Unannounced Care Inspection Report
8 March 2018

Bradley Manor

Type of Service: Nursing Home (NH)
Address: 420 Crumlin Road, Belfast, BT14 7GE
Tel No: 028 9074 5164
Inspectors: Heather Sleator and Kieran McCormick

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 and residential care for up to 82 persons.

3.0 Service details

Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited **Responsible Individual:** Ms Amanda Mitchell	**Registered Manager:** Donna Mawhinney
Person in charge at the time of inspection: Donna Mawhinney	**Date manager registered:** 22 February 2018
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. Residential Care (RC) DE – Dementia.	**Number of registered places:** 82 comprising: 41 – NH-DE 20 – NH-I 21 – RC - DE

4.0 Inspection summary

An unannounced inspection took place on 8 March 2018 from 09.15 to 16.15 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 DHSSPS Care Standards for Nursing Homes 2015.

The term 'patients' is used to describe those living in Bradley Manor 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 the arrangements for the provision of activities; care records, staff training and development and the environment. There was also evidence of good practice identified in relation to the governance arrangements and the management of complaints and incidents.

Areas requiring improvement were identified and included; adherence to infection prevention and control procedures including the management of substances hazardous to health, minimising noise levels in the four units, ensuring crockery used by patients is suitable to their needs, seek to resolve the perception of the home's staffing arrangements not being adequate for patient care with staff and relatives and ensuring a remedial action plan has been implemented where shortfalls are identified in quality assurance audits.

An area for improvement under the standards regarding the provision of mid-morning and afternoon snacks has also been stated for a second time.

Patients said they were happy living in the home. Comments included, “Staff are very kind.” Further comments can be viewed in section 6.6 of the report.

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
Total number of areas for improvement	1	*5

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 Donna Mawhinney, 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 30 January 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 30 January 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
- 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 registration status of the home

During the inspection the inspectors met with 20 patients, 10 staff, and six patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was left with the registered manager to display to invite staff to complete a questionnaire electronically if they wished to.

A lay assessor was present during the inspection and their comments are included within this report.

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 19 February to 11 March 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- four patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 30 January 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.

6.2 Review of areas for improvement from the last care inspection dated 6 & 7 June 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**
Area for improvement 1 **Ref:** Regulation 20 (1) (a) **Stated:** First time	The registered person shall ensure that the dependency levels of patients is kept under regular review to ensure that the numbers and skill mix of staff deployed is appropriate to meet the needs of the patients.	**Met**
	Action taken as confirmed during the inspection: The registered manager stated that staffing arrangements are determined in accordance with patient dependency. The staff duty rota was examined and evidenced to be in keeping with the required staffing levels. Refer to sections 6.4 and 6.6	
Area for improvement 2 **Ref:** Regulation 15 (2) and 16 (2) **Stated:** First time	The registered person shall ensure that patient care records are maintained with accuracy and contain a detailed and comprehensive assessment of need, appropriate risk assessments, detailed person centred care plans and appropriate regular reviews. Registered nurses must complete records in keeping with NMC guidance.	**Met**
	Action taken as confirmed during the inspection: The review of four patient care records evidenced that care records were maintained in accordance with legislative and professional standards and NMC guidance.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 **Ref:** Standard 43 **Stated:** First time	The registered person shall complete an audit of the condition of the flooring in all areas of the home. The audit should specify that where remedial action is required the timescale for the completion of the required improvement.	**Met**
	Action taken as confirmed during the inspection: Observation of the premises and discussion with the responsible individual and patients representatives evidenced that flooring in the identified areas had been replaced.	
Area for improvement 2 **Ref:** Standard 12.13 **Stated:** First time	The registered person shall ensure that the menu affords patients a choice at mealtimes. Patients who require a specialised diet should also be afforded choice at mealtimes, in accordance with their food preferences.	**Met**
	Action taken as confirmed during the inspection: Observation of the serving of the midday meal and a review of the record of patients' menu choice evidenced that patients who require a specialised diet are afforded a choice at mealtimes.	
Area for improvement 3 **Ref:** Standard 23 **Stated:** First time	The registered person shall ensure that staff report on the condition of a patient's skin when repositioned.	**Met**
	Action taken as confirmed during the inspection: A review of patients repositioning charts evidenced that staff were reporting on the condition of patients' skin at the time of repositioning.	

Area for improvement 4 **Ref:** Standard 12 **Stated:** First time	The registered person shall ensure that staff complete refresher training in relation to the arrangements for meals and mealtimes. The training should have a dementia care focus in accordance with best practice in dementia care.	**Met**
	Action taken as confirmed during the inspection: Observation of the serving of the midday meal and a review of staff training records evidenced that staff had completed refresher training in respect of the patients dining experience.	
Area for improvement 5 **Ref:** Standard 12 **Stated:** First time	The registered person shall ensure that patients are afforded a choice of beverage mid-morning and mid-afternoon. Patients who require a specialised diet shall be afforded a snack at these times which meets their dietary requirements.	**Not met**
	Action taken as confirmed during the inspection: Observation of the serving of mid-morning tea and snack did not evidence that patients were afforded a choice of a warm drink and snacks suitable for patients who require a specialised diet. **This area for improvement has not been met and has been stated for a second time.** Refer to section 6.5	
Area for improvement 6 **Ref:** Standard 4.8 **Stated:** First time	The registered person shall ensure that the outcome of any audit of patient care records ensures that all nursing and social care interventions, activities and procedures are appropriate to and reflect the patient's individual needs.	**Met**
	Action taken as confirmed during the inspection: The review of the audits of patient care records evidenced a more robust process was operational.	

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 and responsible individual confirmed the planned daily staffing levels for the home and stated that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for the week commencing 19 March 2018 to 11 March 2018 evidenced that the planned staffing levels were generally adhered to.

Observation of the delivery of care evidenced that patients' needs were met by the number and skill mix of staff on duty. Patients were well groomed, the morning routine was completed in a timely manner and the atmosphere was calm and relaxed.

However, discussion with four relatives evidenced that they felt that there were not enough staff on duty. Relatives' comments were relayed to the registered manager during feedback. Two staff members also raised concerns regarding staffing levels however we were unable to validate these claims at the time of inspection. Refer to section 6.6 for comments.

The concerns identified by relatives and some staff need to be resolved so as to ensure that all feel they are being listened to. Staffing arrangements should be discussed at the next staff and relatives meeting and/or on an individual basis. This has been identified as an area for improvement under the care standards.

Discussion with staff confirmed that communication was well maintained in the home and that appropriate information was communicated in the shift handover meetings.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing staff were appropriately managed in accordance with the NMC. Similar arrangements were in place to ensure that care staff were registered with NISCC.

There was evidence of systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through one to one supervision, undertook competency and capability assessments and completed annual appraisals.

A review of the staff training records and discussion with a number of staff, confirmed that training had been provided in all mandatory areas and records were kept up to date. A review of staff training records confirmed that staff completed e-learning (electronic learning) modules on basic life support, medicines management, control of substances hazardous to health, fire safety, food safety, health and safety, infection prevention and control, safe moving and handling and adult prevention and protection from harm. The records reviewed confirmed that between 93 to 100 percent of staff had completed their mandatory training in 2017.

Overall compliance with training was monitored by the registered manager and this information informed the responsible persons' monthly monitoring visit in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

The registered manager and staff also confirmed that training had been provided (electronically) on dementia care to all staff. A member of staff had recently completed training and was the home's designated 'dementia champion'. The registered manager had also completed specialist training in dementia care practice.

Review of patient care records evidenced that validated risk assessments were completed as part of the admission process and were reviewed as required. These risk assessments informed the care planning process.

An examination of the accident and incident records confirmed that the falls risk assessments and care plans were consistently completed following each incident and that care management and patients' representatives were notified appropriately.

The home's environment was inspected and a number of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, tidy and warm throughout. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Paintwork in the corridor areas and some patients' bedrooms evidenced signs of wear and tear. However, painters were in the home at the time and a programme of redecoration had commenced.

The nurse call system in the home was heard on a very frequent basis. This was discussed with the responsible individual who stated that the system for the four units was linked and once it was activated it could be heard in all of the units. The frequency of the activation of the system and the impact this had on the atmosphere in the units was discussed with the responsible individual who thought that it may be possible to isolate the activation of the system to each individual unit. This has been identified as an area for improvement under the care standards.

Infection prevention and control measures were generally adhered to and equipment was stored appropriately. However, the observation of the environment evidenced two areas of concern. The shower drainage outlets in two identified bathrooms which were observed to have a build-up of debris and hazardous substances were stored in the ensuite facilities in two patients' bedrooms. This was concerning as other patients could access these areas. This has been identified as an area for improvement under regulation.

The residential unit was furnished to a good standard and presented as a comfortable environment for those accommodated. We observed that the environment had been visually enhanced through the redecoration of the corridors and there were orientation cues and points of interest/notice boards in the unit.

Fire exits and corridors were observed to be clear of clutter and obstruction. The emergency evacuation register was up to date and included the details of the last patient admitted to the home.

The annual fire risk assessment of the home was undertaken on 20 April 2017. Discussion with the responsible individual and a review of documentation evidenced that the recommendations of the report had been addressed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training and supervision and appraisal.

Areas for improvement

The following areas were identified for improvement under regulation in relation to infection prevention and control and the safe storage and management of substances hazardous to health.

The following areas were identified for improvement under the care standards in relation: to the isolation of the nurse call system to the individual units and seek to resolve the perception of the home's staffing arrangements not being adequate for patient care with staff and relatives.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

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

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

There were a number of examples of good practice found throughout the inspection in this domain. For example, registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), Speech and language therapist (SALT), dietician and Tissue Viability Nurse Specialists (TVN). Discussion with registered nurses and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

The care plan of a patient who displayed distressed reactions was reviewed and informed how the behaviour presented and how to support the patient at these times. Wound care management was reviewed and was generally evidenced to be in accordance with clinical guidance. However one wound dressing was noted not to be recorded in one patient's wound management care plan. This was discussed with the registered manager who agreed to address the issue immediately.

Personal care records evidenced that records were generally maintained in accordance with best practice guidance, care standards and legislative requirements. For example, a sampling of food and fluid intake charts confirmed that patients' fluid intake was monitored. The patients' total daily fluid intakes were also recorded in a format which enabled the registered nurses to have an overview of the patients' fluid intake. The review of repositioning records evidenced that patients were repositioned according to their care plans. The condition of the patient's skin was reported on at the time of repositioning.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and discussions at the handover provided the necessary information regarding any changes in patients' condition.

Staff meetings were held at least quarterly and records were maintained and made available to those who were unable to attend. The review of the minutes of the last staff meeting evidenced that the most recent meeting was held on 27 February 2018.

The majority of staff consulted with confirmed that if they had any concerns, they could raise these with the registered manager. Relatives' meeting are held quarterly; the home also communicates with relatives and friends via social media. This medium has proven very successful and popular. A review of records evidenced that patients' meetings are also held quarterly and chaired by the activities coordinator. As previously discussed in section 6.4 the registered manager should resolve the perception of inadequate staffing arrangements with staff and relatives at the next scheduled meetings.

We observed the serving of breakfast and the midday meal during the course of the inspection. Meals served appeared appetising and patients spoken with stated that they were satisfied with the meals provided. The atmosphere was quiet and tranquil and patients were encouraged to eat their food; assistance was provided by staff, as required. Tables were set with tablecloths, placemats and condiments. Meals are plated at the point of service and were in accordance with patients' choice as per the record of menu choice. Patients who required a specialised diet were observed to be afforded a choice of meal and if they changed their mind there was a sufficient amount of food available to facilitate this.

We observed the serving of the mid-morning tea to patients. At this time, patients were offered a cup of tea and a biscuit. A choice of fluid, for example, coffee or juice, was not available. Tea was served to patients in a cup, no saucer was used. The snack on offer was a selection of biscuits. There was no evidence of a snack available on the trolley for patients who required a modified diet. The arrangement for the mid-morning tea and snack provision was discussed with the registered manager and the responsible individual who were advised improvement was required. Patients should be afforded choice at this time and patients who require a modified diet should have a nutritious snack in accordance with their dietary requirements. This had previously been identified as an area for improvement at the inspection of June 2017 and has been stated for a second time. The presentation of the tea trolley including crockery used should be reviewed to ensure that crockery is suitable for the needs of the patients and does not present as a safety risk. This has been identified as an area for improvement under the care standards.

Areas of good practice

There were examples of good practice found throughout the inspection in relation care planning and care records and the dining experience.

Areas for improvement

The following area was identified for improvement under the care standards in relation: ensure any crockery used by patients is suitable for the needs of the patients and is safe.

	Regulations	Standards
Total number of areas for improvement	0	1

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. Consultation with 20 patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Discussion with patients also confirmed that staff consistently used their preferred name and that staff spoke to them in a polite manner. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. As previously discussed, the noise level in each unit was noticeable due to the nurse call system frequently being activated. This can be unsettling for patients especially for persons living with dementia. Refer to section 6.4 for further detail.

Patients consulted with also confirmed that they were able to maintain contact with their families and friends. Staff supported patients to maintain friendships and socialise within the home. An activities coordinator plans and provides activities in the home. There was evidence of a variety of activities in the home and discussion with patients confirmed that they were given a choice with regards to what they wanted to participate in. There were various photographs displayed around the home of patients' participation in recent activities. There was evidence of regular church services to suit different denominations. Links with the local community have been established and children and young people from local schools are actively involved in the life of the patients in the home. The home also keeps relatives and visitors informed of events and occasions in the home via their social media website. The activities coordinator produces a newsletter which is available for patients and relatives, on a regular basis.

During the inspection, we met with 20 patients, five care staff, three registered nurses, ancillary staff, the activities coordinator and six patients' representatives. Some comments received are detailed below:

Patients

"I'm ok here."
"Just like you're in your own home."
"They're (staff) very good here and I'm well looked after."
"Staff are very kind."
"I am very satisfied and have no complaints."
"I'd give it full marks."

"I can see no room for improvement in here."
"Some staff are excellent."

Patients' representative

"No concerns, the girls are great."
"Care staff are lovely."
"Still short staffed, the girls are under pressure."
"Food not always warm."
"When you make a complaint sometimes followed up and sometimes not."
"Staffing isn't good."
"Wee girls (staff) are stressed."
"Sometimes concerns are addressed."

Staff

"No staff."
"Really stressful."
"There is not enough staff to meet patients' needs."
"Dependency is not meeting staffing."

As stated in section 6.4 we were unable to verify that the staffing arrangements in the home were not in accordance with patient need. Comments received during the inspection were discussed with the responsible individual and the registered manager. This perception needs to be resolved and has been identified as an area for improvement in section 6.4.

We also issued ten questionnaires to patients and relatives respectively. Four patients and four relatives had returned their questionnaires, within the timeframe for inclusion in this report.

Comments and outcomes were as follows:

Patients: the four respondents indicated that they were 'very satisfied' that the care in the home was safe, effective and compassionate; and that the home was well-led. There were no additional written comments made.

Relatives: the four respondents indicated that they were 'very satisfied' that the care in the home was safe, effective and compassionate; and that the home was well-led. There were no additional written comments made.

Staff: there were no questionnaires completed and returned by staff.

Lay Assessor's comments

The lay assessor provided feedback to the registered manager and stated they found the visit to the home to be a positive experience and that the environment was pleasant. There were no major issues of concern raised by patients or patients' representatives and that patients were satisfied with the standard of care afforded to them.

Any comments from patient representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation taking account of the views of patients and activities were plentiful and well managed.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 the registered manager and the responsible individual 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.

Staff confirmed that there were generally good working relationships and that management were at times, responsive to any suggestions or concerns raised. There were some exceptions which have been discussed in sections 6.4 and 6.6 regarding staffing arrangements although these concerns were not validated during this inspection.

Discussion with the registered manager, the responsible individual and staff evidenced that there was a clear organisational structure within the home. There was a system in place to identify the person in charge of the home, in the absence of the manager.

An examination 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 Care Standards for Nursing Homes 2015.

Through discussion with the registered manager and the responsible individual, and review of records, we 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 falls, wound management, infection prevention and control, environment, complaints, incidents/accidents and bed rails. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice. However, the exception to this process was in relation to the auditing of infection prevention and control measures. There was a lack of evidence to support that where a shortfall had been identified an action plan to address the shortfall had not been stated. This was identified as an area for improvement under the care standards.
A review of the patient falls audit evidenced that this was analysed to identify patterns and trends, on a monthly basis. An action plan was in place to address any deficits identified. This

information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection, confirmed that these were appropriately managed.

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.

Discussion with the registered manager, the responsible individual and the review of records evidenced that quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, and copies of the reports were available for patients, their representatives, staff and Trust representatives. An action plan was generated to address any areas for improvement; discussion with the manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and quality improvement.

Areas for improvement

The following area was identified for improvement: the auditing of infection prevention and control measures in the home should evidence that an action plan has been implemented to address any shortfall identified during auditing.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Donna Mawhinney, registered manager and Amanda Mitchell, responsible individual, 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	
Area for improvement 1 **Ref:** Regulation 13 (7) **Stated:** First time **To be completed by:** 1 May 2018	The registered person shall ensure that the control of substances hazardous to health (COSHH) and the infection prevention and control procedures are in accordance with regional guidance and are monitored as part of the homes quality auditing systems. **Ref: Section 6.4**
	Response by registered person detailing the actions taken: The registered person removed all items on day of visit and all staff are aware to remove any items hazardous to health. The risks associated with the practice of bringing in chemicals and not securing their storage was discussed at the Relative's Meeting and a sign is now in place alerting relatives.
Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
Area for improvement 1 **Ref**: Standard 12 **Stated:** Second time **To be completed by:** 1 May 2018	The registered person shall ensure that patients are afforded a choice of beverage mid-morning and mid-afternoon. Patients who require a specialised diet shall be afforded a snack at these times which meets their dietary requirements. **Ref: Sections 6.2 and 6.5**
	Response by registered person detailing the actions taken: The registered person has met with the Catering Manager to reinforce with her team the need to ensure snacks are available at these times to meet all dietary requirements. Nurses and Senior Carers have also been reminded on importance of monitoring good practice every day in this area. This practice will be monitored on an ongoing basis during Home Manager walk arounds and during Reg 29 visits by senior management.
Area for improvement 2 **Ref**: Standard 43.5 **Stated:** First time **To be completed by:** 1 May 2018	The registered person shall ensure that steps are taken to minimise noise pollution through the isolation of the nurse call system so as when activated the call system is heard in the actual unit where it originated and not all four identified units. **Ref: Section 6.4**
	Response by registered person detailing the actions taken: Remedial work is planned for the nurse call system to minimise noise pollution by isolating the system to the actual unit where it originates from and not all four units

Area for improvement 3 **Ref**: Standard 35.4 **Stated:** First time **To be completed by:** 1 May 2018	The registered person shall ensure that quality audits evidence that where a shortfall has been identified a corresponding action plan is implemented to address the shortfall. **Ref: Section 6.7**
	Response by registered person detailing the actions taken: A focussed learning on the auditing process is being completed with all staff who will complete audits going forward. This will be complete by 4.5.18. The registered person is reviewing all audits monthly to identify any shortfall in the auditing process and this will be reviewed again by senior management as part of the Reg 29 visit.
Area for improvement 4 **Ref**: Standards 7 and 41 **Stated:** First time **To be completed by:** 1 May 2018	The registered person shall ensure that the perception of some staff and relatives regarding staffing arrangements are resolved either through staff and relatives meetings or on an individual basis. **Ref: Section 6.4**
	Response by registered person detailing the actions taken: A staff meeting took place on the 20.03.18 and a relative's meeting on the 27.03.18 and perceptions relating to staffing were discussed. The dependancy levels are reviewed monthly with senior staff. The home has recently increased staffing levels in one unit and on night duty as residents needs changed.
Area for improvement 5 **Ref**: Standard 12 **Stated:** First time **To be completed by:** 1 May 2018	The registered person shall ensure that crockery used by patients is suitable for their needs and does not present as a safety risk. **Ref: Section 6.5**
	Response by registered person detailing the actions taken: The crockery in use is being reviewed as part of an overall review of the dining experience/hospitality service and of individual needs of residents

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

The Regulation and Quality Improvement Authority

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