

Unannounced Care Inspection Report 12 May 2017



Beverly Lodge

Type of service: Nursing Home
Address: 186a Bangor Road, Newtownards, BT23 7PH
Tel no: 0289182 3573
Inspector: Heather Sleator

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Beverly Lodge took place on 12 May 2017 from 09.30 to 16.30 hours.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

The systems to ensure that care was safely delivered were reviewed. We examined staffing levels and the duty rosters, recruitment practices, staff registration status with their professional bodies, staff training and development and the environment. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

The registered manager and staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. We were assured that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice.

Concerns were identified in the delivery of safe care, specifically in relation to infection prevention and control procedures. Compliance with the two recommendations made will achieve improvements within this domain.

Is care effective?

Review of patient care records evidenced that care plans were reviewed on a regular basis. We reviewed the management of pressure area care, management of wounds, nutrition and hydration and restrictive practice. Weakness were identified in the planning and monitoring of care regarding these areas.

Supplementary care charts such as repositioning, food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records and patient information.

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.

The dining experience was reviewed and whilst the quality of the meals provided to patient was very good, improvement in the dining experience in accordance with best practice in dementia care has been discussed.

One requirement and three recommendations have been made within this domain.

Is care compassionate?

We arrived in the home at 09.45 hours on day one of the inspection and were greeted by staff who were helpful and attentive. Patients were observed enjoying either their breakfast in the lounge areas or in their bedroom, as was their personal preference.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. In particular, the knowledge staff had gained in relation to dementia care was commended.

Discussion with staff and review of the activity programme evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home and that a varied and full activities programme was in place for patients to enjoy.

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 some patients and relatives confirmed that living in Beverly Lodge was a positive experience.

There were no areas for improvement identified in this domain.

Is the service well led?

The certificate of registration issued by RQIA and the home's certificate of public liability insurance were appropriately displayed in the foyer of the home.

Review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided.

Unannounced quality monitoring visits were completed on a monthly basis by an external person on behalf of the provider. Copies of the quality monitoring visits were available in the home. A recommendation was made regarding the responsibility of the registered person in ensuring that a monthly quality monitoring visit and report are consistently undertaken and reports are available.

Discussion with staff evidenced that there was a clear organisational structure within the home. In discussion, patients and representatives/relatives were aware of the roles of the staff in the home and to whom they should speak to if they had a concern.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	5

Refer to one recommendation stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Janet Davison, 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.

1.2 Actions/enforcement taken following the most recent care inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 21 February 2017. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

2.0 Service details

Registered organisation/registered person: Ashdon Care Ltd	Registered manager: Janet Davison
Person in charge of the home at the time of inspection: Janet Davison	Date manager registered: 22 April 2010
Categories of care: NH-DE	Number of registered places: 45

3.0 Methods/processes

Prior to inspection we analysed the following information:

- 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 quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report

During the inspection we met with 13 patients individually and with others in small groups; two registered nurses, five care staff, ancillary staff and four relatives. Questionnaires for patients, staff and relatives were left in the home for completion and return to RQIA

The following information was examined during the inspection:

- duty rota for all staff from 23 April to 6 May 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
- three staff recruitment and induction files
- four patient care records
- three patient care charts including food and fluid intake charts and reposition charts

- consultation with patients, relatives and staff
- 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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 21 February 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 6 July 2017

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 38.3 Stated: First time	The registered provider should detail and have documentary evidence of the registration of staff with the appropriate professional regulatory body. A robust system for the monitoring of the registration of staff must be in place and be regularly reviewed.	Met
	Action taken as confirmed during the inspection: A review of the system in place regarding the monitoring of staff with the Northern Ireland Social Care Council evidenced the registration is verified on a monthly basis.	

<p>Recommendation 2</p> <p>Ref: Standard 43</p> <p>Stated: First time</p>	<p>The registered provider should ensure that the furnishings and décor of the three identified lounge/dining rooms should be in accordance with guidance documentation in respect of best practice in dementia care.</p> <p>Action taken as confirmed during the inspection: Observation of the environment of the home evidenced that a number of improvements had been made to the décor and appearance of areas in the home. In discussion with the registered manager it was stated that the work was not complete and the dining room and lounge area were next to be redecorated.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered provider should ensure that staff meetings take place on a regular basis, are minuted, and the minutes are made available for those staff unable to attend the meeting</p> <p>Action taken as confirmed during the inspection: A review of the minutes of the staff meetings evidenced that meetings are planned and take place on a quarterly basis. Minutes of meetings were made available for staff who were unable to attend.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 7.1</p> <p>Stated: First time</p>	<p>The registered provider should ensure that a system is established to evidence the views of patients and their representatives have been sought in respect of the quality of nursing and services provided in the home.</p> <p>Action taken as confirmed during the inspection: A review of the minutes of meetings held in the home evidenced that the last relatives meeting was held on 24 February 2017. Evidence was present that where a suggestion had been made relatives were informed of the action taken to address the suggestion.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered provider should ensure that the care planning process is reviewed and that the process in operation meets the assessed needs of patients and is a clearly defined process for registered nurses to implement.</p> <p>Action taken as confirmed during the inspection: The review of four patient care records evidenced that weakness were identified in the care planning process, refer to section 4.4</p> <p>This recommendation has been subsumed into a requirement; refer to the quality improvement plan (QIP) of this report.</p>	<p>Partially Met</p>

<p>Recommendation 6</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered provider should ensure that the dining experience for patients is reviewed and enhanced in accordance with best practice in dementia care.</p> <p>Action taken as confirmed during the inspection: The observation of the dining experience evidenced that improvement was still required, refer to section 4.4</p>	<p>Partially Met</p>
<p>Recommendation 7</p> <p>Ref: Standard 6.14</p> <p>Stated: First time</p>	<p>The registered provider should ensure that patients' personal care and grooming needs are regularly assessed and met and patients are dressed appropriately.</p> <p>Action taken as confirmed during the inspection: It was evident that staff afforded sufficient time and attention to the personal care needs of patients. Patients were well dressed and groomed.</p>	<p>Met</p>
<p>Recommendation 8</p> <p>Ref: Standard 39.6</p> <p>Stated: First time</p>	<p>The registered provider should ensure that evidence is present of a systematic and regular approach to the auditing of the quality of services provided by the home has been established.</p> <p>Ref: Section 4.6</p> <p>Action taken as confirmed during the inspection: Evidence was available of a system of auditing the services provided by the home including; audits in respect of infection prevention and control, accidents and incidents and complaints. Further improvement is required regarding the auditing of care records, refer to section 4.4</p>	<p>Met</p>

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 23 April to 6 May 2017 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via questionnaires; four were returned following the inspection. All respondents answered 'yes' to the question, "Are there sufficient staff to meet the needs of the patients?"

Patients and relatives spoken with during the inspection commented positively regarding the staff and the care delivered. Patients who were able to communicate indicated that they were satisfied that when they required assistance staff attended to them in timely manner. We also sought relatives' opinions on staffing via questionnaires; one questionnaire was returned indicating that they were very satisfied that staff had enough time to care for their relative.

Three relatives spoken with commented that they had no concerns and felt assured that their loved one's needs were being met. Relatives were complimentary regarding nursing and care staff. One relative raised a concern regarding bed making. Comment was made that sometimes their relative's bed was not made until lunchtime. Details were provided to the registered manager during feedback. We also observed that patients' beds were not made until late morning on the day of inspection. The registered manager stated that staff 'aired' the mattress on beds in the morning however the registered manager agreed to review the morning routines to ensure patients could return to lie on their bed if they so wished.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained; and that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

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

We discussed the provision of mandatory training with staff and reviewed staff training records for 2016/17. Records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Mandatory training compliance was monitored by the registered manager. Additional training was also available to staff to ensure they were able to meet the assessed needs of patients.

Observation of the delivery of care evidenced that training had been embedded into practice. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager, confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedures into practice. The registered manager stated that she planned to be the safeguarding champion; however, securing the necessary training was proving to be difficult.

Review of four patients' care records evidenced that a range of validated risk assessments were completed as part of the admission process and that these assessment informed the care planning process.

Review of accidents/incidents records from 1 January 2017 and notifications forwarded to RQIA confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be tidy, warm, well decorated, fresh smelling, welcoming and clean throughout.

A number of 'kirton' type chairs used by patients were observed to be torn and were in a poor state of repair. In accordance with infection prevention and control procedures the identified chairs should be repaired as soon as possible. A recommendation has been made.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to in respect of personal protective equipment (PPE) such as gloves and aprons which were available throughout the home. Some inappropriate storage of equipment and aids was observed in one sluice area. A recommendation has been made that shelving or drying racks is made available in the sluice areas in accordance with infection prevention and control measures.

Areas for improvement

A programme of refurbishing chairs which evidence significant wear and tear should be implemented.

Appropriate shelving and/or drying racks should be made available in the sluice areas of the home.

Number of requirements	0	Number of recommendations	2
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4.4 Is care effective?

Review of four patient care records evidenced that care plans were in place to direct the care required. Nursing staff spoken with were aware of professional requirements to review and update care plans as the needs of patient changed. Nursing staff were also demonstrated awareness to review and update care plans when the recommendations made by other healthcare professionals such as, the speech and language therapist (SALT) or the tissue viability nurse (TVN) were changed.

We reviewed the management of pressure area care, wound care, nutrition and hydration and restrictive practice. Weaknesses were identified in the management of restrictive practice, hydration and wound care. Care records did not reflect that where a patient was using specialised seating, for example a 'kirton' type chair or that consultation with the multidisciplinary team had taken place. The management of hydration did not evidence that where a desired daily fluid intake had been stated and not attained the action to be followed, as stated in the care plan was not followed. Discussion took place with the registered manager regarding how the desired daily fluid intake was calculated for each patient. It was agreed that advice would be sought in relation to the current preferred calculation from the relevant healthcare professional. Wound care management for two patients was reviewed. One care record detailed robust recording in accordance with NICE clinical guidelines, the second care record did not. Care records also reflected that, generally where appropriate, referrals were made to healthcare professionals such as tissue viability nurse specialist (TVN), SALT and dieticians. There was one exception regarding referral to and consultation with healthcare professionals and this was in relation to the use of specialised seating. A recommendation of the previous inspection report of 6 July 2017 was in relation to the care planning process. The recommendation was not addressed and has been subsumed into a requirement of this report.

The review of the quality audits of care records did not identify the areas previously discussed or evidence that where a shortfall had been identified within the care records that the necessary remedial action had been taken. A recommendation has been made.

Supplementary care charts such as repositioning, food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Discussion took place regarding the registered nurses' daily evaluation/record of the effectiveness of fluid intake monitoring. For example, staff recorded a statement that if fluid intake was 'low' for three consecutive days the GP should be informed. There was no definition as to what was 'low'. Specific information should be detailed in care records so as the information is not open to interpretation. The registered manager agreed to address this with nursing staff.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records and information.

The registered manager and review of records confirmed that care management reviews were arranged by the relevant health and social care trust. These reviews were generally held annually but could be requested at any time by the patient, their family or the home.

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 spoken with confirmed that staff meetings were held and records were maintained of the staff who attended, the issues discussed and actions agreed.

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 their immediate line manager, the deputy manager and/or the registered manager.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

A record of patients including their name, address, date of birth, marital status, religion, date of admission and discharge (where applicable) to the home, next of kin and contact details and the name of the health and social care trust personnel responsible for arranging each patient's admission was held in a register. This register provided an accurate overview of the patients residing in the home on the day of the inspection.

The serving of the midday meal was observed. We were informed that the dining room was not used and that meals were served to patients in the three lounge areas. This was discussed with the registered manager who stated patients appeared to enjoy their meals more when they remained in the lounge area. Patients should have a choice as to where they would prefer to have their meals and evidence should be present that consultation with patients, and an assessment, including social skills, had taken place. Patient who preferred to or chose to remain in their room had tray service to their rooms. Observation of the tray service did not evidence that meals were covered or that a range of condiments were available for those patients. A recommendation of the previous inspection report of 6 July 2017 was in relation to ensuring that the dining experience for patients was reviewed and enhanced in accordance with best practice in dementia care. The recommendation was not fully met therefore the recommendation has been stated for a second time.

Areas for improvement

The planning of care must be accurate and in accordance with professional standards to ensure the delivery of safe and effective care.

Audits of care records should evidence that a comprehensive audit is completed and that where a shortfall has been identified the necessary remedial action had taken place.

Number of requirements	1	Number of recommendations	1
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4.5 Is care compassionate?

We arrived in the home at 09.30 hours on day one of the inspection and were greeted by staff who were helpful and attentive. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. In particular the knowledge staff had gained in relation to dementia care was commendable. For example, a member of staff had recently completed a dementia champion training course. Following the training, the staff member had developed video clips on an electronic device (with patient and/or representative permission) of topics, events or music which had meaning for the patient. Staff stated that when patients were unsettled, distressed or as part of meaningful engagement, the video was shown and discussed with the patient with very positive outcomes. A relative commented that they found this initiative 'wonderful' and could tell by their relative's facial expression and demeanour how much it meant to their relative. Another staff member had completed a professional qualification in dementia care and has led the enhancement of the environment so that it is more 'dementia friendly' in appearance. Staff were in the process of introducing and completing story boards in patients' bedrooms to aid orientation to the room for the patient and provided staff with information to engage with patients on a more social context.

Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded privacy, dignity and respect.

Discussion with patients and staff; and review of the activity programme evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Four activity coordinators provide a varied social and recreational programme for patients throughout the week. Evidence of patients' participation in the activities was displayed in the home. A monthly coffee afternoon for patients and relatives had been introduced and patients now have greater opportunity to go out and visit local amenities and attractions. At the time of the inspection a number of patients had gone to a visitor's attraction in Bangor and musical entertainment was provided in the afternoon by an external entertainer. Staff are to be commended for their recognition of the importance of social engagement for patients and the effort they have made to provide patients with the varied and many opportunities to engage in activities.

Patients able to communicate their feelings indicated that they enjoyed living in Beverly Lodge. 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.

As stated previously four relatives spoken with were very complimentary regarding the care their loved one received and the care provided to them as a family.

Comments received from relatives included:

“My (relative) is always clean and nicely dressed.”

“Staff are all very welcoming.”

“Have to praise the staff.”

“Staff are very respectful to my (relative).”

“I’m very confident leaving here that my (relative) is well looked after.”

Discussion with the registered manager and review of records confirmed that there were systems in place to obtain the views of patients and their representatives on the running of the home.

Ten relative questionnaires were issued; one was returned within the timescale for inclusion in this report. The relative was very satisfied with the care provided across the four domains. There were no additional comments recorded.

Ten questionnaires were issued to staff; four were returned prior to the issue of this report. The four staff members responded that they were very satisfied with the care provided across the four domains and that the service was well led. There were no additional comments recorded.

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

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The certificate of registration issued by RQIA and the home’s certificate of public liability insurance were appropriately displayed in the foyer of the home.

Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered.

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 patients and staff evidenced that the registered manager’s working patterns provided good opportunity to allow them to have contact as required.

Review of the home’s complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. A compliments record is also maintained by the home. Comments received included, “Such a warm friendly and welcoming feeling every time we visited.”

Review of records evidenced that monthly audits were completed to ensure the quality of care and services was maintained. For example, audits were completed for accidents/incidents, complaints, infection prevention and control and care records. The records of audit evidenced that any identified areas for improvement had been addressed and checked for compliance.

As previously discussed in section 4.4 a recommendation has been made in respect of the auditing of care records.

Review of records evidenced that quality monitoring monthly visits were completed by an external management consultant. The reports for February and March 2017 were not available. The registered manager stated that due to unforeseen circumstances the management consultant was unable to undertake a monitoring visit and provided a report. The registered manager further stated that the registered person for the home was in Beverly Lodge in on a daily basis during this period of time however; the registered person did not complete a quality report. If the existing arrangement for the completion of the monitoring visit and report are disrupted, for whatever reason, it is the registered person's responsibility to ensure that the quality of services provided by the home is monitored on a monthly basis and a report is made available. A recommendation has been made.

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately.

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately.

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

Discussion with staff evidenced that there was a clear organisational structure within the home. In discussion some patients and the relative spoken with were aware of the roles of the staff in the home and to whom they should speak to if they had a concern.

Areas for improvement

It is the responsibility of the registered person to monitor and report on the quality of services provided by the home on a monthly basis. Where existing arrangements are disrupted alternative arrangements should be put in place.

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

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Janet Davison, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 12 (1)
(a) and (b)

Stated: Second time

To be completed by:
30 June 2017

The registered provider must ensure that the treatment and any other services provided to patients meets his individual needs and reflects current best practice regarding;

- (a) wound care management
- (b) the use of restrictive practice
- (c) management of hydration

Evidence must be present in patient care records to support individualised and current best practice.

Ref: section 4.4

Response by registered provider detailing the actions taken:

Increased auditing implemented to ensure wound reporting and monitoring charts are completed for all residents.
Specialist assessments requested for residents who are seated in Kirton Stirling chairs to ensure individual needs are met.
The care plan detailing the recommended time to calculate daily fluids changed to 'midnight' to ensure clarity between 24:00hrs and 2400mls.

Recommendations

Recommendation 1

Ref: Standard 12

Stated: Second time

To be completed by:
30 June 2017

The registered provider should ensure that the dining experience for patients is reviewed and enhanced in accordance with best practice in dementia care.

Ref: section 4.2

Response by registered provider detailing the actions taken:

The dining experience being reviewed and recommendations being implemented to enhance the overall experience.

Recommendation 2

Ref: Standard 44.1

Stated: First time

To be completed by:
31 July 2017

The registered provider should ensure that a programme of refurbishing chairs which evidence significant wear and tear should be implemented, in accordance with infection prevention and control measures.

Ref: section 4.3

Response by registered provider detailing the actions taken:

Total refurbishment of chairs in progress

<p>Recommendation 3</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2017</p>	<p>The registered provider should ensure that there is an established system to ensure compliance with best practice in infection prevention and control measures in the home. This includes the provision of appropriate shelving and/or drying racks in the sluice areas of the home and to ensure that there is no inappropriate storage of equipment in the sluice rooms.</p> <p>Ref: section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: Drying racks fitted in the sluice rooms</p>
<p>Recommendation 4</p> <p>Ref: Standard 39.6</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2017</p>	<p>The registered provider should ensure that the audits of care records evidence that a comprehensive audit is completed and that where a shortfall has been identified the necessary remedial action had taken place.</p> <p>Ref: section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: Care record audits now detail all shortfalls that are identified and completed during the audit by the auditor</p>
<p>Recommendation 5</p> <p>Ref: Standard 35.7</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2017</p>	<p>The registered provider should ensure that where the existing arrangements for the completion of a monthly quality monitoring visit are disrupted alternative arrangements should be put in place and that all reports are made available.</p> <p>Ref: section 4.6</p> <hr/> <p>Response by registered provider detailing the actions taken: Registered Provider to document the completion of a monthly quality monitoring visit in the event of a future interrupted visit</p>

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews