

# Unannounced Care Inspection Report 14 July 2016



## Colinvale Court

**Type of Service: Nursing Home**  
**Address: Glen Road, Belfast, BT11 8BU**  
**Tel No: 028 9060 4314**  
**Inspector: Heather Sleator**

## 1.0 Summary

An unannounced inspection of Colinvale Court took place on 14 July 2016 from 09.30 to 18.50 hours. On this occasion the inspector was accompanied by Kieran Murray, bank inspector.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

Staff confirmed communication in the home was good; that staff were required to attend mandatory training and that there was a system of annual appraisal and supervision in place. Weaknesses were identified in the delivery of safe care, specifically in relation to the staffing arrangements and the continuity of the deployment of staff, infection prevention and control procedures, the safe storage of substances and fluids and the environment and maintenance of the home. A recommendation has been made regarding the retention of all information required in respect of recruitment and selection being available in the home. Two requirements and one recommendation have been stated to secure compliance and drive improvement.

### **Is care effective?**

There was evidence of some positive outcomes for patients through the delivery of effective care. Improvements in the care planning process were in evidence following the review of patient care records. Weaknesses have been identified in the dining experience for patients and the accurate maintenance of supplementary care records by care assistants. One requirement and one recommendation have been made.

### **Is care compassionate?**

Staff interactions with patients were observed to be caring. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs. There was evidence of good communication in the home between staff and patients and patients' representatives were very praiseworthy of staff. Weaknesses were identified in the delivery and monitoring of aspects of personal care afforded to patients.

### **Is the service well led?**

There was evidence of systems and processes in place to monitor the delivery of care and services within the home. However, requirements and recommendations have been stated in the sections relating to the safe, effective and compassionate delivery of care. We acknowledge that the registered manager had been fairly recently appointed and had a considerable amount of work to organise and implement to improve standards within the home. There was evidence of a significant improvement in the operation of the home. Requirements and recommendations have been made to seek compliance and drive improvements, as detailed within sections 4.3, 4.4 and 4.5 respectively.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	5	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Vincy Vincent, registered 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.

## 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 7 June 2016. There were no further actions required to be taken following the last inspection.

Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

## 2.0 Service details

<b>Registered organisation/registered provider:</b> Mr Raymond Liam Murphy	<b>Registered manager:</b> Mrs Vincy Vincent
<b>Person in charge of the home at the time of inspection:</b> Vincy Vincent	<b>Date manager registered:</b> 13 June 2016
<b>Categories of care:</b> NH-DE	<b>Number of registered places:</b> 50

## 3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspectors also met with 13 patients, five care staff, ancillary staff, two registered nurse and three relatives.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspectors.

Questionnaires for patients, relatives and staff to complete and return were left for the home manager to distribute. Please refer to Section 4.5 for further comment.

The following were examined during the inspection:

- validation evidence linked to the previous QIP
- staff roster
- staff training records
- staff induction records
- staff competency and capability assessments
- staff recruitment records
- staff supervision and appraisal planner
- complaints and compliments records
- incident and accident records
- records of quality audits and
- records of staff, patient and relatives meetings

## **4.0 The inspection**

### **4.1 Review of requirements and recommendations from the most recent inspection**

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 7 June 2016. There were no requirements or recommendations made as a result of the inspection and there were no further actions required to be taken following the last inspection.

## 4.2 Review of requirements and recommendations from the last care inspection dated 15 February 2016

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 19 and 32  <b>Stated:</b> First time  <b>To be Completed by:</b> 2 May 2016	It is recommended that training regarding palliative and end of life care is provided for staff. This training should include communicating effectively.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Staff training records confirmed that 75 percent of staff had completed on-line training in palliative care. The registered manager confirmed a process was in place to monitor staff non-attendance/completion of training and this was then discussed, where applicable, at supervision.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 4.2  <b>Stated:</b> First time  <b>To be Completed by:</b> 30 May 2016	It is recommended that nursing care records evidence that patients or their representative have been consulted regarding the planning of care.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager had been striving to evidence the consultation with the patient and /or representative in the care planning process. Two of the three care records reviewed evidenced consultation. Discussion with relatives during the inspection confirmed that there is good communication from staff regarding their relatives wellbeing and that they were satisfied with the care afforded by staff to their relative.	
<b>Recommendation 3</b>  <b>Ref:</b> Standard 20.2  <b>Stated:</b> First time  <b>To be Completed by:</b> 30 May 2016	It is recommended that nursing care records reflect, as far as possible, that the end of life wishes have been discussed with patients or their representatives.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The review of three patient care records evidenced that discussion had taken place in two of the three care records selected for review. The care record of the third patient evidenced that the patient was recently admitted and it was not deemed appropriate, at this stage, by staff to discuss end of life care.	

<b>Recommendation 4</b> <b>Ref:</b> Standard 35.6 <b>Stated:</b> First time <b>To be Completed by:</b> 2 May 2016	It is recommended that the issues identified regarding the quality assurance audits within nursing care records and the management of complaints are addressed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Evidence was present that a process had been established by the registered manager to audit care records and complaints. The areas previously identified had been included in the auditing process.	

### 4.3 Is care safe?

The registered 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 staffing rota for week commencing 11 July 2016 evidenced that the number of care assistants on duty fluctuated between four to six care staff on given days. Staff consulted confirmed that staffing levels met the assessed needs of the patients when there were six care assistants rostered to be on duty. Care staff stated they felt that less than six care staff on duty was insufficient to meet patients' needs. We observed the activity in the home throughout the day. Concerns arose regarding the personal care afforded to patients, the dining experience and infection prevention and control procedures. It was not specifically the number of staff on duty, rather it was the on-going daily monitoring of care standards by the registered nurses in the home. Nursing staff should be leading the care staff team and addressing any shortfall in the delivery of safe care. Additionally, the majority of care staff in the home had worked in Colinvale for a number of years, had completed training on a regular basis, confirmed that supervision and annual appraisal took place and were aware of the standards of care which were expected. Care staff therefore, had 'slipped' back into poor practice routines. Staffing arrangements must be reviewed to ensure that sufficient and competent staff were on duty to meet the patients' needs in accordance with best practice in dementia care guidelines and ensure the delivery of safe and effective care to patients. A requirement has been made.

Discussion with representatives evidenced that there were no concerns regarding staffing levels from their perspective.

A review of three personnel files evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 21, schedule 2. The exception being that confirmation was not present in the personnel records reviewed of Access NI clearance information. This was discussed with Raymond Murphy, Responsible Person, who stated the information was retained in the administrator's office in the sister home, Louisville. It is the registered manager's responsibility to ensure that any staff member working in the home has had all relevant recruitment and selection requirements met. A recommendation has been made that all required information in respect of recruitment is retained in the personnel file of staff members and that the file is available in Colinvale. The necessary information was submitted to RQIA on 15 July 2016.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

Staff confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. The review of three induction training programmes evidenced that there were three induction programmes which were titled differently. The rationale for the variety of induction training programmes was discussed with the registered manager who concluded that she was satisfied that the system/s in operation were robust. The induction training programmes reviewed had been signed and dated by the inductee and inductor and the registered manager had signed the record to confirm that the induction process had been satisfactorily completed.

Review of three registered nursing personnel records confirmed that a competency and capability assessment was completed with all registered nurses who were given the responsibility of being in charge of the home in the absence of the registered manager.

Training was completed available via an e-learning system, internal face to face training arranged by management and training provided by the local health and social care trust. The review of staff training records evidenced that the registered manager had systems in place to monitor staff attendance and compliance with training.

Discussion with the registered manager, staff on duty and a review of records confirmed that there are systems in place to ensure that staff received an annual appraisal and supervision.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Training records reflected that 85 percent of staff had undertaken safeguarding training in the past 12 months. A review of documentation confirmed that any safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. The registered manager had systems in place to monitor the progress of safeguarding issues with the local health and social care trust. Safeguarding information, including the relevant emergency contact telephone numbers, was present in the office for staff to access.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to the relevant bodies. A random selection of accidents and incidents recorded since the previous inspection evidenced that accidents and incidents had been appropriately notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.

An inspection of the general environment of the home was undertaken and included a random sample of patients' bedrooms, lounges, bathrooms and toilets. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. The fridge in the kitchenette in Beech unit was not fit for purpose as water had gathered in one of the compartments and rust coloured staining was present. It was evident that staff were in the process of enhancing the courtyard areas for patients. One courtyard evidenced flower pots and 'astro turf' had been laid. This was discussed with the responsible person who was advised to research best practice guidance documentation regarding garden areas for persons with dementia for further ideas. Relatives spoke positively about the environment of the home and no concerns were raised.

A number of issues arose regarding the environment including:

- infection prevention and control procedures including the need for the regular restocking of personal protection equipment units (PPE) throughout the home and the thorough cleaning of equipment used by patients. A requirement has been made.
- the control of substances hazardous to health as a partially filled unmarked container was in the sink unit in one of the lounge/dining rooms and readily accessible to patients. This is a risk to the safety and wellbeing of the patients and a requirement has been made.
- general maintenance in the home as for example, a significant number of light bulbs throughout the home required replacing. The general maintenance of the home should be closely monitored and a recommendation has been made.

These issues were discussed with the registered manager and the responsible person who agreed to address the issues immediately. A requirement has been made that robust governance systems are established to monitor the standard of the environment, general maintenance of the home and infection prevention and control procedures.

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

**Areas for improvement**

Staffing arrangements must be reviewed to ensure that sufficient and competent staff were on duty to meet the patients’ needs in accordance with best practice in dementia care guidelines and ensure the delivery of safe and effective care to patients.

Robust governance systems must be established to monitor the standard of the environment, general maintenance of the home and infection prevention and control procedures.

Systems must be established to ensure that staff have sufficient and readily accessible equipment available, at all times, to minimise the risk of infection and the spread of infection between patients and staff.

Systems must be established to ensure that potential risks to the safety and wellbeing of patients is monitored on a daily basis. Any substance which is hazardous to the health and safety of patients must be stores appropriately and safely.

Systems should be established to ensure the general maintenance of the home is of a satisfactory standard on a daily basis. Where a shortfall is observed for example; the replacement of lightbulbs, remedial action is taken promptly.

A system should be established to evidence all required information regarding recruitment and selection procedures is retained in the personnel file of staff members and that the file is available in the home.

<b>Number of requirements</b>	<b>4</b>	<b>Number of recommendations:</b>	<b>2</b>
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#### 4.4 Is care effective?

A review of three patient care records evidenced that initial plans of care were based on the pre admission assessment and referral information. We observed a patient who was unsettled and displayed distressed reactions. The review of the patient's care records evidenced that it was known that the patient displayed distressed reactions prior to admission. The appropriateness of the admission was discussed with the registered manager who stated that the patient had been admitted on a trial basis and it had been agreed with the referring agent from the Trust that if the placement was not appropriate for the patient alternative accommodation would be sought. The registered manager stated she was monitoring the placement on a daily basis and would be contacting the referring agent to discuss the patient's continued placement in the home.

Nursing care records reflected that, appropriate assessment of need and validated risk assessments were being utilised. Where appropriate, timely referrals were made to healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians and palliative care nurse facilitators. Care records were regularly reviewed and updated, as required. The review of the care records confirmed a more systematic and consistent approach to the planning of care. The review of the progress records maintained by registered nurses evidenced that there had been an improvement in the recording of patients' response to planned care on a daily basis.

Discussion with registered nurses and a review of records confirmed that care management reviews were arranged by the relevant health and social care trust. These reviews were held annually but could be requested at any time by the patient, their family or the home.

Supplementary care records for example; personal care charts and food and fluid intake charts were the responsibility of care staff to maintain and registered nurses to review on a daily basis. The review of the personal care records evidenced that these had not been completed by staff on the 12 and 13 July 2016. We observed the personal care that had been afforded to patients and concerns were evident. Further information regarding personal care is detailed in section 4.5. A recommendation has been made that the nurse in charge of each shift monitors the standard of personal care afforded to patients and reviews the accurate completion of the corresponding supplementary care charts.

Discussion with the registered manager and staff evidenced that registered 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. Staff spoken with confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

All grades of staff consulted, clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Staff also confirmed that if they had any concerns, they would raise these with the nurse in charge or the manager. Two staff members stated that there had been improvements in the home following the appointment of the new manager. Staff also confirmed that staff meetings took place and that they felt they were 'listened to.'

We observed the serving of the midday meal. Whilst the quality of the meals provided was good, staff need to improve and enhance the dining experience for patients. The environment of the dining room did not provide any orientation or visual cues for patients, dining tables were not set with tablecloths or placemats and condiments were not available for patients to use. The glasses used by patients during the meal were clear plastic in design but were discoloured. A poor standard of cleanliness was observed on the catering trolleys used to transport crockery, juice etc. A number of patients did not come to the dining table for their meals. Small tables were used by patients whilst seated in their chairs. The tables were also observed to be unclean. We observed a staff member 'wiping' patients clothing of food debris with moist wipes. Staff should ensure patients clothing is adequately protected during mealtimes and if a patient's clothing is stained the clothing should be removed and clean clothing put on. Clothing should not be wiped where there is significant staining.

A mealtime experience audit was completed by a registered nurse on 12 July 2016 and no shortfalls were observed. The response to the question were tables fully set was 'yes'. At the time of inspection tables were not fully set. The dining experience for patients should be enjoyable, pleasurable and meaningful.

A requirement has been made that the dining experience for patients is reviewed and enhanced in accordance with best practice in dementia care. The registered manager should ensure that whoever completes the audit is aware of best practice in this area, which includes the cleanliness of all equipment associated with the catering arrangements in the home.

### Areas for improvement

The dining experience for patients must be reviewed and enhanced in accordance with best practice in dementia care. The registered manager should ensure that whoever completes the audit is aware of best practice in this area.

Any information in relation to patients' wellbeing should be accurately maintained and reviewed by registered nurses and actioned, where appropriate, on a daily basis. Evidence should be present that registered nurses have reviewed and acted on, where applicable, any supplementary information recorded on behalf of patients.

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>1</b>
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### 4.5 Is care compassionate?

Staff interactions with patients were observed to be caring. As previously discussed in section 4.4 one patient was unsettled and this in turn affected the atmosphere in the home. Staff were observed trying to support the patient with a positive response for short periods of time. It was evident in discussion with staff that they knew their patients very well and had affection for them.

We observed a lack of attention to personal care regarding patients clothing and presentation. A number of male patients had not been shaved; this was despite the personal care chart for these patients indicating that they had been shaved. In discussion, staff stated night staff had assisted some of the patients to get washed and dressed and this may account for why they had not been shaved. It is recommended that both day and night staff are informed of the expected standard of personal care to be given to patients when assisting patients to get up in the morning.

Personal care charts should reflect the actual care given. A soap bag was observed in the kitchen drawers in one of the units. This was suggestive of communal care being given and/or personal care being given in a communal area. Neither of these aspects is viewed as good practice. The registered manager stated this would be discussed with staff. As discussed in section 4.4 were patients clothing is stained following mealtimes the stained article of clothing should be removed and clean clothing put on. The standard of personal care should be monitored by the manager and registered nursing staff on a daily basis and a recommendation has been made.

On this occasion the arrangements for the provision of activities in the home was not assessed. This will be reviewed at the next inspection.

Patients' representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. There were a number of recent 'thank you' cards displayed in the home.

Comments included:

'The compassionate and thoughtfulness of staff will always make us grateful.'

'All staff were kind and caring.'

'Treated my (relative) with respect and made us feel very welcome.'

'Staff took care of all our family, welcoming us at any time, day or night.'

We spoke with 13 patients individually. Comments received from patients included:

'Pretty good here, we all sit here (indicating the lounge area).'

'Staff are helpful sometimes.'

'I'm happy enough.'

We met with three relatives during the inspection, all of whom were very happy with the care and attention afforded by staff in the home.

Comments included:

'My (relative) is happy and content.'

'Staff are all very good.'

'Things are much improved here in the last year.'

'The manager is very approachable.'

'The carers and nurses are all very good.'

'

We spoke with eight staff who commented:

'We work well as a team.'

'Things are slowly improving here.'

'Confidentiality was an issue in the past but not anymore.'

'Small steps but improving.'

## Questionnaires

In addition 10 relative/representatives; 8 patient and 10 staff questionnaires were provided by RQIA to the registered manager for distribution. At the time of issuing this report one questionnaire was completed and returned from a patient, one from a relative and four from staff members. The returned questionnaires were generally positive regarding the quality of nursing and other services provided by the home.

## Areas for improvement

The standard of personal care afforded to patients, by staff, should be monitored by the manager and registered nursing staff on a daily basis. Day and night staff should be given clear information as to the standard expected by the registered manager.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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### 4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patient representatives were aware of the roles of other staff in the home and to whom they should speak to if they had a concern.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussion with the registered manager and review of the home's complaints record evidenced 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.

Representatives spoken with confirmed that they were aware of the home's complaints procedure and that they were confident that staff/management would manage any concern raised by them appropriately.

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

A system was in place to monitor the quality of the services delivered. The registered manager completed a programme of audits on a monthly basis. Areas for audit included care records, falls, wound care management, complaints and the environment. Where a shortfall had been identified an action plan was developed, completed and the area re-audited to check that the required improvement has been completed. As discussed in sections 4.3 and 4.4 improvements are required regarding the auditing of infection prevention and control procedures, personal care, the dining experience and the environment.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and review of records evidenced that monthly quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Areas for improvement have been identified in the sections discussing the delivery of safe, effective and compassionate care. We acknowledge that the registered manager had been recently appointed and had a considerable amount of work to organise and implement to improve standards within the home. There was evidence of improvement in the operation of the home. The requirements and recommendations made as a result of the inspection, when addressed, will further enhance the overall quality of nursing and other services provided by the home.

Feedback at the conclusion of the inspection was given to Vincy Vincent, Registered Manager, and Raymond Murphy, Responsible Person. Both Ms Vincent and Mr Murphy demonstrated their commitment to address the issues identified during the inspection.

### **Areas for improvement**

Three requirements and three recommendations have been made in relation to safe, effective and compassionate care. Management processes and governance arrangements require development to further secure compliance and drive improvements.

<b>Number of requirements</b>	<b>3</b>	<b>Number of recommendations:</b>	<b>3</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Vincy Vincent, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

## 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) for review by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

**Ref:** Regulation 20 (1) (a)

**Stated:** First time

**To be completed by:**  
30 September 2016

The registered provider must ensure that the dependency levels of patients is kept under regular review to ensure that the numbers of and competency of staff deployed is appropriate to meet the needs of the patients.

**Ref: Section 4.3**

**Response by registered provider detailing the actions taken:**

The registered provider in consultation with nurse manager & deputy nurse manager has provided appropriate competent staff to meet & exceed the dependency level of the residents

#### Requirement 2

**Ref:** Regulation 17 (1)

**Stated:** First time

**To be completed by:**  
30 September 2016

The registered provider must ensure that the systems in place to review the quality of nursing and other services provided by the home are robust. Specific attention should be given to reviewing the auditing and the outcome of audits in relation to:

- infection prevention and control procedures
- the environment
- control of substances hazardous to health

**Ref: Section 4.3**

**Response by registered provider detailing the actions taken:**

\* Registered provider in consultation with all staff has acted as follows

1. Training has been upgraded in relation with this issue & appropriate control procedures have been put in place to safe guard against any source of infection .
2. Domestic staff have been instructed to undertake the initial deep clean of the entire home & this process will be cotnined going forward
3. All substances that could be deemed hazards of health are stored appropriately in locked cupboard & staff have been instructed they must be cosistant in maintaining the necessary safeguard.

<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 August 2016</p>	<p>The registered provider must ensure that staff have sufficient and readily accessible equipment available, at all times, to minimise the risk of infection and the spread of infection between patients and staff.</p> <p><b>Ref: Section 4.3</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>A system has been implemented that night staff replace PPE in unit before finishing shift and further more ,staff have been insructed to check these units at 2.00pm to ensure that a supply of readily accessible equipment is available at all times .</p>
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 August 2016</p>	<p>The registered provider must ensure that potential risks to the safety and wellbeing of patients is monitored on a daily basis. Any substance which is hazardous to the health of patients must be stores appropriately and safely.</p> <p><b>Ref: Section 4.3</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>The registered provider has instructed all staff that potential risk to the safety and well being of residents are monitored daily .All hazards materials are stored appropriately and sink unit have been checked cleared . No longer are available for inappropriate storage .</p>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 12 (1) (a) and (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2016</p>	<p>The registered person must ensure that the dining experience for patients is reviewed and enhanced in accordance with best practice in dementia care. The registered manager should ensure that whoever completes the audit is aware of best practice in this area.</p> <p><b>Ref: Section 4.4</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>The dining experience has been changed to include a member of care staff being allocated to assist thus ensuring that meal time are enhanced in accordance with best practice in dementia care .</p> <p>kitchen and dining staff have been made aware of the importance of best pracice in this area &amp; audit will be completed appropriately .</p>



<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 38</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2016</p>	<p>The registered provider should ensure that a system is established to evidence all required information regarding the recruitment and selection of staff is retained in the personnel file of staff members and that the file is available in the home.</p> <p><b>Ref: Section 4.3</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Full review of personal file has been undertaken thus ensuring that all necessary information is contained in relevant file &amp; that the said file is available in the home at all time .</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2016</p>	<p>The registered provider should ensure that any information in relation to patients' wellbeing should be accurately maintained and reviewed by registered nurses and actioned, where appropriate, on a daily basis. Evidence should be present that registered nurses have reviewed and acted on, where applicable, any supplementary information recorded on behalf of patients.</p> <p><b>Ref: Section 4.4</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> All registered nurses has been instructed as the importance of checking and reviewing the daily notes to include such issues as personal hygiene &amp; any further information which should be recorded in behalf of the resident</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 6.14</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2016</p>	<p>The registered provider should ensure that the personal care afforded to patients is monitored on a daily basis by the registered manager or the nurse in charge of the unit, in the absence of the manager, until such times as the registered manager is satisfied with the standard of personal care delivery.</p> <p><b>Ref: Section 4.5</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Registered provider &amp; the nurse manager have met with nursing and care staff to emphasise to the importance of maintaining and documenting of the personal care afforded to the residents. Further more registered manager will continue to monitor these records to ensure that she is wholly satisfied with the standard of personal care delivery.</p>

<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 47.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2016</p>	<p>The registered provider should establish systems to ensure the general maintenance of the home is of a satisfactory standard on a daily basis. Where a shortfall is observed for example; the replacement of lightbulbs, remedial action is taken promptly.</p> <p><b>Ref: Section 4.3</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b> Registered provider undertakes frequent visit to the home to ensure that the general maintenance is of a satisfactory standard. Furthermore the maintenance officer has been instructed of his duties &amp; the importance of dealing with any short fall &amp; that the remedial action is carried out promptly</p>

*\*Please ensure this document is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\**



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