

Unannounced Care Inspection Report 27 & 28 November 2017



Abingdon Manor Care Centre

Type of Service: Nursing (NH)

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

Tel No: 02890717878

Inspector: James Lavery

Lay assessor: Frances McCluskey

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 27 November 2017 from 09.30 to 16.10 hours and 28 November 2017 from 09.30 to 16.00 hours. Mrs Frances McCluskey, lay assessor accompanied the inspector on the second day of the inspection.

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 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 holistic culture and ethos of care delivery; communication between staff and patients; fire safety practices and governance processes relating to the selection and recruitment of staff.

Areas for improvement under regulation were identified in relation to adherence to the Control of Substances Hazardous to Health (COSHH) regulations; infection, prevention and control (IPC) practices; record keeping; the delivery of care and monitoring the professional registration of staff. Areas for improvement under standards were identified in regards to governance processes relating to quality assurance and service delivery.

The majority of patients said that they were well cared for and expressed confidence in the ability and willingness of staff to meet their care needs. A potential safeguarding matter which was reported during the inspection is discussed in section 6.4. Otherwise, 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	*5	2

*The total number of areas for improvement includes two regulations which have been stated for a second time.

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 4 August 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 4 August 2017. There were no areas for improvement arising from this inspection. 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 returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit
- the previous medicines management inspection report

During the inspection the inspector and lay assessor met with 14 patients, nine staff and five patients' relatives. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. 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 displayed.

The following records were examined during the inspection:

- duty rota for all staff from 13 to 26 November 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2016/17
- incident and accident records
- one staff recruitment and induction file
- induction and orientation records for agency registered nurses and care staff
- minutes of staff and patient/relatives meetings
- four patient care records
- the matrix for staff supervision and appraisal
- a selection of governance audits relating to accidents; bedrails; wounds; care records
- complaints records
- adult safeguarding records and notifiable incidents to RQIA
- RQIA registration certificate
- certificate of public liability
- a sample of personal emergency evacuation plans (PEEPS)
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

The findings of the inspection were provided to the registered manager and area 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 4 August 2017

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

6.2 Review of areas for improvement from the last care inspection dated 24 & 25 April 2017

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 27 (4) (b) Stated: First time	The registered persons must ensure that all fire doors which are identified as needing to be locked are kept locked at all times.	Met
	Action taken as confirmed during the inspection: A review of the environment and observation of staff evidenced that fire safety practices were adhered to in compliance with current fire safety risk assessments and best practice guidance.	
Area for improvement 2 Ref: Regulation 14 (2) (a)(c) Stated: First time	The registered persons must ensure that chemicals are stored in keeping with COSHH regulations.	Not met
	Action taken as confirmed during the inspection: A review of the environment identified three areas in which COSHH regulations were not adhered to. This is discussed further in section 6.4. This area for improvement has not been met and has been stated for a second time.	
Area for improvement 3 Ref: Regulation 21 (1) (b) Stated: First time	The registered persons must ensure that there is a robust process in place to ensure that the ongoing registration status of nursing staff with the NMC is regularly and effectively audited.	Not met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of governance records evidenced that the process for monitoring the professional status of staff was not sufficiently robust or effective. This is discussed further in section 6.4. This area for improvement has not been met and has been stated for a second time.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref Ref: Standard 11.5 Stated: Second time	It is recommended that the provision of activities when the activity leader is off duty is reviewed to ensure that activities are provided and recognised by all staff as an integral part of the care process.	Met
	Action taken as confirmed during the inspection: Discussion with staff and a review of care records evidenced that there was an agreed process for the provision of activities and social stimulation for patients when activity therapists were not on duty. Discussion with staff further evidenced that this was embedded into practice.	
Area for improvement 1 Ref: Standard 11.5 Stated: Second time	The registered persons should ensure that a written record is maintained of inductions given to all staff following the commencement of employment.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and a review of governance records evidenced that a written record was maintained of inductions given to all staff following the commencement of employment.	

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 regular review to ensure that the assessed needs of patients were met. Discussion with the registered manager also confirmed that contingency measures were in place to manage short notice sick leave when necessary. A review of the staffing rotas from 13 to 26 November 2017 evidenced that there was one occasion when planned staffing levels were not adhered to. This was discussed with the registered manager who stated that this occurred due to short notice sick leave and that contingency measures were put in place to ensure that the delivery of care to patients was not impacted negatively. Discussion with patients and staff confirmed that they had no concerns regarding staffing levels.

Discussion with the registered manager confirmed 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.

Review of the training records indicated that training was planned to ensure that mandatory training requirements were met. Additional training was also provided, as required, to ensure staff were enabled to meet the assessed needs of the patients. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager further confirmed that an 'adult safeguarding champion' was identified for the home. Discussion with one patient did highlight that a potential safeguarding incident had occurred. This was brought to the attention of the registered manager and Angela Dorrian, area manager, and a referral to the relevant adult safeguarding team was made before the inspection concluded.

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.

Records confirmed that the registered manager had reviewed the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC) on a monthly basis. However, discussion with the registered manager and review of governance records evidenced that this process was not sufficiently robust and had resulted in the rostering of a staff member whose professional registration had lapsed. While the registered manager had satisfactorily addressed this matter prior to the inspection, the need to ensure that the professional status of all staff was closely monitored was emphasised. An area for improvement made at the previous care inspection under regulation was stated for a second time.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of staff evidenced that fire safety training had been embedded into practice.

Patients' bedrooms, dining rooms and the majority of lounges were found to be warm and comfortable. All patients' bedrooms were personalised with photographs, pictures and personal items. On the first day of the inspection, the designated smoking lounge was being used inappropriately for storage. This was brought to the attention of the registered manager who stated that the smoking lounge was not currently in use but did ensure that the lounge was appropriately cleared before the conclusion of the inspection. The need to ensure that all communal rooms are domestic in character and suitably maintained to ensure they meet the needs of patients was stressed.

It was further noted that two storage areas for incontinence products and two storage areas for activities equipment were untidy and cluttered. Following the inspection the registered manager confirmed that all of these areas had been appropriately cleared.

Deficits observed in relation to infection, prevention and control included the following: three pressure mat covers were observed to be ripped and in disrepair; signage used to orientate

patients and visitors in two areas was found to be unlaminated and in poor condition and a cabinet within the activities room was in disrepair. These deficits consequently impacted the ability of staff to deliver care in compliance with infection prevention and control best practice standards and guidance. This was discussed with the registered manager and an area for improvement under regulation was made. Water damage observed on the ceiling of one communal toilet was also discussed with the registered manager. Following the inspection the registered manager confirmed that remedial work to address this was scheduled. This will be reviewed during future inspections.

During a review of the environment, three areas were identified within the home where patients could potentially have had access to several harmful chemicals. This was discussed with the registered manager and an area for improvement under regulation was stated for a second time to ensure Control of Substances Harmful to Health (COSHH) regulations were adhered to. The substances were safely stored before the conclusion of the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to culture and ethos of the home which promoted person-centred and compassionate care; governance processes relating to staff training and mentoring.

Areas for improvement

An area for improvement under regulation was identified in relation to compliance with infection prevention and control practices.

Areas for improvement under regulation in relation to COSHH and monitoring the professional registration status of staff were stated for a second time.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients’ conditions and they were encouraged to contribute to the handover meeting.

Staff who were spoken with stated that there was effective teamwork within the home with each staff member knowing their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager.

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, tissue viability nurses (TVN) dieticians and

speech and language therapists (SALT). Regular communication with other health care representatives within the daily care records was also observed.

Review of food and fluid intake records evidenced that these were maintained in accordance with best practice guidance, care standards and legislative requirements.

Weaknesses were identified in relation to one patient’s wound care records. A review of the care records evidenced that the relevant wound care plan did not reflect recent intervention from the attending TVN. Furthermore, while the care records did evidence that nursing staff were generally adhering to the patient’s wound regimen, it lacked sufficient detail in keeping with best practice guidelines. In addition, a wound care chart within the care records was also inaccurate and out of date. These shortfalls were discussed with the registered manager and an area for improvement under regulation was made.

Further deficits were also highlighted in relation to the management of patients requiring enteral feeding. A review of the care record for one patient who required enteral feeding highlighted that enteral feeding care plans were either inaccurate, conflicting and/or out of date. In addition, observation of the patient evidenced that nursing staff were not positioning the patient in compliance with multiprofessional guidance from the attending dietician and in keeping with best practice standards. It was also observed that the patient’s weight was not being checked by staff in compliance with multiprofessional recommendations. These weaknesses were discussed with the registered manager and an area for improvement under regulation was made.

Three patients were observed to be receiving oxygen therapy during the inspection although no precautionary signage was in place. This was discussed with the registered manager who ensured that appropriate oxygen therapy signage was erected before the conclusion of the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to teamwork within the home and communication between staff and patients.

Areas for improvement

Two areas for improvement under regulation were identified in relation to the delivery of care.

	Regulations	Standards
Total number of areas for improvement	2	0

6.6 Is care compassionate?

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

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. The majority of patients were very 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 communication with patients often required a highly knowledgeable and focused approach due to patients' varying care needs. Observation of staff interaction with patients evidenced the provision of such care and this is commended.

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

"The staff are lovely ... there's a nice atmosphere."

"I love it here."

"The staff are brilliant."

"It's A1."

Furthermore, feedback received from patients' relatives/representative during the inspection included the following comments:

"The care is very good."

"The food's been hit and miss over the last six months ... variation was poor."

"Not enough care staff but staff here are excellent."

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

At the time of writing this report, nine completed patient questionnaires have been received with all respondents stating that they are very satisfied with the care they receive. One respondent did express dissatisfaction with the quality of the meals provided. Three patient's relatives' questionnaires have also been received with each expressing satisfaction with the delivery of care. Questionnaire feedback received during the inspection was shared with the registered manager and area manager at the conclusion of the inspection. The registered manager stated that catering support had recently been arranged by the area manager and that patient/relative satisfaction regarding the quality of catering within the home would be discussed at the next relatives' meeting. The registered manager also confirmed that a review of existing menus within the home is planned. This will be reviewed during future inspections. Engagement with patients and relatives is discussed further in section 6.7. All questionnaire comments received after specified timescales will be shared with the registered manager as necessary.

Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans.

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

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

Observation of the lunch time meal evidenced that the dining areas being used appeared to be clean, tidy and appropriately spacious for patients and staff. It was also noted that staff assisted patients in areas which reflected a person centred and compassionate approach. This practice was commended. Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. All patients appeared content and relaxed during the provision of the lunch time meal.

It was also identified by the area manager that a member of the nursing team had contributed to a recent Public Health Agency publication for patients suffering from dementia and their carers. Supporting the professional development of staff in such a manner was commended.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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. Staff were able to describe their roles and responsibilities. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

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.

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

The registered manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis or as required.

Discussion with the registered manager and review of the home's complaints records evidenced that these had been responded to in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately.

Discussion with the registered manager further evidenced that there was a process in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to appropriate staff in a timely manner.

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.

Staff recruitment information was available for inspection and records for one staff member evidenced that enhanced AccessNI checks were sought, received and reviewed prior to them commencing work in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing care and other services provided. For example, audits were completed by the registered manager in accordance with best practice guidance in relation to infection prevention and control; weight loss; housekeeping and fire safety. However, weaknesses were highlighted with regards to some aspects of the auditing process in relation to care records. Although governance records did evidence that a sample of patients' care records had been audited, the audit process did not provide clear timescales in which staff were expected to address highlighted deficits. Consequently, this negatively impacted the ability of the registered manager to ensure that care records were maintained in compliance with best practice standards. An area for improvement under the standards was made.

Discussion with the registered manager and area manager also highlighted that the process for facilitating and encouraging patient and patients' relatives/representatives' feedback in regards to service provision was limited. The registered manager stated that such feedback was generally received verbally and in an ad hoc manner. The need to establish and embed into practice a process which facilitates patient and patients' relatives/representatives engagement was emphasised. An area for improvement under the standards was made.

Areas of good practice

There were examples of good practice found throughout the inspection in regards to the management and support of staff.

Areas for improvement

Two areas for improvement under the standards were identified in regards to governance processes relating to quality assurance and the delivery of care.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with 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

<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a)(c)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons must ensure that chemicals are stored in keeping with COSHH regulations.</p> <p>Ref: Section 6.2 and 6.4</p> <p>Response by registered person detailing the actions taken: On the day of the inspection, all chemicals were stored in keeping with COSHH regulations with the exception of three areas. Supervisions have been completed with staff to ensure chemicals are stored in keeping with COSHH regulations. Storage of chemicals will be audited in the manager's weekly report.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 21 (1) (b)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons must ensure that there is a robust process in place to ensure that the ongoing registration status of nursing staff with the NMC is regularly and effectively audited.</p> <p>Ref: Section 6.2 and 6.4</p> <p>Response by registered person detailing the actions taken: NMC register is audited monthly and staff that are due for renewal the following month will receive a written memo and a copy will be filed in the register. The manager will monitor this closely and record in the diary to check the registration status of each nurse on the day prior to their renewal date to ensure they have successfully renewed.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 4 January 2018</p>	<p>The registered persons must ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: The identified areas were thoroughly addressed on the day of the inspection. There was also a house-keeping meeting held. Manager will ensure that there is a more rigorous auditing of cleaning schedules.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 12 (1) (a)(b), 16 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 19 December 2017</p>	<p>The registered persons must ensure the following in relation to patients receiving wound care:</p> <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 <p>Ref: Section 6.5</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 12, (1) (a) (b) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons must ensure the following in relation to patients receiving enteral care:</p> <ul style="list-style-type: none"> • that such patients are positioned correctly in adherence with multidisciplinary advice and best practice guidance, • that enteral feeding care plans accurately reflect the prescribed care and treatment which should be delivered in compliance with recommendations made by the multiprofessional care team, • that such patients are weighed in compliance with recommendations made by the multiprofessional care team. <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: The relevant care plan was addressed on the day of the inspection and staff nurses were spoken to in regard to the deficits in the care plans and the importance of following recommendations as prescribed by the multiprofessional team. Supervision were carried out with all staff to ensure the correct positioning of patients receiving enteral care to ensure adherence to the advice given by the multidisciplinary team and best practice guidance.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
<p>Area for improvement 1</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 4 January 2018</p>	<p>The registered persons shall ensure that a more robust system of auditing is implemented to ensure the home delivers services effectively in accordance with legislative requirements, minimum standards and current best practice. Specifically, auditing of care records.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: Manager will complete an audit of random care plans ensuring that a timescale is evidenced in the action plan for completion of identified areas for improvement. The care plans are scheduled to be computerised in the new year.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 7</p> <p>Stated: First time</p> <p>To be completed by: 4 January 2018</p>	<p>The registered persons shall ensure that a more robust system is in place which promotes and supports relationship centred care by facilitating patient and relative/representative engagement on a regular basis.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: The home normally has relatives feed-back forms available however on the day of the inspection there were none displayed. Relative feed-back forms are now available in the foyer of the home and in each of the units. A patient / relative meeting will be scheduled for the beginning of the new year.</p>

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



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