



Unannounced Care Inspection Report 28 & 29 June 2018



Clifton Nursing Home

Type of Service: Nursing Home (NH)
Address: 2a Hopewell Avenue, Carlisle Circus
Belfast, BT13 1DR
Tel No: 028 9032 4286
Inspector: Kieran McCormick

www.rqia.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 100 persons.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual(s): Gavin O'Hare-Connolly	Registered Manager: Heather Lyttle
Person in charge at the time of inspection: On day 1 – from 06.30 to 08.00 hours – Irina Dobirceanu, registered nurse. After this time Heather Lyttle registered manager was the person in charge of the home.	Date manager registered: 13 February 2018
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	Number of registered places: 100 A maximum of 40 patients in category NH-DE and a maximum of 4 patients in category NH-PH.

4.0 Inspection summary

An unannounced inspection took place on 28 June 2018 from 06.30 to 15.50 hours and 29 June 2018 from 10.45 to 16.20 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 Care Standards for Nursing Homes 2015.

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

As a result of the inspection, RQIA was concerned that aspects of the quality of care and service delivery within Clifton Nursing Home was below the minimum standard expected. A decision was taken to hold a meeting with the responsible individual to provide formal feedback and to discuss the concerns identified. This meeting took place at RQIA on 4 July 2018.

During the meeting the responsible individual and regional operations director, acknowledged the failings; the responsible individual provided a full and comprehensive account of the immediate actions taken to ensure the improvements necessary to achieve compliance with the required regulation and standard. RQIA were satisfied with the assurances provided.

A further inspection will be undertaken to validate sustained compliance and assure necessary improvements.

Areas requiring improvement were identified as outlined in the quality improvement plan (QIP). Please refer to section 7.0.

The findings of this report will provide Clifton Nursing 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	*6

*The total number of areas for improvement include one which has been stated for a second time and which has been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Heather Lyttle, registered manager and Rosemary Dilworth, regional operations director 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 11 May 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 11 May 2018.

There were no further actions required to be taken following the most recent inspection.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspections
- the previous care inspection reports
- pre-inspection audit

During the inspection we met with 11 patients, 30 staff, four visiting professionals and four patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' to allow patients and their

relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed at the sign in book in the front porch area of the home.

The following records were examined during the inspection:

- duty rota for all staff from 17 to 30 June 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction file
- six patient care records
- six patient care charts including food and fluid intake charts and reposition charts
- a selection of governance audits
- complaints/concerns record
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspections 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 11 May 2018

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

6.2 Review of areas for improvement from a previous care inspection dated 19 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4.9 Stated: First time	The registered person shall ensure that registered nurses report and record in patient care records of the patient's response to planned care. This includes when the patient refuses planned care or treatment.	Met
	Action taken as confirmed during the inspection: A sample of care records reviewed evidenced, where possible, patient input and response to their planned care.	
Area for improvement 2 Ref: Standard 35.9 Stated: First time	The registered person shall ensure that the information on any accident or incident report or any other document, which makes reference to a patient, is accurate.	Met
	Action taken as confirmed during the inspection: A sample of accident/incident records reviewed evidenced an accurate recording of information.	
Area for improvement 3 Ref: Standard 41 Stated: First time	The registered person shall ensure that staffing arrangements for the home are calculated following the completion of a patient dependency assessment, using a validated assessment tool.	Met
	Action taken as confirmed during the inspection: A review of records confirmed that patient dependency assessments were completed monthly by the home manager using the Rhys Hearn assessment tool.	

Area for improvement 4 Ref: Standard 4 Stated: First time	<p>The registered person shall ensure that the management of hydration is in accordance with professional guidelines. The desired daily fluid target is calculated using a validated and current tool. Care plans should evidence the action to be taken should the desired daily fluid target not be attained. The progress record should reflect the outcome of any action taken regarding the management of hydration.</p> <p>This area for improvement has not been met and will be stated for a second time.</p>	Not met
Area for improvement 5 Ref: Standard 4.8 and 4.9 Stated: First time	<p>Action taken as confirmed during the inspection: Care records reviewed for an identified patient evidenced a fluid intake recording that was below the assessed fluid target for the patient on two consecutive days. Daily evaluation records reviewed did not provide any evidence of steps taken by registered nursing staff to address the deficit in fluid intake.</p>	
Area for improvement 5 Ref: Standard 4.8 and 4.9 Stated: First time	<p>The registered person shall ensure that the manager and the team of registered nurses clarify expectations regarding the model of nursing in use so as there is no ambiguity regarding this and a consistent approach to care planning is in evidence.</p>	Met
	<p>Action taken as confirmed during the inspection: A review of care records and discussion with the home manager and regional director confirmed that the Roper-Logan and Tierney model of nursing was used in the home.</p>	

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 registered manager confirmed the planned daily staffing levels for the home. On day one of inspection it was noted that the home was operating below the usual planned staffing compliment for carers. The inspector was informed that this deficit in staffing was due to casual staff absence.

The impact on patient care due to the staffing levels on the day of inspection was clear, this included patients being delayed in receiving support with their morning routine, a lack of supervision in dining rooms at mealtimes and a lack of staff available to assist patients with their meals.

On day two of the inspection, the planned staffing for the home was evidenced as met, delivery of care on this day appeared much more organised and responsive to patient needs. However observations of staff indicated that they were still quite busy attending to patients. Patients, their representatives and staff all raised concerns to the inspector regarding the staffing compliment in the home. A review of the monthly dependency assessments evidenced a high patient dependency throughout the home.

Staff rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the smooth running of the home. However the inspector was informed that the planned staffing for housekeeping staff throughout the inspection had not been met. Staff informed the inspector that due to a reduced staffing compliment they had been unable to complete effective decontamination of vacant bedrooms, rotational deep cleaning of occupied bedrooms and that communal and service areas were not being attended to. Concerns pertaining to staffing in the home was discussed with the registered manager and the responsible individual, who agreed immediate actions to address these concerns, an area for improvement under the regulations has also been made.

Discussion with the registered manager indicated that training was planned to ensure that mandatory training requirements were met. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice. Staff who met with the inspector were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis, accidents and incidents 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.

Discussion with the registered manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. An identified adult safeguarding champion was in place.

Review of notification records for May 2018 evidenced that there were two occasions where notifiable events had not been reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005. An area for improvement under the regulations was made.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. Patients' bedrooms were personalised with photographs, pictures and personal items. A number of environmental concerns were identified including worn equipment and a ripped curtain; these matters were discussed with the registered manager and immediately addressed prior to the conclusion of the inspection. On the first day of inspection (an acknowledged unseasonably hot day), the inspector raised concerns regarding the heat and temperature of communal rooms where patients were seated. The

environment was reviewed by the maintenance officer and registered manager. Immediate actions were taken to help manage the temperature including the provision of air conditioning units that were installed by day two of the inspection.

Fire exits and corridors were observed to be clear of clutter and obstruction. However the inspector observed six fire doors either wedged or propped open throughout the home, this in some cases was despite a door guard being in place. This was discussed with the registered manager and an area for improvement under the regulations was made.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were generally adhered to. However a review of communal areas were noted to have not been effectively maintained throughout the home. Communal bathrooms, in one unit of the home, evidenced hygiene deficits. Concerns were also raised with the inspector regarding the adequacy of provision of domestic cleaning products and equipment. A review of stock on both days did validate these concerns. There was also an insufficient supply of consumable products including cloths, mop heads, gloves, patient wipes, washing up liquid and disinfectant. These areas of concern were discussed with the registered manager and the responsible individual for their urgent attention, and an area for improvement under the regulations was made.

Review of two staff recruitment files evidenced that these had been generally consistently maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. However, in the case of one recently employed staff member the records did not provide assurances that a reference from the most recent employer had been sought. This was discussed with the registered manager and home administrator for the future recruitment of staff.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

Areas of good practice

There were examples of good practice found throughout the inspection in relation to induction, training and adult safeguarding.

Areas for improvement

The following areas were identified for improvement in relation to staffing, completion of notifiable events to RQIA, wedging and propping open of fire doors and the provision of cleaning products, materials and equipment.

	Regulations	Standards
Total number of areas for improvement	4	0

6.5 Is care effective?

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

Discussion with staff and the registered manager evidenced that nursing/care staff were required to attend a handover meeting at the beginning of each shift. Staff who met with the inspector discussed the challenges that they faced regarding being able to raise concerns within the home. This was communicated to senior management for Runwood Homes for them to address.

A review of a sample of supplementary care charts evidenced that these had been maintained in accordance with best practice guidance, care standards and legislative requirements. However a review of fluid management records in the case of one patient evidenced that on two consecutive days the prescribed fluid target for the patient had not been met. There was no evidence of remedial action taken to address this deficit. An area for improvement under the standards in relation to fluid management has been stated for a second time.

There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN), dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found. However for one patient care file reviewed the recommendations and advice prescribed by the dietician had not been included into a person centred care plan. An area for improvement under the standards in this regard was made.

Review of six patients care records evidenced that risk assessments were in place to reflect the assessed needs of the patient. However in the case of three of these patients the risk assessments had not been consistently reviewed on a monthly basis with gaps of up to two and three months. An area for improvement under the standards was made.

We reviewed the management of nutrition, patients' weight, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. Care records evidenced that registered nurses assessed, planned and evaluated care in accordance with NMC guidelines. However for one patient who presented with behaviours that challenge and who also had a diagnosis of dementia there was no person centred care plan in place to guide and direct the care needs of the patient. An area for improvement under the standards was made. In addition the inspector raised concerns with nursing staff and the registered manager regarding the current placement of this patient in the home, the registered manager agreed to arrange an urgent care review with the commissioning trust.

We noted that for three patients being nursed on pressure relieving mattresses that the mattress settings had been inaccurately set. An area for improvement under the regulations was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff handover and communication between residents and staff.

Areas for improvement

The following areas were identified for improvement in relation to management of patient hydration, completion of patients care records and the management of pressure relieving equipment.

	Regulations	Standards
Total number of areas for improvement	1	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.

In addition to speaking with patients, patients' relatives and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients' relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report, one questionnaire from a patient had been returned, the response indicated the patient was very satisfied across the four domains of safe, effective, compassionate and well led care. Comments recorded included:

- "...good home, good care".

Questionnaire comments received after specified timescales will be shared with the registered manager, as necessary.

Staff interactions with patients were observed to be compassionate and caring. Consultation with 11 patients individually, and with others in smaller groups, confirmed that they were happy and content living in Clifton Nursing Home. 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.

Feedback received from patients' relatives/representatives during the inspection included the following comments:

- "...staff are excellent"
- "....staff are very dedicated".

Patients representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Discussion with patients, staff and review of the activity programme displayed evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The inspector observed a number of activities being provided on the days of inspection, concerns were raised however regarding the provision of activities across the home. The inspector was advised that a second activities staff member had recently been appointed but was waiting to take up post. This area of care will be further reviewed at the next inspection.

Observations in the laundry area and linen stores evidenced that 'net pants' and socks were being laundered and used communally in the home. An area for improvement in this regard has been made under the standards.

There were systems in place to obtain the views of patients and their representatives in relation to the delivery of care and the management of the home. The registered manager stated that they operated an open door policy and welcomed feedback from staff, patients and their representatives.

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 wearing appropriate personal protective equipment (PPE). Food was observed to be covered when being transferred from the heated trolley to patients who were not in the dining room. The tables were appropriately set with cutlery and condiments. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to listening to and valuing patients, taking account of the views of patient and the management of concerns from patients' representatives.

Areas for improvement

An area for improvement was identified in relation to the communal use of net pants and socks within the home.

	Regulations	Standards
Total number of areas for improvement	0	1

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 main foyer area of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered. The manager was knowledgeable in regards to the registered categories of care for the home.

Since the last inspection there has been no change in management arrangements. Staff were able to identify the person in charge of the home in the absence of the registered manager; this was also displayed for patients and their representatives to see. Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home, senior management advised of further plans to enhance and develop the organisational structure within Clifton Nursing Home. Staff were able to describe their roles and responsibilities.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and 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 relation to falls, wound management, care records, infection prevention and control, complaints, incidents/accidents. However audits did not consistently evidence a devised action plan in place to address areas of concerns highlighted. This was discussed with the registered manager and an area for improvement under the standards was made

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. The complaints procedure was displayed in communal areas around the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the improvement of management structures within the home and the completion of monthly monitoring visits.

Areas for improvement

An area for improvement was identified in relation to auditing systems in the home.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Heather Lyttle, registered manager and Rosemary Dilworth, regional operations director 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 20 (1)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that at all times the staffing provision in the home is sufficient to meet the individual assessed needs and actual dependency of all patients.</p> <p>Ancillary staffing provision must also be sufficient to meet the environmental and cleanliness standards required for the environment/service.</p> <p>Ref: section 6.4</p> <p>Response by registered person detailing the actions taken: Staffing has been reviewed in line with dependency tool to ensure adequate staffing levels at all times above the minimum requirements based on resident dependency. Ancillary staffing has been reviewed and the home have recruited a new housekeeper to ensure cleanliness standards and effectiveness of same.</p>
<p>Area for improvement 2</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 notifiable events are reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005</p> <p>Ref: section 6.4</p> <p>Response by registered person detailing the actions taken: All incidents within the home have been reviewed, Home Manager and Deputy Manager are both registered on the RQIA web portal and to ensure that all Regulation 30 notifications are completed promptly.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered provider must ensure that designated fire doors are not wedged or propped open, in accordance with fire safety regulations and best practice.</p> <p>If a door is to be 'held open' a device fitted that is linked to the fire alarm system should be installed in consultation with the home's fire risk assessor and, if required, the home's fire risk assessment is reviewed and updated.</p> <p>Ref: Section 6.4</p>

	<p>Response by registered person detailing the actions taken: Any fire doors that had faulty door closures have had these replaced .The monthlyIn the case of doors that are kept open, like the managers or administrators doors these are being fitted with "door guard fire door retainers" one has arrived and we are awaiting a further delivery.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 18 (2)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that a sufficient supply of cleaning products, materials and equipment is available at all times to meet the environmental, cleanliness and infection prevent and control needs of the home.</p> <p>Ref: section 6.4</p>
	<p>Response by registered person detailing the actions taken: All inventory has been checked, any out of stock items have been purchased in excess to ensure constant supply. New housekeeper appointed to monitor same.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 12 (2) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that governance arrangements are established to ensure ongoing compliance with the prescribed settings for individual patients who require the use of a pressure relieving mattress.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: Care plan audit completed to review all residents requiring pressure relieving equipment. Equipment ordered in line with patient needs where appropriate and regular audit of same to be conducted by Deputy Manager on a monthly basis.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that the management of hydration is in accordance with professional guidelines. The desired daily fluid target is calculated using a validated and current tool. Care plans should evidence the action to be taken should the desired daily fluid target not be attained. The progress record should reflect the outcome of any action taken regarding the management of hydration.</p> <p>Ref: section 6.5</p>
	<p>Response by registered person detailing the actions taken: Full care plan review completed to ensure residents needs are met. Intake is calculated using current government guidelines and an escalation plan where residents do not meet their recommended intake amount has been issued to staff and implemented.</p>

<p>Area for improvement 2</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 patients care plans are updated to reflect the advice and guidance provided by any external visiting professionals.</p> <p>Ref: section 6.5</p> <p>Response by registered person detailing the actions taken: All care plans have been reviewed and staff have been made aware of the importance of noting any professional visits and advice within the care plan body.</p>
<p>Area for improvement 3</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 patients individual nursing risk assessments are consistently reviewed in accordance with the policies and procedures of the organisation.</p> <p>Ref: section 6.5</p> <p>Response by registered person detailing the actions taken: All risk assessments have been reviewed and updated. A schedule has been put in place to prompt review when needs change or on a monthly basis.</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 a robust and person centred care plan is devised for those patients with a dementia diagnosis and presentation of behaviours that challenge.</p> <p>Ref: section 6.5</p> <p>Response by registered person detailing the actions taken: Care plan training has been scheduled for all staff who partake in devising care plans. Training has also been arranged for staff for behaviours that challenge and Dementia Awareness. Clifton Nursing Home has now registered with the Alzheimers society to provide Dementia Friends training.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that net pants, stockings, socks and tights are provided for each patient's individual use and not used communally.</p> <p>Ref: Sections 6.6</p> <p>Response by registered person detailing the actions taken: The use of net pants, stockings, socks and tights have been removed from any communal areas and are available only on a personal basis within residents bedrooms.</p>

Area for improvement 6 Ref: Standard 35 Stated: First time To be completed by: Immediate action required	The registered person shall ensure that existing auditing arrangements are further developed to ensure the completion of an action plan, where relevant, post audit and subsequently followed up at the next audit. Ref: Sections 6.7
	Response by registered person detailing the actions taken: The monthly audits carried out within the Home, including, H&S, Infection Control etc have an action plan attached which is monitored by the Regional Manager on their monthly visits to check the progress and implementation of actions needed including a timescale, Those actions not completed are carried over where necessary onto the following months action plan.

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



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