



Unannounced Care Inspection Report 8 November 2018



Abingdon Manor Care Centre

Type of Service: Nursing (NH)

Address: 949 Crumlin Road, Belfast, BT14 8FG.

Tel No: 02890717878

Inspectors: James Laverty and Jane Laird

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 60 persons.

3.0 Service details

Organisation/Registered Provider: Abingdon Manor Care Centre Ltd Responsible Individual: Colin Nimmon	Registered Manager: Julie McGlinchey
Person in charge at the time of inspection: Julie McGlinchey	Date manager registered: 23 June 2017
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. LD – Learning disability. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of registered places: 60 consisting of NH-PH, NH-PH(E), NH-LD, NH-LD(E), NH-DE, NH-I, NH-TI 20 patients in category NH-I, NH-PH, NH-PH(E), NH-TI to be accommodated in the Antrim & Down Suites. 10 patients in category NH-PH, NH-PH(E) to be accommodated in the Londonderry Suite. 19 patients in category NH-LD, NH-LD(E) to be accommodated in the Tyrone & Fermanagh Suites. 10 patients in category NH-DE to be accommodated in the Armagh Suite. 1 additional named patient in category NH-PH to be temporarily accommodated.

4.0 Inspection summary

An unannounced inspection took place on 8 November 2018 from 09.40 to 18.15 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 Care Standards for Nursing Homes 2015.

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

Evidence of good practice was found in relation to staff training, the notification of incidents, and staff communication with other professionals. Further evidence of good practice was also found in regards to staff communication with patients, the ethos of the home which focuses on the provision of compassionate care, monthly monitoring visits and staff meetings.

Four areas for improvement under regulation were identified in relation to infection, prevention and control (IPC) practices; Control of Substances Hazardous to Health (COSHH) compliance; the management of wound care and the management of nutritional care.

Three areas for improvement under the standards were also identified in relation to care planning and induction records for agency staff.

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

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Julie McGlinchey, registered manager, and Angela Dorrian, area 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 9 & 10 May 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 9 & 10 May 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

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

During the inspection the inspector met with 10 patients, three patients' relatives/representatives, 10 staff and one visiting professional. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA directly.

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

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

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2017/18
- accident and incident records
- four patients' care records
- three patients' supplementary dietary intake records
- a selection of governance audits
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- personal emergency evacuation records
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 9 & 10 May 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 9 & 10 May 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 12 (1) (a)(b), 16 (2) (b) Stated: Second time	The registered persons shall ensure the following in relation to patients receiving wound care: <ul style="list-style-type: none"> that all patient care plans accurately reflect the prescribed care and treatment which should be delivered in compliance with recommendations made by the multiprofessional care team, that wound care records which are no longer current should either be archived securely or should clearly indicate that they have been superseded by ongoing multiprofessional recommendations/updated care plans, as appropriate. 	Met
	Action taken as confirmed during the inspection: Review of the care records for one patient requiring ongoing wound care confirmed that a care plan was in place which accurately reflected the prescribed care and treatment which was deemed necessary by nursing staff. Care records relating to wound care for the patient were current and related to ongoing wound care delivery. However, other deficits in regards to the provision of wound care were noted and are discussed further in section 6.5.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 40 Stated: First time	The registered person shall ensure that a robust governance process is in place which ensures/demonstrates that all staff undergo annual appraisal/bi-annual supervision meetings in order to promote the delivery of quality care and services.	Met

	<p>Action taken as confirmed during the inspection: Discussion with the registered manager/staff and review of governance records confirmed that a robust governance process is in place which helps ensure that all staff undergo annual appraisal/bi-annual supervision meetings in order to promote the delivery of quality care and services.</p>	
<p>Area for improvement 2 Ref: Standard 37 Stated: First time</p>	<p>The registered person shall ensure that patient confidentiality is maintained, specifically in relation to patients' care records being managed in accordance with legislative requirements and best practice guidance.</p>	Met
	<p>Action taken as confirmed during the inspection: Observation of the environment provided assurance that patients' records were being managed in accordance with legislative requirements and best practice guidance. The confidential storage of fire records relating to patients is referenced further in section 6.4.</p>	
<p>Area for improvement 3 Ref: Standard 37 Stated: First time</p>	<p>The registered person shall ensure that a robust auditing process is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients, specifically in relation to wound care. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice.</p>	Met
	<p>Action taken as confirmed during the inspection: The registered manager stated that a wound care audit is completed on a monthly basis. However, review of governance records highlighted that the most recent audit was not available during the inspection. The registered manager submitted this audit to RQIA following the inspection and it was noted to have been completed in a satisfactory manner.</p>	

6.3 Inspection findings

6.4 Is care safe?

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

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

Discussion with the registered manager and review of governance records evidenced that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through a process of both supervision and appraisal. Feedback from staff included the following comments:

“I love it here ... it's well run.”

“The staff know the patients inside out.”

“I love working here.”

Discussion with the registered manager indicated that training was planned to ensure that mandatory training requirements were met. Additional face to face training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Staff awareness in regards to adult safeguarding is discussed in the paragraph below.

Discussion with the registered manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager also confirmed that an ‘adult safeguarding champion’ (ASC) was identified for the home. The registered manager advised that the ASC position report would be compiled within expected timescales. While the registered manager provided assurances that mandatory adult safeguarding training for staff was ongoing, a safeguarding incident which occurred during the inspection was observed by the inspectors who immediately reported the matter to the registered manager. Following discussion with staff, the registered manager agreed that a safeguarding incident had occurred and instructed nursing staff to immediately report the incident to the relevant Health and Social Care Trust adult safeguarding team, at the inspectors’ request. The need to ensure that staff report all potential safeguarding incidents in a timely manner was stressed.

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

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

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms, were personalised with photographs, pictures and personal items. Review of the environment did highlight several patients' bedrooms and other communal areas which required some refurbishment to improve the décor for patients. This was discussed with the registered manager who stated that a refurbishment plan was in place and that additional interior artwork was going to be carried out throughout coming months. The registered manager agreed to submit to RQIA following the inspection, a time bound refurbishment action plan which outlined identified goals for ongoing improvement to the environment of the home. This action plan was subsequently received by RQIA and its progress will be reviewed during a future care inspection. It was also noted that wardrobes within two patients' bedrooms were ineffectively secured to the wall. Also, a number of large picture frames were found to be resting against a communal lounge wall in an insecure manner. These shortfalls were highlighted to the registered manager who immediately instructed maintenance staff to address these issues. While no patients expressed any concerns in relation to being attended to by staff in a timely manner, three nurse call points in patient areas were observed to be in poor repair. The registered manager agreed to ensure that these identified call points were satisfactorily repaired as soon as possible.

Fire exits and corridors were observed to be clear of clutter and obstruction. While observation of staff on the day of inspection evidenced that they adhered to safe fire practices, it was noted that there were several large wheelchairs stored adjacent to one designated fire exit. This was highlighted to the registered manager who agreed to remove them to a more appropriate area immediately. A visitors' book is maintained within the home at two separate entrances/exits. It was noted that one of these books lacked detail to provide sufficient information in regards to when visitors had left the building via that entrance/exit. It was further observed that while each unit contained relevant and detailed information concerning the mobility needs of patients in the event of a fire evacuation, this information was not stored in an appropriately secure manner so as to ensure patient confidentiality. These shortfalls were highlighted to the registered manager who agreed to revise the required content of the identified visitors' book and also ensure that the identified fire evacuation information relating to patients, is stored appropriately at all times.

Deficits with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted, namely: two ineffectively cleaned shower chairs, two communal bathrooms which were inappropriately cluttered, the presence of unlaminated signage and the inappropriate storage and/or cleaning of commode basins/stainless steel basins. These deficits consequently impacted the ability of staff to deliver care in compliance with IPC best practice standards and guidance. An area for improvement under the regulations was therefore made. The presence of a rusted pedal bin and nursing trolley were also highlighted to the registered manager. However, the registered manager confirmed that several new pedal bins had been ordered and were already within the building for distribution to each unit as required. The registered manager also agreed to review the use of the identified nursing trolley.

During a review of the environment it was noted that there were four areas in which patients could potentially have had access to harmful chemicals. This was discussed with the registered manager and it was stressed that the internal environment of the home must be managed to ensure that Control of Substances Harmful to Health (COSHH) regulations are adhered to at all times. The identified substances were secured by the registered manager before the conclusion of the inspection and an area for improvement under regulation was made.

Areas of good practice

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

Areas for improvement

Two areas for improvement under regulation were identified in regards to COSHH compliance and infection, prevention and control practices.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care effective?

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

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

Staff who were spoken with stated that if they had any concerns, they could raise these with their line manager and/or the registered manager. Staff spoke positively about working within the home. One staff member commented: "(I've) no concerns contacting the nurse." Another staff member also stated: "...handover is helpful."

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. One visiting professional who was spoken with during the inspection stated: "Staff follow instructions well ... communicate well with me ..."

There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found. Care records also evidenced that a range of validated risk assessments were used and informed the care planning process. Discussion with the registered manager/staff highlighted that the home largely uses an electronic system to record the delivery of care to patients although some paper records are still used by staff in conjunction with these computer records. One staff member stated: "I feel confident with the computer system." However, inconsistencies were found in regards to staff completion of electronic records, particularly in

regards to the provision of wound care, which is considered further below. This was discussed with the registered manager who agreed during the inspection that all nursing staff should be provided with additional training in relation to the recording of all aspects of wound care using the home's computer system. Following the inspection, the registered manager confirmed that this training would be provided on 15 November 2018.

The provision of wound care to patients was reviewed. Review of the care records for one patient requiring ongoing wound care confirmed that a care plan was in place which accurately reflected the prescribed care and treatment which was deemed necessary by nursing staff. Care records relating to wound care for the patient were also current and related to ongoing wound care delivery. However, it was noted that only one care plan was used to refer to two separate areas requiring wound care. Care records evidencing review of this care plan highlighted that nursing staff had not reviewed the care plan in a consistently meaningful manner or had clearly referenced both wounds during monthly evaluations. In addition, review of supplementary wound care records evidenced an inconsistent approach by nursing staff in regards to their adherence to the patient's prescribed wound care regimen. Also, the care records lacked a care plan/risk assessment to address the management of the patients' pain. Observation of/discussion with nursing staff did provide assurance that the patient's wound pain was being appropriately responded to during the inspection through the use of prescribed analgesia. These shortfalls were highlighted to the registered manager and an area for improvement under regulation was made.

The management of patients' nutritional care was also reviewed. While the care records for one patient who had experienced significant weight loss did evidence that nursing staff had made an appropriate referral to the dietician, there was no timely review of the progress of this referral by nursing staff after a period of one month. Although nursing staff had also contacted the patient's G.P., and recorded the contact within multiprofessional communication records, this information was not referenced within the daily nursing record to ensure effective communication between nursing staff. In addition, supplementary dietary intake records for three patients were reviewed. One such record had been completed in a comprehensive and detailed manner by staff. However, dietary intake records for the remaining two patients had not been completed in a contemporaneous manner by staff and did not provide assurance that the nutritional needs of either patient were being effectively met or reviewed for the period highlighted. An area for improvement under regulation was identified.

Care records for three patients highlighted the lack of a care plan to manage the provision of oral care or the risk of choking. While discussion with staff did not highlight any concerns in regards to either the oral health of these patients or the occurrence of any choking episodes, the need to ensure that appropriate care plans are in place was emphasised. An area for improvement under the standards was made.

Discussion with staff and review of care records identified two patients who may, on occasion, require assistance to rise from bed later than is customary for other patients within the same unit. A review of care records highlighted that there was no care plan in place for either patient to address this preference or guide staff as to how they should manage the nutritional needs of such patients whenever they are asleep during the serving of breakfast. An area for improvement under the standards was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff communication with other professionals and staff handovers.

Areas for improvement

Two areas for improvement under regulation were made in regards to the wound care and the nutritional management of patients.

Two areas for improvement under the standards were made in regards to oral care/choking and the management of patients' sleeping preferences.

	Regulations	Standards
Total number of areas for improvement	2	2

6.6 Is care compassionate?

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

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

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

- "I like it here. Staff are good and food is nice."
- "The girls are great. I feel really safe here."
- "This is a great place. I couldn't ask for better."
- "Like it here. Staff are good."
- "It's alright. Staff are ok."

Feedback received from patients' relatives/representatives during the inspection included the following comments:

- "Best home in Belfast."
- "Staff are great. They really do care."

In addition to speaking with patients, patients' relatives and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients' relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report, six questionnaires have been returned within the specified timescales. Two of the returned questionnaires were from patients who generally expressed a high level of satisfaction with care delivery. Three completed questionnaires were received from patients' relatives/representatives and all respondents indicated a moderate to high level of satisfaction with all aspects of care delivery. One relative commented: "Day to day care staff are great." One completed questionnaire did not indicate who the respondent was but also confirmed a high level of satisfaction with the provision of care.

All questionnaire comments received before/after specified timescales will be shared with the registered manager, as necessary.

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

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

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff communication with patients and the ethos of the home which focuses on the provision of compassionate care.

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

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

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

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

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

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

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

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to: medicines management, care records and the use of restrictive practices. Review of the monthly weight loss audit did highlight that it was partially inaccurate. This was highlighted to the registered manager and the need to ensure that the audit is completed in a robust and consistent manner was stressed. This shortfall forms part of the area for improvement relating to nutritional management as referenced in section 6.5 of this report. It was also noted that there is no regular auditing of patients' supplementary care records, specifically dietary intake records. This was discussed with the registered manager and it was agreed that the existing care records audit should be expanded to include the completion of supplementary dietary intake records so as to drive further improvement within the home. This will be reviewed during a future care inspection.

Discussion with the registered manager and review of the staff roster did confirm that agency staff are employed within the home on occasion. Review of governance records relating to the induction of agency staff within the home highlighted that these were not maintained in an effective manner. An area for improvement under the standards was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monthly monitoring visits and staff meetings.

Areas for improvement

One area for improvement under the standards was identified in relation to governance records for the induction of agency staff.

	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 Julie McGlinchey, registered manager, and Angela Dorrian, area 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	
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect	<p>The registered persons shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The issues identified during the inspection were addressed on the day. The manager will ensure that she will monitor infection control within the units on her daily walk around . The manager will include infection control checks in her weekly managers audit.</p>
Area for improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: With immediate effect	<p>The registered persons must ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All staff have been informed that they must ensure that cupboards are locked at all times within the units . Manager will monitor this on daily visits to the units.</p>
Area for improvement 3 Ref: Regulation 12 (1) (a)(b) Stated: First time To be completed by: With immediate effect	<p>The registered persons shall ensure the following in relation to patients receiving wound care:</p> <ul style="list-style-type: none"> • that care plans clearly reference distinct wounds, as appropriate, and that review of such care plans are carried out in a meaningful manner by nursing staff • that nursing staff will carry out wound care to patients in compliance with the existing wound care plan and/or in compliance with multiprofessional recommendations • that patients' pain will be appropriately risk assessed and care planned, as appropriate, as part of overall wound care management <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Nursing staff all received additional computer training regarding wound care recording on the 15th November. Manager will audit wound care careplans on a monthly basis.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13(1) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons shall ensure the following in relation to the provision of nutritional care to patients:</p> <ul style="list-style-type: none"> • that nursing staff will regularly monitor and review the nutritional care of patients in a meaningful manner, specifically, the progress of multiprofessional referrals • that nursing staff will clearly reference multiprofessional collaboration within care records in a manner which promotes effective communication between staff • that supplementary dietary intake records are completed and reviewed in an effective and robust manner at all times • that regular and effective auditing is conducted which focuses on the management of those patients within the home who experience significant/persistent weight loss <p>Ref: 6.5 & 6.7</p> <p>Response by registered person detailing the actions taken: Nursing staff will regularly monitor and review the nutritional care of the clients and ensure multiprofessional referrals are made when required and documented appropriately. Nurses will review clients dietary records on a daily basis. Manager will continue to audit weight loss on a monthly basis.</p>
<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>	
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons shall ensure that a comprehensive and person centred care plan is in place, as appropriate, for all patients requiring assistance with oral care or for those who are at an assessed risk of choking.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Person centred care plans are in place for all clients who require assistance with oral care and those who are at risk of choking.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons shall ensure that a comprehensive and person centred care plan is in place, as appropriate, for all patients who are assessed as requiring/preferring to be assisted from bed at a time which falls outside typical mealtimes. This relates specifically to those patients who may, on occasion, prefer/require to sleep during the scheduled provision of breakfast.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The care plans for clients have been updated to reflect their assessed needs.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons shall ensure that a robust governance process is in place which ensures/demonstrates that all agency staff employed within the home undergo a thorough induction prior to commencing work within the home or at such times as is deemed necessary.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: All agency staff receive a thorough induction before commencing work within the home . Manager will audit this file on her weekly audit to ensure all paperwork is filed appropriately.</p>
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Please ensure this document is completed in full and returned via Web Portal



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