



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 17 and 20 December 2019



Beechvale Nursing Home

Type of Service: Nursing Home

Address: 35 Beechvale Road, Killinchy, BT23 6PH

Tel No: 02897541166

Inspectors: Linda Parkes and Gavin Doherty

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 42 patients.

3.0 Service details

Organisation/Registered Provider: Beechvale Nursing Home Ltd Responsible Individual: Richard Porter	Registered Manager and date registered: Kathie-Anne Stevenson 10 October 2017
Person in charge at the time of inspection: Kathie-Anne Stevenson	Number of registered places: 42
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 patients accommodated in the nursing home on the day of this inspection: 36

4.0 Inspection summary

An unannounced inspection took place on 17 December 2019 from 09.30 hours to 19.05 hours by the care inspector and 20 December 2019 from 13.00 to 14.00 hours by the premises inspector.

The inspection assessed progress with areas for improvement identified in the home 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 throughout the inspection in relation to staffing, staff training, adult safeguarding, risk management and communication between patients, staff and other professionals. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity of patients and valuing patients and their representatives and maintaining good working relationships.

Areas requiring improvement were identified in relation to staff recruitment, the health and welfare of patients, infection prevention and control best practice (IPC) in relation to signage, the contemporaneous recording of patient repositioning charts and patient information displayed in the dining room.

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

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

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	*13

*The total number of areas for improvement includes one which has been stated for a second time and nine which have been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Kathie-Anne Stevenson, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 24 October 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 24 October 2018. No areas for improvement were identified.

5.0 How we inspect

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

During our inspection we:

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

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

A lay assessor was present during this inspection and their comments are included within this report. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections.

The following records were examined during the inspection:

- duty rota for all staff from 9 to 22 December 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- two patient reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports from 31 October to 29 November 2019
- RQIA registration certificate

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

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

6.0 The inspection

6.1 Review of areas for improvement from previous inspections

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 43 Stated: First time	The registered person shall make good the paintwork in the identified bedrooms and shower room.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and observation of the paintwork in the identified bedrooms and shower room, evidenced that this area for improvement has been met.	

Area for improvement 1 Ref: Standard 46.2 Stated: First time	The registered person shall fit washable covers to all pull cords.	Not met
	Action taken as confirmed during the inspection: Discussion with the registered manager and observation of a selection of pull cords throughout the home, evidenced that not all were fitted with washable covers. This area for improvement has not been met and has been stated for a second time.	
Area for improvement 1 Ref: Standard 46.2 Stated: First time	The registered person shall develop a robust system to ensure all wheelchairs are adequately cleaned.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager, review of the wheelchair cleaning schedule for the week beginning 16 December 2019 and observation of a selection of wheelchairs throughout the home, evidenced that this area for improvement has been met.	

Areas for improvement from the last finance inspection

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Standard 14 Stated: First time	The registered person shall ensure that a written safe contents record is introduced, which should be reconciled, signed and dated by two people at least quarterly. Any entries recording deposits or withdrawals from the safe place should also be signed and dated by two people.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: This area for improvement was not reviewed and will be carried forward to the next care inspection.	

<p>Area for improvement 2</p> <p>Ref: Standard 14</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the physical security of the safe place is robust.</p> <hr/> <p>Action taken as confirmed during the inspection: This area for improvement was not reviewed and will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>
<p>Area for improvement 3</p> <p>Ref: Standard 14.4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that any monies belonging to a patient that is held within a business account is withdrawn and accounted for separately.</p> <hr/> <p>Action taken as confirmed during the inspection: This area for improvement was not reviewed and will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>
<p>Area for improvement 4</p> <p>Ref: Standard 14.25</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a reconciliation of money and valuables held and accounts managed on behalf of residents is carried out at least quarterly. The reconciliation should be recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <hr/> <p>Action taken as confirmed during the inspection: This area for improvement was not reviewed and will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>
<p>Area for improvement 5</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p>	<p>The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the resident or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each resident.</p> <hr/> <p>Action taken as confirmed during the inspection: This area for improvement was not reviewed and will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>

<p>Area for improvement 6</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p>	<p>The registered person shall ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p>	<p>Carried forward to the next care inspection</p>
	<p>Action taken as confirmed during the inspection:</p> <p>This area for improvement was not reviewed and will be carried forward to the next care inspection.</p>	
<p>Area for improvement 7</p> <p>Ref: Standard 2.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the content of the home's generic patient agreement is reviewed and amended to ensure it is consistent with standard 2.2.</p>	<p>Carried forward to the next care inspection</p>
	<p>Action taken as confirmed during the inspection:</p> <p>This area for improvement was not reviewed and will be carried forward to the next care inspection.</p>	
<p>Area for improvement 8</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p>	<p>The registered person shall ensure that any changes to the individual agreement are agreed in writing by the resident or their representative. The individual agreement should be updated to reflect any increases in charges payable. Where the resident or their representative is unable to or chooses not to sign the revised agreement, this should be recorded.</p>	<p>Carried forward to the next care inspection</p>
	<p>Action taken as confirmed during the inspection:</p> <p>This area for improvement was not reviewed and will be carried forward to the next care inspection.</p>	

Area for improvement 9 Ref: Standard 14.6, 14.7 Stated: First time	The registered person shall ensure that the following records are updated: <ul style="list-style-type: none"> • personal monies authorisations providing authority for the home to make purchases of goods or services • authority for specific financial arrangements in place for all relevant patients <p>Evidence should be available to confirm that there is authority from the patient/their representative/ HSC trust care manager (where relevant) for the detailed arrangements.</p>	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: This area for improvement was not reviewed and will be carried forward to the next care inspection.	

6.2 Inspection findings

6.3 Is care safe?

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

The manager confirmed that the number of staff and the skill mix of staff on duty was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota 9 to 22 December 2019 confirmed that the planned staffing level and skill mix was adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the care staff. The manager advised that on occasions staffing levels could be affected by short notice leave and that shifts were covered.

Review of one staff recruitment file evidenced that it was not satisfactorily maintained. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to the staff member commencing work. A pre-employment health assessment was unavailable to view. This was discussed with the manager who advised she will address the matter and an area of improvement was identified.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Discussion with staff confirmed that they were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. No questionnaires were returned within the timescale specified.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Beechvale Nursing Home. We also sought the opinion of patients on staffing via questionnaires. Seven questionnaires were returned and indicated that they were very satisfied with staffing levels in the home.

A patient spoken with raised concerns regarding the availability of staff but advised when they were assisted that the staff were very good. These comments were shared with the manager for information and action, as required.

Three relatives spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. Three questionnaires were returned within the timescale specified. One questionnaire did not indicate if it had been completed by a patient or a patient's relative. All returned questionnaires indicated they were very satisfied that staff had 'enough time to care'.

One returned relative questionnaire included the following comment:
"As a family we are delighted with the high level of care that our father is receiving."

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Review of staff training records for 2019 evidenced that staff had attended training regarding moving and handling, adult safeguarding, control of substances hazardous to health (COSHH), infection prevention and control (IPC), first aid and fire training.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

We reviewed accidents/incidents records from 27 November 2018 to 15 November 2019 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm and clean throughout. It was noted that the home required redecoration and that carpets were marked and in need of replacement. The manager advised that building work on a new extension to the premises had commenced and was ongoing. Details of a painting schedule due to commence in 2020 was submitted to RQIA on 19 December 2019 by the manager who advised that flooring has been ordered to replace carpets when the new build is completed.

We observed that patients had the potential to access roof voids in two areas on the first floor that were unlocked. Inappropriate storage of clothes and equipment was noted in both areas. This concern was discussed with the manager and an area for improvement under regulation was identified. Given the health and safety risks a premises inspection was carried out on 20 December 2019.

Following a walk around the premises on 20 December 2019 the premises inspector confirmed that concerns regarding the health and welfare of patients have been addressed. All doors to areas that patients had the potential to access were locked in order to keep them safe and Richard Porter responsible individual, advised that keypad locks would be fitted in January 2020.

Where electrical extension leads were being used, these were not presenting a trip hazard and none were being overloaded.

Following discussions regarding fire safety and in particular the fire exit in an identified bedroom no concerns regarding the safe evacuation of residents were found. The accredited fire risk assessor for the home is satisfied with the current arrangement. Fire exits and corridors were observed to be clear of clutter and obstruction.

Information displayed in four identified bathrooms and in the dining room evidenced that it was not laminated and could not be wiped clean in order to adhere to infection prevention and control (IPC) best practice. This was discussed with the manager and an area for improvement was identified.

We observed that personal protective equipment, for example gloves and aprons were available throughout the home and appropriately used by staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff training and adult safeguarding.

Areas for improvement

Three areas for improvement were identified regarding staff recruitment, the health and welfare of patients and ensuring notices displayed in the home are laminated in order to adhere to infection prevention and control best practice (IPC).

	Regulations	Standards
Total number of areas for improvement	2	1

6.4 Is care effective?

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

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed the management of falls and restrictive practice. Care records were well documented and contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. Care plans were in place for the management of alarm mats. In order that people feel respected, included and involved in their care, it is important that where choice and control is restricted due to risk assessment understanding, restrictions are carried out sensitively to comply with legislation.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician.

Review of two patient repositioning charts that required to be repositioned every four hours evidenced that there were gaps in the recording of the delivery of care. It was noted that the frequency of the repositioning of patients and the time recorded was inconsistent. This was discussed with the manager who advised she would address the matter with staff and an area for improvement was identified.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

We observed the serving of the lunchtime meal in the dining room. Patients were assisted to the dining room or had trays delivered to them as required. Food taken outside the dining room was covered on transfer. The food appeared nutritious and appetising. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime. Tables were nicely set with condiments and soft music was playing in the background. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. The menu for the day was displayed on each table in a suitable format. It was noted that patient dietary information was displayed on the wall in the dining room. The need to respect patients' confidential information was discussed with the manager and an area for improvement was identified.

Two patients commented:

"Lunch was very nice. I had stew."

"The food's lovely."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment and communication between patients, staff and other professionals.

Areas for improvement

Two areas for improvement were identified in relation to the contemporaneous recording of patient repositioning charts and protecting patients' confidentiality.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care compassionate?

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

Staff were aware of individual patients' wishes, likes and dislikes. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were given choice, privacy, dignity and respect.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"Thank you so much for everything you did to support my family. You all made ... feel so welcome, very much at home and part of the Beechvale Family."

"We wish to thank all of you who looked after our father, in any way. We feel that he was cared for with respect, dignity and love, by all members of the team."

We met with six patients, small groups of patients in the dining room and lounges, three patients' relatives and four staff. 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. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires were returned and indicated they were satisfied that care is compassionate.

Three patients commented:

"Everything's alright here. They're very nice and very good to me."

"I'm ok here. They do treat me with compassion."

"Yes. Staff treat me with compassion."

One patient spoken with stated that they felt safe and that if they activated the nurse call system that staff response was fairly quick. They commented that some staff were more compassionate and caring than others. These comments were shared with the manager for information and action, as required.

A patient's relative commented:

"The staff are very good and very pleasant. They all work very hard. Anything I ask about they look after immediately."

Staff were asked to complete an online survey; we had no responses within the timescale specified.

Discussion with the patient activity therapist, patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home in maintaining the dignity of patients and valuing patients and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection in the compassionate domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding falls and infection prevention and control (IPC) practices including hand hygiene.

Review of records from 31 October to 29 November 2019 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. There was evidence within the records that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

Discussion with the manager and 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.

The manager advised that staff, patient and relatives meetings were held on a regular basis. Minutes were available.

Staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Review of the complaints record evidenced that it was well maintained and the outcome of the complaint was recorded.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection in the well led domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kathie-Anne Stevenson, registered 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 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 14 (2) Stated: First time To be completed: Immediate action required	<p>The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The doors to roof space and plant room have been fitted with keypads to ensure they remain locked at all times. Safety is paramount in Beechvale and these two rooms are well out of the way of resident access.</p>
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed: Immediate action required	<p>The registered person shall ensure that infection prevention and control issues regarding notices displayed throughout the home are managed to minimise the risk and spread of infection.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The three notices in the bathroom have been laminated. All notices are laminated in Beechvale to comply with Infection Prevention and control, this had been a one off oversight.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 14 Stated: First time To be completed by: 23 May 2018	<p>The registered person shall ensure that a written safe contents record is introduced, which should be reconciled, signed and dated by two people at least quarterly. Any entries recording deposits or withdrawals from the safe place should also be signed and dated by two people.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 2 Ref: Standard 14 Stated: First time To be completed by: 23 May 2018	<p>The registered person shall ensure that the physical security of the safe place is robust.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 14.4</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2018</p>	<p>The registered person shall ensure that any monies belonging to a patient that is held within a business account is withdrawn and accounted for separately.</p> <p>Ref: 6.1</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 14.25</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2018 and at least quarterly thereafter</p>	<p>The registered person shall ensure that a reconciliation of money and valuables held and accounts managed on behalf of residents is carried out at least quarterly. The reconciliation should be recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.1</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p> <p>To be completed by: 17 May 2018</p>	<p>The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the resident or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each resident.</p> <p>Ref: 6.1</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p> <p>To be completed by: 27 June 2018</p>	<p>The registered person shall ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.1</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

<p>Area for improvement 7</p> <p>Ref: Standard 2.2</p> <p>Stated: First time</p> <p>To be completed by: 27 June 2018</p>	<p>The registered person shall ensure that the content of the home's generic patient agreement is reviewed and amended to ensure it is consistent with standard 2.2.</p> <p>Ref: 6.1</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p> <p>To be completed by: 27 June 2018</p>	<p>The registered person shall ensure that any changes to the individual agreement are agreed in writing by the resident or their representative. The individual agreement should be updated to reflect any increases in charges payable. Where the resident or their representative is unable to or chooses not to sign the revised agreement, this should be recorded.</p> <p>Ref: 6.1</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 9</p> <p>Ref: Standard 14.6, 14.7</p> <p>Stated: First time</p> <p>To be completed by: 27 June 2018</p>	<p>The registered person shall ensure that the following records are updated:</p> <ul style="list-style-type: none"> • personal monies authorisations providing authority for the home to make purchases of goods or services • authority for specific financial arrangements in place for all relevant patients. <p>Evidence should be available to confirm that there is authority from the patient/their representative/ HSC trust care manager (where relevant) for the detailed arrangements.</p> <p>Ref: 6.1</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 10</p> <p>Ref: Standard 46.2</p> <p>Stated: Second time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall fit washable covers to all pull cords.</p> <p>Ref: 6.1</p> <hr/> <p>Response by registered person detailing the actions taken: All pull cords are fitted with washable covers.</p>

<p>Area for improvement 11</p> <p>Ref: Standard 38</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements. A pre-employment health assessment should be obtained.</p> <p>Ref: 6.3</p>
<p>Area for improvement 12</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that supplementary care records, specifically, repositioning records are completed in a comprehensive, accurate and contemporaneous manner in accordance with legislative and best practice guidance.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All staff have been reminded of the importance of completing the charts in an accurate and contemporaneous manner.</p>
<p>Area for improvement 13</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that information regarding patients' individual care recommendations is not displayed on walls in the home in order to respect their confidentiality.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The only information on display was a list of supplements in the dining room, this has been moved to the kitchen.</p>

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



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