

Unannounced Care Inspection Report 27 October 2017



Ballymaconnell

Type of Service: Nursing Home
Address: 48 Ballymaconnell Road, Bangor, BT20 5PS
Tel no: 028 9127 1819
Inspectors: Heather Sleator and Michael Lavelle

www.rgia.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 26 persons.

3.0 Service details

Organisation/Registered Provider: Chester Homes Ltd Responsible Individual: Mr Colin Nimmon	Registered Manager: Mrs Elizabeth Doak
Person in charge at the time of inspection: Diana Prisecaru – Registered Nurse	Date manager registered: 19 August 2013
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. 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: 26

4.0 Inspection summary

An unannounced inspection took place on 27 October 2017 from 09:30 to 17:30.

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 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 staff recruitment practices; staff induction, adult safeguarding arrangements, the provision of activities and effective communication systems. The culture and ethos of the home promoted treating patients with dignity and respect. There was also evidence of good practice in maintaining good relationships within the home. The environment of the home was conducive to the needs of the patients and was attractive and comfortable.

Areas identified for improvement under regulation were in relation to adherence to the infection prevention and control regional guidance and procedures; ensuring the delivery of care promotes and makes proper provision for the nursing, health and welfare of patients and implementing an effective quality monitoring and governance systems

Areas requiring improvement were identified under the care standards and included; patient information maintained in an accurate manner and centrally located and stored, supplementary care records including repositioning records are maintained accurately and the establishment of a system that ensures the patients' personal emergency evacuation plans (PEEP's) retained in the home are current at all times.

One standard was not met and has been subsumed into a regulation; refer to section 6.2 for further information regarding this.

Patients said they were happy living in the home. Comments included, "Staff are very good to me." Further comments can be viewed in section 6.6 of the report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	3

Details of the Quality Improvement Plan (QIP) were discussed with Diana Prisecaru, Nurse in Charge, and Angela Dorrian, Area Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did result from the findings of this inspection.

As a result of the inspection, RQIA were concerned that the quality of care and service within Ballymacconnell was below the minimum standard expected regarding the nursing, health and welfare of patients, infection prevention and control procedures and governance arrangements. The findings were reported to senior management in RQIA, following which a decision was taken to hold a serious concerns meeting. The inspection findings were communicated in correspondence to Colin Nimmon, Responsible Individual, Chester Homes Ltd and a meeting took place at RQIA on 2 November 2017. At this meeting an action plan was submitted by the responsible individual and the area manager as to how and when the concerns raised at the inspection would be addressed by management. Appropriate assurances were provided to RQIA as to how the concerns would be addressed and a follow up inspection will be planned to validate compliance.

Further inspection is planned to validate compliance and drive improvements.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

4.2 Action/enforcement taken following the most recent inspection dated 9 August 2017

The most recent inspection of the home was an unannounced medicines management inspection. No further actions were required to be taken following the most recent inspection on 9 August 2017.

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
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 10 patients, six staff and two patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster informing staff of how to submit their comments electronically, if so wished, was given to the manager to display in the staff room.

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 16 to 29 October 2017
- 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
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met and 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 the most recent inspection dated 9 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 8 December 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 46.2 Stated: First time	The registered provider should ensure that all equipment is reviewed to ensure the condition of the equipment is in accordance with infection prevention and control guidance. Sluice rooms should remain locked and/or inaccessible to patients.	Not met
	Action taken as confirmed during the inspection: The findings of the inspection evidenced that infection prevention and control procedures were not in accordance with regional guidance. Refer to section 6.4 for further information. This area for improvement has not been met and has been subsumed into an area for improvement under regulation in the quality improvement plan of this report. Refer to section 7.2	

Area for improvement 2 Ref: Standard 43 Stated: First time	The registered provider should submit an action plan detailing the internal upgrading of the environment to RQIA in the event of the proposed major works to the home not taking place.	Met
	Action taken as confirmed during the inspection: An action plan detailing the internal upgrading of the environment and of the proposed major works to the home was submitted to RQIA.	
Area for improvement 3 Ref: Standard 7 Stated: First time	The registered provider should ensure that the existing information/notice boards in the home should be replaced with a more user friendly style whereby the information is clear and easy to read	Met
	Action taken as confirmed during the inspection: The information displayed/written on notice boards in the home was clear and easy for patients and/or visitors to the home to read.	

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 nurse in charge confirmed the planned daily staffing levels for the home and that staffing was subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 16 October to 29 October 2017 evidenced that the planned staffing levels were adhered to. The review of the staffing rosters evidenced that there were ancillary staff on duty throughout the seven day period. Observation of the delivery of care and discussion with staff evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Two staff members spoken with were satisfied that there were sufficient staff to meet the needs of the patients. However, one staff member stated that they felt that staffing arrangements were not sufficient in the morning time as there were a number of highly dependent patients in the home. This was discussed with the nurse in charge and area manager who agreed to review the needs of the patients and ensure that staffing arrangements were reflective of patients' needs. We also sought staffs' opinion on staffing arrangements via questionnaires; however, none were returned prior to the issue of this report.

Discussion with the nurse in charge and a review of two staff personnel files evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, Schedule 2. Where nurses and carers were employed, their registrations were checked with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC), to ensure that they were suitable for employment. The review of recruitment records evidenced that enhanced criminal records checks were completed with Access NI and satisfactory references had been sought and received, prior to the staff member starting their employment.

The nurse in charge and staff spoken with confirmed that newly appointed staff commenced a structured orientation and induction programme at the beginning of their employment. A review of two completed induction programmes evidenced that these were completed within a meaningful timeframe

The arrangements in place to confirm and monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC were discussed with the registered manager and reviewed. The review of the records evidenced that a robust system was in place to monitor the registration status of nursing and care staff.

Discussion with staff and a review of the staff training records confirmed that an annual training programme in all mandatory areas was in place. A review of staff training records evidenced that staff were required to complete electronic training modules on for example; infection prevention and control, moving and handling, control of substances hazardous to health, fire safety, food safety, health and safety and adult prevention and protection from harm. The review of the staff training records evidenced that a significant number of staff had yet to complete the required training before 31 December 2017. Whilst the records reviewed confirmed that the registered manager had a system in place to review staffs compliance with their mandatory training requirements; a number of staff had yet to complete their training. Governance oversight of mandatory training requirements should be more robust and this has been identified as an area for improvement under regulation. Refer to section 6.7 for further information.

A review of the supervision and appraisal schedule confirmed that there were systems in place to ensure that staff received supervision and appraisal. In discussion with staff they confirmed they were in receipt of regular supervision and an annual staff appraisal.

The nurse in charge and staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the area manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The area manager confirmed she was the safeguarding champion for the organisation and that she had completed the necessary training. The adult safeguarding policy reflected the new regional operational procedures.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Care records are further discussed in section 6.5.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since January 2017 confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated and fresh smelling.

The observation of the environment did not evidence infection prevention and control measures in the home were being adhered to. Concerns were identified in relation to infection prevention and control measures in the home in the following areas; soap and hand towels were not readily available to ensure effective handwashing, there was a lack of alcohol hand gel dispensers throughout the home, there was evidence of ineffective decontamination of equipment in the home including toilet roll holders and the underside of raised toilet seats, there was evidence of inappropriate storage in sluice rooms and bathrooms, and there was ineffective management of the risks of cross infection between patients in respect of the use, laundering and storage of hoist slings. Adherence to infection prevention and control measures, including the areas previously stated at the inspection of 8 December 2016, have been identified as an area of improvement under the regulations.

Personal protective equipment (PPE) such as gloves and aprons were available throughout the home and stored appropriately. The area manager agreed to increase the availability of hand sanitising units throughout the home to promote good hand hygiene practice. This has been identified as an area for improvement, refer to regulation 1, section 7.2 of the report.

Fire exits and corridors were observed to be clear of clutter and obstruction. The review of the personal emergency evacuation plans (PEEP's) for patients in the home did not evidence that the information was current for all patients. This was brought to the attention of the area manager who agreed to review and update the records immediately. However, this has been identified as an area for improvement under the care standards. The registered manager should establish a system to monitor the accuracy of the information on a regular basis. Refer to sections 6.7 and 7.2

The annual fire risk assessment of the home was undertaken on 6 April 2017. Discussion with the area manager and a review of documentation evidenced that the recommendations of the report had been addressed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, supervision and appraisal, adult safeguarding and the home's environment.

Areas for improvement

An area identified for improvement under the regulations was in relation to adherence to infection prevention and control policies and procedures.

The following area was identified for improvement under the care standards in relation to the establishment of a system that ensure the personal emergency evacuation plans retained in the home are current at all times.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

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

However, the review of patient care records did not validate that safe and effective care was being delivered to patients in the home.

Care records examined did not evidence a systematic approach to assessing, planning and evaluating care. Risk assessments and care plans were either not in place or not sufficiently updated in response to the changing needs of patients.

Shortfalls were identified in wound care management. A review of care records for an identified patient identified that the care plan in place was not up to date and the treatment being delivered was not in accordance with NICE clinical guidance for the management and treatment of wounds.

Shortfalls were also identified in the management of catheter care. There was no evidence in the patient's care record that the patient's care was in accordance with clinical and professional standards. For example, the size of catheter to be used was not stated nor was the date when the catheter was last changed evidenced.

There was insufficient evidence within the care records examined to confirm that patient weight loss was being appropriately managed. A review of weight monitoring records for identified patients for August, September and October 2017 did not verify what action, if any, had been taken regarding weight loss. There was limited evidence that appropriate actions had been taken to manage the weight loss and associated care plans were not established.

Registered nurses are required to promote and ensure the proper provision for the nursing, health and welfare of patients. This must be evidenced by accurate care planning and recording processes. Patient care records must reflect both the planned care and actual care delivered. The shortfalls identified on inspection regarding wound care management, catheter care and the management of weight loss must be addressed. This has been identified as an area for improvement under regulation.

The area manager informed that the home had recently implemented computerised care records and staff were still becoming familiar with electronic recording. The area manager informed that the information which was not retained within the care records was being maintained by registered nurses within the communication book. The use of the communication book for retaining information which should be within individuals care records was discussed with the area manager. The need for contemporaneous records, in accordance with NMC guidance on records and record keeping was identified as an area for improvement under the care standards.

A number of care records are audited on a monthly basis as part of the organisations governance procedures. It was concerning that the issues identified on inspection had not previously been identified when audits were being completed. A more robust system for the auditing of patient care records should be established by the registered manager. This was identified as an area for improvement under the regulation. Refer to section 6.7 for further information.

Personal or supplementary care records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements in respect of patients' daily food and fluid intake. This record is now being maintained on a computerised system. The review of repositioning records (not a computerised record) did not evidence the frequency of repositioning or information relating to the monitoring of mattress settings based on the weight of the patient. An incorrect mattress setting was observed for one patient, this placed the patient at risk of pressure damage to their skin. This has been identified as an area for improvement under the care standards.

Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005; the registered manager confirmed that the patient register was checked on a regular basis.

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

Discussion with staff confirmed that nursing and senior care staff were required to attend a handover meeting at the beginning of each shift and discussions at the handover provided the necessary information regarding any changes in patients' condition. Staff also confirmed that communication between all staff grades was effective.

The serving of the midday meal was observed. Tables were attractively set with cutlery and napkins. Those patients who had their lunch in the lounge or their own bedroom were served their meal on a tray which was set with cutlery and condiments and the food was covered prior to leaving the dining room. The meals were nicely presented and smelt appetising. All of the patients spoken with enjoyed their lunch. The day's menu was displayed in the dining room. Registered nurses were observed supervising and assisting patients with their meals and monitoring patients' nutritional intake. One staff member was observed standing when assisting a patient with their meal. This was discussed with the area manager who agreed to purchase stools so as staff could position themselves appropriately when assisting patients with their meals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and relatives and the patients' dining experience.

Areas for improvement

The following area identified for improvement under the regulations was in relation to the delivery of safe and effective care. Care records must be maintained accurately and in an up to date manner.

The following areas were identified for improvement under the care standards was in relation to ensuring accurate information is readily available within patient care records and that repositioning records are maintained in accordance with professional standards.

	Regulations	Standards
Total number of areas for improvement	1	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.

We arrived in the home at 09:30. There was a calm atmosphere and staff were busy attending to the needs of the patients. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

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. Staff were knowledgeable of patients' non-verbal cues and what they were trying to communicate. The positive non-verbal responses by patients confirmed staff's understanding was correct.

There was evidence of a varied activities programme in the home and on the day of the inspection musical entertainment had been organised. Patients were observed to enjoy the entertainment and there was a lively atmosphere in the home.

We spoke with ten patients individually, who commented:

"The staff are very good to me."

"I'm very content here."

"Couldn't complain about a thing."

We spoke with two relatives who stated they were satisfied with the care afforded by staff in the home. One relative commented that there had been some issues initially but these had been responded to promptly by staff when they were brought to the registered manager's attention.

We spoke with staff who commented:

"Good teamwork here."

"Management are very supportive."

"Management from head office are very visible and always friendly when they come to the home. I feel they listen to you."

Questionnaires

In addition ten relative/representatives and ten patient questionnaires were provided by RQIA to the nurse in charge for distribution. At the time of issuing this report two relatives returned their questionnaires within the specified timeframe and indicated that they were very satisfied that the delivery of care was safe, effective and compassionate and that the service was well led.

There were no questionnaires or online comments returned by patients or staff within the specified timescale.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified in this domain 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 nurse in charge and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion, representatives were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registration certificate was displayed in the entrance lobby. A certificate of public liability insurance was current and displayed.

Discussion with the nurse in charge and the area manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. Staff and representatives generally confirmed that they were confident that management would manage any concern raised by them appropriately.

Discussion with the nurse in charge and the area 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 notifications of incidents to RQIA since the last care inspection in December 2016 confirmed that these were managed appropriately.

Discussion with the nurse in charge and the area manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in relation to infection prevention and control, incidents and accidents, care records, staff training compliance, the use of restrictive practice, adult safeguarding referrals, complaints and the environment. Whilst there were audits in place, the issues identified during inspection and discussed in sections 6.4 and 6.5, were not identified in the homes quality auditing processes. The quality auditing systems of the services provided by the home must be robust and identify any shortfall so as prompt remedial action may be taken and validated by the registered manager. This has been identified as an area for improvement under regulation.

Discussion with the nurse in charge and the area manager and review of the records for July to October 2017 evidenced that Regulation 29 monthly quality monitoring visits were completed in accordance with the regulations and/or care standards. The review of the reports evidenced that an action plan had been generated to address any areas for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents and maintaining good working relationships with patients, patients' representatives and staff.

Areas for improvement

The governance arrangements and the quality auditing systems of the services provided by the home should be robust and identify any shortfall so as prompt remedial action may be taken.

Number of requirements	1	Number of recommendations	0
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7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Diana Prisecaru, Nurse in Charge, 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 DHSSPS 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 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 23 December 2017</p>	<p>The registered person shall ensure the infection prevention and control procedures are in accordance with regional guidance and are monitored as part of the homes quality auditing systems.</p> <p>Ref: Sections 6.2 and 6.4</p> <p>Response by registered person detailing the actions taken: Ille contacted to replace all hand towel and soap dispensers, same carried out and new dispensers fitted. Daily checking of the dispensers is now carried out by Housekeepers. Further hand sanitation gel dispensers have also been fitted to facilitate improved infection prevention. Staff are more aware to check toilet facilities after use by mobile clients to ensure cleanliness of same. Clients requiring the use of toileting slings have now identified individual slings to reduce cross infection. Lockable cabinets have been purchased and fitted to identified areas to ensure compliance with COSHH regulations. Sluice doors have also been fitted with keypads.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (a) and (b)</p> <p>Stated: First time</p> <p>To be completed by: 23 December 2017</p>	<p>The registered person shall ensure the proper provision for the nursing, health and welfare of patients. Patient care records must reflect both the planned care and actual care delivered. The shortfalls identified on inspection regarding wound care management, catheter care and the management of weight loss must be addressed.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: All computerised care records have been reviewed and updated to reflect person centred care, wound care and catheter care details have also been reviewed to reflect care delivered. Ballymaconnell has continued to be involved within the Dietetic Pilot scheme and all clients are reviewed monthly by Community Dieticians - care plans have been updated to reflect this.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 10</p> <p>Stated: First time</p> <p>To be completed by: 23 December 2017</p>	<p>The registered person shall ensure that effective quality monitoring and governance systems are implemented.</p> <p>Ref: Sections 6.4, 6.5 and 6.7</p> <p>Response by registered person detailing the actions taken: Audits are in place and carried out, checked by Area Manager to ensure compliance.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
Area for improvement 1 Ref: Standard 48.7 Stated: First time To be completed by: 23 December 2017	<p>The registered person shall ensure the personal emergency evacuation plans (PEEP's) are maintained in an up to date manner and reflect the current needs of patients' at any given time.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Weekly audits of PEEPS have been commenced to ensure PEEPS kept updated.</p>
Area for improvement 2 Ref: Standard 4.10 Stated: First time To be completed by: 23 December 2017	<p>The registered person shall ensure contemporaneous nursing records are maintained in accordance with professional and regulatory guidelines.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: Further computer training for nurses has been provided and is ongoing to promote and develop nurses' skills and knowledge of the Goldcrest computer system and ultimately maintain contemporaneous nursing records.</p>
Area for improvement 3 Ref: Standard 4.8 Stated: First time To be completed by: 23 December 2017	<p>The registered person shall that supplementary care records; for example repositioning records reflect the frequency of repositioning and are determined in accordance with guidance in respect of pressure relieving equipment.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: New repositioning charts have been implemented and now reflect frequency of repositioning and any pressure relieving equipment in use for client.</p>

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



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