

Unannounced Care Inspection Report 27 July 2016



Glenview

Type of Service: Nursing Home
Address: 11 Bleary Road, Portadown, BT63 5NE
Tel No: 028 3835 0500
Inspector: Donna Rogan

1.0 Summary

An unannounced inspection of Glenview Nursing Home took place on 27 July 2016 from 10:00 to 16:45. The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if Glenview was delivering safe, effective and compassionate care and if the service was well led. On this occasion a lay assessor was also in attendance.

Is care safe?

There was evidence that staff were competent in the safe delivery of care. For example when patients called for assistance, staff were quick to respond and attend to their personal needs. However there were significant weaknesses identified in the delivery of safe care, specifically in relation to the management of the environment. In total, five requirements are made in relation to the management of the environment and one is made in relation to the management of selection and recruitment. One recommendation is made regarding the management of the duty records.

Is care effective?

There was evidence, of positive outcomes for patients. All staff demonstrated a level of commitment to ensuring patients received the right care at the right time. Weaknesses have been identified in the delivery of effective care specifically in relation to the management of care planning. Improvements are also required in the management of staff meetings. There were two requirements and four recommendations made in this domain. The requirements relate to the management of care records. Two recommendations also refer to care records and one recommendation is made in relation to the management of meetings.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients and relatives spoken with were very praiseworthy of staff and a number of their comments are included in the report. One requirement and one recommendation were made in this domain. The requirement was made regarding the management of activities. The recommendation is made regarding the provision of reading material for patients. Compliance with the requirement and recommendation will further drive improvements in this domain.

Is the service well led?

There was a clear organisational structure within the home. Observation of patients evidenced that the home was operating within its registered categories of care. There was a system in place to manage any complaints, in accordance with regulation and best practice. Urgent communications, safety alerts and notices were reviewed and actioned where appropriate. Systems were in place to monitor and report on the quality of nursing and other services provided. Monitoring visits were completed in accordance with the regulations and/or care standards.

Two requirements and one recommendation were made in this domain. The requirements are made in relation to managing audits and the overall management of the building. The recommendation is in relation to policies and procedures.

Areas for improvements were identified in the safe, effective and compassionate domains. Eleven requirements and seven recommendations were made in total following this inspection they link to the governance and management of safe, effective and compassionate and well led domains.

During the inspection, given the health and safety concerns identified, the inspector contacted senior management in RQIA and the estates inspector. As a consequence an estates inspection was undertaken on 28 July 2016 to ensure that the issues raised regarding the building and the environment was safe. The estates inspector confirmed that works had been completed since the inspection on 27 July 2016 and that the environment had now been made safe. The findings of the estates inspection are reported under separate cover.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	11	*7

*The total number of recommendations above includes one recommendation that has been stated for a second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Debra Hawthorne, Acting 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 undertaken on 5 January 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

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

2.0 Service details

Registered organisation/registered provider: Mr Brendan Breen Mrs Bernadette Breen	Registered manager: Debra Ann Hawthorne (Acting)
Person in charge of the home at the time of inspection: Debra Hawthorne	Date manager registered: Not registered
Categories of care: NH-PH(E), NH-PH, NH-I, NH-DE	Number of registered places: 31

3.0 Methods/processes

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

Prior to inspection the following information was 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. The inspector and lay assessor also met with approximately 18 patients both individually and in small groups, five care staff, one registered nurse, two kitchen staff, one domestic and four patient's representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- staff training records
- accident and incident records
- notifiable events
- audits
- records relating to adult safeguarding
- complaints records
- recruitment and selection records
- NMC and NISCC registration records
- staff induction, supervision and appraisal records
- staff, patients' and relatives' meetings
- monthly monitoring reports
- policies and procedures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 5 January 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. The care inspector will validate compliance with the responses returned on the QIP during this inspection visit.

4.2 Review of requirements and recommendations from the last care inspection dated 5 January 2016

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 12 (1) (a) (b) and (c)</p> <p>Stated: First time</p>	<p>The registered person shall provide treatment, and any other services to patients in accordance with the statement of purpose, and shall ensure that the treatment and other services provided to each patient –</p> <p>(a) meet his individual needs;. (b) reflect current best practice; and (c) are (where necessary) provided by means of appropriate aids or equipment.</p> <p>Repositioning schedules must be initiated appropriately, recorded accurately and indicate the frequency of repositioning required as stated in the care plan and the actual position of the patient. The use of pressure relieving equipment must be</p>	<p>Met</p>

	<p>recorded in care plans and its use and effectiveness reviewed daily.</p> <p>Action taken as confirmed during the inspection: A review of repositioning schedules evidenced that they were available where appropriate. They were appropriately recorded. Where pressure relieving equipment was in use it was included in the care planning process.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 13 (1) (a) and (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the nursing home is conducted so as –</p> <p>(a) to promote and make proper provision for the nursing, health and welfare of patients;</p> <p>(b) to make proper provision for the nursing and where appropriate, treatment and supervision of patients.</p> <p>Evidence must be available that pressure ulcer/wound care is delivered as prescribed and documented appropriately.</p> <p>Action taken as confirmed during the inspection: A review of one patient's wound care record evidenced that care was delivered in accordance with their care plan. The record was updated appropriately.</p>	Met
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 35, criterion 16</p> <p>Stated: First time</p>	<p>The registered person should return a copy of the annual report for 2015 to RQIA with the return of the QIP. This should include the outcomes of consultation with relatives.</p> <p>Action taken as confirmed during the inspection: The annual report was not forwarded to RQIA. The content of information to be included in the annual report was discussed verbally with RQIA in February 2016. This report is still not available.</p> <p>This recommendation is stated for a second time.</p>	Not Met

<p>Recommendation 2</p> <p>Ref: Standard 16</p> <p>Stated: First time</p>	<p>The registered manager should review with urgency the patients' level of satisfaction with call bell response times. Any areas of dissatisfaction should be actioned accordingly.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the call bell response times has been undertaken. Patients spoken with were satisfied with the response times of staff.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 23, criterion 3</p> <p>Stated: First time</p> <p>To be Completed by: 5 February 2016</p>	<p>A validated pressure damage grading tool should be used to identify pressure ulceration and an appropriate treatment plan implemented.</p> <p>Ref: Section 5.2 and 5.5.2</p> <hr/> <p>Action taken as confirmed during the inspection: The European Pressure Ulcer Advisory Panel, (EPUAP) classification document is now used for the classification of wounds. The registered nurse spoken with was aware of this.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>An individual care plan should be in place for each patient and re-evaluated in response to the patient's changing needs.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of care records evidenced that care plans are in place with patients identified as having wounds/pressure ulcers. They were updated in response to patients' changing needs.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 16</p> <p>Stated: First time</p>	<p>All complaints should be taken seriously and dealt with promptly and effectively. Staff should know how to receive and deal with complaints.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the complaints record evidenced that complaints were dealt with in a timely manner. Staff spoken with were able to demonstrate the action to be taken should they receive a complaint.</p>	<p>Met</p>

<p>Recommendation 6</p> <p>Ref: Standard 46, criterion 3</p> <p>Stated: First time</p>	<p>There should be evidence provided that the finding of infection prevention and control audits are discussed with the manager and any deficits appropriately addressed.</p>	<p>Not Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of infection control audits evidenced that they were being conducted by the acting manager. However they are required to be more robustly conducted to identify and address the issues raised during the inspection.</p> <p>A requirement is made in this regard.</p>		

4.3 Is care safe?

The acting manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. On the morning of the inspection there was one registered nurse and six care assistants on duty. The acting manager was the second registered nurse on duty and assisting with the morning routine. Where the acting manager is working as the second nurse on duty these hours should be reflected on the duty rotas. Management hours should also be clearly identified. A recommendation was made. Discussion with the acting manager and a review of duty rotas for nursing, care staff and ancillary staff confirmed that planned staffing levels were generally always adhered to.

There was one registered nurse and four care staff on duty on the afternoon of the inspection. Staff spoken with stated that they felt they could manage the daily routine, and that staffing was appropriate to meet the needs of patients. Relatives spoken with stated that staff were always available if they needed or wished to speak with them.

Observation on the day of the inspection evidenced that areas in the home were not appropriately cleaned in a timely way. The day rooms were dusty and not vacuumed. Areas such as the sluice rooms and bedrooms were not appropriately cleaned although staff stated that this would be completed by the afternoon domestic staff. Discussion with domestic staff indicated that domestic hours have been reduced recently. It was discussed that staff feel they do not have sufficient hours to ensure the home is properly cleaned. It was further confirmed that high dusting had not been completed for some time. Seven bedrooms which are not currently in use have not been properly cleaned since they have been vacated. A bedroom which was identified to be used for day space was not appropriately furnished and was not in use. Equipment was being stored in this area. The cleaning issues identified should be included in the environmental audits conducted by the manager and the audit action plans should evidence that the appropriate action has been taken. Requirements are made in this regard and in regards to the management of infection prevention and control.

The registered persons have informed RQIA that it is their intention to build a new nursing home and the new build will form part of the existing premises. In order to facilitate this, a number of bedrooms, sluice rooms, storerooms, shower rooms and W/C's have been identified for demolition. A plan to facilitate this was agreed by RQIA on 18 March 2016. The work agreed has commenced. However the bedrooms identified for demolition are still accessible by staff and patients and therefore pose potential for significant risks to patient's health and welfare if not appropriately maintained. The following issues were identified and were required to be addressed as a matter of urgency:

- ensure all areas accessible to patients and staff are maintained safe and all risks minimised
- ensure the exposed electric wires are made safe
- ensure the smoke detectors and fire alarms, fire exits are still accessible and fully functional
- furniture in the identified bedrooms should be maintained safe
- exposed pipes should be maintained safe
- tools, screws and equipment used in preparing for the demolition are removed after use
- the identified areas should be properly cleaned when the area is made safe
- regular checks of the identified areas should be completed by the manager to ensure compliance with regulations and standards

As a result of the above findings contact was made during the inspection with the estates inspector aligned to the home and senior management within RQIA. Immediate actions were required to be taken during the inspection to ensure that the patients and premises were safe. The acting manager agreed to restrict access to these areas and to maintain half hourly fire/safety checks to these areas to ensure these areas were maintained safe until the appropriate action has been taken. Records of the checks were to be maintained. A requirement is made in this regard. The estates inspector agreed to conduct an inspection to the home the following day, 28 July 2016, to ensure that appropriate actions were taken and any additional areas of risk were suitably managed. A separate report will be made in this regard; any requirements and recommendations made will be followed up by the estates inspector. The estates inspector contacted the care inspector on 28 July 2016 and confirmed that the advice was provided to management and that the identified rooms were now safe.

The responsible person should confirm to RQIA that the above issues have been addressed in the returned QIP.

Discussion with the acting manager and review of training records evidenced that the home had a system in place to ensure staff attended mandatory training. A review of the training records evidenced that staff had received additional training in dementia and distressed reactions, oral health and control of medicines.

Discussion with the acting manager and review of records evidenced that the arrangements for monitoring the registration status of registered nursing staff and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

A review of recruitment files of two staff currently employed in the home evidenced that one reference from the most recent employer was not received. The administrator stated that a verbal reference has been received. A requirement was made that the relevant employment information as stated in Regulation 21 Schedule 2 should be available and viewed by the acting manager prior to them commencing employment in the home.

The acting manager and staff spoken with demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process; these were subsequently reviewed as required. There was evidence that risk assessments informed the care planning process.

Areas for improvement

There were six requirements and one recommendation made in this domain. Five requirements are made in relation to the environment, one requirement relates to selection and recruitment records. The recommendation made is in relation to the maintenance of the duty rotas.

Number of requirements	6	Number of recommendations:	1
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4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and were subsequently reviewed as required. There was evidence that risk assessments informed the care planning process. A recommendation is made that all documentation is signed and dated by the admitting registered nurse.

Staff demonstrated an awareness of the importance of patient confidentiality in relation to the storage of records. There was evidence that the care planning process included input from patients and/or their representatives, where appropriate. There was also evidence of regular communication with representatives within the care records. One care record evidenced that consent had been received for a form of restraint in use. However, it was not clear if they agreed or disagreed with the form of consent used. A recommendation is made in this regard.

One patient admitted did not have sufficient information supplied on admission. The admission note recorded did not detail the actions taken to ascertain relevant information. For example details of the patient's medication. The record did not evidence when medications were received, or the care the patient received, whilst waiting on relevant information and prescription medicines. A requirement is made that a contemporaneous note of all nursing provided to the patients is recorded. The record should include their condition and treatment following admission. A requirement is also made that formal evaluations of care are more meaningful, reflective of care delivered, kept under review and revised when necessary.

Discussion with staff and a review of the duty rota evidenced that registered nursing and care 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 changes in patients' condition.

Discussion with the acting manager confirmed that staff/relatives/patients meetings have not been held recently. The acting manager has been in post for six months and states that there has not been an opportunity to organise these. A recommendation is made that they are arranged in the near future in order to keep staff informed of the new management strategies implemented and changes made. An agenda should be set and an opportunity for staff to add items to the agenda should be put in place. Discussions at meetings should be relevant. Minutes should be held separately and shared with staff who have not attended the meeting. Actions should also be followed up at subsequent meetings.

A meeting should also be held with patients and relatives to ensure they are kept informed regarding the existing premises and the intention to commence the new build. A record of the meetings held should be held in the home and made available for inspection. The information should be collated and the information incorporated into the annual quality report. A recommendation is made in this regard.

Staff stated that 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 acting manager. Staff spoken with stated that they were felt engaged when the needs of patients changed.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Relatives spoken with stated that they felt they were kept well informed of their relatives' conditions and that they felt their relatives were well cared for and were treated with respect.

Areas for improvement

There were two requirements and three recommendations made in this domain. The requirements relate to care records. Two recommendations also refer to care records and one recommendation is made in relation to the management of meetings.

Number of requirements	2	Number of recommendations:	3
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate and caring. Staff demonstrated a knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

As previously stated, in order to facilitate the building of the new nursing home, RQIA have agreed that identified rooms/areas in the home can be prepared for demolition. The identified area included the sun lounge and as a result dayroom space has been reduced. An area has been identified on the first floor to accommodate the additional space required, however, as stated in section 4.3 the room was not appropriately furnished and was not in use. This had an effect on the available space for patients. For example there was 'Karaoke' organised on the afternoon of the inspection, four patients were observed to participate and join in, other patients were content to listen and enjoy the activity organised. However two patients' expressed that they did not wish to participate and felt they had nowhere else to go. One patient stated that they did not wish to be involved and stated that they would rather sit quietly and read a book. A requirement is made that when organising activities, that the planning wholly considers the wishes and feelings of all patients and that they are conducted in a suitable area conducive to the activity arranged. The activity therapist has recently increased their working hours and there is recognition by the activity therapist and the acting manager that the activity plan is required to be reviewed. There was evidence that this review had already commenced and the activity therapist had begun a process of obtaining information from patients regarding their likes and dislikes this information is being used to formulate the activity programme. The activity therapist states that activities can be rearranged in keeping with patients' wishes. Consideration should also be given regarding the provision of various genres of reading material for patient use. A recommendation is made in this regard.

Discussion with the acting manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. The acting manager acknowledges whilst there are no formal methods to seek this information, that she makes herself available to all patients on a daily basis and quite often is in day to day contact with relatives. As previously stated a recommendation is made in this regard in section 4.4.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Patients

Consultation with approximately 18 patients both individually and with others in smaller groups, confirmed that Glenview Nursing Home was a good place to live. All comments from patients spoken with, spoke highly of the care they were receiving; they complimented staff on their caring attitude, their friendliness and approachability. All stated they were happy in the home and happy to be there. Comments made to the lay assessor and the inspector included the following:

- "I think staff are very caring"
- "the food is great, I get asked every day what I would like to eat"
- "there are always staff about, I don't have to wait too long"
- "the place could do with a bit of a lift, but I am happy here"
- "I think it's a good place, I haven't been anywhere else to compare it with"
- "It's great"
- "no worries here"
- "could do with some reading material"
- "I would like an opportunity to make suggestions to the activity programme"

Relatives

Three patients' relatives were available for discussion during the inspection. Three relative questionnaires were returned and stated that they felt that services provided in the safe, effective, compassionate and well led domains were of a high standard.

The following comments were made during the inspection:

- "My is so well cared for"
- "I could not recommend this place any higher"
- "Staff are so kind, and considerate and I believe my is getting the best care possible"
- "I think the care is good, the environment could do with a bit of attention though"
- "I have no complaints"
- "Sometimes I find out from my or another resident if a doctor or chiropodist has been"
- "Overall we are satisfied with the attention our..... receives"

Staff

All staff were spoken with, there were no concerns expressed during the inspection. Four staff questionnaires were returned and stated that all four domains of safe, effective, compassionate and well led domains as being commendable. The following comments were made during the inspection:

- "We are kept busy"
- "The day just flies in, we know what we have to do and we just get on with it"
- "The environment is old fashioned, but the care is excellent"
- "I like it here"
- "I would like more team meetings"
- "Have not had first aid training since I started"
- "We are understaffed some nights"

Areas for improvement

One requirement and one recommendation were made in this domain. The requirement was in relation to activities. The recommendation was made in regard to the provision of reading material for patients.

Number of requirements	1	Number of recommendations:	1
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4.6 Is the service well led?

Discussion with the acting manager and staff evidenced that there was an organisational structure within the home. Staff were able to describe their roles and responsibilities. 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.

Discussion with the acting manager and observation of patients evidenced that the home was operating within its registered categories of care. The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussion with the acting manager and 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 relation to care records, infection prevention and control, incidents and accidents. However, where audits had been completed there was no evidence that they had been analysed or that the appropriate actions had been taken to address any shortfalls identified. There was no evidence that the necessary improvements had been embedded into practice. A requirement was made in this regard.

Discussion with the acting manager and review of records evidenced that monthly monitoring visits were in keeping with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

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 acting manager.

The acting manager confirmed that all the policies and procedures in the home were being reviewed. It is recommended that they are completed as a priority in order to inform staff of the most recent and up to date best practices. Completed policies and procedures should be endorsed by the acting manager as discussed. A recommendation is made.

Discussion with the acting 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 acting manager was.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately. 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 and alerts regarding staff that had sanctions imposed on their employment by professional bodies.

Considering the issues raised in the safe domain, it was concerning that neither the responsible person or the acting manager did not review the ongoing works in the home to ensure these areas were maintained safe. A requirement is made that the responsible person/acting manager has oversight into the building works ongoing in the home. Regular checks should be made to ensure that at all times, areas accessible by staff/patients/members of the public are safe. These checks should also include fire risk checks. Records should be maintained of the checks made.

Areas for improvement

Two requirements and one recommendation were made in this domain. The requirements are made in relation to auditing and the management of the building. The recommendation is in relation to policies and procedures. Areas for improvements were also identified in the safe, effective and compassionate domains, they link to management and governance arrangements.

Number of requirements	2	Number of recommendations:	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Debra Hawthorne, Acting Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/acting 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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the DHSSPS Care Standards for Nursing Homes 2015 which promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to nursing.team@rqia.org.uk for assessment 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 provider 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 provider 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 27 (2) (d)

Stated: First time

To be completed by:
30 August 2016

The registered provider must ensure the nursing home is kept clean. The lounges, bedrooms and sluice areas are required to be cleaned daily. A schedule for completing high dusting should also be implemented as a priority.

Ref: Section 4.3

Response by registered provider detailing the actions taken:

Written records of cleaning undertaken are being reviewed to reflect Cleaning done and including High Dusting. Domestic Duty Rota has been revised to provide more targeted cleaning hours; this is out to consultation with staff and it is anticipated that it will be implemented from 19th September once Annual Leave has been taken.

Requirement 2

Ref: Regulation 18 (2) (c)

Stated: First time

To be completed by:
30 August 2016

The registered provider must ensure that the room identified for day space is appropriately decorated and furnished.

Ref: Section 4.3

Response by registered provider detailing the actions taken:

Chairs and occasional tables have been placed in the room, a TV has been purchased and fixed to the wall. A sideboard has been relocated from another area. Plants and pictures are being sourced to give a more homely appearance.

<p>Requirement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2016</p>	<p>The registered provider must ensure that there are suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: A further Day Room has been brought into use (room14 upstairs) it has been furnished as stated at requirement 2 above. This allows residents to have more personal space within the day rooms. Feedback from families has been positive.</p>
<p>Requirement 4</p> <p>Ref: Regulation 21 (1)</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2016</p>	<p>The registered provider must ensure that the following issues are addressed:</p> <ul style="list-style-type: none"> • ensure all areas accessible to patients and staff are maintained safe and all risks minimised • ensure the exposed electric wires are made safe • ensure the smoke detectors and fire alarms, fire exits are still accessible and fully functional • furniture in the identified bedrooms should be maintained safe • exposed pipes should be maintained safe • tools, screws and equipment used in preparing for the demolition are removed after use • the identified areas should be properly cleaned when the area is made safe • regular checks of the identified areas should be completed by the manager to ensure compliance with regulations and standards <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: Unoccupied rooms have now been secured behind a fire proof stud wall with key controlled fire proof doors allowing access behind the wall. Prior to the installation of the above barrier, staff conducted hourly checks of the vacant rooms to check for fire risk and ensure that no resident/visitor had entered the area. A written record was maintained of these checks and shared with RQIA. Further to the above installation, an updated Fire Risk Assessment was commissioned. The stud wall was constructed in such a way to allow free unimpeded access to the existing fire exit. Appropriate fire extinguishers are in place. During weekly fire checks the area behind the partition is checked with at least one test being conducted in this area.</p>

<p>Requirement 5</p> <p>Ref: Regulation 14 (2)</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2016</p>	<p>The registered provider must ensure that until the issues stated in requirement 4 are addressed that the half hourly checks continue to be made until the agreed works are completed. Confirmation of the above should be returned in the QIP.</p> <p>Ref: Section 4.3</p>
<p>Requirement 6</p> <p>Ref: Regulation 21 Schedule 2</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2016</p>	<p>Response by registered provider detailing the actions taken: Prior to the completion of the issues as above, staff conducted hourly checks of the vacant rooms to check for fire risk and ensure that no resident/visitor had entered the area. A written record was maintained of these checks and shared with RQIA.</p> <p>The registered provider must ensure that the relevant employment information should be available and viewed by the acting manager prior to staff commencing employment in the home.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: Employment checklist has been amended so that the manager can sign off that all documentation is in order and that employment can commence. Copy of amended document attached.</p>
<p>Requirement 7</p> <p>Ref: Regulation 19 (1) (a) Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2016</p>	<p>The registered provider must ensure that a contemporaneous note of all nursing provided to the patients is maintained, the record should include details of their condition and treatment following their admission.</p> <p>Ref: Section 4.4</p> <p>Response by registered provider detailing the actions taken: A meeting with Staff Nurses has been scheduled for 28th September; following staff leave. In the interim a letter has been given to each Staff Nurse detailing what is required of them in relation to record keeping. All Staff Nurses have been advised to ensure that their record keeping training is up to date. Copy of letter attached.</p>
<p>Requirement 8</p> <p>Ref: Regulation 15 (2)</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2016</p>	<p>The registered provider must ensure that evaluations of care are meaningful, reflective of care, kept under review and revised when necessary.</p> <p>Ref: Section 4.4</p> <p>Response by registered provider detailing the actions taken: A meeting with Staff Nurses has been scheduled for 28th September; following staff leave. In the interim a letter has been given to each Staff Nurse detailing what is required of them in relation to updating Care Plans.</p>

<p>Requirement 9</p> <p>Ref: Regulation 18 (2) (n)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered provider must ensure that when organising activities that they are arranged with regards to the wishes and feelings of all patients and that they are conducted in a suitable area conducive to the activity arranged.</p> <p>Ref: Section 4.5</p>
<p>Requirement 10</p> <p>Ref: Regulation 12 (1)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered provider must ensure the following:</p> <ul style="list-style-type: none"> • where audits are completed there is evidence that they have been analysed and that appropriate actions had been taken to address any shortfalls identified • the audits should evidence that the necessary improvements have been embedded into practice • the cleaning issues identified should also be included in the environmental audits. <p>Ref: Section 4.3 and 4.6</p> <p>Response by registered provider detailing the actions taken: Audit paperwork is being reviewed and amended where deemed appropriate. Environmental & Infection Control Audits have already been identified as not being suitable and new audits are being implemented. An action plan template will be incorporated. We have appointed an infection control link nurse who will do the audits and feedback to the manager.</p>
<p>Requirement 11</p> <p>Ref: Requirement 13 (1)</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2016</p>	<p>The registered provider must ensure that the responsible person/acting manager has oversight into the building works ongoing in the home.</p> <p>Regular checks should be made to ensure at all times areas accessible by staff/patients/members of the public are safe. These checks should also include fire risk checks. Records should also be maintained of the checks made.</p> <p>Ref: Section 4.6</p> <p>Response by registered provider detailing the actions taken: Manager/ Nurse in charge now does a daily round of the home. A written record of these rounds is being developed. The redundant area of the home has been secured as detailed earlier. It is not anticipated</p>

	<p>that there will be any further intrusive work carried out on the existing building. Proprietor has been asked to keep the manager apprised of any works required to be carried out in advance so that any impact on residents can be assessed and necessary measures put in place to ensure safety and comfort of residents.</p> <p>A new Fire Risk assesment has been carried out to ensure that measures put in place in the redundant area meet necessary regulations. At least one fire check inside the secured area is carried out as part of the routine weekly fire checks, which are recorded as required. All smoke/fire detectors withint he area are still intact and functioning.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 35, criterion 16</p> <p>Stated: Second time</p> <p>To be completed by: 30 December 2016</p>	<p>The registered provider should return a copy of the annual report for 2015 to RQIA with the return of the QIP. This should include the outcomes of consultation with relatives.</p> <p>Ref: Section 4.2, previous recommendations</p> <p>Response by registered provider detailing the actions taken: Cathal is aware of the requirement for this document and it will be forwarded as required.</p>
<p>Recommendation 2</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2016</p>	<p>The registered provider should ensure where the acting manager is working as the second nurse on duty these hours are reflected on the duty rotas. Management hours should also be clearly identified.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: Duty Rota has been amended to clearly show the breakdown in Managers hours between office and duty on the floor. Copy attached.</p>
<p>Recommendation 3</p> <p>Ref: Standard 21</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2016</p>	<p>The registered provider should ensure admission documentation is signed and dated by the admitting registered nurse.</p> <p>Ref: Section 4.4</p> <p>Response by registered provider detailing the actions taken: A system has been introduced where all documentation received into the home as a result of hospital discharge or information pertaining to a new admission is dated and signed by staff nurse on duty.</p>

<p>Recommendation 4</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2016</p>	<p>The registered provider should ensure where restraint is used that consent should be received by patient/relative or the appropriate persons. The information should be clearly recorded.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: Bed Rail Agreement form has been amended to clearly show choice made by next of kin. Copy of amended form attached.</p>
<p>Recommendation 5</p> <p>Ref: Standard 7</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered provider should ensure that:</p> <ul style="list-style-type: none"> • regular meetings are organised with staff/patients/relatives in order to keep them informed of the management strategies implemented and changes made • an agenda should be set and an opportunity for all to add issues for discussion should be put in place • discussions at meetings should be relevant • minutes should be held and shared with those who have not attended arranged meetings • actions should also be followed up at subsequent meetings • information should be collated and incorporated into the annual quality report. <p>Ref: Section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: Relatives meeting was held on 24th August 2016. A newsletter to include key points from this meeting will be sent out to all next of kin at the start of September 2016.</p> <p>Departmental Staff meetings have been arranged for last week in September/First week in October. Notices and agendas will be published in due course. Moving forward meetings will be arranged on a quarterly basis or as a need arises.</p>
<p>Recommendation 6</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered provider should consider the provision of various genres of reading material for patient use.</p> <p>Ref: Section 4.5</p> <hr/> <p>Response by registered provider detailing the actions taken: A library is being established. It will be housed on a mobile trolley and can be taken around the home to allow residents to choose their reading material, next of kin have been asked to donate suitable reading material. Contact has been made with NI Libraries and we are enrolling for mobile library to give us an allocation of books on a monthly basis. We are in the process of registering one of our residents with RNIB to get access to Audio Books for use by the visually impaired. A digital tablet has been made available for delivery of this resource.</p>

<p>Recommendation 7</p> <p>Ref: Standard 36</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered provider should ensure that the review of the policies and procedures are completed as a priority in order to inform staff of the most recent and up to date best practices. Completed policies and procedures should be endorsed by the acting manager as discussed.</p> <p>Ref: Section 4.6</p>
	<p>Response by registered provider detailing the actions taken: Some policies have been recently updated to reflect changes or updated advice from SHSCT or other statutory bodies. In line with other duties the manager will review and update further policies based on their level of urgency. In the interests of honesty it is not anticipated that all policies will be fully reviewed by specified date.</p>

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



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