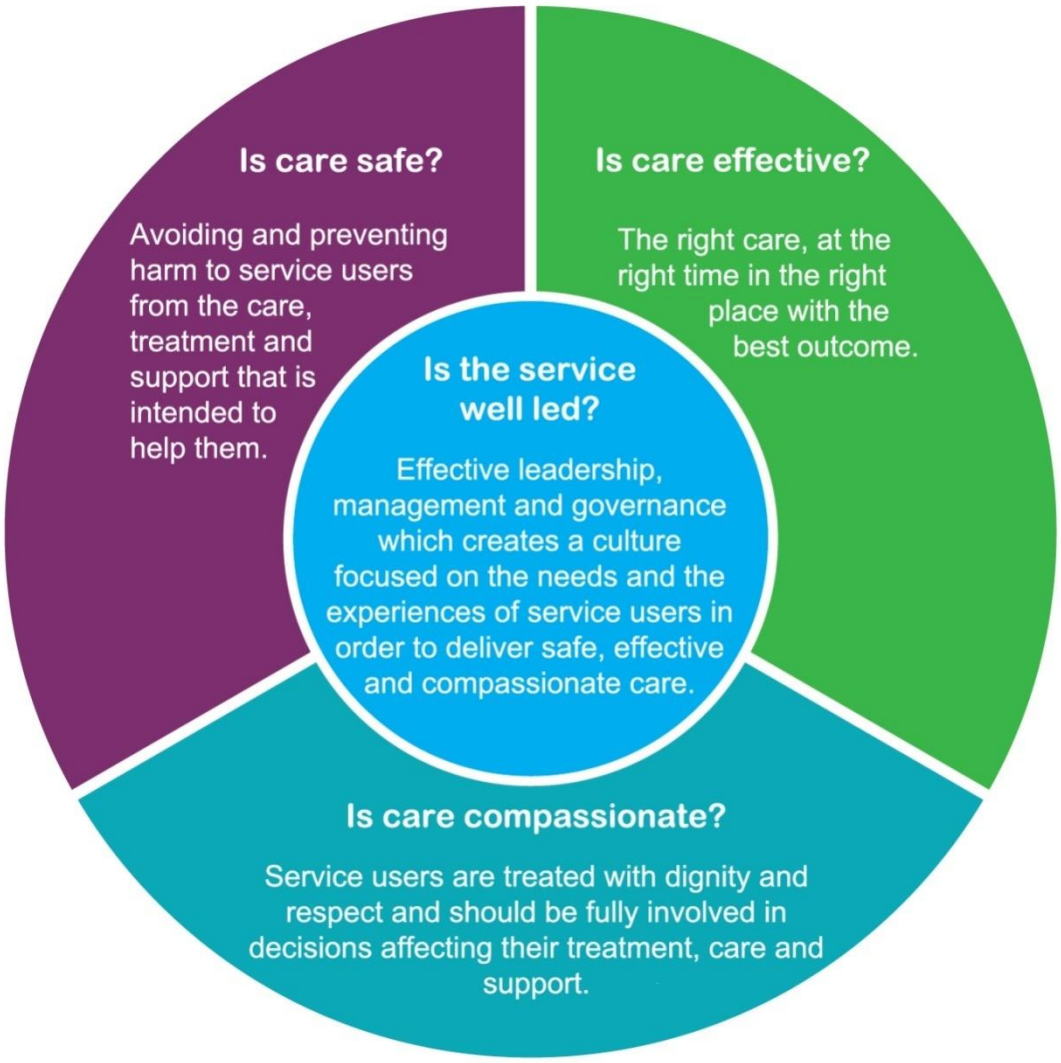
Unannounced Care Inspection Report
27 June 2018

Bloomfield Care Home Ltd

Type of Service: Nursing Home
Address:115-117 North Road, Belfast, BT5 5NF
Tel no: 0289065 7799
Inspector: Karen Scarlett

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 servicefrom 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 carefor up to36persons.

3.0 Service details

Organisation/Registered Provider: Bloomfield Care Homes Limited **Responsible Individual:** Desmond McLaughlin	**Registered Manager:** Jincy Mathew
Person in charge of the home at the time of inspection: Jabu Mathew	**Date manager registered:** 14 March 2016
Categories of care: Nursing Home (NH) DE- Dementia	**Number of registered places:** 36

4.0 Inspection summary

An unannounced inspection took place on 27 June 2018 from 12.30 to 18.00.

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

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

There were examples of good practice found throughout the inspection in relation to staffing and their induction and ongoing training/supervision. The home was well presented and clean. There was evidence that risks to patients were appropriately managed. Patient records were well maintained and reflective of need. Good communication was evident within the staff team and between staff and patients.The availability and visibility of the registered manager was noted. Care was delivered in a timely manner and staff were knowledgeable about patients' needs. The efforts of the activity therapist were commended.

Areas for improvement were identified in relation to governance processes within the home including recruitment practice, notification of incidents, management oversight of staffs' professional registration. An area for improvement was also identified in relation to ensuring that pressure relieving mattress settings were appropriate for the individual patient. Improvement in these areas will further enhance the quality of care delivered.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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

4.1Inspection outcome

	Regulations	Standards
Total number of areas for improvement	***2**	***6**

*The total number of areas for improvement includesone under the regulations and one under the standards which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Jabu Mathew, nurse in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcementaction did not result from the findings of this inspection.

4.2Action/enforcementtaken following the most recent inspection dated 25 September 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 25 September 2017. There were no further actions required to be taken following the most recent inspection.

5.0 How we inspect

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

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

During the inspectionwemet with sevenpatients individually and with others in small groups, eight staff, and fivepatients'visitors/representatives.Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey and staff not on duty during the inspection.

The following records were examined during the inspection:

- duty rota for all staff from 25 June to 8 July 2018
- 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
- six patient care records
- a sample of governance audits
- complaints record
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 25 September 2017

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

6.2 Review of areas for improvement from the last care inspection dated 31 May 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Requirement 1 **Ref**: Regulation 13(1)(a) **Stated:** First time	The registered persons must ensure that there is proper provision for the health and welfare of patients. In the event of a suspected head injury neurological observations must be recorded.	**Not met**

	Action taken as confirmed during the inspection: Incident and accident records evidenced a number of head injuries had occurred as a result of falls. It was unclear from these records if neurological observations had been completed consistently. A review of the records of two patients who had recently fallen were reviewed. The records evidenced that neurological observations had not been completed or recorded consistently in accordance with the home's own protocol. This area for improvement has not been met and has been stated for a second time.	
Requirement 2 **Ref:** Regulation 27(4)(c) **Stated:** First time	The registered persons must ensure that at all times stairwells remain clear of any flammable items or materials.	**Met**
	Action taken as confirmed during the inspection: The stairwells were clear of any clutter or obstruction. This area for improvement has been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Recommendation 1 **Ref**: Standard 13 **Stated:** First time	The registered provider should obtain a copy of the new regional safeguarding policy and operational procedures and put arrangements in place to embed the policy into practice within the home.	**Met**
	Action taken as confirmed during the inspection: The new regional adult safeguarding policy and procedure was available for review. The home also had its own updated adult safeguarding policy. The registered manager has been appointed as the adult safeguarding champion. This area for improvement has been met.	
Recommendation 2 **Ref**: Standard 16.11 **Stated:** First time	The registered provider should ensure that the recording of complaints is further developed to include how the complainant's level of satisfaction was determined.	**Partially met**

	Action taken as confirmed during the inspection: A review of complaints records evidenced that the outcome of the complaint was not consistently recorded and did not evidence that the complainant had been spoken with to determine their level of satisfaction. For example comments included: 'no complaint since'; 'family appeared to be happy'. In addition, the complaints audit records were reviewed. These recorded the number of complaints but no detail on any lessons learned or actions taken as a result of complaints. This area for improvement has been partially met and another area for improvement has been identified around the development of audits to demonstrate the learning. Please refer to section 6.7.	

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 chargeconfirmed 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 25 June to 8 July 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

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 whilst it was busy, there was sufficient staff on duty to meet the needs of the patients.

Five relatives were spoken with and all were praiseworthy of the staff and the manager. They raised no concerns in relation to staffing levels. The opinions of relatives were sought via questionnaires and five relatives responded. Three respondents were satisfied with the staffing levels but one felt that there should be cover when the activities person was on leave or absent. Two respondents indicated that they would like to see more supervision in the lounge areas, with one expressing their dissatisfaction within the safe domain. Details of comments received via questionnaires in relation to staffing were discussed with the registered manager prior to the issuing of this report.

Review of two staff recruitment files evidenced that these were generally maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.On review of one file it was evident that gaps in employment had not been explored. In another record, pertinent issues declared on the application form were not discussed. An area for improvement under the standards has been identified. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. One recently employed care assistant confirmed that they had a full week's induction which compared very well to their last place of employment. They confirmed that they felt well prepared to commence work.

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. All staff were appropriately registered or care staff were in the process of NISCC registration. Checks were completed monthly by the administrator and any issues formed part of the registered manager's weekly report. There was no evidence that the registered manager reviewed the checks and these were only signed by the administrator. An area for improvement was identified in this regard as the registered manager retains the overall accountability.

We discussed the provision of mandatory training with staff and reviewed staff training records for this year.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. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients; staff knowledge of adult safeguarding procedures.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the nurse in charge confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of six 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 accidents/incidents records from 1 March 2018 to the presentin comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. It was apparent that head injuries were not being reported in accordance with the regulation. This was discussed with the nurse in charge and it was evident that there was some misunderstanding in this regard which was clarified at the inspection. An area for improvement under the regulations was identified.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed. A review of this audit for the previous three months demonstrated that the number of falls and the time and location of their occurrence was recorded. However, there was no evidence that any patterns or trends were noted, any learning identified or action/s taken. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Again numbers were recorded but the reviewer did not identify the need to notify RQIA in relation to head injuries. Areas for improvement under the

standards in relation to auditing and the monthly quality reports were identified and are discussed further in Section 6.7.

From a review of records, observation of practices and discussion with the nurse in charge and a review of records, there was evidence of proactive management of falls.Falls were recorded and care plans and risk assessments were updated accordingly. An area for improvement in relation to post falls neurological observations has been stated for a second time.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. It was noted that one shower room was being used to store equipment. This was discussed with the nurse in charge and it was recommended that a variation be submitted for the change of use of the room. The responsible individual spoke with the inspector and stated that he intended to change the ground floor carpets and continue to redecorate the premises.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were consistently adhered to.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing and their induction and ongoing training/ supervision. The home was well presented and clean. There was evidence that risks to patients were appropriately managed.

Areas for improvement

Areas for improvement were identified in relation to recruitment practice, notification of incidents and management oversight of staffs' professional registration.

	Regulations	Standards
Total number of areas for improvement	**1**	**2**

6.5 Is care effective?

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

Review of six patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of infections, potentially restrictive practice and wound care. Care records 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.

Care plans were in place for wounds and a record maintained of regular care delivery and ongoing assessment supported by photography. The incidences of pressure ulceration/wounds were monitored weekly. Pressure relieving equipment was in place on beds and chairs as required. It was noted that two identified airwave mattresses were not at the correct setting for the weight of the patients. The nurse in charge stated that these were checked each morning but may have been unintentionally altered since. An area for improvement under the standards was identified.

Patients' weights were monitored regularly and a care plan put in place to support their nutrition which was reflective of the recommendations of the speech and language therapist and dietician. There was evidence that potentially restrictive practices had been discussed with the family and the multi-disciplinary team and a care plan put in place to manage any risks. One patient with an infection had a care plan in place to direct the care and there was evidence of action taken to reduce the risk. A weekly report was compiled for the registered manager which included information in all of these areas, including the progress of wounds and the monitoring of weights and any referrals. This gave valuable oversight of the care delivery and was commended.

Incidences of falls were recorded and there was evidence that the care plan was reviewed in response. Shortfalls were identified in post falls management with regard to the consistent recording of neurological observations in accordance with the home's own protocol. An area for improvement identified at the previous inspection has been stated for a second time following this inspection. This was discussed with the nurse in charge who was disappointed with the findings and agreed to speak with the registered manager and address this with registered nursing staff.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained.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 changed.

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 registered manager or the nurse in charge.All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. One relative was of the opinion that communication amongst the registered nurses could be improved but overall expressed satisfaction with the care delivery.

All relatives consulted were satisfied that they were kept informed about the care of their loved one and could raise any issues with the staff and registered manager.Three relativeswho responded to questionnaires, were very satisfied that care was effective and two were not sure. One relative who responded via questionnaire was concerned that there could be a lack of communication amongst the staff team at times and they had recently had to highlight a care need to staff which they had not identified.

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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping with care plans in place reflective of need and incorporating the recommendations of other professionals. The staff team communicated well with one another and with residents and their representatives/relatives.

Areas for improvement

An area for improvement was identified in relation to ensure that pressure relieving mattress settings were appropriate for the individual patient.

	Regulations	Standards
Total number of areas for improvement	**0**	**1**

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.

On entering the home at 12.30 the majority of patients were seated in the dining room for lunch service. The patio doors were opened out on to the garden as it was a sunny day. The activities therapist had been planting a sensory garden in newly constructed raised beds. The garden was very well presented and was noted to be used throughout the afternoon by patients and their visitors. Tables were set for the lunchtime meal, a selection of drinks was available and clothing protection was in place as appropriate. Some patients remained in the lounge for their lunch in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. A list of patients' dietary needs and preferences was available for all staff to consult. Patients were noted to be enjoying their meals

Staff interactions with patients were observed to be compassionate, relaxed, caring and timely. Care staff were noted to be chatting to patients regularly and were very knowledgeable regarding their needs. Doll therapy was available for patients. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Patients were generally well presented in appearance. There were three patients identified to the nursing staff and the nurse in charge who required extra attention to their personal care, for example mouth and eye care, but this was attended to promptly when staff were alerted. We found baskets of net pants in bathroom cabinets. It was emphasised to the nurse in charge that

these items should not be shared amongst patients but we were assured that these were single use only.
Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The activities therapist had modified that day's planned activities to take advantage of the good weather and plant out in the garden and arranged for an ice cream van to come to the home that afternoon. Patients were clearly enjoying their ice cream and the experience. One relative was concerned that the activities are not always reflective of those advertised on the board but went on to compliment the home on recent events, including a recent family barbecue, which they attended and enjoyed.

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.A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

There were systems in place to obtain the views of patients and their representatives on the running of the home. The majority of patients were unable to comment to the inspector or complete questionnaires. Patients spoken with indicated that they were content and comfortable and five patients confirmed that they were enjoying their lunch and that the food was very good.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.

Five patients' representatives spoke with the inspector and were happy with the care provided and the staff, particularly the care assistants. One family were delighted to report that their mother had thrived in the home, had got her appetite back and was eating very well. All those spoken with confirmed that they were happy with the care and were confident in raising any concerns with staff and the registered manager. One relative related a recent incident which they had raised. Whilst they were satisfied that it had been resolved they felt that communication amongst the nursing team could be improved and felt more assured when the registered manager was present to oversee the care.The five relatives who responded in questionnaires were all satisfied that care was compassionate.

Those staff spoken with were happy working in the home. They confirmed that they worked well as a team and they had sufficient training and support to carry out their roles. Whilst one staff member was of the opinion that the registered manager did not always address issues, all other staff felt confident in raising concerns with her and felt these were addressed.

Staff were asked to complete an on line survey and one response was received which was not fully completed. Where they indicated satisfaction that care was effective they were undecided if care was compassionate, safe or the service well led. No comments were made.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered 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 and relationships between staff, relatives and patients. Care was delivered

in a timely manner and staff were knowledgeable about patients' needs. The efforts of the activity therapist were commended.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	**0**	**0**

6.7 Is the service well led?

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

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 registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients' representatives evidenced that the registered 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 registered manager/manager.

Relatives spoken with on the day were complimentary of the manager and raised no concerns. All the relatives spoken with knew the registered manager and the responsible person, Mr McLaughlin. Of the five relatives who responded in questionnaires, three were very satisfied and two were unsure that the service was well led.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. From training records it was noted that this training was available to staff.

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. Complaints were recorded along with any action taken. An area for improvement identified at the last care inspection in regards to recording the complainant's level of satisfaction was partially met and has been stated for a second time.

Discussion with the nurse in charge and the administrator 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 accidents/incidents, IPC practices, care records, complaints, falls and wounds. The manager was also provided with a weekly report highlighting any issues which provided valuable oversight. There was evidence that audits were conducted regularly. These tended to report on the numbers of incidences, for example falls and complaints but did not provide an in-depth analysis of trends, lessons learned or actions taken as a result. An area for improvement under the standards has been made in this regard. Care record audits were completed using the electronic record keeping system. Any changes required were flagged up to the named nurse who had a period of time to make the required alterations.

Discussion with the nurse in charge and review of records 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/ The Care Standards for Nursing Homes. Whilst these were completed and evidenced consultation with staff and relatives, they lacked in detail and analysis. Whilst the reviewer had reviewed the number of incident and accidents they had failed to identify that relevant notifications had not been made to RQIA. Reports were reviewed from April to June 2018 and actions were not consistently carried forward from one month to the next to ensure these had been appropriately addressed. An area for improvement under the standards was made.

Discussion with the nurse in charge 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. It was noted that head injuries were not being notified. Please refer to Section 6.4 for further information.

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

Areas of good practice

Good practice was identified in relation to the availability and visibility of the registered manager.

Areas for improvement

Areas for improvement under the standards were identified in relation to the quality of audits and the monthly quality monitoring reports.

	Regulations	Standards
Total number of areas for improvement	**0**	**2**

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of theQIP were discussed with Jabu Mathew, nurse in charge, 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 standardsthis 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 improvementidentified 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 providershould confirm that these actions have been completed and return the completed QIPvia Web Portalfor assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 13 (1) (a) **Stated:** Second time **To be completed by:**immediately from date of inspection	The registered persons must ensure that there is proper provision for the health and welfare of patients. In the event of a suspected head injury neurological observations must be recorded. **Ref: Section 6.2**
	Response by registered persondetailing the actions taken: All the Nursing Staff were reminded again by sending an individual memo regarding same. Also the Manager will be auditing the documentation on a daily basis.
Area for improvement 2 **Ref:** Regulation 30 **Stated:** First time **To be completed by:**immediately from date of inspection	The registered person shall ensure that head injuries are notified to RQIA in accordance with the regulation. **Ref: Section 6.4**
	Response by registered persondetailing the actions taken: As from date of inspection all head injuries will be notified to the RQIA, even if they do not require any hospital treatment.
Action required to ensure compliance withthe Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 16.11 **Stated:**Second time **To be completed by:** 28 September 2018	The registered provider should ensure that the recording of complaints is further developed to include how the complainant's level of satisfaction was determined. **Ref: Section 6.2**
	Response by registered persondetailing the actions taken: The Complaints recording format has been changed to accommodate the details of the event, the notified bodies, investigation and outcome and any further action taken and a response from the complainant(s).

Area for improvement 2 **Ref**: Standard 38 **Stated:** First time **To be completed by:**immediately from date of inspection	The registered person shall ensure that the recruitment process is reviewed to ensure that any gaps in employment and pertinent information in the application form are discussed at interview with the prospective employee and a record maintained to include the rationale for proceeding with employment. **Ref: Section 6.4**
	Response by registered persondetailing the actions taken: Interview form has been modified to accommodate information on gaps in employment and pertinent information are recorded as discussed.
Area for improvement 3 **Ref**: Standard 39.9 **Stated:** First time **To be completed by:**28 July 2018	The registered person shall ensure that there is evidence that the registered manager has reviewed the registration status of staff on a monthly basis. **Ref: Section 6.4**
	Response by registered persondetailing the actions taken: As from July 2018 the Registered Manager will be signing the staff registration checklist to confirm they are checked.
Area for improvement 4 **Ref**: Standard 23 **Stated:** First time **To be completed by:**28 July 2018	The registered person shall ensure that a system is in place to monitor the settings of pressure relieving, airwave mattresses to ensure these are appropriately set for the weight of the patient. **Ref: Section 6.5**
	Response by registered persondetailing the actions taken: A reminder card has been put in place along with the pump to remind the staff of the residents current mattress setting.
Area for improvement 5 **Ref**: Standard 17, 22 and 35 **Stated:** First time **To be completed by:** 28 September 2018	The registered person shall ensure that audits are further developed to identify any patterns or trends, lessons learned or actions taken to address identified deficits. This includes, but is not limited to, audits of incidents/accidents and complaints. **Ref: Section 6.7**
	Response by registered persondetailing the actions taken: All audits from July 2018 will identify any patterns or trends, lessons learned if there is any identified and will be monitored monthly or as required.

Area for improvement 6 **Ref**: Standard 35 **Stated:** First time **To be completed by:** 28 July 2018	The registered person shall ensure that the monthly quality monitoring reports, under regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, are further developed to provide analysis of the information collated. Actions identified should be carried forward from month to month with evidence that any identified issues have been effectively addressed. **Ref: Section 6.7**
	Response by registered persondetailing the actions taken: From July 2018 the registered person shall ensure that the Regulation 29 Reports are further developed to identify areas of improvement as necessary and also action plan in place to attain this. Any ongoing actions will be carried forward month to month until completion.

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

The Regulation and Quality Improvement Authority

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