Announced Enforcement Compliance Inspection

Name of Establishment: Clifton Nursing Home

Establishment ID No: 1073

Date of Inspection: 23 February 2015

Inspector's Names: Sharon Loane and Heather Sleator

Inspection ID 021216

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General Information

Name of Home:	Clifton Nursing Home
Address:	2a Hopewell Avenue Belfast BT13 1DR
Telephone Number:	028 9032 4286
E mail Address:	Manager.clifton@runwoodhomes.co.uk
Registered Organisation/ Registered Provider:	Runwood Homes Mr Nadarajah (Logan) Logeswaran
Registered Manager:	Miss Nicola Scovell, Manager (registration pending)
Person in Charge of the Home at the Time of Inspection:	Miss Nicola Scovell, Manager (registration pending)
Categories of Care:	NH-DE, NH-I, NH-PH
Number of Registered Places:	100
Number of Patients Accommodated on Day of Inspection:	92
Scale of Charges (per week):	£581.00-£716.00 per week plus a top up fee of £ 30.00 per week for general nursing and £35.00 per week for dementia.
Date and Type of Previous Inspection:	Unannounced Secondary Inspection 9 December 2014
Date and Time of Inspection:	Enforcement Compliance Inspection 23 February 2015 09:30 – 17:00 hours
Name of Inspector:	Sharon Loane Heather Sleator

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process.

1.2 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with Radan Mauremootoo, Director of Service Development, Runwood Homes Ltd
- Discussion with Nicola Scovell, Home Manager
- Discussion with staff
- Discussion with patients individually and to others in groups
  Discussion with visiting relatives
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care plans
- Observation during a tour of the premises
  Evaluation and feedback.

1.3 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the three Failure to Comply Notices issued on 22 December 2014. The inspection also sought to review the level of compliance achieved with respect of the the quality improvement plan (QIP) of the previous inspection of 9 December 2014.

1. FTC Ref: FTC/NH/1073/2014-15/01

Regulation not complied with:

The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 12 (1) (a) and (b)

The registered person shall provide treatment, and any other services to patients in accordance with the statement of purpose, and shall ensure that the treatment and other services provided to each patient –
(a) meet his individual needs;
(b) reflect current best practice;

2. FTC Ref: FTC/NH/1073/2014-15/02

Regulation not complied with:

The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 12 (4) (a), (b), (c), (d) and (e)

The registered person shall ensure that food and fluids –
(a) are provided in adequate quantities and at appropriate intervals;
(b) are properly prepared, wholesome and nutritious and meets their nutritional requirements;
(c) are suitable for the needs of patients;
(d) provide choice for the patients; and
(e) that the menu is varied at suitable intervals.

3. FTC Ref: FTC/NH/1073/2014-15/03

Regulation not complied with:

The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 13 (1) (a) and (b)

The registered person shall ensure that the nursing home is conducted so as –
(a) to promote and make proper provision for the nursing, health and welfare of patients;
(b) to make proper provision for the nursing and where appropriate, treatment and supervision of patients.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	**Definition**	**Resulting Action in Inspection Report**
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

2.0 Profile of Service

Clifton Nursing Home is situated in Carlisle Circus, Belfast. The nursing home is operated by Runwood Homes Ltd.

The current manager is Miss Nicola Scovell; Miss Scovell has been issued with an application form for registration by RQIA. Upon receipt of a completed application form, the registration process will commence.

Accommodation for patients is provided on three suites, Benn Suite is situated the ground floor, Toby Hurst is on the first floor and Donegal Suite is on the second floor of the home. Access to the first floor is via a passenger lift and stairs.

Communal lounges and dining areas are provided within each suite.

The home also provides for catering and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home. The home has a hairdressing facility, a designated area for worship, a conservatory and a secure garden.

The home is registered to provide care for a maximum of 100 persons under the following categories of care:

<u>Nursing care</u>

I	old age not falling into any other category
PH	physical disability other than sensory impairment under 65
DE	dementia care to a maximum of 40 patients accommodated within the dementia unit on the ground floor.

3.0 Summary

This summary provides an overview of the services examined during an announced enforcement compliance inspection to Clifton Nursing Home. The inspection was undertaken by Sharon Loane and Heather Sleator on 23 February 2015 from 09:30 to 17:00 hours.

The inspectors were welcomed into the home by Radan Mauremootoo, Director of Service Development, Runwood Homes Ltd and Nicola Scovell, Home Manager who were available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to Raden Mauremootoo and Nicola Scovell at the conclusion of the inspection.

The purpose of the inspection was to assess the level of compliance achieved by the home with the three Failure to Comply Notices issued on 22 December 2014.

During the course of the inspection, the inspectors met with patients, staff and visiting relatives. The inspectors observed care practices, examined a selection of records and carried out a general inspection of the nursing home environment as part of the inspection process.

As a result of the previous inspection conducted on 9 December 2014, 15 requirements and one recommendation were issued.

These were reviewed during this inspection. The inspectors evidenced that seven requirements had been fully complied with. The remaining areas for improvement and compliance with regulation were in relation to restrictive practice and governance and management arrangements of the home. Details can be viewed in the section immediately following this summary.

Inspection findings

Evidence was available to validate full compliance with the following Failure to Comply Notice:

FTC/NH/1073/2014-15/02

The inspectors were unable to validate full compliance with the following notices:

FTC/NH/1073/2014-15/01
FTC/NH/1073/2014-15/03

There was evidence of some improvement and progress to address all matters within the above failure to comply notices. An extended period of time was granted by RQIA to enable the required improvements to be made. Compliance with both notices must be achieved by 25 March 2015.

Conclusion

At the time of this inspection, the delivery of care to patients' evidenced improvement, and this was also confirmed by relatives who met with the inspectors. Relatives stated they could see an improvement in the home.

The home's general environment was observed to be clean and well maintained and patients were observed to be treated with dignity and respect.

Staff consulted confirmed that they had a greater understanding of the needs of patients with dementia and the changes made to the environment were very positive and benefitted the patients. Relatives commented on the cleanliness of the home, that staff keep them informed of all aspects of care and that there had been an improvement in the home.

Eight requirements and one recommendation have been made as a result of this inspection. The requirements and recommendation are detailed throughout the report and in the quality improvement plan (QIP).

The inspectors would like to thank patients, management, registered nurses, staff and relatives for their assistance and co-operation throughout the inspection process.

4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	12 (1) (a) and (b)	It is required the registered persons must ensure individualised care plans are in place which meet the assessed needs of the patient in respect of restrictive practice.	The review of 11 patients' care records did not evidence that the risk assessments completed had identified the rationale for the use of a restrictive practice, for example, sensor mats. Three patients' care records did not have a care plan in place in respect of restrictive practice.	Moving towards Compliance
2	12 (1) (a) and (b)	It is required the registered persons must ensure the use of restrictive practice is in accordance with best practice guidance.	The review of 11 patients' care records did not evidence a consistent approach to risk assessment, identifying the least restrictive practice to be used; and three patients did not have a care plan in place where a restrictive practice was in use. Please see requirement 4 for further comment.	Moving towards Compliance
3	16 (1)	It is required the registered persons must ensure that care plans are maintained with sufficient and accurate detail to direct staff regarding any restrictive practice.	The review of patients care records did not evidence that in all cases, care interventions within care plans defined the need for or use of a restrictive practice. Evidence was not present in the evaluation of care of the continued need for restrictive practice or of the patient's response to care interventions.	Moving towards Compliance

4	14 (4)	It is required the registered person must ensure registered nurses have undertaken training in restraint/restrictive practice.	The review of staff training records did not evidence registered nurses had completed training in restraint/restrictive practice. Management stated the training is scheduled for 5 March 2015.	Not Compliant
5	12 (1) (a) and (b)	It is required the registered persons must ensure there is an effective system in place to review the management of restrictive practice. A record of any evaluation or audit undertaken must be retained and any deficits identified must be fully addressed.	The review of audits undertaken in respect of restrictive practice did not evidence a consistent and robust approach. The audit documentation did not correspond to the restrictive practice in use. The information on the audit documentation should accurately reflect the type of restrictive practice in use.	Moving towards Compliance
6	19 (2) Schedule 4, 13	It is required the registered persons must ensure patients nutritional and fluid intake recording charts are completed in a consistent manner and accurately reflect the meal eaten by patients.	The review of a sample of patients' nutritional and fluid intake recording charts evidenced that they had been recorded in a consistent manner and in sufficient detail so as to determine that a patient's diet was satisfactory.	Compliant

7	12 (1) (a) and (b)	It is required the registered persons must ensure that meals and mealtimes are in accordance with best practice for persons with dementia.	The observation of the midday meal confirmed that there had been an improvement in the approach to mealtimes. Dining tables were appropriately set, patients' choice of meal was provided for, the day's menu was displayed in a suitable format and the mealtime was relaxed and not rushed in any manner.	Compliant
8	12 (1) (a) and (b)	It is required the registered persons must ensure that dining tables are at all times clean and dining table presentation is in accordance with best practice for persons with dementia.	The observation of the midday meal confirmed that dining tables were attractively set, a range of condiments was available on tables, napkins/dignity protectors were in use and a choice of fluids was available.	Compliant
9	14 (2) (c)	It is required the registered persons must ensure staff undertake basic food training and adhere to food hygiene guidelines when participating in the serving of patients' meals. A record of any training undertaken must be retained.	The review of staff training records evidenced that 80% of staff had completed basic food hygiene training. The observation of the midday meal confirmed food hygiene principals were being adhered to.	Compliant

10	14 (2) (c)	It is required the registered persons must ensure staff use trays when transporting meals to patients who do not sit at the dining table. Any meal taken to a patient on a tray should remain covered until the point of service.	The inspectors observed staff transporting meals to patients, not at the dining table, by tray. Meals remained covered on the trays until the point of service.	Compliant
11	12 (4) (d)	It is required the registered persons must ensure that at all times patients are afforded a choice of meal at any mealtime. This includes patients who require a therapeutic diet. The record of meals served must accurately reflect the meals served on any given day.	The review of the patients meal choice record evidenced a choice of meal was provided. Patients who required a therapeutic diet were also afforded choice at mealtimes. The inspectors observed the range of meals being served to patients and confirmed choice was afforded and respected.	Compliant
12	17 (1)	It is required the registered person must establish robust management arrangements to ensure the effective delivery of care to patients and supervision of staff.	Supervision and appraisal systems had not been established. The use of agency staff in the home had decreased through the recruitment of permanent staff for the home. Management arrangements in each unit had been strengthened with the appointment of unit managers. Staff training records evidenced a higher percentage of staff had completed training; this was confirmed by staff on the day of	Substantially Compliant

			inspection.	
13	20 (1) (a)	It is required in order to ensure the needs of patients accommodated in Clifton Nursing Home, the staffing levels and deployment of staff should be revised in each individual unit.	The staff duty rota identified staff on duty on any given day however, the duty rota did not show which unit staff were allocated to. The staff duty rota identified staff on duty on any given day. However, the duty rota did not evidence the deployment of staff within each of the three individual units. The number of staff on duty throughout the home may have been sufficient but as it was unclear where staff were working, a determination as to whether sufficient staff were on duty to meet the needs of patients, in each unit, could not be made.	Moving towards Compliance
14	20 (c) (i)	It is required the registered persons must ensure that a programme of dementia awareness training is established paying particular attention to the Benn suite.	The review of staff training records evidenced that 61 staff had completed face to face training on dementia awareness and complex behaviours. Training records also evidenced that 87% of staff had completed dementia training via ‘eLearning’.	Compliant

15	17 (1)	It is required the registered persons must ensure a system to review the quality of services provided in Clifton Nursing Home is implemented. The system should include a systematic review of: ○ care records ○ cleanliness and hygiene ○ the environment ○ the dining experience for patients ○ restrictive practice Evidence must be present of the remedial action taken where a shortfall has been identified.	A more comprehensive range of quality auditing of nursing and other services provided by the home had been implemented. Audits of falls, infection control, floor audits, care environment, restrictive practice and the dining experience were in place. However, the review of the audits did not evidence a consistent approach to completing the audits. Information was not always present regarding the remedial action to be taken where a shortfall had been identified or if the remedial action had been addressed.	Moving towards Compliance

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	34.1	Ensure once only syringes are disposed of after use.	This recommendation was not assessed at the time of inspection and is carried forward for review at the next inspection.	Not Inspected

4.1 Follow up on any issues/concerns raised with RQIA since the previous Inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

There has been one notification to RQIA regarding safeguarding of vulnerable adults (SOVA) incidents since October 2014. The incident is being managed in accordance with the regional adult protection policy by the safeguarding team within the Belfast Health and Social Care Trust (BHSCT). RQIA were not part of the investigatory process, however, RQIA have been kept informed at all stages of the investigations and have attended multi agency strategy meetings as deemed appropriate.

5.0 Inspection findings

FTC Ref: FTC/NH/1073/2014-15/01

Regulation not complied with:

The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 12 (1) (a) and (b)

The registered person shall provide treatment, and any other services to patients in accordance with the statement of purpose, and shall ensure that the treatment and other services provided to each patient –
(a) meet his individual needs;
(b) reflect current best practice;

The review of 11 patients'' care records did not evidence that the assessment and planning of care in respect of restrictive practice was in accordance with best practice guidance.

Improvement in care planning in respect of restrictive practice was in evidence in some of the care records reviewed. However, there was a lack of consistency in identifying risk and an accompanying care plan was not always present. Risk assessments did not clearly evidence the rationale for the use of restrictive practice. Care plans were not in evidence in all care records reviewed to ensure the use of restrictive practice was regularly monitored and evaluated.

The review of staff training records did not evidence that registered nurses had completed training in respect of the use of restrictive practice. Management stated this training had been scheduled for 5 March 2015.

A sample of audits undertaken evidenced that audits were not completed accurately and did not adequately reflect the use of restrictive practice in the home. **Evidence was not provided to validate full compliance with the requirements of the Failure to Comply Notice.**

2. FTC Ref: FTC/NH/1073/2014-15/02

Regulation not complied with:

The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 12 (4) (a), (b), (c), (d) and (e)

The registered person shall ensure that food and fluids –
(a) are provided in adequate quantities and at appropriate intervals;
(b) are properly prepared, wholesome and nutritious and meets their nutritional requirements;
(c) are suitable for the needs of patients;
(d) provide choice for the patients; and
(e) that the menu is varied at suitable intervals.

From the inspectors' observation of the serving of the midday meal there was evidence that the dining experience for patients had significantly improved.

Evidence available;

- dining tables were set in accordance with best practice in dementia care
- the menu was displayed on dining tables and in dining rooms in a format suitable for patients
- a choice of meal for patients who require a specialized diet
- the record of meals served accurately reflected the meals served on any given day
- staff used trays when transporting meals to patients who did not come to the dining room
- meals taken to patients on a tray remained covered until the point of service
- a full range of condiments was present
- patients nutritional intake recording charts were completed in a consistent manner and accurately reflected the meal eaten by patients
- fluid charts were reconciled and the action taken to address deficits in fluid intake was recorded
- 80% of staff had completed training in basic food hygiene principals; and
- weekly mealtime audits were undertaken and evidence of any remedial action required was present.

Evidence was provided to validate full compliance with the requirements of the Failure to Comply Notice.

3. FTC Ref: FTC/NH/1073/2014-15/03

Regulation not complied with:

The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 13 (1) (a) and (b)

Regulation 13 (1) (a) and (b)

The registered person shall ensure that the nursing home is conducted so as –
(a) to promote and make proper provision for the nursing, health and welfare of patients;
(b) to make proper provision for the nursing and where appropriate, treatment and supervision of patients.

The inspectors reviewed the staff duty rota for the week commencing 23 February 2015 which evidenced the total number of staff on duty on any given day. However, the duty rota did not evidence the allocation of staff to each of the three individual units in the home. The presentation of the duty rota did not evidence if there were sufficient staff deployed to each unit to adequately meet the needs of the patients. The duty rota also did not evidence the nurse in charge. Whilst the name of the nurse in charge is written on a notice board on a daily basis, in the entrance foyer of the home, there was no historical record maintained in the home.

The review of staff training records evidenced there had been a concentrated effort to ensure staff complete dementia awareness training. Records evidenced that 61 staff had completed face to face training in dementia awareness and complex behaviours and 87% of staff had completed the dementia training module on the organisation's 'eLearning' system.

A more systematic approach to reviewing the quality of services available in the home had been implemented. A range of quality audits were available and reviewed including; infection control, the dining experience, restrictive practice, falls and the care environment. However, there was a lack of consistency in the completion of the audits. Not all of the audits evidenced the remedial action required where a shortfall had been identified. The action taken to address any shortfall was not identified or validated by the person completing the audit.

Evidence was not provided to validate full compliance with the requirements of the Failure to Comply Notice.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Nicola Scovell, home manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Heather Sleator
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Quality Improvement Plan

Announced Enforcement Compliance Inspection

Clifton Nursing Home

23 February 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Nicola Scovell, home manager, at the conclusion of the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements **This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005**					
No.	**Regulation Reference**	**Requirements**	**Number of Times Stated**	**Details Of Action Taken By Registered Person(S)**	**Timescale**
1	12 (1) (a) and (b)	It is required the registered persons must ensure individualised care plans are in place which meet the assessed needs of the patient in respect of restrictive practice.	This requirement has been subsumed into a failure to comply notice.	All assessments in relation to restrictive practice have been reviewed and individualised care plans in place.	In line with the notice.
2	12 (1) (a) and (b)	It is required the registered persons must ensure the use of restrictive practice is in accordance with best practice guidance.	This requirement has been subsumed into a failure to comply notice.	With regards to the use of restrictive practice, where the need has been identified for individual patient the appropriate equipment is provided and records are maintained. For residents assessed as not requiring equipment, best practice has been followed in line with the individual and relatives wishes/request.	In line with the notice.
3	16 I1)	It is required the registered persons must ensure that care plans are maintained with sufficient and accurate detail to direct staff regarding any restrictive practice.	This requirement has been subsumed into a failure to comply notice.	Individual care plans are in place for all restrictive equipment used for patients as requiring same.	In line with the notice.

4	14 (4)	It is required the registered person must ensure registered nurses have undertaken training in restraint/restrictive practice.	This requirement has been subsumed into a failure to comply notice.	Trainning facilated on 05/03/15.	In line with the notice.
5	12 (1) (a) and (b)	It is required the registered persons must ensure there is an effective system in place to review the management of restrictive practice. A record of any evaluation or audit undertaken must be retained and any deficits identified must be fully addressed.	This requirement has been subsumed into a failure to comply notice.	A full audit on restrictive equipement has been undertaken and deficits identifed have been addressed. A monthly check is carried out by the manager and when new patients are admitted.	In line with the notice.
6	17 (1)	It is required the registered person must establish robust management arrangements to ensure the effective delivery of care to patients and supervision of staff;	This requirement has been subsumed into a failure to comply notice.	Full complement of nurses recruited and in post. A secondment deputy manager working closely with the new nurses on Benn suite. Home Deputy Manager monitoring the general nursing suites.	In line with the notice.
7	20 (1) (a)	It is required in order to ensure the needs of patients accommodated in Clifton Nursing Home, the staffing levels and deployment of staff should be revised in each individual unit;	This requirement has been subsumed into a failure to comply notice.	A new rota system implemented with individual rota available for each suite and staffing continuously being reviewed in line with the needs of the residents.	In line with the notice.

8	17 (1)	It is required the registered persons must ensure a system to review the quality of services provided in Clifton Nursing Home is implemented. The system should include a systematic review of: o care records o cleanliness and hygiene o the environment o the dining experience for patients o restrictive practice Evidence must be present of the remedial action taken where a shortfall has been identified.	This requirement has been subsumed into a failure to comply notice.	1. A are plan audit has been commenced 57 care plan audits completed which requires action plan for issues identified. 2. Infection control audits are carried monthly and action taken where required 3. A weekly environment audit is undertaken and monthly audit is also undertaken by the maintenenace person 4. Weekly meal time audit assessments are undertaken by the home manager/deputy manager. In addition an independent meal audit has been undertaken by the company dementia service team. 5.A full restrictive practice audit has been carried out and action taken as appropriate. This will be reviewed as part of the manager's self audit each month.	In line with the notice.

Recommendations **These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.**					
No.	**Minimum Standard Reference**	**Recommendations**	**Number Of Times Stated**	**Details Of Action Taken By Registered Person(S)**	**Timescale**
1	34.1	Ensure once only syringes are disposed of after use. **This recommendation is carried forward from the previous inspection.**	One	All syringes are disposed of after single use.	One month.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to nursing.team@rqia.org.uk

Name of Registered Manager Completing Qip	Raden Mauremootoo (Director of Service Development)
Name of Responsible Person / Identified Responsible Person Approving Qip	Logan Logeswaran

QIP Position Based on Comments from Registered Persons	**Yes**	**Inspector**	**Date**
Response assessed by inspector as acceptable	X	Heather Sleator	09/04/15
Further information requested from provider			