relatives spoken with confirmed that they were aware of the home's complaints procedure. Patients and their representatives confirmed that they were confident that staff and/or management would address any concern raised by them appropriately. Patients were aware of who the registered manager was and reported that they would have daily contact.

A record for logging complaints was available. No complaints were recorded on the complaint record over the past 12 months. Whilst reviewing care records it was noted that a relative had expressed dissatisfaction with elements of the service their loved one was receiving. The complaint had not been recorded in the complaint record for the home. The care records evidenced that the registered nurse, to whom the relative had reported their concerns, had addressed the issues and recorded the action taken in the care records. The registered manager considered the relative's opinion as a comment and not a complaint. A review of the reports of monthly visits undertaken by the registered person in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005, identified that a patient had complained about noise in the home. This comment had not been recorded in the complaint record. The registered person considered the patient's opinion as a comment. The importance of recognising when a comment is a complaint was discussed with the registered person and registered manager. A recommendation was stated.

There were numerous thank you cards and letters received from former patients and relatives; examples of these have been included in the previous domain.

The registered manager discussed the systems she had in place to monitor the quality of the services delivered. A programme of audits was completed on a monthly basis. Areas for audit included care records and falls. A review of a care record audit evidenced that some areas for improvement had been identified. There was no evidence in the audit records that the areas for improvement had been re-audited to check compliance. There was no evidence to confirm that the registered manager had oversight of the completed audits. The completion of the audit cycle to ensure quality improvement was discussed and the importance of them having oversight of the audits completed. A recommendation was stated.

Discussion with the registered manager confirmed that monthly monitoring visits were completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. The reports for January and March 2016 were not available in the home. This was discussed at feedback with the Registered Person, Mr Duncan, who provided evidence that the reports had been completed. Prior to Mr Duncan's arrival in the home staff could not

accessed the reports in the home. A requirement was stated that a copy of the report is maintained in the home and available on request. The reports available for 2015 evidenced that an action plan was generated to address any identified areas for improvement. The reports evidenced that the issues had been followed at the next visit. There were a number of minor issues that had been carried forward for some considerable time; for example the location of the outside bins. We discussed the importance of removing these items from the action plan when a decision had been taken not to progress with the work. The rationale not to address the issues should be included in the report.

As previously discussed issues were identified with the recruitment processes, the arrangements in place to confirm and monitor the registration status of registered nurses with the NMC, compliance with mandatory training, provision of equipment and infection prevention and control practices. Five requirements have been stated in this regard. These procedures, whilst ensuring safe care, also reflect on the leadership within a service; therefore the requirements made must also be considered as areas for improvement in the “well led” domain.

As discussed in section 5.3 the registered manager was rostered to work as a registered nurse a number of morning shifts each week. We were concerned that the registered manager, undertaking the role of a registered nurse on a weekly basis, was impacting negatively on the time they had to provide effective leadership and sustain governance arrangements in the home. It is therefore recommended that the current provision of registered nurses rostered daily is reviewed to ensure that the registered manager has sufficient time to undertake the day to day operational management of the home effectively.

Areas for improvement

Complaints should be recorded in accordance with the DHSSPS Care Standards for Nursing Homes.

Areas for improvement identified during audit should be re-audited to ensure the required improvements have been made and compliance with best practice is achieved and sustained. The registered manager should have oversight of the audits completed.

A requirement was made that copies of the report from the visits undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 are maintained in the home, and available on request.

The current provision of registered nurses should be reviewed to ensure that the registered manager has sufficient time to undertake the day to day operational management of the home effectively.

Number of requirements	1	Number of recommendations:	3
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Robert Duncan, registered person and Mrs Anne Duggan, registered manager, 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 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 weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 21(1)(a)(b)

Stated: First time

To be completed by:
24 May 2016

The registered person must ensure that all of the information required and documents specified in regard to the selection and recruitment of staff are obtained prior to the commencement of employment.

Ref: section 4.3

Response by registered person detailing the actions taken:

A checklist has been created that will ensure all information and documents to be obtained in respect of persons carrying on, managing or working in the nursing home are obtained prior to the commencement of employment. This checklist will be placed at the front of each staff members file.

Requirement 2

Ref: Regulation 20(1)(a)

Stated: First time

To be completed by:
24 May 2016

The registered person must ensure that staff employed are suitably qualified. Robust systems to check that registered nurses and care staff have, and maintain, a live registration with their professional body must be implemented.

Ref: section 4.3

Response by registered person detailing the actions taken:

A monthly audit form has been created to ensure that Registered Nurses and Care Staff have, and maintain, a live registration with their professional body. This audit form will evidence that the registrations of Nurses and Care Staff have been checked on at least a monthly basis and will include the expiry dates of each registration to ensure that these do not lapse.

<p>Requirement 3</p> <p>Ref: Regulation 20(1)(c)(i)</p> <p>Stated: First time</p> <p>To be completed by: 24 May 2016</p>	<p>The registered persons must ensure that staff receive mandatory training and other training appropriate to the work they are to perform. Effective systems to monitor staff attendance at mandatory training must be implemented.</p> <p>Ref: section 4.3</p> <hr/> <p>Response by registered person detailing the actions taken: At the time of inspection the Training Records for the previous year had been archived and it was not clear where these records had been stored. The home has developed a Training and Development Plan which will be reviewed to ensure all training is completed on time. The Matrix for Mandatory Training and other appropriate training will be reviewed and updated to suit to ensure that Training is accurately recorded. The system for archiving documents will be reviewed to ensure records are easily accessible should they be required.</p>
<p>Requirement 4</p> <p>Ref: Regulation 13(7)</p> <p>Stated: First time</p> <p>To be completed by: 24 May 2016</p>	<p>The registered persons must seek advice from relevant healthcare professionals and ensure that the decontamination process and storage of commode pots is in keeping with best practice in infection prevention and control.</p> <p>Ref: section 4.3</p> <hr/> <p>Response by registered person detailing the actions taken: The Nurse Manager has liaised with Public Health Services who have advised on best practice for the decontamination process and storage of commode pots. The registered provider has located two areas in the building (one on the ground floor and one on the first floor) that have the potential to be used as sluice rooms. The registered provider has contacted the RQIA Estates Inspector for guidance as to whether or not an application for variation to registration is required and for general advice. The Estates Inspector has advised that a variation to registration is not necessary therefore work will begin to renovate and transform these two areas as soon as is possible/practical. I would expect this to be complete by the end of July 2016.</p>

<p>Requirement 5</p> <p>Ref: Regulation 13(1)(a)</p> <p>Stated: First time</p> <p>To be completed by: 24 May 2016</p>	<p>The registered person must ensure that there is proper provision for the nursing, health and welfare of patients. Equipment required to meet patient need must be available.</p> <p>Ref: section 4.3</p> <p>Response by registered person detailing the actions taken:</p> <p>The home does provide equipment The home does provide the equipment required to meet the needs of residents.</p> <p>At the time of inspection the nurse manager confirmed that the home had two shower chairs however one of these had recently been returned to the trust. In addition to this, but not disclosed to the inspector at the time, the home has other shower chairs which are seldom used due to their unsuitability for use with incontinent residents.</p> <p>The inspection report raised concerns that commode chairs are not for transporting residents due to potential health and safety risks. I would agree that there are potential risks however a risk assessment is always carried out before the task is undertaken as this is normal daily practice of staff. Transporting residents on commodes would not be normal procedure however there are a small number of residents who may be transported to the bathrooms on commodes for their own benefit. This may be to reduce the number of times a resident needs to be hoisted because these residents may find being hoisted a painful or traumatic experience. We have had previous instances whereby we have been advised by the O/T to use a portable commode chairs to transfer residents to the bathrooms in order to make the process less stressful and painful for the resident. We have had the portable commode chairs supplied by the Trust and they were similar to the commode chairs provided by the home which do not have safety belts or footrests.</p> <p>Since the inspection we have contacted an O/T who has confirmed that we need to assess what we believe is the best for the Resident with less stress and upset as much as possible as long as the task is completed competently. A clinical facilitator from the Trust has also backed up this opinion. He also suggested (although did not think it was necessary) that we discuss what we have put in place with the care manager and the residents family to get their agreement.</p> <p>Whilst the portable commode chair is not ideal it offers a safe and effective alternative, which is less stressful and painful for the resident. All actions taken are in the residents best interests and I believe that we are meeting the needs of these residents safely and in a compassionate manner and meeting their emotional and psychological needs by reducing their exposure to unnecessary trauma and distress.to meet the needs of the residents.</p>
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<p>Requirement 6</p> <p>Ref: Regulation 29 (5)</p> <p>Stated: First time</p>	<p>The registered person must ensure that copies of reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 are maintained in the home and made available on request.</p> <p>Ref: section 4.6</p>
<p>To be completed by: 24 May 2016.</p>	<p>Response by registered person detailing the actions taken:</p> <p>Copies of the homes regulation 29 visits are maintained in the home. At the time of inspection it was explained that the home was in the process of updating their cloud system where the reports and all other documentation is kept. The inspector was able to view that these reports had been completed on the Registered Providers mobile phone and the reports that were unavailable were forwarded on request. The Registered Provider will ensure that future reports will be forwarded in a timely manner to the nurse manager and be made available on request.</p>

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 35.6</p> <p>Stated: First time</p> <p>To be completed by: 21 June 2016</p>	<p>It is recommended that formal training is provided for the registered manager and any staff who are involved in the selection and recruitment of staff.</p> <p>Ref: section 4.3</p> <p>Response by registered person detailing the actions taken: There is no formal training available that is relevant to the deficiencies in recruitment that have been highlighted in this inspection report. Labour Relations offer a course on Fair Recruitment and Selection which is currently unavailable, however it is irrelevant to the deficiencies highlighted in this inspection report. Deficiencies highlighted were, recording verbal references, recording of Access NI certificate numbers and the date that these were received, and checking live registrations. The policy for Recruitment and Selection has been updated to include the detailed processes and records required under the Nursing Home Regulation (Northern Ireland) 2005 and this has been discussed with the Nurse Manager. In addition to this there is a New Document Checklist to be put on staff files. This includes a section for recording verbal references, recording Access NI disclosure information and checking live registrations.</p>
<p>Recommendation 2</p> <p>Ref: Standard 39.1</p> <p>Stated: First time</p> <p>To be completed by: 24 May 2016</p>	<p>It is recommended that the registered manager sign all of the documents in the induction process to confirm that the process had been satisfactorily completed and that they were satisfied that the staff member was competent. The timescales for completion of the induction process should be reviewed to ensure that are meaningful and in keeping with DHSSPS Care standards for Nursing Homes 2015.</p> <p>Ref: section 4.3</p> <p>Response by registered person detailing the actions taken: The existing induction forms and records will be reviewed and updated to ensure that the timescales for completion of the induction process is meaningful. These forms will also include sections for the Nurse Manager to sign of that the induction has been completed successfully and that the staff member is competent.</p>
<p>Recommendation 3</p> <p>Ref: Standard 38</p> <p>Stated: First time</p> <p>To be completed by: 24 May 2016</p>	<p>It is recommended that the record of Access NI checks is further developed to include the date that the certificate is viewed; this would evidence that the registered manager has checked the certificate prior to the candidate commencing employment.</p> <p>Ref: section 4.3</p> <p>Response by registered person detailing the actions taken: A document checklist has been created for the front of each staff members file. This includes the certificate number, date of issue, date viewed and the signature of the Nurse Manager.</p>

<p>Recommendation 4</p> <p>Ref: Standard 16.11</p> <p>Stated: First time</p> <p>To be completed by: 24 May 2016</p>	<p>Records should be kept of all complaints and these include details of all communications; the result of any investigation; the action taken; whether or not the complainant was satisfied with the outcome; and how this level of satisfaction was determined.</p> <p>Ref: section 4.6</p> <hr/> <p>Response by registered person detailing the actions taken: The home does have a folder specifically for recording and actioning complaints to ensure complaints are investigated and the complainants are satisfied with the outcome. The Complaints policy will be reviewed and what qualifies as a complaint will be discussed with the staff to ensure that all complaints are recorded and addressed satisfactorily.</p>
<p>Recommendation 5</p> <p>Ref: Standard 35.4</p> <p>Stated: First time</p> <p>To be completed by: 24 May 2016</p>	<p>It is recommended that areas for improvement identified during audit should be re-audited to ensure the required improvements are made and compliance with best practice is achieved.</p> <p>The registered manager should have oversight of the audits completed.</p> <p>Ref: section 4.6</p> <hr/> <p>Response by registered person detailing the actions taken: The home will review the Care Records Audit Tool to ensure the required improvements are made and compliance with best practice is achieved.</p>
<p>Recommendation 6</p> <p>Ref: Standard 35.2</p> <p>Stated: First time</p> <p>To be completed by: 24 May 2016</p>	<p>It is recommended that the current provision of registered nurses is reviewed to ensure that the registered manager has sufficient time to undertake the day to day operational management of the home effectively.</p> <p>Ref: section 4.6</p> <hr/> <p>Response by registered person detailing the actions taken: The home has actively been trying to recruit nurses over the past three years but due to the shortage of nurses and in particular the shortage of nurses willing to work in the nursing home sector this has been difficult. Now that nurses are identified on the UKBA shortage occupation list it is possible to recruit suitable applicants from abroad and the home is looking at the possibility of obtaining a sponsor license to enable it to sponsor foreign workers for fill the vacant position. Auditing systems will be reviewed to ensure that the Nurse Manager has systems in place to ensure that paper work and auditing of the homes care practices are completed on time.</p>

****Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address****



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