



# Unannounced Care Inspection Report 19 September 2018



## Whiteabbey

**Type of Service: Nursing Home**

**Address: 104 – 106, Doagh Road, Newtownabbey, BT37 9QP**

**Tel No: 028 9085 3021**

**Inspectors: James Lavery**

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 59 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Healthcare  <b>Responsible Individual(s):</b> Dr Maureen Claire Royston	<b>Registered manager:</b> Mrs Aleyamma George
<b>Person in charge at the time of inspection:</b> Mrs Aleyamma George	<b>Date manager registered:</b> 20 May 2011
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years Residential Care Home (RC)	<b>Number of registered places:</b> 59  Category RC-I for 1 identified individual only. The home is also approved to provide care on a day basis only to 1 person.

### 4.0 Inspection summary

An unannounced inspection took place on 19 September 2018 from 09.20 to 18.30 hours.

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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training, falls management, adult safeguarding arrangements and collaboration with the multiprofessional team. Further areas of good practice were also noted in regards to adhering to the assessed dietary needs of patients, governance processes relating to policies and procedures and complaints management.

Four areas for improvement under regulation were identified in regards to Control of Substances Hazardous to Health (COSHH) compliance, wound care, the repositioning of patients and risk management.

Two areas for improvement under the standards were identified in relation to governance processes regarding staff management, and the management of distressed reactions from patients.

Patients said that they were well cared for and expressed confidence in the ability and willingness of staff to meet their care needs. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	4	*2

\*The total number of areas for improvement includes one standard which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Aleyamma George, 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.

#### 4.2 Action/enforcement taken following the most recent inspection dated 10 May 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 10 May 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

RQIA involves service users and members of the public as volunteer lay assessors. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. A lay assessor was present during this inspection and their comments are included within this report.

During the inspection the inspector and lay assessor met with nine patients, two patients' relatives and three staff. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA directly.

A poster informing visitors to the home that an inspection was being conducted was displayed. The inspector requested that the person in charge place a 'Have we missed you' card in a prominent position in the home to allow patients, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed within the nursing home.

The following records were examined/discussed during and/or following the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2018/19
- incident and accident records
- one staff recruitment and induction file
- five patients' care records;
- one patient's supplementary repositioning care records
- the matrix for staff supervision and appraisal
- a selection of governance audits including those relating to falls, infection control, care records and the use of restrictive practices
- complaints records
- adult safeguarding records and notifiable incidents to RQIA
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 10 May 2018**

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 23 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 15 (2) (a) (b)  <b>Stated:</b> First time	The registered person shall ensure that the assessment of patients' needs relating to nutritional and enteral care are kept under review in a timely and accurate manner and revised at any time when it is necessary to do so.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the care record for one patient who required ongoing enteral care evidenced that the patient's nutritional needs had been kept under review in a timely and accurate manner and revised at times when it was necessary to do so.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 12 (1) (a)(b)(c)  <b>Stated:</b> First time	The registered person shall ensure the following in relation to patients requiring the use of pressure relieving equipment: <ul style="list-style-type: none"> <li>• that the patient's skin state is kept under review in a timely and accurate manner,</li> <li>• that the relevant care plan(s) provides sufficient information in relation to the make; model and required settings of any pressure relieving equipment in keeping with legislative and best practice guidance,</li> <li>• that all pressure relieving equipment in used in compliance with the aforementioned care plan(s) and best practice guidance.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the care record for one patient who required pressure relieving equipment confirmed that this area for improvement had been satisfactorily met. Shortfalls relating to the repositioning of this patient are discussed further in section 6.5.	

<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> Second time	The registered person shall ensure that all governance and audit processes are managed effectively and robustly, specifically: <ul style="list-style-type: none"> <li>all forms of restrictive practices within the home should be regularly audited to ensure that the intervention is necessary, proportionate and consented to.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of governance records alongside discussion with the registered manager confirmed that processes which were in place in relation to the use of restrictive practices were managed effectively.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment evidenced that this area for improvement had been satisfactorily met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard E13  <b>Stated:</b> First time	The registered person shall ensure that floor coverings are suitable for the purpose of each room and meet health and safety and infection control requirements, specifically, the flooring behind the ground floor nursing station.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment highlighted that new flooring was in place within this identified area and was suitable for purpose.	

<b>Area for improvement 4</b> <b>Ref:</b> Standard 40 <b>Stated:</b> First time	The registered person shall ensure that all staff members receive regular supervision and appraisal in adherence with best practice guidance in order to promote the delivery of quality care and services.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> While discussion with the registered manager and review of governance records confirmed that arrangements were in place to facilitate the supervision of staff, it was noted that not all staff received supervision within expected timescales. This is discussed further in section 6.7.  This area for improvement has been partially met and is stated for a second time.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

##### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to a regular review to ensure that the assessed needs of patients were met. Discussion with the registered manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. Discussion with patients and staff provided assurances that they had no concerns regarding staffing levels.

The registered manager advised that from 3 to 16 September 2018 there was one occasion when planned staffing levels were not fully adhered to due to one staff member being redeployed to a nearby nursing home within the Four Seasons Healthcare group.

Discussion with the registered manager and review of governance records evidenced that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through a process of both supervision and annual appraisal. However, it was noted that the frequency of formal supervision for staff ranged from six to 12 months. While one staff member spoken to stated that they felt “supported” in their role, another staff member described formal supervision as “not regular.” It was highlighted to the registered manager that all staff should undergo formal supervision on at least a bi-annual basis. An area for improvement under the standards was stated for a second time.

Discussion with the registered manager indicated that training was planned to ensure that mandatory training requirements were met. Additional face to face training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients. Staff spoken with

demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Review of governance audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified.

Discussion with the registered manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home.

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Records confirmed that the registered manager had reviewed the registration status of staff on a monthly basis.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms, were personalised with photographs, pictures and personal items. It was noted that a disassembled table was resting against a wall within the smoking room. This hazard was highlighted to the registered manager who agreed to remove the table immediately. It was also noted that a wall socket within a patient's bedroom was in a state of disrepair while currently in use. The registered manager agreed to refer the matter immediately to maintenance staff while ensuring that the wall socket would not be used until effective repairs had been carried out. In addition, a cabinet door underneath a wash hand basin within one patient's bedroom was also broken. The registered manager agreed to ensure it was repaired as soon as possible.

Deficits with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted, namely: plaster damage to a wall within the smoking room and also within one patient bedroom. The registered manager provided assurance that these issues would be addressed by maintenance staff accordingly. It was further observed that topical medication for one patient was located within another patient's bedroom en suite. It was stressed that all topical medications must only be used for those patients for whom the medicine has been prescribed and supplied. This finding was shared with the RQIA pharmacy team following the inspection for their information and action, as appropriate.

Access and egress to the home is via a set of double doors. The second set of doors are operated using a button mechanism (to gain access) and a keypad (to exit). No instructions were adjacent to the keypad which would assist patients with exiting the building if they so choose. While maintaining the security of the building, in regards to the safety and security of patients and their property is recognised, the need to ensure that patients' freedom of movement is suitably promoted and not inappropriately restricted was stressed. This was discussed with the registered manager and it was agreed that suitable signage for use of the keypad would be erected within the reception area.

During the inspection, it was observed that one patient was receiving oxygen therapy within the reception area without adequate signage advising visitors that oxygen was in use. This was discussed with the registered manager and it was agreed that such signage should always be erected by staff during the provision of oxygen therapy. It was also noted that nursing staff had left a quantity of oral medication with one patient during the morning medication round. While discussion with both the patient and nursing staff provided assurances that the patient was not at risk, the need to ensure that nursing staff administer medication in keeping with best practice standards at all times was stressed.

Observation of the environment and staff practices highlighted two areas in which chemicals were not stored securely in compliance with COSHH regulations. This was discussed with the registered manager and it was stressed that the internal environment of the home must be managed to ensure that COSHH regulations are adhered to at all times. An area for improvement under regulation was made.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff training, falls management and adult safeguarding arrangements.

**Areas for improvement**

One area for improvement under regulation was identified in relation to COSHH compliance.

One area under the standards was stated for a second time in relation to the supervision of staff.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	0

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

Discussion with staff and the registered manager evidenced that nursing staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' conditions and that they were encouraged to contribute to the handover meeting.

Staff who were spoken with stated that that if they had any concerns, they could raise these with their line manager and/or the registered manager.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. Review of care records evidenced multi-disciplinary working and collaboration with professionals such as general practitioners (GP), tissue viability nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found.

Care records also evidenced that a range of validated risk assessments were used and informed the care planning process. Such risk assessments and care plans for one patient who was

currently undergoing antibiotic treatment for a Healthcare Acquired Infection (HCAI) had been written and kept under review by nursing staff in a timely and comprehensive manner.

The provision of enteral nutrition to patients was also reviewed. Care records for one patient who required enteral feeding evidenced effective collaboration with the multiprofessional team. It was further noted that relevant risk assessments and care plans had been written in a detailed and person centred manner. It was also positive to note that a comprehensive care plan focusing on the patient's assessed oral hygiene needs was also in place.

Care records for one patient who required ongoing wound care were also reviewed. While a relevant care plan was in place, it was noted that it lacked sufficient detail concerning the required dressing regimen. The care plan also referenced a related risk assessment score inaccurately. In addition, supplementary records relating to wound care such as a body map and ongoing wound assessment form were either incomplete or inaccurate when describing the patient's current skin state. While discussion with nursing staff and review of the care records did provide assurance that the patient's wound was being redressed regularly, records highlighted two occasions when the wound was not redressed as frequently as required. The registered manager stated that nursing staff had changed the dressing but failed to document their actions. An area for improvement under regulation was made.

The repositioning of one patient was also reviewed. It was positive to note that the use of pressure relieving equipment for the patient was accurately referenced within their care records. However, supplementary repositioning charts highlighted several instances when staff had not sufficiently adhered to the prescribed repositioning schedule. An area for improvement under regulation was made.

Discussion with staff highlighted one patient who had been assessed as being at risk of self-harm. A review of this patient's care records in addition to discussion with staff highlighted the following shortfalls:

- completed risk assessment information inadequately referred to the specific method of self-harm highlighted in discussion with staff
- the provision of 15 minute observational checks of the patient, as prescribed within a relevant care plan, were not being adhered to by staff. Discussion with the registered manager further highlighted that the care plan required updating to reflect the need for less frequent observational checks of the patient based upon the currently assessed risk
- the use of documentation not suited for the recording of observational checks of the patient
- while a relevant care plan highlighted the need to ensure that staff were aware of the assessed risk, two staff who were spoken with demonstrated limited or no knowledge of the potential for self-harm by the patient

These weaknesses were discussed with the registered manager and an area for improvement under regulation was made.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to collaboration with the multiprofessional team and the management of HCAs.

## Areas for improvement

Three areas for improvement were identified under regulation in relation to wound care, the repositioning of patients and risk management.

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	0

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Staff interactions with patients were observed to be compassionate and caring. All patients were positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the registered manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

Feedback received from several patients during the inspection included the following comments:

- “the carers are very kind and very good and I settled down very quickly.”
- “I made one complaint which was sorted very quickly.”

In addition to speaking with patients, patients' relatives and staff, RQIA provided 20 questionnaires for patients and/or patients' relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report, nine completed patient questionnaires have been returned following the inspection within the specified timescale for inclusion in this report. All respondents indicated a high level of satisfaction when asked if they considered the provision of care to be safe, effective, compassionate and well led. Some patient's comments recorded within the completed questionnaires included the following statements:

“Very happy with my care.”  
 “Everything is grand.”  
 “Your care is really good.”

A further six patient questionnaires were completed in conversation with the lay assessor and returned during the inspection. All respondents stated that they were either satisfied or very satisfied with the delivery of care. In addition, three patients' relative's questionnaires were also completed and returned during the inspection. All respondents stated that they were very satisfied with the delivery of care. Relatives' comments included:

“My ... is very well cared for ... is always clean and tidy and staff are very friendly.”

Questionnaire comments received after specified timescales will be shared with the registered manager as necessary.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

There were systems in place to obtain the views of patients and their representatives in relation to the delivery of care and the management of the home.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Observation of the lunch time meal on both the ground and first floor evidenced that patients were given a choice in regards to the meals being served. The dining areas appeared to be clean, tidy and appropriately spacious for patients and staff. Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. All patients appeared content and relaxed in their environment and staff engaged compassionately with patients throughout their meal.

It was also observed in one dining area during the provision of the breakfast meal that nursing staff medicated patients from a medicine trolley which had been wheeled into the dining area. This was discussed with the registered manager and it was agreed that it would be more conducive to promoting a positive dining experience for patients if nursing staff did not position the medicine trolley adjacent to patients' dining tables during mealtimes. It was also noted within another dining area during the provision of breakfast that a radio was playing in a manner which was not conducive to promoting a positive dining experience for patients. The registered manager agreed that staff should remain vigilant with regards to the appropriate use of radio equipment within all dining areas. Prior to the provision of breakfast, several patients were noted to be awaiting breakfast while seated within the reception area before being escorted to the dining room. This was discussed with the registered manager who stated that this routine was in keeping with the expressed preferences of patients. While no patients expressed any discontent with this routine, the need to ensure that all practices continue to reflect the preferences and assessed needs of patients at all times was agreed.

Observation of the mid-morning tea trolley and discussion with care staff highlighted that there was no available dietary option on the trolley for those patients requiring a modified diet. While staff provided assurances that such an option could be provided by kitchen staff upon request, the need to ensure that this is readily available for patients in a timely manner was stressed.

It was also highlighted to the registered manager that one patient within a dining area prior to the serving of breakfast was displaying agitated behaviour. Discussion with the registered manager and review of the patient's care records highlighted that this reaction should be positively managed by means of staff escorting the patient to a quieter area. However, while staff periodically engaged with the patient prior to breakfast, their interactions were not in compliance with the patient's prescribed care for managing distressed reactions. The need to ensure that patients who display distressed reactions are managed proactively and in adherence with their prescribed care, as appropriate, was stressed. An area for improvement under the standards was made.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to managing the spiritual needs of patients and adhering to the assessed dietary needs of patients.

## Areas for improvement

One area for improvement was highlighted under the standards in relation to managing patients' distressed reactions.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registered manager confirmed that there was a system in place to ensure that policies and procedures for the home were systematically reviewed on a three yearly basis.

The registration certificate was up to date and displayed appropriately. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. It was also confirmed with the registered manager that any expression of dissatisfaction should be recorded appropriately as a complaint.

Discussion with the registered manager and a review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Staff recruitment information was available for inspection and records for one staff member evidenced that all relevant checks including enhanced AccessNI checks were sought, received and reviewed prior to them commencing work in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The registered manager confirmed that the equality data collected was managed in line with best practice guidance.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available. The registered manager confirmed that the most recent general staff meeting was held on 20 August 2018.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to managing falls, infection control, the use of bedrails and the use of restrictive practices. The registered manager stated that audit findings helped to inform ongoing quality improvement within the home.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to policies and procedures, and complaints management.

### Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Aleyamma George, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>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 at all times.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> All cleaning chemicals are stored in the specified locked store as per the COSHH legislation. Staff meeting conducted and information communicated. Supervision carried out with staff. Compliance will be monitored during the daily walk round.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure the following in regards to the provision of wound care to patients:</p> <ul style="list-style-type: none"> <li>• A comprehensive and patient centred care plan will be in place which clearly outlines the nursing care required and accurately reflects the patient's assessed needs</li> <li>• Supplementary wound care records shall be completed/maintained in a comprehensive, contemporaneous, clear and accurate manner at all times</li> <li>• Nursing staff shall provide wound care in adherence with the prescribed dressing regimen at all times and ensure that such care is documented in a contemporaneous, accurate and comprehensive manner at all times.</li> </ul> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Staff meeting took place, issues discussed. Resident's need assessments were reviewed, updated and person centred care plan is in place. The supplementary wound care records are completed as per the care plan and dressing regime. Documentation is completed contemporaneously, is comprehensive and completed accurately. Compliance will be monitored through the auditing process and during the Regulation 29 visit.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b></p>	<p>The registered person shall ensure that all patients requiring repositioning care are assisted appropriately by staff in compliance with their assessed needs and relevant care plan(s) at all times. Repositioning records should be completed in an accurate and contemporaneous manner at all times.</p> <p>Ref: 6.5</p>

With immediate effect	<p><b>Response by registered person detailing the actions taken:</b> Supervision has been carried out with staff to ensure that the residents requiring repositioning care are repositioned as per individual needs and plan of care. This repositioning is carried out at specified intervals and documented appropriately in the supplementary/repositioning documents. The documents are checked by Nurse or HM. Staff meeting has also taken place and information cascaded to staff. Compliance will be monitored through the auditing process and during the Reg 29 audit.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure the following in regards to the provision of care to patients who are at risk of self-harm:</p> <ul style="list-style-type: none"> <li>• A comprehensive and accurate risk assessment in relation to the assessed risk</li> <li>• A comprehensive, person centred and accurate care plan which details how the assessed risk should be managed</li> <li>• Staff shall adhere to the prescribed care as detailed within the relevant care plan at all times</li> <li>• Staff will document any observational checks of the patient using an appropriate and risk specific pro forma</li> <li>• A process will be in place to ensure that the assessed risk of self-harm is effectively communicated to staff, as appropriate.</li> </ul> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> The Resident who is at risk of self-harm has had the risk assessment reviewed, and care plan is in place, and adhered to. The Observational checks are documented appropriately in the document specific for the resident's assessed risk. Staff are informed/communicated about the Resident's assessed risk of self harm appropriately. This will be closely monitored via the Home Manager. Compliance will be monitored via the Reg 29 visit.</p>
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 40</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 17 October 2018</p>	<p>The registered person shall ensure that all staff members receive regular supervision and appraisal in adherence with best practice guidance in order to promote the delivery of quality care and services.</p> <p>Ref: 6.4</p>

	<p><b>Response by registered person detailing the actions taken:</b>                  The staff supervision is scheduled and will be carried out to adhere to the best practice guidance. Staff supervisions are planned and also carried out as needed, to promote quality care delivery and services. Staff appraisals are also scheduled and conducted as per the planner. Compliance will be monitored as part of the auditing process, internally and through Reg 29 visit.</p>
<p><b>Area for improvement 2</b>  <b>Ref:</b> Standard 26  <b>Stated:</b> First time  <b>To be completed by:</b>                  With immediate effect</p>	<p>The registered person shall ensure that staff adhere to all relevant care plan(s) in relation to the management of distressed reactions at all times. Staff should demonstrate an effective knowledge and understanding of how to manage such behaviours in a person centred and supportive manner.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b>                  The resident with distressed reactions has an appropriate care plan in place as per the assessed needs. The staff are aware and are able to identify the distressed reaction and manage the distressed reaction as detailed in the care plan in a person centred and supportive manner. Staff recognise the behaviour/situations and care plan is adhered. Compliance will be monitored during the Reg 29 visit and further support sought for staff if required.</p>

***\*Please ensure this document is completed in full and returned via Web Portal\****



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Assurance, Challenge and Improvement in Health and Social Care