



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 22 and 28 August 2019



Shaftesbury Mews

Type of Service: Nursing Home

Address: 646 Shore Road, Newtownabbey, BT37 0PR

Tel No: 028 9085 2866

Inspectors: Julie Palmer and Briege Ferris

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.

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 18 patients.

3.0 Service details

Organisation/Registered Provider: Amore (Watton) Limited Responsible Individual: Nicola Cooper	Registered Manager and date registered: Tanya Brannigan Acting - no application required
Person in charge at the time of inspection: 22 August 2019 -Tanya Brannigan 28 August 2019 -Tanya Brannigan	Number of registered places: 18
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years l – PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years Old age not falling within any other category.	Number of patients accommodated in the nursing home on the day of this inspection: 22 August 2019 -18 28 August 2019 -18 A maximum of 12 patients in category NH- LD/LD(E) to be accommodated in bungalows 1 and 3 and a maximum of 6 patients in category NH-PH/PH(E) to be accommodated in bungalow 2.

4.0 Inspection summary

An unannounced care inspection took place on 22 August 2019 from 09.05 hours to 17.25 hours. An unannounced finance inspection of the home was undertaken on 28 August 2019 from 11:55 hours to 13:30 hours.

The inspection was undertaken following receipt of information via the RQIA duty desk. Concerns were raised regarding staffing levels, management of patients who display behaviours that challenge and the cleanliness of the environment. It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The inspection also assessed progress with all areas for improvement identified in the home since the previous care and finance inspections and sought 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 staffing, staff recruitment, adult safeguarding, communication, teamwork, the culture and ethos in the home, treating patients with kindness and respect, governance arrangements and management of complaints and incidents.

Areas requiring improvement were identified in relation to infection prevention and control measures, resolving a malodour, providing practical fire training for staff, monthly evaluation of risk assessments and care plans, carrying out neurological observations for 24 hours following a fall, care plan patient agreements, personal monies authorisation documents and hairdressing, chiropody and massage treatment records.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this 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	*2	*7

*The total number of areas for improvement includes one under the regulations and three under the standards, in relation to the previous finance inspection, which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Tanya Brannigan, 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 5 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 5 February 2019. No further actions were required to be taken following this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings of the previous finance inspection, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to each bungalow in the home.

The following records were examined during the inspection:

- duty rota for all staff from 19 August to 1 September 2019
- 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
- two staff recruitment and induction files
- staff supervision and appraisal schedule
- record of registered nurse competency and capability assessments
- four patient care records including food and fluid intake and reposition charts
- a sample of governance audits/records
- complaints and compliments record
- a sample of monthly monitoring reports from February 2019
- annual quality report
- RQIA registration certificate
- six patients' finance files
- a sample of hairdressing, chiropody and massage treatment records

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspections

There were no areas for improvement identified as a result of the last care inspection carried out on 5 February 2019.

Areas for improvement from the last finance inspection dated 19 June 2018		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 5 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that each patient or their representative is provided with a statement (agreement) specifying –</p> <p>(a) the fees payable by or in respect of the patient for the provision to the patient of any of the following services – (i) accommodation, including the provision of food; and (ii) nursing; and, except where a single fee is payable for those services, the services to which each fee relates; (b) the method of payment of the fees and the person by whom the fees are payable.</p>	<p>Not met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>A review of a sample of six patients' finance files identified that three patients had an individual written agreement in place signed by the patient or their representative, albeit these had not been updated to reflect the current terms and conditions for the 2019/2020 year. The remaining three patients' files contained an individual written agreement which had not been signed by a representative of the home or by the patient or their representative; there was no evidence on the files reviewed that the agreements had been shared for signature with the patient or their representative.</p> <p>Correspondence received from the home by RQIA detailed reference to a phone call received by the home from a Health and Social Care Trust representative in 2018 who had confirmed that the named trust would not sign any individual written agreement on behalf of three named patients. One of these patient's</p>	

	<p>records was selected as part of the sample, however no evidence was provided to identify that for the remaining two patients, (whose records had been sampled) that there was any evidence their individual agreements had been shared with the patients or their representatives.</p> <p>As ensuring there is evidence that each patient's agreement is shared with them or their representative for signature was identified as an area for improvement at the last inspection, this area is stated for the second time.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p>	<p>The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the patient or a member of staff of the home signs the treatment record or receipt to verify the treatment of goods provided and the associated cost to each patients.</p>	Not met
	<p>Action taken as confirmed during the inspection:</p> <p>A sample of the hairdressing, chiropody and massage treatment records was reviewed. This identified that these records were not being maintained in the manner as detailed within the Care Standards for Nursing Homes (2015).</p> <p>As this was identified as an area for improvement at the last inspection, this area is stated for the second time.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 2.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the content of the home's generic patient agreement is compared with standard 2.2 to ensure that the appropriate information is detailed.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The content of the generic individual patient agreement was reviewed which identified that the required content was reflected in the agreement.</p>	

<p>Area for improvement 3</p> <p>Ref: Standard 14.6. 14.7</p> <p>Stated: First time</p>	<p>The registered person shall ensure that where the home manage the personal money of any patient or make any purchases of goods or services on behalf of a patient, that there is written authority to do so.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of a sample of six patients' finance files identified that three patients had a signed personal monies authorisation document on their file. The remaining three patients did not have this documentation in place.</p> <p>This area for improvement is therefore validated as partially met and is stated in the quality improvement plan for the second time.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p>	<p>The registered person shall ensure that each patient is given written notice of all changes to the agreement and these are agreed in writing by the patient or their representative. Where the patient or their representative is unable to sign or chooses not to sign, this is recorded.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of a sample of six patient agreements identified that none of these reflected the up to date terms and conditions in respect of the patient's stay in the home for the 2019/2020 year. The changes in rates come into effect in April each year.</p> <p>As this was identified as an area for improvement at the last inspection, this area is stated for the second time.</p>		

6.2 Inspection findings

6.3 Is care safe?

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

We discussed the planned daily staffing levels for the home with the manager who confirmed that these were subject to at least monthly review. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to. The manager also confirmed that recruitment was ongoing and agency staff were used to cover shifts if necessary in order to ensure the assessed needs of patients were met.

Staff spoken with were satisfied with staffing levels in the home. Staff commented that:

- “Staffing levels are good in this bungalow.”
- “I enjoy working here.”
- “I love working here.”

We also sought staff opinion on staffing via the online survey; two responses were received. One member of staff indicated they were satisfied with staffing levels, the other indicated they were unsatisfied but did not comment further.

Patients and patients’ visitors spoken with were during the inspection were satisfied with staffing levels. We also sought the opinion of patients and patients’ visitors on staffing levels via questionnaires; no responses were received.

We observed that staff were very responsive to patient’s needs and assistance was provided in a timely manner throughout the three bungalows.

We reviewed two staff recruitment and induction files and these evidenced that staff had been vetted prior to commencing employment to ensure they were suitable to work with patients in the home.

Staff spoken with told us that they had completed, or were in the process of completing, a period of induction and review of records confirmed this. A staff appraisal and supervision schedule was in place and a record of supervisions and appraisals was maintained.

The system in place to monitor the registration status of registered nurses with the NMC and care staff with NISCC clearly identified the registration status of all staff.

Staff spoken with demonstrated their knowledge of how to deal with a safeguarding issue and were aware of their duty to report concerns. Staff were also knowledgeable regarding their own roles and responsibilities and were familiar with the home’s whistleblowing policy.

Staff were observed to wear personal protective equipment (PPE), for example aprons and gloves, when required and PPE was readily available throughout the home. We also saw that staff carried out hand hygiene at appropriate times.

We looked at the environment in each of the three bungalows and entered a selection of lounges, dining rooms, bedrooms, bathrooms, storage areas, laundry rooms, treatment rooms, kitchens and sluices. The bungalows were found to be warm, clean and tidy throughout. However, we observed that more effective cleaning was required to identified shower drains, soap dispensers and a fold down shower seat and we also noted rusted areas on identified pedal bins in various bathrooms. These infection prevention and control (IPC) shortfalls were brought to the attention of the manager; an area for improvement was made.

On entering Bungalow Three we noted a malodour; there was no obvious cause for this and the bungalow was otherwise found to be clean and tidy. The malodour was not apparent beyond the hallway in the home; other rooms in the bungalow were fresh smelling. We discussed this with the manager who agreed and informed us this would be immediately investigated. An area for improvement was made.

A redecoration plan was underway and the manager informed us that flooring and furniture throughout the three bungalows was also being replaced where necessary.

Minor environmental issues brought to the attention of the manager were resolved on the day of the inspection.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Review of care records evidenced that a range of validated risk assessments was completed and informed the care planning process for patients. Care records contained details of the specific care requirements in the areas reviewed and a daily record was maintained to evidence the delivery of care. Care records reflected that, where necessary, referrals were made to other healthcare professionals. Care plans reviewed had been updated to reflect recommendations made by other healthcare professionals. There was evidence of consultation with the patient and/or their representative in the care records reviewed.

Where practices were in use that could potentially restrict a patient's choice and control, for example, alarm mats, the appropriate risk assessments and care plans had been completed. A rationale for use and consultation with the patient or their relative and/or key worker was recorded; consent was obtained where appropriate.

The manager confirmed that staff compliance with mandatory training was monitored and they were prompted when training was due. Staff spoken with were satisfied they had sufficient access to training. The positive behaviour specialist (PBS) lead in the home also provided additional training in, for example, managing behaviours that challenge.

Review of training records evidenced that staff had undertaken two sessions of online training in fire prevention and practical training had been provided to staff who acted as fire marshals. However, the majority of staff had not received a session of practical fire prevention training from a competent person and dates to provide practical training had not been planned; an area for improvement was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding and risk management.

Areas for improvement

Areas for improvement was identified in relation to the identified IPC shortfalls, ensuring a malodour in bungalow three was investigated and resolved and ensuring all staff receive a session of practical fire training.

	Regulations	Standards
Total number of areas for improvement	1	2

6.4 Is care effective?

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

We observed the daily routine and the care given to patients and were satisfied that patients received the right care at the right time. Patients spoken with were satisfied that their care needs were met.

As previously mentioned, RQIA had received information about the home that had related, in part, to a particular challenge faced by staff in the management of patient behaviours. We discussed this with the manager and staff who confirmed that they had consulted with the Belfast Health and Social Care Trust and the relevant multi-disciplinary teams in order to ensure challenging situations were managed effectively and that the needs of all patients were safely and effectively met.

We reviewed the management of behaviours that challenge. Care records contained the appropriate risk assessments and care plans which were person centred and individualised. Staff spoken with demonstrated their knowledge of how to manage behaviours that challenge and were also observed to effectively manage these during the inspection. The PBS lead in the home had developed individualised positive behaviour support plans for patients and worked with both patients and staff to promote positive outcomes. There was evidence of consultation with multi-disciplinary community teams, for example, the Intensive Support Service, where appropriate.

Staff spoken with confirmed that they received a handover when they came on duty and they felt this helped to ensure effective communication prior to the commencement of their shift. They demonstrated their knowledge of patients' care needs and confirmed these were regularly reviewed to determine the effectiveness of care delivered and if the patients' needs had changed.

Review of four patients' care records evidenced that a range of validated risk assessments had been completed to inform care planning and there was evidence of consultation with other members of the multi-disciplinary team as required. In three of the four records reviewed there was also evidence of regular evaluation and assessment, however, in one care record we noted that evaluations of risk assessments and care plans had last been completed in June 2019. This was brought to the attention of staff who confirmed that evaluation was normally completed on at least a monthly basis; an area for improvement was made.

Patients' weights were monitored on at least a monthly basis and their nutritional needs had been identified. There was evidence of referrals having been made to relevant health care professionals, such as the dietician or speech and language therapist (SALT), where necessary. Patients care plans included recommendations from the dietician and/or SALT if required.

A monthly falls analysis was completed to determine if there were any trends or patterns emerging and an action plan was devised if necessary. Staff were knowledgeable regarding the actions to take to help prevent falls and how to manage a patient who had a fall. The relevant risk assessments and care plans had been reviewed and updated in the event of a fall. However, we observed that, on two occasions where a head injury was confirmed or suspected, neurological observations had not been completed for the full 24 hour post fall period of time. An area for improvement was made.

Validated risk assessments and care plans were in place to direct care for the prevention of pressure ulcers. Discussions with staff evidenced that none of the patients in the home had a pressure ulcer or a wound.

We observed the serving of lunch in the dining room in Bungalow One. The menu was displayed on a whiteboard but had not been updated from the previous day. We brought this to the attention of staff who rectified the oversight and assured us this was normally updated every morning. A registered nurse oversaw the mealtime. Patients were offered clothing protectors. Staff wore aprons and were seated appropriately beside patients they were assisting. Staff demonstrated their knowledge of how to thicken fluids for patients and which patients required a modified diet. The food smelled appetising and was well presented. Staff obviously knew the patients very well, they were aware of their likes and dislikes. Patients were offered condiments and a selection of drinks with their meal. Staff were seen to be very helpful to patients throughout the mealtime which was a calm and unhurried experience.

Patients spoken with following the meal said they had enjoyed their lunch; comments included:

- “The soup is good.”
- “I like the food.”
- “Lunch was great.”

Food and fluid intake charts were maintained and the records reviewed were up to date.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of nutritional needs, management of behaviours that challenge, the meal time experience and communication between patients, staff and other key stakeholders.

Areas for improvement

Areas for improvement were identified in relation to ensuring evaluation of risk assessments and care plans was completed on at least a monthly basis and that neurological observations were completed for the full 24 hour period of time following a fall.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 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.

During the inspection we spoke with patients, both individually and in small groups about their experience of living in Shaftesbury Mews. Patients who were able to voice their opinions spoke positively about living in the home, they told us:

- “I’m happy enough here.”
- “It’s dead on.”
- “My room is lovely, I like it here.”

We observed that patients who were unable to voice their opinions appeared to be content and settled both in their surroundings and in their interactions with staff.

Patients’ relatives spoken with were very satisfied that the care provided was compassionate, they commented:

- “Brilliant, I could not fault it.”
- “Patients are looked after immensely well.”
- “Good bond made with the keyworker.”
- “... is always happy to come back here.”

Staff interactions with patients were observed to be kind and caring; they treated patients with dignity and respect. Throughout the day staff were observed to knock on bedroom and bathroom doors before entering rooms and to keep doors closed when assisting patients in order to ensure their privacy was maintained.

There were lots of activities on offer and there was a large, well-appointed activity room for the use of all patients. Patients were offered the opportunity to go out on a regular basis; a mini bus and driver was available and trips were organised at least twice a week. Staff accompanied patients on trips and they told us that this was a very important aspect of life in the home which the patients really enjoyed. During the inspection we observed that staff engaged in meaningful interactions with patients, they knew them well and encouraged them in activities they would enjoy, for example, checkers, card games and reading stories. Some patients attended community day centres or clubs; staff assisted them to get ready and accompanied them if necessary.

We spoke to a member of staff from the Mental Health Support Team who worked with patients making the transition from inpatient hospital care to the home. He commented positively about the care provided in Shaftesbury Mews and also the relationships being developed between the patients he worked with and the staff.

The views of patients and their relatives were sought via surveys, for example, patients’ and relatives’ satisfaction surveys and also via meetings. An annual quality report had been compiled to reflect upon these views and review the quality of nursing and other services provided in the home.

The atmosphere within the home was friendly and relaxed. The culture and ethos appeared to be positive. Staff spoken with were knowledgeable regarding their roles and responsibilities. We observed that staff communicated effectively both with patients and with each other. Patients spoken with said they felt staff listened to them and took their views on board.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the activities on offer, the culture and ethos of the home, treating patients with dignity, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

There had been a change in management arrangements since the last care inspection and RQIA had been notified of this. The certificate of registration issued by RQIA was displayed in the entrance hall of the home.

A review of the duty rota evidenced that the manager's hours and the capacity in which these were worked was recorded.

Discussions with staff and observations within the home confirmed that it was operating within the categories of care registered.

As previously mentioned we received two responses to the staff survey. One of the respondents indicated that they were very unsatisfied that the service was well led, although no further comment was made. The responses to the staff survey were brought to the attention of the regional director for information.

Staff spoken with told us that they supported each other and that they had been kept informed of the changes in management arrangements. Staff spoke positively about working in the home and the manager; comments included:

- "Teamwork is pretty good."
- "I'm loving it."
- "Tanya is very approachable."

There was a system in place to record complaints received and patients' visitors spoken with were aware of the procedure for making a complaint.

Discussion with the manager and review of auditing records evidenced that a number of monthly audits were completed to assure the quality of care and services. Audits were completed, for example, regarding accidents/incidents, care records, dining/nutrition, falls and IPC practices. An action plan was developed where shortfalls were identified.

Review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately and in a timely manner.

Monthly quality monitoring reports were available to view; these were found to be comprehensive, informative and to include an action plan.

Findings of Finance Inspection

A review of the areas for improvement from the previous finance inspection on 19 June 2018 was carried out and these were validated as met, partially met or unmet. The findings are detailed within section 6.1 above. Of the five areas for improvement from the previous finance inspection, one was validated as met, one was validated as partially met and three were unmet. Those areas which are either partially or unmet are listed in the QIP for the second time and require urgent action by management.

Areas of good practice

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

Areas for improvement

No additional areas for improvement were identified in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Tanya Brannigan, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 5 (1) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 28 September 2019</p>	<p>The registered person shall ensure that each patient or their representative is provided with a statement (agreement) specifying – (a) the fees payable by or in respect of the patient for the provision to the patient of any of the following services – (i) accommodation, including the provision of food; and (ii) nursing; and, except where a single fee is payable for those services, the services to which each fee relates; (b) the method of payment of the fees and the person by whom the fees are payable.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: New agreements have been implemented and updated with all information included. All agreements have been sent out to care managers in the Trust and emails sent. Copy of agreements in each residents file signed by myself. Awaiting agreements back from the Trust.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 18 (2) (j)</p> <p>Stated: First time</p> <p>To be completed by: 22 September 2019</p>	<p>The registered person shall ensure that a malodour in Bungalow Three is investigated and that any remedial action required is taken to resolve the cause of this.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: All floors in Bungalow 3 were deep cleaned with Acticlor and usage of floor machiner. Dehumidifier put in entrance of Bungalow 3. There is an issue with flooring which has been surveyed and being addressed. Estates Dept in Priory aware of same.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 14.13</p> <p>Stated: Second time</p> <p>To be completed by: 29 August 2019</p>	<p>The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the patient or a member of staff of the home signs the treatment record or receipt to verify the treatment of goods provided and the associated cost to each patients.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: Emails and verbal communications given to staff regarding double signatures to be recorded. New documents in place for staff to use when treatments given to include treatments provided, signatures,</p>

	and price. This is to be used after each resident's treatment.
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<p>Area for improvement 2</p> <p>Ref: Standard 14.6</p> <p>Stated: Second time</p> <p>To be completed by: 28 September 2019</p>	<p>The registered person shall ensure that where the home manage the personal money of any patient or make any purchases of goods or services on behalf of a patient, that there is written authority to do so.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Financial consent forms signed by relatives. If relatives are unable to sign, staff have signed on behalf with best interest form included.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 2.8</p> <p>Stated: Second time</p> <p>To be completed by: 28 September 2019</p>	<p>The registered person shall ensure that each patient is given written notice of all changes to the agreement and these are agreed in writing by the patient or their representative. Where the patient or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: New agreements updated for April 2019 and sent out to care managers for information. Email sent to care managers to advise them of updated agreements which they will also receive in post.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 29 August 2019</p>	<p>The registered person shall ensure that the identified Infection Prevention and Control (IPC) shortfalls are resolved and the system in place to monitor IPC measures is robust.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Shower drains cleaned by Maintenance and House Keeper, deep clean at weekends around drains. Soap dispensers cleaned daily. Bath in Bungalow 2 reported, awaiting part by external contractor. Shower chair removed from residents bathroom and replaced with new shower chair.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 48</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2019</p>	<p>The registered person shall ensure that all staff receive a session of practical fire training from a competent person.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Ongoing booked fire marshall training in progress, staff attending same. This is monitored by our acting deputy, organising staff to attend training. Face to face fire training has been costed and proposal put to L&D dept October 2019 - we anticipate all being fire trained f2f by 31/12/19.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 4</p>	<p>The registered person shall ensure that evaluation and reassessment of risk assessments and care plans in patients' care records is carried out on at least a monthly basis.</p>

<p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Evidence of monthly support plan audits carried out and actioned by house manager. Home Manager oversees action plan, monitors and reviews progress. Evidence is in care plan audits file in Managers office. A monthly review with manager and deputy will take place alongside the documentation tracker</p>

<p>Area for improvement 7</p> <p>Ref: Standard 22</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that in the event of a fall, where a head injury is either suspected or confirmed, neurological observations are completed for the full 24 hour period of time following the fall.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Standard Operating Procedure for Falls has been displayed in the nurse's office and documented on master copy of handover sheet, to be communicated at start of each shift. This will be monitored via weekly review of falls, use of falls tracker and monthly audits</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 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews

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