

# Unannounced Care Inspection Report 7 September 2017



## Whiteabbey

Type of Service: Nursing Home

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

Tel No: 028 9085 3021

Inspector: James Lavery

[www.rqia.org.uk](http://www.rqia.org.uk)

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

<p><b>Organisation/Registered Provider:</b> Four Seasons Healthcare</p> <p><b>Responsible Individual(s):</b> Dr Maureen Claire Royston</p>	<p><b>Registered manager:</b> Mrs Aleyamma George</p>
<p><b>Person in charge at the time of inspection:</b> Gillian Wilson (Nurse in charge) 09.30 – 10.22 thereafter Mrs Dodson who is the registered manager of a nearby Four Seasons Healthcare home who was assigned to assist the home on the day of inspection in the absence of the registered manager.</p>	<p><b>Date manager registered:</b> 20 May 2011</p>
<p><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.</p> <p>Residential Care (RC) I – Old age not falling within any other category.</p>	<p><b>Number of registered places:</b></p> <p>59 comprising: RC-I, NH-I, NH-PH, NH-PH(E)</p> <p>Category RC-I for 1 identified individual only. The home is also approved to provide care on a day basis only to 1 person.</p>

### 4.0 Inspection summary

An unannounced inspection took place on 7 September 2017 from 09.30 to 17.45.

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.

The term 'patients' is used to describe those living in Whiteabbey which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified during and since the last care 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 promoting a culture of teamwork within the home; adult safeguarding; the spiritual care of patients and management of accidents and incidents.

Areas for improvement under regulation were identified in relation to adherence to the Control of Substances Hazardous to Health (COSHH) regulations and fire safety practices.

Areas for improvement under standards included the condition of some internal furnishings impacting on infection prevention and control (IPC) standards; the storage of records; the nurse call system; care delivery; the dining experience of patients and governance processes relating to quality assurance and staff management.

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>	2	7*

\*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 Gillian Wilson (Nurse in charge) and Mrs Dodson, 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 6 February 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 6 February 2017. There were no further actions required to be taken following the most recent 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
- the previous medicines management inspection report

The inspector met with ten patients, eight staff and two patient's relatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 21 August to 3 September 2017
- 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 2016/17
- incident and accident records
- one staff recruitment and induction file
- induction and orientation records for agency registered nurses and care staff
- minutes of staff and patient/relatives meetings
- three patient care records
- the matrix for staff supervision and appraisal
- a selection of governance audits relating to quality assurance and care delivery
- complaints records
- adult safeguarding records
- RQIA registration certificate
- certificate of public liability
- a sample of personal emergency evacuation plans (PEEPS)
- 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 Mrs Dodson and the nurse in charge at the conclusion of the inspection.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 06 February 2017

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

### 6.2 Review of areas for improvement from the last care inspection dated 06 September 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time	The registered person should ensure that staffing levels are reviewed to ensure that at all times there are sufficient numbers of staff and skill mix deployed to meet the needs of the patients in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with Mrs Dodson and a review of the staff rota evidenced that staffing levels had been reviewed to ensure that at all times there are sufficient numbers of staff and skill mix deployed to meet the needs of the patients in the home. Any instances of reduced staffing resulting from staff sickness is discussed further in section 6.4.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered person should ensure that care plans, which are no longer reflective of the current patient needs, are discontinued and archived. Were relevant, new care plans should be developed.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with nursing staff and a review of care records confirmed that care plans, which were no longer reflective of the current patient needs had been discontinued and archived. New care plans had been developed as required. The archiving of dietetic advice which is no longer reflective of current patient needs is discussed further in section 6.5.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4 Criteria (9)</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that repositioning charts are completed in full and contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning and the position that the patient has been repositioned too.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with nursing staff and a review of care records confirmed that repositioning charts had been completed in full and contained documented evidence that a skin inspection of pressure areas had been undertaken at the time of each repositioning. While supplementary records did evidence the position the patient was in prior to each position change they did not reflect instances when the patient may have repositioned themselves. This was discussed with the manager and it was agreed that such observations by staff should be recorded within the supplementary care record.</p>		

<b>Area for improvement 4</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time	The registered person should ensure that the mealtime experience is reviewed to ensure that patients' dissatisfaction identified on inspection is reviewed and actioned as appropriate and to ensure the mealtime experience is in line with the DHSSPS Care Standards for Nursing Homes (2015).	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with Mrs Dodson and observation of the dining experience of patients evidenced that this area for improvement has not been met and is therefore being stated for a second time.  The dining experience of patients is discussed further in section 6.6.	

### 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 nurse in charge confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of the patients were met. A review of the staffing rotas from 21 August to 03 September 2017 evidenced that the planned staffing levels were generally adhered to. Two instances were noted during which one member of staff was not available for duty due to sickness. The nurse in charge confirmed that contingency measures were in place and had been adhered to on each occasion. Discussion with patients during the inspection confirmed that they had no concerns regarding staffing levels. Although no staff who were spoken with expressed any concerns in relation to the delivery of care, staff feedback in relation to staffing levels within the home included the following comment:

"I don't think we have enough staff in the morning."

Further patient and staff comments concerning staffing levels are also discussed in section 6.6. All patient and staff comments have been shared with the registered manager following the inspection. Observation of the delivery of care provided assurance that patients' needs were met by the levels and skill mix of staff on duty.

Review of the training records indicated that training was planned to ensure that mandatory training requirements were met. Additional training was also provided, as required, to ensure staff were enabled to meet the assessed needs of the patients. Staff demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. The nurse in charge and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Mrs Dodson confirmed that an 'adult safeguarding champion' was identified for the home.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. However, weaknesses were highlighted in relation to fire safety practices. A review of the home's 'fire file' evidenced that the most recent fire risk assessment for the home was not available. Following the inspection the registered manager has confirmed that the home did receive an updated fire risk assessment on 13 April 2017. The registered manager has also advised that a number of actions arising from this assessment have either been addressed or are ongoing within expected timescales for completion. It was further noted that the home's 'fire log' had not been appropriately reviewed during July and August 2017. This was highlighted to Mrs Dodson and an area for improvement under regulation was stated.

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. However, deficits were observed in relation to the interior environment of the home. For instance, two chairs used by nursing staff were found to be significantly torn and in a state of disrepair. The carpet behind the ground floor nursing station was also observed to be significantly worn and stained. In addition, several items of nursing equipment, specifically, two pressure relieving cushions; one 'crash' mat and a bedrail cover were observed to be torn. It was also noted that wipes used for the delivery of patient care had been inappropriately stored in two areas. These deficits consequently impacted the ability of staff to deliver care in compliance with IPC best practice standards and guidance. This was highlighted to Mrs Dodson and an area for improvement under standards was stated.

During a review of the environment the inspector identified five areas throughout the home where patients could potentially have had access to harmful chemicals. This was discussed with Mrs Dodson and an area for improvement under regulation was identified to ensure Control of Substances Harmful to Health (COSHH) regulations were adhered to. The areas identified on inspection were addressed before the conclusion of the inspection.

During the inspection one patient nurse call lead and pressure mat was tested and found to be faulty. This was highlighted to Mrs Dodson and it was stressed that all patients should have effective access to a functioning nurse call system at all times unless otherwise indicated by relevant assessment. An area for improvement under standards was stated.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to promoting a culture of teamwork within the home and adult safeguarding.

## Areas for improvement

An area for improvement was identified under regulations in relation to compliance with COSHH regulations and fire safety practices.

Areas for improvement under standards were identified in relation to compliance with infection prevention and control best standards and the nurse call system.

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

### 6.5 Is care effective?

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

Discussion with staff and a review of the duty rota evidenced that nursing staff were required to attend a handover meeting at the beginning of each shift. Nursing staff then communicated patient needs to the care staff on duty. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. Staff who were spoken with stated that there was effective teamwork within the home with each staff member knowing 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.

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT).

Supplementary care charts, such as repositioning, food and fluid intake records, evidenced that records were completed in accordance with best practice guidance, care standards and legislative requirements. Staff also demonstrated an awareness of the importance of contemporaneous record keeping. However, weaknesses were observed in relation to promoting and maintaining patient confidentiality in relation to the storage of records in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005. While there is an available storage area for records on the first floor, care records belonging to patients were found to be stored insecurely underneath the nursing stations on both the ground and first floor. This was highlighted to Mrs Dodson and an area for improvement under the standards was stated.

Weaknesses were further identified with regards to the nursing management of patients who receive nutrition via percutaneous endoscopic gastrostomy (PEG) tubes. Although the care records for one such patient did evidence a care plan which focused on PEG care, the patient’s records also contained three conflicting PEG regimens which had been provided consecutively by the dietitian reflecting changes to the patient’s prescribed nutritional care. This conflicting information was discussed with the manager and a review of supplementary care records confirmed that staff were adhering to the correct PEG regimen. Discussion with nursing staff and a review of this patient’s care records also confirmed that no care plan was in place to address the patient’s need for regular mouth care. While nursing staff stated that the patient did receive regular mouth care, this was not evidenced within the daily nursing record. Observation of the patient did not indicate any concerns in relation to their oral health. These deficits were identified as an area for improvement under standards.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the timely provision of patient care plans and communication between residents and family members.

**Areas for improvement**

Two areas for improvement under standards were identified in relation to the management of care records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

**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, caring and timely. Patients were afforded choice, privacy, dignity and respect. Patients were very positive in their comments regarding the staffs’ ability to deliver care and respond to their needs and/or requests for assistance. Feedback received from a number of patients during the inspection included the following comments:

- “The girls are lovely.”
- “I don’t worry about anything here.”
- “I love it.”
- “I’m extremely well looked after.”

Furthermore, feedback received from patients’ relatives during the inspection included the following comments:

- “The nursing care here is excellent.”
- “I can’t praise the staff highly enough.”

Staff demonstrated a good knowledge of patients' wishes, and preferences as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information and confidentiality.

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.

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.

Discussions with staff provided evidence that they considered the registered manager to be supportive and approachable and they felt confident that they could raise concerns if they arose.

In addition to speaking with patients, relatives and staff, RQIA provided ten questionnaires for staff to complete, ten for relatives and eight for patients. At the time of writing this report, eight patients, two relatives and nine staff returned their questionnaires.

- Patient questionnaire responses: While all respondents stated that they were either 'very satisfied' or 'satisfied' with the delivery of care, four patients expressed concerns in relation to inadequate staffing levels.
- Patients' relatives responses: Of the two relatives who returned questionnaires, both stated that they were either 'very satisfied' or 'satisfied' with the delivery of care with one respondent expressing concern regarding staffing levels.
- Staff questionnaire responses: All respondents stated that they were either 'very satisfied' or 'satisfied' with the delivery of care. One staff member expressed concerns in relation to staffing levels.

All questionnaire feedback has been shared with the registered manager following the inspection and it was stressed that staffing levels must always facilitate the provision of care to patients which is safe, effective and compassionate at all times.

Observation of the lunch time meal throughout the home evidenced that patients were given a choice in regards to the meals being served. The dining areas on the ground and first floor 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.

Deficits were observed however in relation to the dining experience of patients. It was noted that there was a lack of any suitable dietary option during the provision of mid-morning/afternoon nutrition for patients requiring a modified diet. It was further observed that staff were observed decanting milk to patients from a milk carton rather than a suitable container within the first floor dining area. In addition, two patients were observed waiting for their lunch to be served from 12.25 to 13.05 hours. These observations were shared with Mrs Dodson and the following was agreed:

- a suitable dietary option for patients requiring a modified diet should be available at all times
- staff should only serve patients using appropriate equipment

- patients should only be assisted to the dining area immediately prior to the serving of meals in order to avoid any distress or discomfort

An area for improvement under the standards was therefore highlighted and stated for a second time.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff awareness of and adherence to the dietary requirements of patients.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

#### 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 Mrs Dodson, the nurse in charge and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients further evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff who were spoken with generally confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with Mrs Dodson and the nurse in charge evidenced that the home was operating within its registered categories of care.

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

Discussion with Mrs Dodson and review of the home's complaints records 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. 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.

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 wound management, infection prevention and control, environment, complaints, incidents and accidents.

Governance records also evidenced that Quality of life (QOL) audits were also completed daily by the registered manager in order to monitor patient satisfaction with nursing care and to help quality assure service delivery. However, weaknesses were highlighted in relation to governance processes relating to quality assurance focusing on care delivery. Audit records relating to the use of forms of restraint were not evidenced. Furthermore, while the nurse in charge confirmed that staff and patient/relatives meetings were held on a regular basis, a review of records pertaining to meetings within the home highlighted that minutes were maintained inconsistently and also lacked signatures of staff attendance. These shortfalls were discussed with Mrs Dodson and an area of improvement under standards was identified.

Staff recruitment information was available for inspection and the selection and recruitment records for one staff member confirmed that their enhanced Access NI check were sought, received and reviewed prior to the staff member commencing work in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. However, while records for the staff member confirmed that two references had been sought and received, they did not evidence that they had been received prior to the staff member commencing employment within the home. This was discussed with Mrs Dodson and an area for improvement under standards was stated.

Discussion with Mrs Dodson and review of records evidenced that there were processes in place 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). However, records evidencing that the NISCC registration status of staff was regularly audited was not available on the day of inspection. Following this inspection the registered manager submitted evidence to RQIA confirming that these checks have been regularly maintained. It was stressed to the registered manager that all relevant governance records should be available at all times within the home.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents and monthly monitoring.

### **Areas for improvement**

Areas for improvement under standards were identified in relation to governance arrangements for quality assurance and staff management.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	2

## 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 Dodson, and Gillian Wilson, nurse in charge, 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

## 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 chemicals are stored in keeping with COSHH regulations.</p> <p>Ref: Section 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> All staff are aware and reminded about the importance of strict adherence to COSHH regulations. Staff meetings held and minutes recorded . Domestic store and sluices are locked when not attended by staff.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27 (4) (b)</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 adequate precautions against the risk of fire are taken, including robust processes for the regular review of the home's fire log and environment in adherence with current fire safety risk assessments and best practice guidance.</p> <p>Ref: Section 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> The Fire risk assessments have been carried out by designated officer. The Fire log book is completed by the maintenance person and checked by HM monthly and can be evidenced that it is signed by the Home Manager on a monthly basis.</p>

### Action required to ensure compliance with The Care Standards for Nursing Homes (2015)

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 October 2017</p>	<p>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.</p> <p>Ref: Section 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Staff meetings were held and staff were made aware of the areas that were identified during the inspection. The following actions were completed as result of feedback on the day of the inspection: the chair at nurse station is replaced the over bed tables with damage to corners are replaced with new tables. The cot side bumper was replaced immediately with new bumper from stock. The waste management /yellow bags are disposed off to the designated bins immediately .</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 43</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 that all patients have effective access to a functioning nurse call system at all times unless otherwise indicated by relevant assessment.</p> <p>Ref: Section 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The maintenance man checks the buzzer/nurse call daily. RNs and care staff are reminded to check the Nurse call and notify the Maintenance man or Home Manager if any fault is identified. Staff record any nurse calls systems not working in the maintenance book for action and informs the maintenance man during working hours .After 5 pm and on holidays, the designated contractor/ maintenance helpdesk will be notified and a service engineer will attends the call and rectify the issue.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered persons shall ensure that all patient care records accurately reflect the prescribed care and treatment which should be delivered in compliance with recommendations made by the multidisciplinary care team, specifically those patients requiring enteral feeding via a PEG tube. These records should also reflect the prescribed delivery of oral care.</p> <p>Ref: Section 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The RNs/staff are aware of any changes made by the multi disciplinary team . The care plans and PEG documentation records are completed after administering the PEG feed according to the dietician's advise. The careplan is developed and adhered to reflect the oral care is carried out appropriately.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 37</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered persons shall ensure that all patient care records are maintained confidentially in accordance with legislative and best practice standards.</p> <p>Ref: Section 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The current Care records are stored in filing cabinets and old records are archived in document store.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person should ensure that the mealtime experience is reviewed to ensure that patients' dissatisfaction identified on inspection is reviewed and actioned as appropriate and to ensure the mealtime experience is in line with the DHSSPS Care Standards for Nursing Homes (2015).</p> <p>Ref: Section 6.6</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First</p> <p><b>To be completed by:</b> 5 October 2017</p>	<p>The registered persons shall ensure that all governance and audit processes are managed effectively and robustly, specifically:</p> <ul style="list-style-type: none"> <li>• all forms of restraint within the home should be regularly audited to ensure that the intervention is necessary, proportionate and consented to,</li> <li>• minutes of all meetings should be accurately maintained and include attendee signatures</li> </ul> <p>Ref: Section 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The monthly audits are carried out for residents using bed rails/,buzzer mat etc. Lap belt is used only for safe transfer of residents and records are maintained. Care plans in place and consent signed by the next of kin residents..</p> <p>Minutes of meetings/staff meetings are recorded and available in file. Staff attendance/ signatures are in place.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered provider shall ensure that staff are not employed within the home until all the legislative requirements as stated in Regulation 21 (1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005 have been met.</p> <p>Ref: Section 6.7</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Staff recruitment is conducted as per the legislative guidelines. The employment commences for new employee only after appropriate checks are carried out and 2 satisfactory references are received. The HM and Administrator will ensure any relevant documents, received are dated and signed .</p>

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



**The Regulation and  
Quality Improvement  
Authority**

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](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews