



Unannounced Care Inspection Report 12 and 13 August 2019



Carnalea

Type of Service: Nursing Home
Address: 20 Crawfordsburn Road, Bangor, BT19 1BE
Tel No: 0289145 1121
Inspectors: James Lavery and Briege Ferris
Estates Support Officer: Gemma McDermott

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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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 73 persons. The home also included a wing on the ground floor (the 'Featherstone' wing) which provided care for those patients living with dementia.

3.0 Service details

<p>Organisation/Registered Provider: Four Seasons Health Care</p> <p>Responsible Individual(s): Dr Maureen Claire Royston</p>	<p>Registered Manager and date registered: Michelle Macmillan Acting - no application required</p>
<p>Person in charge at the time of inspection: Patricia Fitzpatrick – Deputy Manager</p>	<p>Number of registered places: 73</p> <p>A maximum of 14 persons in category NH-DE located in the Featherstone Wing.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 62</p>

4.0 Inspection summary

An unannounced care inspection took place on 12 August 2019 from 09.15 to 16.30, and 13 August 2019 from 09.30 to 16.20. A member of the RQIA estates team accompanied the care inspector on 13 August 2019. A finance inspection also took place on 13 August 2019 from 11.40 hours to 15.15. A further visit was also carried out by the estates team on 20 September 2019 to assess required environmental improvements highlighted during this inspection.

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

The inspection assessed progress with areas for improvement identified in the home since the last care, finance and medicine management inspections and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training, the monitoring of the professional registration of staff, staff communication with one another/patients and wound care. Further areas of good practice were also noted in regard to the provision of activities and governance audits.

Areas for improvement were highlighted in regard to falls management, the availability of fluids, care delivery to patients and management of patients' monies and valuables.

Patients described living in the home in positive terms. One patient stated “The girls are lovely ... treating me well.” Another patient commented “The staff are excellent.”

Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them and professionals and staff during and after the inspection, are also 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	*8

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

Details of the Quality Improvement Plan (QIP) were discussed with Patricia Fitzpatrick, Deputy Manager, and Elaine McShane, Resident Experience Support 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 19 December 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 19 December 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

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, registration information, and any other written or verbal information received, for example serious adverse incidents.

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.

The following records were examined and/or discussed during the inspection:

- staff training records for the period 2019/20
- accident and incident records
- three patients' care records including relevant supplementary wound / repositioning care records
- a selection of governance audits
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- staff selection and recruitment records
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- a sample of patients' property records
- a sample of hairdressing and podiatry treatment records
- a sample of patients' income, expenditure and reconciliation records
- a sample of patients' personal monies authorisation documents
- a sample of patients' property records
- the record of safe contents
- Fire Risk Assessment
- Legionella Risk Assessment
- Maintenance report for the Fire Alarm and Detection System
- Maintenance report for the Emergency Lighting System
- Thorough examination report for Lifting Equipment.
- User checks of the building and engineering services

The findings of the inspection were provided to the deputy manager and resident experience support manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: Second time	The registered person shall ensure the following in relation to the provision of pressure area care to patients: <ul style="list-style-type: none"> • that pressure area care is provided to patients in keeping with any relevant care plan(s) which prescribe the pressure relief required • that supplementary repositioning records are completed contemporaneously, comprehensively and accurately in keeping with legislative and best practice guidance 	Met
	Action taken as confirmed during the inspection: Review of the care records for one patient requiring regular assistance with repositioning evidenced that this area for improvement was met. The need to ensure that repositioning care plans are regularly reviewed to ensure that the patient's repositioning schedule remains accurate, person centred and appropriate was agreed.	
Area for improvement 2 Ref: Regulation 27 (2) (p) and 27 (4) (d) Stated: First time	The registered person shall ensure the following with regards to the designated smoke room on the first floor: <ul style="list-style-type: none"> • The installation of a self-closure device on the smoke room door • The installation of mechanical ventilation in the smoke room 	Met
	Action taken as confirmed during the inspection: Review of the environment during this inspection evidenced that this area for improvement was met. Regular checks to the smoking room are in place to ensure both the ventilation and door closer continue to work effectively.	

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.

Upon arrival to the home we were greeted by the deputy manager. The foyer entrance was neatly and attractively presented and also provided access to an outside garden, which is discussed further below.

Staffing levels within the home were discussed and reviewed with the deputy manager who confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. No patients or staff expressed any concerns in regard to staffing levels.

We were told by staff that they received regular mandatory training to ensure they knew how to provide the right care. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home. One staff member told us "If ever I've got a problem, I can talk to (the manager) or (deputy manager)."

The way in which staff are supported in their roles was considered. A review of supervision and appraisal records for staff highlighted that a robust system was in place and regularly monitored by the manager.

A review of governance records provided assurance that all notifiable incidents had been reported to the Regulation and Quality Improvement Authority (RQIA) as required. It was further noted that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

Appropriate governance arrangements were in place to ensure that all staff attend adult safeguarding training and have sufficient awareness of the home's adult safeguarding policy to help ensure that it is embedded into practice. The deputy manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home. While the majority of staff who were spoken with expressed a good understanding of how to recognise and respond to potential safeguarding incidents, one staff member did not. This was discussed with the deputy manager who agreed to ensure that additional discussion would be conducted with the staff member as part of a supervision session.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The interior of the home was neat and fresh smelling throughout. Some areas did require minor de-cluttering and this was highlighted to the deputy manager who agreed to action this before conclusion of the inspection. It was positive to note that the first floor nursing station had been refurbished and staff commented positively about this. However, it was noted that the bench counter at this station did have some edging which should be appropriately covered to ensure patient safety; the deputy manager agreed to address this. Review of the 'Featherstone' wing provided assurance that this part of the home was generally well maintained and included areas of personalisation and stimulation for patients. The deputy manager was informed about one external door handle which was notably loose and a damaged window within the unit; the deputy manager agreed to have maintenance

staff repair the door handle and it was confirmed following the inspection that the damaged window had been replaced.

Feedback from domestic staff highlighted that new equipment was required for effectively shampooing carpets within the home. While some equipment had been provided for this purpose prior to the inspection, domestic staff indicated that it was not suitable. This was discussed with Elaine McShane who agreed to ensure that the required equipment was ordered immediately.

A current fire risk assessment for the premises was not available for review, however following the inspection the fire risk assessment was submitted to RQIA. The fire risk assessment was carried out 14 November 2018 and all the issues have been addressed. The fire risk assessment was undertaken by a person holding professional body registration for fire risk assessors.

The servicing of the fire detection and alarm system, emergency lighting installation and fire-fighting equipment was being undertaken in accordance with current best practice guidance. Extensive user checks were also being documented and maintained.

One chair which was adjacent to an identified fire exit was removed at the inspector's request to ensure that the area was suitably free from obstruction. Fire exits and escape routes thereafter were observed to be free from clutter throughout the inspection while staff adhered to good fire safety practices.

A current risk assessment with regard to the control of legionella bacteria in the premises' hot and cold water systems was carried out in March 2019 and the significant findings from this assessment were being addressed. Again, the servicing of these systems and the user checks were being maintained in accordance with current best practice guidance.

During the inspection it was noted significant improvement was required to the external environment of the home. The bushes and shrubs in garden area, accessible to patients from the lounge, had become overgrown and the paths were obstructed. Tree stumps required removal and the fencing needed replaced in order to provide a safe and secure area for patients to use. Following ongoing correspondence with the Four Seasons Property Manager in the days after the inspection, RQIA welcomes the confirmation that this area has now been cleared, tree stumps removed and a new secure perimeter fence erected. This will now provide a safe and secure area for patients to access. A maintenance contract has also been established for the future upkeep of the garden area.

It was noted that nursing staff demonstrated a good awareness of the need to date antibiotic medicines upon opening and no such medicines were noted to be out of date from the sample examined. The cleanliness of aero chambers was also considered. Those sampled were found to be appropriately clean although the need to ensure that attached mouth pieces (and also inhaler mouth pieces) are thoroughly cleaned at all times was stressed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training and monitoring the professional registration of staff.

Areas for improvement

No areas for improvement were identified.

	Regulations	Standards
Total numb of areas for improvement	0	0

6.4 Is care effective?

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

Discussion with staff and the deputy manager evidenced that nursing/care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' conditions and that they were encouraged to contribute to the handover meeting.

Staff who were spoken with stated that that if they had any concerns, they could raise these with their line manager and/or the registered manager. One staff member told the inspector "I do enjoy working here ... everyone works together well as a team."

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. Review of care records evidenced multi-disciplinary working and collaboration with professionals such as general practitioners (GP), tissue viability nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found.

Care records also evidenced that a range of validated risk assessments were used and informed the care planning process.

Wound care provision was also examined. The care records for one patient who required ongoing wound care evidenced that nursing staff had carried out wound care in compliance with the patient's assessed wound care needs. A supplementary wound care file was used by nursing staff was noted to be well maintained and contained accurate and current information concerning the patient's wound care needs / advice from the attending TVN.

The management of those patients who may experience a fall was also examined. The care records for one such patient did include a detailed and person centred care plan. There was also clear evidence of relevant discussion with the patient's family. However, the documenting of post fall neurological observations was found to be inconsistent. An area for improvement was made. This was discussed with the deputy manager who agreed to place appropriate advice for nursing staff at each nursing station, schedule supervision sessions with nursing staff to discuss how best to manage patients following a fall and to discuss with the manager how this aspect of care may be closely monitored.

Observation of patients who were seated within communal lounges highlighted that one patient was not assisted in a timely manner with their toileting needs. An area for improvement was made. It was also noted that drinks were not readily available and/or on display within communal lounges for patients. It was agreed with the deputy manager that fluids should be available within communal lounges throughout the day. An area for improvement was made.

Observation of one patient eating their breakfast within their bedroom highlighted the need for staff to ensure that such patients are positioned in a comfortable and appropriate position at all times. The deputy manager agreed to discuss and monitor this with staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff communication with one another and wound care.

Areas for improvement

Area for improvements were noted in regard to post falls management, the availability of fluids and assisting patients with toileting needs.

	Regulations	Standards
Total number of areas for improvement	0	3

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.

Throughout the inspection, staff interactions with patients were observed to be compassionate, timely and caring. Discreet observation of staff highlighted a high level of patient and effective engagement to some patients who were displaying distressed reactions. This is commended.

Staff demonstrated a good knowledge of patients’ wishes, and preferences as identified within the patients’ care plans. Staff were also aware of the requirements regarding patient information and confidentiality.

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

Discussions with staff provided evidence that they considered the manager to be supportive and approachable and they felt confident that they could raise concerns if they arose.

There was evidence of ongoing commitment to person centred formal and informal activities for patients. Staff who were spoken with demonstrated a good awareness of the need to meet patients’ needs in a holistic way which values their personal preferences, likes and dislikes.

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

- “You can’t complain about anything.”
- “The Home is lovely.”
- “The staff are very good.”

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

- “(The patient) gets the very best of care.”
- “The staff are very good.”

Feedback received from a visiting professional during the inspection included the following comments:

- “Anytime I come in, there’s something (activities) going on ... and there’s always staff in the lounges.”

The visiting professional also advised that the manager had been extremely proactive with regard to managing the needs of patients presenting with behaviours which may be challenging.

During the inspection, activities staff were observed engaging with patients in an enthusiastic and compassionate manner; this included a variety of both group and one-to-one activities. Activities signage was clearly on display and included future events throughout 2019 up to the end of the year.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of activities and staff communication with patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	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.

Discussion with the deputy manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

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

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. It was also confirmed with the deputy manager that any expression of dissatisfaction should be recorded appropriately as a complaint.

Discussion with the deputy manager and a review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Staff recruitment information was available for inspection and records for one staff member evidenced that all relevant checks including enhanced AccessNI checks were sought, received and reviewed prior to them commencing work.

Discussion with the deputy manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to bed rail use, patients' weights and the use of restrictive practices. All audits which were sampled had been completed in an effective and robust manner.

Management of patients' monies

A finance inspector visited the home on 13 August 2019 to validate the areas for improvement identified in the previous finance inspection of the home carried out on 14 January 2016.

A sample of hairdressing and podiatry treatment records were reviewed to establish whether these records were maintained in keeping with the Care Standards for Nursing Homes (2015). A review of the documents identified that while a number of hairdressing treatment records were correctly maintained, within the sample, other records had not been signed by either the hairdresser or by a representative of the home, or both (as is required). Podiatry treatment records were signed by the podiatrist; however none were signed by a representative of the home. As this area for improvement was identified at the previous finance inspection, it is therefore listed in the quality improvement plan for the second time and requires urgent review by the registered person.

The care files for six patients were also requested for review to identify whether an up to date record of their furniture and personal possessions was on file and being maintained. These records should be updated quarterly and signed and dated by two people. A review of the files identified that one patient did not have any record of their property on file. This was identified as a new area for improvement. For the remaining five patients, their records failed to evidence that they had been updated on at least a quarterly basis. None of the records had been signed by two people (one record had not been signed or dated). As ensuring that these records are updated quarterly basis by two people was listed as an area for improvement following the previous finance inspection, this area for improvement is listed in the quality improvement plan for the second time and requires urgent review by the registered person.

A sample of patients' income and expenditure records were reviewed to ensure that there was no evidence that staff had used their personal store loyalty cards to earn points while making purchases on behalf of patients. This review evidenced several instances where a store loyalty card had been used while purchases with patients. As this area for improvement was identified at the previous finance inspection, it is therefore listed in the quality improvement plan for the second time and requires urgent review by the registered person.

The six patients' finance files were also reviewed to establish whether signed personal monies authorisations were in place. This provides the home with written authority to spend the identified patient's money on certain goods and services. Of the sample of six files reviewed, only five patients had this document on their file, one patient did not. As all patients in the sample did not have this on their files, this area for improvement is listed in the quality improvement plan for the second time and requires urgent review by the registered person.

A sample of patients' income and expenditure records and the records of safe contents were reviewed. This was carried out to establish whether a reconciliation of monies and valuables was being carried out by two people at least quarterly. This review identified that patients' monies and comfort fund monies were routinely reconciled by two people. The most recent reconciliation carried out was dated June 2019. However it was noted that record of safe contents which included a large number of personal items belonging to patients had not been reconciled routinely by two people. This record identified that one member of staff had signed the safe contents check in January, February, June and July 2019. As ensuring that all monies and valuables are reconciled by two people at least quarterly was identified at the previous finance inspection, it is therefore listed in the quality improvement plan for the second time and requires urgent review by the registered person.

All five areas identified for improvement as part of the previous inspection have been listed in the quality improvement plan for the second time. In addition, two further areas for improvement have also been identified. One of these areas is to ensure that for the next three months, the visits by the registered provider will include a review of the oversight of patients' finances and the progress with sustaining improvement in this area, including specifically, the areas identified as part of the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to quality assurance audits and complaints management.

Areas for improvement

Areas for improvement were identified in relation to the management of patients' monies and valuables.

	Regulations	Standards
Total number of areas for improvement	2	5

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Patricia Fitzpatrick, Deputy Manager, and Elaine McShane, Resident Experience Support Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 19 (2) Schedule 4 (10)</p> <p>Stated: First time</p> <p>To be completed by: 27 August 2019</p>	<p>The registered person shall ensure that a record is made of the furniture and personal possessions which each patient has brought into their room.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All residents within the home have an accurate record of all valuables and belongings they brought with them into the home. All care files now include an auditing tool where the valuables will be checked quarterly.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: November 2019</p>	<p>The registered person shall ensure that for the next three months, the visits by the registered provider will include a review of the oversight of patients' finances and the progress with sustaining improvement in this area, including specifically, the areas identified as part of the inspection.</p> <p>Ref:6.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Reg 29 visit on September 26th included checks of podiatry and hairdressing records to ensure 2 signatures are in place and that both nurses and hairdresser and podiatry sign for any treatments given. In addition signed by the home manager to ensure accurately completed.</p>
<h3>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</h3>	
<p>Area for improvement 1</p> <p>Ref: Standard 14.13</p> <p>Stated: Second time</p> <p>To be completed by: 14 August 2019</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: 6.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A new form has been implemented that reflects the nurse in charge signature alongside the podiatrist/hairdresser signature to confirm treatment was given. It is also signed by the home manager to ensure appropriately completed and to verify treatment given and payment received.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 14.13</p> <p>Stated: Second time</p> <p>To be completed by: 14 August 2019</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: 6.6</p>
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	Response by registered person detailing the actions taken:
Area for improvement 3 Ref: Standard 14.16 Stated: Second time To be completed by: 14 August 2019	The registered person shall ensure that where staff purchase items on behalf of residents, any store loyalty points earned are owned by the resident and this is documented on the receipt. Where a resident is not a member of a loyalty scheme, staff do not benefit from the transaction by using their personal loyalty cards. Receipts for such purchases are returned to the resident for their own records. Ref: 6.6
	Response by registered person detailing the actions taken: A verbal supervision was given by all unit leads at their meetings that the staff were not allowed to purchase items for residents on their behalf and claim their points. It has been agreed moving forward that only the Personal Activity Leaders within the home should purchase goods for residents unless agreed by the home manager in the absence of both these staff.
Area for improvement 4 Ref: Standard 14.6 Stated: Second time To be completed by: 13 September 2019	The registered person shall ensure that where a home is responsible for managing a resident's finances, the arrangements and records to be kept are specified in the individual agreement. Written authorisation is obtained from each resident or their representative to spend the resident's personal monies to pre-agreed expenditure limits. Ref: 6.6
	Response by registered person detailing the actions taken: All residents within the home have an agreement in place
Area for improvement 5 Ref: Standard 14.25 Stated: Second time To be completed by: 31 August 2019 and at least quarterly thereafter	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 is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff. Ref: 6.6
	Response by registered person detailing the actions taken: The reconciliation of monies held by the home is recorded and signed by the home administrator and the home manager. A new audit tool is available in all care files to ensure patient property and valuables is audited and checked quarterly by their named carers.
Area for improvement 6 Ref: Standard 22 Stated: First time	The registered person shall ensure that patients' neurological observations are obtained and documented in keeping with best practice standards following actual and/or suspected head injuries following a fall.

To be completed by: With immediate effect	Ref: 6.4
	Response by registered person detailing the actions taken: All staff have received verbal supervision. Falls management was also discussed at nurses meeting and all nurses reminded that neurological observations must be completed for all falls where a head injury or suspected head injury has taken place. These observations are to continue until such times as instruction is received from the doctor to stop the observations. All observations are kept in the residents care file alongside the post fall investigation report. Compliance will be monitored through the auditing process.

<p>Area for improvement 7</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that suitable fluids are available for all patients in communal lounges at appropriate times. This area for improvement does not include the Featherstone wing in which this aspect of care requires a different approach due to the needs of patients within that part of the home.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: There are fluids available in all lounge areas for residents to avail of fluids throughout the da. This is in addition to normal tea trolleys and meal times throughout the day Compliance will be montiored via the daily walk around audit and via the reg 29 audit undertaken by the Regional Manager.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that patients are assisted with toileting needs in a timely manner at all times. This also includes those patients who require stoma care.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: All residents are assisted to toilet on request and at least every 3 to 4 hours. All staff were advised to ensure that any call bells are responded to in a timely manner to ensure resident's comfort.</p>

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



The **Regulation** and
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