

Unannounced Care Inspection Report 9 April 2018



Cherryvalley Care Home

Type of Service: Nursing Home
Address: 14-24 Kensington Drive, Belfast, BT5 6NU
Tel no: 028 9040 1560
Inspector: Lyn Buckley

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 46 persons.

3.0 Service details

<p>Organisation/Registered Provider: Four Seasons Health Care</p> <p>Responsible Individual(s): Maureen Claire Royston</p>	<p>Registered Manager:</p>
<p>Person in charge at the time of inspection: Registered Nurse C Policarpio – 07:00 to 08:00 hours. Nursing Sister T Taytayon 08:00 to 09:00 hours. Manager – Catalina Puiu from 09:00 hours</p>	<p>Date manager registered: Catalina Puiu – application received and registration pending</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.</p>	<p>Number of registered places: 46</p>

4.0 Inspection summary

An unannounced inspection took place on 9 April 2018 from 07:00 to 15:30 hours. The inspector was accompanied by a Lay Assessor from 09:40 to 13:00 hours.

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 and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff recruitment and training, rapport and interaction between patients and staff, care staff knowledge of patient's preferences, delivery of handover report and manager's availability to patients, staff and representatives.

Areas requiring improvement were identified in relation to notification of events, fire safety, securing of medicines, infection prevention and control, quality monitoring reports, securing of patient information, record keeping and registered nurses' knowledge of patients with a pressure ulcer.

The majority of patients described living in the home in positive terms. Feedback from patients who expressed concerns was provided to the manager during feedback. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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	5	*5

*The total number of areas for improvement include one standard which has been stated for a second time. Refer to section 6.2.

Details of the Quality Improvement Plan (QIP) were discussed with Catalina Puiu, 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 10 January 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 10 January 2018. There were no actions required to be taken following this inspection. Enforcement action did not result from the findings of this 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, Trusts' quality monitoring issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with 11 patients individually and with other in small groups, 16 staff, one visiting professional briefly and one patients' visitor/representative. Questionnaires were also left in the home to obtain feedback from patients' representatives. A poster was provided which directed staff to an online survey and staff not on duty during the inspection.

A lay assessor was present during the inspection and their comments are included within this report.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for nursing and care staff for week commencing 12 February 2018 and from 2 to 15 April 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records 2017/18
- incident and accident records from 1 March 2018
- one staff recruitment and induction file – selected by the inspector
- five patient care records which included food and fluid intake charts and reposition charts as required
- staff supervision and appraisal planners
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005; from 1 January 2018

Areas for improvement identified at the last care inspection 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 the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 10 January 2018

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

6.2 Review of areas for improvement from the last care inspection dated 10 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
Area for improvement 1 Ref: Regulation 13 (1) Stated: First time	The registered provider must review the use of keypad locks within the nursing home in conjunction with guidance from the Department of Health on human rights and the deprivation of liberty safeguards (DoLs); and the home's registration categories.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and nursing staff and observations of the environments evidenced that this area for improvement had been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 23 Stated: First time	The registered provider should ensure that any staff member carrying out an assessment of a patient's skin is aware of how to do so and how to record their observations. Refer to NICE guidelines on the management and prevention of pressure damage; clinical guideline 179.	Met
	Action taken as confirmed during the inspection: Review of records and discussion with the manager and staff evidenced that this area for improvement had been met.	
Area for improvement 1 Ref: Standard 5 Stated: First time	The registered provider should ensure that patient information and records should be maintained in a confidential manner to ensure the privacy and dignity of patients is upheld.	Partially met
	Action taken as confirmed during the inspection: Observation in communal areas within the home and nurses stations evidenced that	

	<p>patient information was held confidentially. However, patient records were observed in a built in cupboard in the visitor's toilet which was unlocked. The manager confirmed the cupboard was used as an archive store.</p> <p>This area for improvement is stated for a second time as it was only partially met.</p>	
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6.3 Inspection findings

6.4 Is care safe?

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

The nurse in charge of night and day shifts and the 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 nursing and care staff rota for week commencing 12 February 2018 and from 2 to 15 April 2018 evidenced that the planned staffing levels had been reviewed and were adhered to. Ancillary staff rotas and discussion with housekeeping staff 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 there was sufficient staff on duty to meet the needs of the patients. Staff said that on occasions staffing levels were affected by short notice leave. However, they also confirmed that this happened occasionally and that shifts were generally "covered". Night staff confirmed that the staffing levels for night duty had been increased since the end of February 2018 from three to four staff on duty overnight. Night staff felt this had enabled them to provide care in a more timely manner particularly at the start of the night shift. We also sought staff opinion on staffing via the online survey. At the time of writing this report none had been received.

All patients spoken with indicated that they thought highly of the nursing and care staff. The majority of patients said they felt safe and well care for. However, other patients said they were very concerned regarding staff working under pressure due to paper work requirements and low staffing levels. One patient stated that they had been told that staff were busy as "three staff had not turned up for work this morning". We were aware from discussion with staff and review of records that the full complement of staff had reported for both the night and day duty. Another patient raised a number of specific concerns with us. We reviewed the home's complaint records and discussed the concerns raised with the manager during feedback. Review of records evidenced that the manager was aware of these issues and had already addressed them or was working in conjunction with South Eastern health and Social Care Trust staff (SEHSCT) to address others.

One relative spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. At the time of writing this report none had been returned.

As stated previously, 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.

Review of one staff recruitment file evidenced that recruitment records were 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 the staff member commencing work. Discussion with staff confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

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.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2017/18. 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 2015. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

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

Review of five patients' care records evidenced that a range of validated risk assessments were completed and reviewed regularly. These assessments informed the care planning process. Details regarding the inspection findings regarding record keeping can be viewed in section 6.5.

We reviewed accidents/incidents records from 1 March 2018 in 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 evidenced that at least three accidents where patients sustained a head injury and /or medical attention or advice was sought had not been notified to RQIA as required. An area for improvement under the regulations was made. We received notification of two of the incidents identified post inspection.

Discussion with the manager and review of records confirmed that on a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. 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.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be

warm, patient's bedrooms were personalised and communal areas were clean and tidy. A malodour was detectable on the ground floor area adjacent to the treatment room. The malodour was not attributed to the sluice room or bathroom but pervaded the corridor area and became more evident over time. This was discussed with the manager who confirmed that senior management had also identified this issue. An area for improvement, under the standards was made.

Fire exits and corridors were observed to be clear of clutter and obstruction. One fire door was observed to be propped open with a full oxygen cylinder. The door was one of the doors to the ground floor treatment room. An area for improvement under the regulations was made.

In addition the treatment room doors on both floors were unlocked and the day duty registered nurse (RN), from a nursing agency on the first floor, had left the medicine trolley open, with the keys in the trolley door and unattended. When this was observed we remained with the trolley until the RN returned. The RN was aware of their professional responsibilities and apologised. This was reported to the manager and the support manager; the support manager agreed to provide support to the RN as it was their first shift on the floor. An area for improvement under the regulations was made.

Observation of practices and care delivery, discussion with staff and review of records evidenced that infection prevention and control measures (IPC) and practice guidance were consistently adhered to. For example, staff were observed using personal protective equipment (PPE) such as aprons and gloves appropriately.

We examined how patient equipment was maintained and cleaned. Two nebulisers were examined and found to be clean with appropriate protection of the mask and tubing in place. Two hoists and two hoist slings were observed to be clean and free from dust. We also examined one shower chair and five commodes that staff confirmed had been cleaned were ready for use. Only the shower chair was visibly clean with the commodes observed to have staining from faeces and urine both inside and outside the commode pots and the underside of the commode seats. Two commodes were particularly dirty with evidence of faecal staining on the underside of the commode seat and pots and talcum powder evident on the back and arm rests and the seat covers. One commode which was confirmed by the manager as new could not be cleaned effectively as the underside of the seat was made up of several modules rather than a smooth cleanable surface. We had conducted this examination with two of the night staff and one member of day staff observing. Staff immediately arranged for the commodes to be thoroughly cleaned.

The cleanliness of commodes had been raised by a complainant prior to the inspection and it was concerning that the effective cleaning of commodes was not embedded into practice; in accordance with IPC practices and guidance. An area for improvement was made under the regulations.

Discussion with the manager and nursing staff confirmed that there were no healthcare acquired infections (HCAI) in the home at the time of this inspection, and that no one was currently on any antibiotic therapy for infections such as urinary tract infections or chest infections. The manager was aware of her responsibilities regarding IPC measures and how/when to report an outbreak of infection to the Public Health Authority (PHA) and RQIA.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal.

Areas for improvement

The following areas were identified for improvement in relation to notification of events to RQIA, fire safety, management of medicines, infection prevention and control practices and the management of malodour.

	Regulations	Standards
Total number of areas for improvement	4	1

6.5 Is care effective?

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

We reviewed five patient care records in relation to the management of nutrition, falls, patients' weight, and wound care. All five records contained nursing risk assessments and care plans that had been regularly reviewed and a daily record was maintained to evidence that nursing staff had evaluated the delivery of care. Care records also evidenced that referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians as required. However, we evidenced that patient risk assessments and care plans were not reviewed when changes in the patient occurred, for example, when a patient experienced a fall; a number of care plans were duplicated and in one record the body map contained out of date and contradictory information. Details were discussed with the manager during feedback and an area for improvement under the care standards was made.

Supplementary care charts such as repositioning records and fluid intake charts were maintained. However, in one of the repositioning charts reviewed 'gaps' in recording the delivery of care over the weekend period were evidenced, of up to 12 hours. This was concerning and details were discussed with the manager who agreed to address this with the staff concerned. We were assured from discussion with the patient that they had been repositioned regularly over the weekend period however, the record keeping did not support this and an area for improvement under the care standards was made.

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. We observed the handover report on the ground floor between night and day staff. The report consists of a walk through the home with nursing and care staff and information on each patient provided. The day staff also greeted the patient if they were awake. This is good practice.

We asked the nurse in charge of the night duty and day duty for details on the incidences of pressure ulcers in the home; and we confirmed this with the manager. The manager held a record of all incidences of wounds, including pressure ulcers, and the current status of the wounds. Review of two patient wound care records confirmed the manager's record was accurately reflected the patient care needs and treatment provided. It was concerning that the

registered nurses spoken with were unable to confirm which patients required care and treatment for pressure ulcers. An area for improvement under the standards was made.

We observed the delivery of care to patient during the serving of breakfast and the lunchtime meal. Staff were observed to meet the patient's needs appropriately. Staff were aware of how to modify fluids as required. Patients spoken with in the dining room confirmed that staff were attentive and provided the care they needed. For example, one patient said that "the head woman" had sorted out a choking problem and was "delighted" that they could "enjoy their cups of tea without worrying now." In addition this patient also required other specific nursing care. Review of both areas of care as recorded in the patient's records evidenced that this patient care needs were reviewed regularly and were reflective of current recommendations made by other healthcare professionals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the handover report process, management overview records pertaining to the incidences of wounds and pressure ulcers in the home, one patient's specific care needs and delivery of care during mealtimes.

Areas for improvement

The following areas were identified for improvement in relation to care records and the knowledge of registered nurses regarding the incidence of pressure ulcers.

	Regulations	Standards
Total number of areas for improvement	0	3

6.6 Is care compassionate?

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

We arrived in the home at 07:00hours and were greeted by staff who were helpful and attentive. The home was quiet and staff were busy but not rushed. Staff confirmed that no one was up and dressed but that two patients were awake and that this was their usual pattern. Discussion with one of the patient's confirmed this and that they had been offered a hot drink while waiting for breakfast.

Patient had the choice to eat breakfast in the dining room while others had breakfast in their bedroom. A mid-morning tea/coffee trolley with freshly baked scones and biscuits was provided around 11:00 hours. Some patients preferred to sit in one of the home's lounges and others remained in their bedroom or bed, again 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.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

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. A small group of patients were observed to be enjoying a bingo session after lunch.

Patient's bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Discussion with patient and catering staff confirmed that a choice of meal was provided and if required additional choices could be catered for.

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

"Thank you so much for the kindness, love and care you gave..."

"Thank you for looking after my ... so well during her recent illness and hospitalisation; and for being so supportive to ...us as a family."

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with 11 patients individually, and with others in smaller groups, confirmed that the majority of patient liked living in the home. As stated in section 6.4 some other patients raised concerns regarding staffing levels and their specific care needs. RQIA were satisfied from discussion with the manager and review of the complaints record that the home and/or the Trust were addressing and/or investigating these concerns.

Patient comments included:

"the cleaners are terrific."

"If you want certain foods they'll get it for you."

In relation to staffing; "It seems ok."

"We don't have enough staff here."

"As far as I am concerned I'm well looked after."

"The only thing I have against them, they are so busy they don't have time for anything."

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.

Ten relative questionnaires were provided none were received in time for inclusion in this report.

Staff were invited to respond to an online survey. No responses were received at the time of issuing this report.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to rapport and interaction between patients and staff, dignity and privacy, early morning care and the provision of activities.

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 the manager and RQIA have received an application to register the manager.

A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with the manager, staff and patients evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

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. Equality data was collected as part of the admission process and managed in line with best practice guidance.

Review of the home's complaints records evidenced that the record was reflective of the concerns expressed to RQIA during the inspection. Systems were in place, and implemented, 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.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents. In addition robust measures were also in place to provide the manager with an overview of the management of wounds occurring in the home and the use of equipment that could restrict the liberty of patients such as bedrails and alert mats. An area for improvement has been made regarding the knowledge of registered nurses regarding the incidence of pressure ulcers. Refer to section 6.5 for details.

Discussion with the manager confirmed 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. However review of the reports of this visit from 1 January 2018 evidenced that the report for March 2018 was not available in the home.

In addition two of the three incidents not notified to RQIA as required, refer to section 6.4, had occurred in January 2018. The registered provider's monthly monitoring for February 2018 did not identify these deficits. We discussed the details and our concerns with the manager and an area for improvement under the regulations was made. RQIA received a copy of the report by email from the regional manager on 11 April 2018.

Prior to this inspection RQIA had received information regarding standards of care in Cherryvalley Care Home from the SEHSCT and from a complainant.

It is not the remit of RQIA to investigate complaints or potential adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required.

We inspected the home against the four domains and have made areas for improvement which reflect the concerns raised by the Trust and the complainant. However, we were assured through discussion with the manager and support manager that the concerns were being addressed and the complaint was being investigated. The manager also confirmed that senior managers from the organisation had visited the home recently to provide support and guidance.

Staff and patients spoken with confirmed that some recent changes had been beneficial but it was the general view expressed, that it was still too early to confirm if the changes were effective.

RQIA will continue to monitor this home through our regulatory processes.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the availability of the manager to patients, representatives and staff.

Areas for improvement

One area for improvement was identified in relation to the quality monitoring reports of visits undertaken in accordance with regulation.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Catalina Puiu, 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 30</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure that RQIA are notified of any events/incidents occurring in the nursing home in accordance with Regulation 30.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: A review of the incidents that occurred in the home has taken place and 2 incidents were found that had not been previously notified. Regulation 30 notifications were made to RQIA on 9th April 2018 these are identified as WPNT016086 and WPNT016080. However for WPNT016080 it was noted that the resident was sent to hospital, not as a result of an injury but because of high blood pressure. In the future if I am not sure if the incident requires a Regulation 30 notification I will seek advice .</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure that designated fire doors are not propped or wedged open at any time in accordance with fire safety regulations.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Supervision was conducted in relation to fire safety regulation re: wedging open a fire door. Furthermore the matter has been addressed also in the staff meeting held on 1st May 2018. Minutes of which are available in the Home. In the future this will move forward to disciplinary if non compliance observed. Meridian Daily walk audit will evidence my monitoring.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure that medications are stored securely at all times in accordance with regulations and professional standards and practices requirements.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: At an RN meeting held on the 1st May 2018 it was discussed that medication trollies are to be stored securely at all the times as per FSHC Management of Medicines Policy and Standards for Medicines Management. Agency staff nurse has been reported to the agency for non compliance regarding the storage of medication as per FSHC Policy and Standards for Medicines Management. Meridian Daily walk about will evidence my monitoring.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure that patients' equipment such as commodes and shower chairs are effectively cleaned between each patient use, in accordance with the regional infection prevention and control practice guidance.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Patient equipment cleaned on a daily basis or more often if required, a cleaning schedule is now in place to evidence the cleaning process.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2018</p>	<p>The registered person shall ensure that quality monitoring reports undertaken under Regulation 29 are available in the home; and that the robustness of the monitoring is reviewed to ensure the process captures any deficits in non-notification of events occurring in the home under Regulation 30.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: Regional Manager will ensure that Regulation Report 29 is available in the Home each month. Regulation 29 Report will differentiate falls with no injury from falls that required subsequent medical attention and this will be crossed referenced on the Regulation 29 Report.</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 5</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered provider should ensure that patient information and records should be maintained in a confidential manner to ensure the privacy and dignity of patients is upheld.</p> <p>Ref: Section 6.2</p> <p>Response by registered person detailing the actions taken: On the staff meeting held on the 1st May 2018 it was discussed the importance that patients information and records must be maintained in a confidential manner. Meridian Daily walk about will evidence my monitoring.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2018.</p>	<p>The registered person shall ensure that malodours are managed effectively and where possible eliminated.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: A quotation for vinyl flooring has been requested for both floors and the stairwells. Capex sent for approval for RM and MD authorisation.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2018.</p>	<p>The registered person shall ensure that patient care records are reflective of the assessed needs of the patient and updated when any changes occur in the patient's condition.</p> <p>Out of date information should be archived to avoid confusion.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Resident Care Traca will evidence that patient care records are reflective of resident assessed needs and updated as required. The matter has been discussed also in the RN meeting held on the 1st May 2018.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure that reposition charts are recorded contemporaneously and in accordance with the patient's assessed nursing needs and care plan.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Staff supervision recorded with staff concerned and also the matter was discussed on the staff meeting on 1st May 2018.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 41.7</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2018</p>	<p>The registered person shall ensure that registered nurses working in the home are aware of the patients who require care and treatment for pressure ulcers.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: The matter has been discussed on the staff meeting on the 1st May 2018, further more the RNs are required to keep monthly wound analysis up to date.</p>

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



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