

Unannounced Care Inspection Report 11 April 2016



Brooklands

Address: 66 Hospital Road, Magherafelt, BT45 5EG

Tel No: 0287963 4490

Inspector: Aveen Donnelly

1.0 Summary

An unannounced inspection of Brooklands took place on 11 April 2016 from 08.50 to 17.15 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.

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

Is care safe?

Two requirements have been made in regards to the notification of incidents which are reportable to RQIA; and the safe storage of hazardous chemicals. Three recommendations have also been made in regards to recruitment and selection processes; the Nursing and Midwifery (NMC) checks; and the recording of incidents relating to the prevention and protection of adults at risk of harm.

Is care effective?

A requirement has been made in regards to the completion of patients' risk assessments. A recommendation has also been made in regards to registered nurses training on developing care plans. Records of the training content and a list of attendees should be retained in the home.

Is care compassionate?

One recommendation has been made regarding the meal-time experience.

Is the service well led?

Two recommendations have been made regarding the need for a systematic approach to reviewing the policies and procedures of the home; and the need for improvements in the content of the Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, monitoring report.

This inspection was underpinned by the Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes, April 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	8

The total number of requirements and recommendations above includes one recommendation that has been stated for the second time. Details of the QIP within this report were discussed

with the 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 care inspection on 29 June 2015. Other than those actions detailed in the previous QIP there were no further actions required.

2.0 Service details

Registered organisation/registered person: Brooklands Healthcare Ltd Therese Elizabeth Conway (Acting)	Registered manager: Deirdre Mary Monaghan
Person in charge of the home at the time of inspection: Deirdre Mary Monaghan	Date manager registered: 30 September 2014
Categories of care: NH-LD, RC-DE, NH-I, NH-PH, NH-PH(E), RC-I, RC,MP(E), RC(PH(E)), NH-TI A maximum of 8 residents in category RC-DE. Category NH-LD for 1 identified patient only	Number of registered places: 55

3.0 Methods/processes

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- 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 plans (QIPs) from inspections undertaken in the previous inspection year
- 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 of the home was undertaken. Five patients, five care staff, two nursing staff and three patient's representatives were also consulted with.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- four patient care records
- staff training records
- three personnel records
- accident and incident records
- notifiable incidents
- falls audits
- patient emergency evacuation plans
- records relating to prevention and protection from harm
- complaints records
- NMC and NISCC registration records
- staff induction, supervision and appraisal records
- staff, patients' and relatives' meetings
- regulation 29 monthly monitoring reports
- staff, patients' and relatives' questionnaires
- policies and procedures

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 announced care inspection. The completed QIP was returned and approved by the estates inspector.

4.2 Review of requirements and recommendations from the last Care inspection dated 29 June 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 32.3 Stated: First time	<p>A palliative care link nurse should be appointed, to ensure that there is a nominated person in the home with up to date knowledge and skills in providing symptom control and comfort.</p>	Not Met
	<p>Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that there was a nominated palliative care link nurse appointed. However, discussion with the staff identified that they did not know who the nominated person was. The registered manager was unable to describe the role of the palliative care link nurse and there was no evidence of training provided to or input by the palliative care link nurse. Given that the home is registered to provide care to terminally ill patients, it was disappointing that this recommendation had not been met.</p> <p>The recommendation has been stated for the second time.</p>	
Recommendation 2 Ref: Standard 32.1 Stated: First time	<p>The registered manager should ensure that all staff complete the e-learning modules on communication, grief and loss; and palliative care, as appropriate to their role.</p> <p>Records should also be maintained of training that is attended externally by staff and the content of this training. This refers to Palliative Care and syringe driver training.</p>	Met
	<p>Action taken as confirmed during the inspection: A review of the training records confirmed that 44 out of 71 nursing and care staff had completed training in palliative care; 64 staff had completed training in communication; and 61 staff had completed training in grief and loss. Discussion with the registered manager confirmed that there was a process in place to monitor compliance with mandatory training in the home.</p>	

<p>Recommendation 3</p> <p>Ref: Standard 32.11</p> <p>Stated: First time</p>	<p>The registered manager should provide staff with the opportunity to discuss arrangements for patients who are imminently dying, in the event that there are no relatives present. These discussions should focus on the deployment of staff to sit with the patient, so they are not left alone while dying.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and staff confirmed that this matter had been addressed with all staff members. All staff consulted with, were aware of the need to sit with a patient, where relatives were not present.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 45.7</p> <p>Stated: First time</p>	<p>The process for reporting faulty pressure relieving devices should be reviewed. This should include a procedure for timely access to temporary replacement cushions, if repair is delayed.</p> <p>This refers to the pressure cushion of one identified patient.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and staff confirmed that there were replacement air cushions available, if required.</p>		
<p>Recommendation 5</p> <p>Ref: Standard 37.4</p> <p>Stated: First time</p>	<p>The process for recording food/fluid intake and repositioning is reviewed, to ensure that entries are recorded at the time care is delivered.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>A review of personal care records confirmed that entries were recorded contemporaneously. The records evidenced that patients were repositioned in line with their care plan. Records of nutritional intake were also maintained.</p>		

4.3 Is care safe?

The policy on prevention and protection from harm was reviewed and included a section on recruitment of staff which states that all appropriate checks would be completed 'prior to commencement of employment'. Refer to section 4.6 for further detail. Discussion with the manager confirmed that there were systems in place for the safe recruitment and selection of staff and staff consulted stated that they had only commenced employment once all the relevant checks had been completed. However, a review of three personnel files evidenced

that these had not been reviewed by the registered manager and checked for possible issues. For example, two staff members only had one reference received, prior to commencing employment, and there was also no evidence that the relevant qualifications had been checked. Where nurses were employed, their pin numbers were checked with the Nursing and Midwifery Council (NMC) to ensure that they were suitable for employment; however one staff member's registration with the Northern Ireland Social Care Council (NISCC) had not been checked as part of the recruitment process. The review of recruitment records evidenced that enhanced criminal records checks were completed with Access NI and a check-list was maintained in each staff member's personnel file which included the Access NI reference number. However, there was no record of the date the Access NI checks had been received and there was also no process for recording whether or not the Access NI checks were clear. This was discussed with the registered manager during feedback. A recommendation has been made in this regard. Refer to section 4.6 for further detail.

Discussion with the registered manager confirmed that there was a system in progress to monitor the revalidation dates of the registered nurses. However, a review of the registration checks, confirmed that registered nurses' pin numbers were not checked with the Nursing and Midwifery Council (NMC) on a regular basis, to validate their registration status. The records evidenced that the NMC register had not been checked between 17 December 2015 and the day of the inspection almost four months later. Although all registered nurses' registrations were confirmed on the day of the inspection, a review of the records confirmed that three registered nurses had renewed their registrations during this period. A recommendation has been made in this regard.

There was evidence that new staff completed an induction programme to ensure they developed their required knowledge to meet the patients' needs. Staff consulted confirmed that they received induction; and shadowed experienced staff until they felt confident to care for the patients unsupervised. A review of one staff member's induction record confirmed that it had been completed. Advice was given regarding the way in which the form had been completed and the registered manager agreed to ensure this was addressed. Discussion with staff and a review of the staff training records confirmed that training had been provided in all mandatory areas. Observation of the delivery of care evidenced that training had been embedded into practice.

A review of staff training records confirmed that staff completed e-learning modules on basic life support, behaviours which challenge staff, medicines management, fire safety, food safety, infection control, safe moving and handling and prevention and protection of adults at risk of harm. Overall compliance with training was monitored by the registered manager.

Discussion with the registered manager and staff confirmed that there were systems in place to monitor staff performance or to ensure that staff received support and guidance. Staff were coached and mentored through one to one supervision, competency and capability assessments and annual appraisals.

The registered manager confirmed the planned daily staffing levels for the home and stated that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 1 April 2016 to 7 April 2016 evidenced that the planned staffing levels were adhered to. Discussion with patients evidenced that there were no concerns regarding staffing levels. Discussion with staff also confirmed that communication was well maintained in the home and that appropriate information was communicated in the shift handover meetings.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. One patients' representative wrote that they did not feel that their relative was safe and protected from harm and that they were not satisfied that the staff had enough time to care for their relative because call bell alarms were often not responded to immediately. Following the inspection, this concern was brought to the attention of the registered manager, who agreed to conduct audits of call-bell response times.

Discussion with the registered manager confirmed that any potential safeguarding concerns were managed appropriately and the staff consulted with, were knowledgeable about their specific roles and responsibilities in relation to prevention and protection of harm. A review of the documentation regarding prevention and protection of adults at risk of harm identified that although RQIA and the relevant Health and Social Care Trusts were notified appropriately, the records were not maintained to an appropriate standard. For example, there was no format to appropriately document concerns that were reported and subsequently screened out by the safeguarding team, in accordance with the regional safeguarding protocols and the home's policies and procedures. A review of the policy on the prevention and protection of adults at risk of harm also identified that the policy had not been reviewed in line with current legislation and minimum standards. The policy also included a list of telephone numbers for the relevant safeguarding contact persons, some of which were no longer in use. A recommendation has been made in this regard. Refer to section 4.6 for further detail.

Validated risk assessments were completed as part of the admission process and were reviewed as required. The assessments included where patients may require the use of a hoist or assistance with their mobility and their risk of falling; the use of bedrails and restraint, if appropriate; regular repositioning due to a risk of developing pressure damage and wound assessment, if appropriate; assistance with eating and drinking due to the risk of malnutrition or swallowing difficulties. However, the outcomes of risk assessments did not inform the care planning process. Refer to section 4.4 and 4.6 for further detail.

Discussion with the registered manager confirmed that a range of audits were conducted on a regular basis (refer to section 4.6 for further detail). A sample audit for falls confirmed the number, type, place and outcome of falls. This information was analysed to identify patterns and trends. An action plan was in place to address any deficits identified. However, the audit for the month of March 2016 had not been conducted. A review of the accident and incident records confirmed that the falls risk assessments and care plans were generally completed following each incident, care management and patients' representatives were notified appropriately. However, the review of the accidents records identified that an incident had occurred, wherein a patient had sustained a head injury, RQIA had not been notified. A requirement has been made in this regard.

A review of the home's environment was undertaken which included a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout.

Infection prevention and control measures were adhered to. However, the sluice room on the ground floor was observed to be unlocked. The wall behind the sluice cistern was stained and in need of cleaning. This was brought to the attention of the registered manager to address. Cleaning chemicals were also stored in this room in an unlocked cupboard. This posed a potential risk to patients. This was discussed with the registered manager, who provided

assurances that this would be addressed with the staff. A requirement has been made in this regard.

Fire exits and corridors were observed to be clear of clutter and obstruction. Discussion with the manager confirmed that personal emergency evacuation plans were in place and were reviewed on a regular basis.

Areas for improvement

The recruitment and selection processes must be reviewed to ensure that there are robust systems in place, to address the deficits identified in this inspection. A recommendation has been made in this regard

A system should be implemented, to ensure that registered nurses' registration with the Nursing and Midwifery Council (NMC) is checked on a regular basis. A recommendation has been made in this regard.

The process for recording incidents relating to prevention and protection from harm should be further developed, to ensure that records pertaining to incidents that have been screened out by Safeguarding Teams in the Health and Social Care Trusts are appropriately maintained. A recommendation has been made in this regard.

RQIA must be notified of any serious injury to a patient in the home. A requirement has been made in this regard.

Cleaning chemicals must be securely stored in keeping with Control of Substances Hazardous to Health legislation (COSHH), to ensure that patients are protected from hazards to their safety. A requirement has been made in this regard.

Number of requirements	2	Number of recommendations:	3
-------------------------------	----------	-----------------------------------	----------

4.4 Is care effective?

A review of four patients' care records evidenced that there was regular communication with patients' representatives regarding the patients' ongoing condition. The review evidenced that although the registered nurses generally reviewed the patients on a regular basis, not all risk assessments had been completed. For example, in three care records, malnutrition universal risk assessments had not been completed. A choke risk assessment had also not been completed for a patient who required a modified diet and the prescribed consistency had not been included in the patient's care plan. A requirement has been made in this regard.

The outcomes of risk assessments did not consistently inform the care planning process. For example, one patient had a wound assessment in place, a review of the patient's daily progress notes evidenced regular dressing changes; however a care plan had not been developed. Two patients were assessed a having moderate to high risks of falling and of developing pressure damage and no care plans had been completed to reflect this. Validated pain assessment tools had also been used to assess two patients' pain levels; however and care plans had also not been developed to reflect this.

Short term care plans were either not in place or had not been updated. For example, there was no care plan in place for the treatment of a patient's eye infection. The care plan for urinary tract infections had also not been updated, when the patient commenced antibiotic therapy. The registered manager confirmed during feedback that registered nursing staff had not received training in care planning. A recommendation has been made in this regard.

A review of repositioning records evidenced that patients were repositioned according to their care plans and a sampling of food and fluid intake charts confirmed that patients' fluid intake had been monitored. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to discussing patients' details in front of other relatives.

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 patients' condition. Staff also confirmed that communication between all staff grades was effective. Discussion with the registered manager confirmed that staff meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. Staff stated that 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. Information on advocacy services was not available to patients. However, registered nursing staff confirmed that advocacy services could be accessed via the patients' care management process, if required.

Discussion with the registered manager and review of records evidenced that patients and/or relatives meetings were held on a regular basis and records were maintained. Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff/ management.

Areas for improvement

Training should be provided to all registered nurses on record keeping, in line with NMC guidelines. This training should specifically focus on the nursing process. Records of the training content and a list of attendees should be retained in the home. A recommendation has been made in this regard.

Patient risk assessments, as appropriate, must be completed and the outcome included in the care planning process. A requirement has been made in this regard.

Number of requirements	1	Number of recommendations:	1
-------------------------------	----------	-----------------------------------	----------

4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with five patients individually and with others in smaller groups, confirmed that they were afforded choice, privacy, dignity and respect. Discussion with patients also confirmed that staff mostly used their preferred name and that staff spoke to them in a polite manner. However, one patient commented that the staff sometimes used pronouns, when speaking in their presence. For example, words, such as, 'she' or 'her' were often used. This was brought to the attention of the registered manager to address.

Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. Patients stated that they were involved in decision making about their own care and that they were offered choices at mealtimes and throughout the day. Medicines were administered to patients in a discreet way to maintain their dignity and privacy.

The mid-day meal was observed and staff provided assistance to patients, as required. However, a trolley was observed with deserts in individual bowls, that were uncovered; and the accompanying custard was not kept hot. A review of the regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, monthly monitoring report evidenced that this had previously been identified and brought to the attention of the registered manager. A recommendation has been made in this regard.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Care staff consulted with stated that they were encouraged to read the patients' care plans. Consultation with staff confirmed that they felt they had the necessary skills to communicate effectively with one patient who was identified as having difficulties with communicating. The patient had an effective communication tool available to assist staff in understanding their needs.

Patients consulted with also confirmed that they were able to maintain contact with their families and friends. Staff supported patients to maintain friendships and socialise within the home; and attend external activities. There was evidence of a variety of activities in the home and discussion with patients confirmed that they were given a choice with regards to what they wanted to participate in. Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided. Views and comments recorded were analysed and areas for improvement were acted upon.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. From discussion with the registered manager, staff, relatives and a review of the compliments record, there was evidence that the staff cared for the patients and the relatives in a kindly manner. One comment viewed in the compliments record referred to how a relative always felt 'as if they were coming home, when (they) visited'

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. All comments on the returned questionnaires were positive. Some comments received are detailed below:

Staff

'It is good here. Everyone is very helpful and I am (continually) learning from the manager'.

'I am very happy. We are all very close and I am very fond of this home'.

'I have no concerns. I would give this place 4 ½ stars out of 5'.

'The care is good. The manager is fair and it's not often you get a good manager'.

'It is fantastic here. All the patients are treated with respect and dignity. They get brilliant care and 1:1 attention, if they need it'.

Patients

'I am happy enough. I have no concerns'.
 'They treat me well here'.
 'I am treated powerful well. I like the peace and quiet'.
 'I have no complaints. I am treated well'.

Patients' representatives

'I am kept informed of any changes in my (relative's) condition'.
 'I have not had need to, but if I did, I would know who to raise any concerns to'.
 'Excellent care is provided. It is an excellent home and the staff are always extremely attentive and caring'.
 'It not only looks like a hotel, but it smells like a hotel also'.
 'As long as (my relative) is happy, I am happy'.
 'The staff are very friendly'.

Areas for improvement

The serving and delivery of food should be reviewed to ensure that meals are kept hot.
 A recommendation has been made in this regard.

Number of requirements	0	Number of recommendations:	1
-------------------------------	----------	-----------------------------------	----------

4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff consulted with confirmed that they had been given a job description on commencement of employment and were able to describe their roles and responsibilities. There was a system in place to identify the person in charge of the home, in the absence of the registered manager.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. These included medication and equipment alerts.

Discussion with the registered manager and observation of patients evidenced that the home was operating within its registered categories of care. The registration certificate was displayed appropriately. The certificate indicated that the home was registered to accommodate 55 patients. However, discussion with the manager evidenced that one bedroom had previously been de-commissioned; and also that the identified patient who had been accommodated under the NH-LD category, was no longer residing in the home. Advice was given with regards to the procedure for obtaining an up to date registration certificate. A certificate of public liability insurance was current and displayed.

As discussed in section 4.3, two recommendations have been made regarding recruitment and selection processes and the record keeping in relation to prevention and protection of adults at risk of harm. The policy on the prevention and protection of adults at risk of harm included a section on recruitment and selection. A review of the policy identified that it had not been updated in line with current legislation, best practice guidance and minimum standards. The

registered manager stated that the policies and procedures for the home were reviewed by the operations manager of the company; but was unable to describe the process that was in place to ensure that they were systematically reviewed. A recommendation has been made in this regard.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Staff, patients and patients' representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients/representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Patients were aware of who the registered manager was. Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Discussion with the registered manager evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, the registered manager outlined how the following audits were completed in accordance with best practice guidance:

- falls
- wound management
- care records
- infection prevention and control
- complaints
- weight loss
- care reviews
- chiropody
- optician, hearing and dental checks

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. As discussed in section 4.3, a recommendation has been made regarding the need for robust recruitment and selection processes to be implemented. It was therefore concerning that audits of staff recruitment records had not been conducted. The audit of incidents and accidents had also not been completed for March 2016.

One requirement has also been made in section 4.4 regarding patients' risk assessments not having been completed, despite record audits that were completed by the home manager.

Discussion with the registered manager and review of records evidenced that Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, monthly monitoring visits were completed in accordance with the regulations and/or care standards and copies of the reports were available for patients, their representatives, staff and Trust representatives. An action plan was generated to address any areas for improvement. Discussion with the registered manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed. However, a number of deficits were identified in the monitoring report. For example, the report did not include unique identifier numbers when discussing staff and patients' comments. The use of unique identifier numbers would maintain confidentiality of those consulted with, but would also provide traceability of audit and would evidence that comments were received from a variety of sources.

A review of notifications of incidents to RQIA since the last care inspection confirmed that not all incidents had been reported appropriately and a requirement has been made in section 4.3, in this regard. The monthly monitoring report evidenced that incidents had been reviewed and stated that none required to be reported to the RQIA under Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005. The report also stated that there had been no complaints recorded since the last visit; however, a review of the complaints record evidenced that there had been a complaint recorded during this period. Records pertaining to the prevention and protection of adults at risk of harm had not been reviewed and there was also no evidence that staff recruitment records had been monitored. Advice was given in regards to the template for monitoring visits by a registered provider which is available on the RQIA website. A recommendation has been made in this regard.

Areas for improvement

There should be a process of systematic audit in place to ensure that the policies and procedures are reviewed on a three yearly basis, to ensure compliance with statutory requirements, minimum standards and current best practice. A recommendation has been made in this regard.

The monthly monitoring report required under Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 should be further developed to address the deficits identified during this inspection. A recommendation has been made in this regard.

Number of requirements	0	Number of recommendations:	2
-------------------------------	----------	-----------------------------------	----------

5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the 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 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	
Requirement 1 Ref: Regulation 30 (1) (c) Stated: First time To be completed by: 09 June 2016	The registered persons must ensure that RQIA is notified of any serious injury to a patient in the home. Ref: Section 4.3 Response by registered person detailing the actions taken: All patients' serious injuries are reported to the RQIA under regulation 30.
Requirement 2 Ref: Regulation 14 (2) (c) Stated: First time To be completed by: 09 June 2016	The registered persons must ensure that all cleaning chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health. Ref: Section 4.3 Response by registered person detailing the actions taken: All cleaning chemicals are securely stored in keeping with COSHH legislation.

<p>Requirement 3</p> <p>Ref: Regulation 15 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 09 June 2016</p>	<p>The registered persons must ensure that patients' risk assessments, as appropriate, are completed and the outcome included in the care planning process.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered person detailing the actions taken: Patient risk assessments are completed as appropriate and as part of the care planning process. These are regularly monitored as part of the home's governance arrangements.</p>
<p>Recommendations</p>	
<p>Recommendation 1</p> <p>Ref: Standard 32.3</p> <p>Stated: Second time</p> <p>To be completed by: 09 June 2016</p>	<p>A palliative care link nurse should be appointed, to ensure that there is a nominated person in the home with up to date knowledge and skills in providing symptom control and comfort.</p> <p>Ref: Section 4.2</p> <hr/> <p>Response by registered person detailing the actions taken: Two registered nurses have been appointed and have attended training provided by the H&SC Trust.</p>
<p>Recommendation 2</p> <p>Ref: Standard 38.1</p> <p>Stated: First time</p> <p>To be completed by: 09 June 2016</p>	<p>The registered persons should ensure that the recruitment and selection processes are reviewed; and that there are robust systems in place, to address the deficits identified in this inspection.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered person detailing the actions taken: Recruitment and selection systems and processes have been reviewed. All new employees recruitment records are checked by the registered manager prior to commencement of employment.</p>
<p>Recommendation 3</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p> <p>To be completed by: 09 June 2016</p>	<p>The registered persons should ensure that a system is implemented, to ensure that registered nurses' registration with the Nursing and Midwifery Council (NMC) is checked on a regular basis.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered person detailing the actions taken: A system is in place to check and confirm registered nurse registration with the NMC.</p>

<p>Recommendation 4</p> <p>Ref: Standard 13.5</p> <p>Stated: First time</p> <p>To be completed by: 09 June 2016</p>	<p>The registered person should ensure that the process for recording incidents relating to prevention and protection from harm should be further developed, to illustrate that records pertaining to incidents that have been screened out by Safeguarding Teams in the Health and Social Care Trusts.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered person detailing the actions taken: Safeguarding documentation has been reviewed to evidence screening by the H&SC Trust safeguarding team.</p>
<p>Recommendation 5</p> <p>Ref: Standard 39.8</p> <p>Stated: First time</p> <p>To be completed by: 09 June 2016</p>	<p>The registered persons should ensure that training is provided to registered nurses on record keeping, in line with NMC guidelines. This training should specifically focus on the nursing process. Records of the training content and a list of attendees should be retained in the home.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered person detailing the actions taken: Record keeping and care plan training has been arranged for the 9th June, 2016.</p>
<p>Recommendation 6</p> <p>Ref: Standard 12.19</p> <p>Stated: First time</p> <p>To be completed by: 09 June 2016</p>	<p>The registered persons should ensure that the serving of meals is reviewed to ensure that the food is kept covered and hot until served to patients.</p> <p>Ref: Section 4.5</p> <hr/> <p>Response by registered person detailing the actions taken: Staff have been informed to ensure that food is kept covered until served. This is regularly monitored by the nurse in charge and the registered manager.</p>
<p>Recommendation 7</p> <p>Ref: Standard 36.1</p> <p>Stated: First time</p> <p>To be completed by: 09 June 2016</p>	<p>The registered persons should ensure that there is a process of three yearly review maintained on all policies and procedures.</p> <p>Ref: Section 4.6</p> <hr/> <p>Response by registered person detailing the actions taken: A process is in place for the completion of three yearly reviews of policies and procedures.</p>

<p>Recommendation 8</p> <p>Ref: Standard 35.7</p> <p>Stated: First time</p> <p>To be completed by: 09 June 2016</p>	<p>The registered person should ensure that the monthly monitoring report required under Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 is further developed to address the deficits identified during this inspection.</p> <p>Ref: Section 4.6</p> <hr/> <p>Response by registered person detailing the actions taken: The regulation 29 template has been reviewed and is in use.</p>
---	---

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
📍 @RQIANews