Unannounced Care Inspection Report
9 & 10 May 2018

Corriewood Private Clinic

Type of Service: Nursing Home (NH)
Address: 3 Station Road, Castlewellan, BT31 9NF
Tel No: 0284377 8230
Inspector: Michael Lavelle

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 79 persons.

3.0 Service details

Organisation/Registered Provider: Corriewood Private Clinic **Responsible Individuals:** M I McGrady Anne Monica Byrne	**Registered Manager:** Teresa Josephine McClean
Person in charge at the time of inspection: Teresa Josephine McClean	**Date manager registered:** 1 April 2005
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. LD – Learning disability. LD(E) – Learning disability – over 65 years. MP – Mental disorder excluding learning disability or dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	**Number of registered places:** 79 A maximum of 7 patients in category NH-DE to be accommodated in the Oak Tree Suite, a maximum of 23 patients in category NH-LD/LD(E) to be accommodated in the Spring Well Suite and 4 identified patients in category NH-MP accommodated in the Wild Forest Suite. The home is also approved to provide care on a day basis to 2 persons.

4.0 Inspection summary

An unannounced inspection took place on 9 May 2018 from 09.00 to 16.15 hours and 10 May 2018 from 09.45 to 18.00 hours.

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

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

Evidence of good practice was found in relation to staffing, recruitment, training, adult safeguarding, communication between residents, staff and other key stakeholders, culture and ethos of the home and maintaining good working relationships.

Areas requiring improvement under regulation were identified in relation to post fall management, infection prevention and control (IPC) practices, eliminating unnecessary risks to the health and welfare of patients, topical medicine administration records and governance processes focusing on quality assurance and service delivery.

Areas for improvement under the standards were identified in regards to review of care plans, supplementary care records, staff meetings, the activity programme for patients, menus and the management of complaints.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	5	6

Details of the Quality Improvement Plan (QIP) were discussed with Teresa Josephine McClean, 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.

4.2 Action/enforcement taken following the most recent inspection dated 23 November 2017

The most recent inspection of the home was an announced post registration premises inspection undertaken on 23 November 2017. 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 inspection
- the previous care inspection report

During the inspection we met with 10 patients, 11 staff, two visiting professionals and five patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey and staff not on duty during the inspection.

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

The following records were examined during the inspection:

- duty rota for all staff from weeks commencing 30 April 2018 and 7 May 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
- one staff recruitment and induction file
- four patients' care records
- a selection of patients' supplementary care charts including food and fluid intake charts, personal care and bowel charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 November 2017

The most recent inspection of the home was an announced post registration premises inspection undertaken on 23 November 2017. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 5 September 2017

There were no areas for improvement identified as a result of the last care inspection.

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 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 from weeks commencing 30 April 2018 and 7 May 2018 evidenced that

the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient numbers of staff on duty to meet the needs of the patients. We also sought staff opinion in regards to staffing via the online survey. One completed staff questionnaire indicated that the staff member was very satisfied with staffing within the home. No other online feedback from staff was received in regards to staffing.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Corriewood Private Clinic.

Relatives who were spoken with expressed satisfaction with staffing levels. We also sought relatives' opinions in regards to staffing via questionnaires although none of these were returned within the time frame to be included in this report.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner.

Review of one staff recruitment file evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to the staff member commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with NISCC. Discussion with the registered manager confirmed they were going to review the systems and processes currently in place to ensure that alerts issued by Chief Nursing Officer (CNO) are managed appropriately and shared with key staff. It is planned that this will be a standing item on the agenda for future staff meetings. This will be reviewed during a future care inspection.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2017/18. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients. Training for infection prevention and control, manual handling, first aid and protection of vulnerable adults was scheduled for June and July 2018.

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

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from the previous care inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that, on at least a monthly basis, falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review, an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Review of records and discussion with the registered manager and staff evidenced deficits in relation to the post falls management of patients. Review of two care records evidenced that on one occasion when the patient had an unwitnessed fall, clinical and neurological observations were not carried out and recorded. In addition, a post fall risk assessment was not completed within 24 hours and one falls risk assessment had not been updated in seven months. This was discussed with the registered manager who agreed to review the falls policy used by the home and arrange supervision with registered nurses in relation to the management of falls. An area for improvement under regulation was made.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, tastefully decorated, fresh smelling and clean throughout. Patients, representatives and staff spoken with were complimentary in respect of the home's environment. Discussion with the registered manager confirmed the home has been nominated for a design award from the Royal Society of Ulster Architects.

Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of staff confirmed that fire safety training was embedded into practice.

Deficits with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted as follows:

- deficit in the knowledge base of some staff in relation to infection prevention and control practices – particularly the use of appropriate personal protective equipment (PPE)
- domestic and laundry staff not wearing appropriate PPE
- no availability of PPE in the laundry
- communal items stored in identified bathrooms
- clutter and inappropriate storage in a number of identified storage cupboards in Annesley House
- inappropriate storage in a number of identified bathrooms including wheelchairs
- no waste bins available in a number of identified lounges
- no sharps injury poster available in clinical rooms
- uniforms were not available for all staff, particularly domestic staff
- dust and debris noted on domestic trolleys
- a number of sharps boxes did not have the aperture closed when not in use and were not signed and dated.

These shortfalls were discussed with the registered manager who immediately addressed some of the IPC concerns highlighted. While the actions of the registered manager provided the

inspector with some assurances, an area for improvement under regulation was made in order to drive improvement relating to IPC practices.

Observation of the emergency trolley in the Oaktree unit evidenced an unsecured sharps box which had been left unattended. The aperture was open and there were sharps inside. The potentially serious risk this posed to patients was highlighted to the registered manager who immediately stored the sharps box securely at the inspector's request. Observation of the medicine trolley in the same unit further evidenced that a patient's eye drops had been insecurely stored. This was also discussed with the registered manager and identified as a risk to patients within the dementia unit. An area for improvement under regulation was made. The administration of medicines is discussed further in section 6.5.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails, alarm mats. There was also evidence of consultation with relevant persons. Care plans were in place for the management of bedrails and alarm mats.

During review of the general environment it was observed that a number of patients had airflow mattresses on their beds in order to help maintain their skin integrity. However, three of the mattresses checked were not set correctly for the weight of the patient. This had the potential to negatively impact the wellbeing and comfort of those patients. A discussion with staff also evidenced that there was no system in place to monitor the settings of such mattresses. This was highlighted to the registered manager who immediately addressed the issue by ensuring that the mattresses identified were managed at the correct setting. The registered manager further agreed to ensure that checking the weight settings of all airflow type mattresses would form part of an existing monthly audit. This will be reviewed during a future care inspection.

Areas of good practice

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

Areas for improvement

Three areas for improvement under regulation were identified in relation to post fall management, infection prevention and control practices and eliminating unnecessary risks to the health and welfare of patients.

	Regulations	Standards
Total number of areas for improvement	3	0

6.5 Is care effective?

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

Review of four patients' care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition, patients' weight, management of infections and wound care. For the most part, 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. However, review of one care record evidenced that care plans had not been reviewed for a five month period following discharge from hospital, although there was evidence that a range of risk assessments had been updated. In addition, three of the care records contained historical records which contained information which was no longer an accurate reflection of patients' assessed needs. In addition, addendums by nursing staff within the margins of the care records were found. The need to ensure that all care records are maintained in an accurate, contemporaneous and legible manner was stressed. An area for improvement under the care standards was made. The auditing of care records is discussed further in section 6.7.

Review of supplementary care charts such as food and fluid intake charts, personal care and bowel charts evidenced inconsistencies in recording. For example, food diaries did not accurately record what patients had eaten and fluid intake was not accurately recorded or monitored. In addition, gaps were also noted in relation to the recording of nutritional supplements being given, personal care activity and bowel charts. This was discussed with the registered manager and an area for improvement under the care standards was made.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

We reviewed the record of the administration of topical medicines. Discussion with the registered manager/staff and review of medication records evidenced that the administration of topical medicines was a delegated task given to care staff. However, while nursing staff did record the administration of such medicines to patients, there were no supplementary medication records in place for care staff to complete. In addition, review of one patients medicine administration record evidenced that a patient did not receive their topical medicine on two occasions. This was discussed with the registered manager and identified as an area for improvement under the regulations. This matter was also referred to the pharmacist inspector for information purposes.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of communication with representatives within the care records.

The registered manager advised that patient and/or relatives meetings were not held within the home but that they operate an open door policy and there is daily contact with many of the relatives.

Discussion with staff and the registered manager confirmed that staff meetings were to be held on a three monthly basis and records maintained. However, review of records confirmed that three staff meetings had been held within the last year in July and October 2017 and April 2018 with registered nurses meetings being held in February and August 2017 and February 2018. This was identified as an area for improvement under the care standards.

Patients and relatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication with residents, staff and other key stakeholders.

Areas for improvement

An area for improvement under regulation was identified in relation to topical medicine administration records.

Three areas for improvement under the standards were identified in regards to care plans, supplementary care records and staff meetings.

	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.

We arrived in the home at 09.00 hours and were greeted by staff who were helpful and attentive. Patients were enjoying breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Discussion with the activities co-ordinator evidenced good communication with care staff prior to and following activities and a very varied activities programme. There was also evidence that the provider had increased the hours allocated for the provision of activities. However, the

activity planner was not up to date and did not reflect planned activities. In addition, there was no evidence of patient engagement to evaluate that the activities were enjoyable, appropriate and suitable for patients. The programme of activities was also not displayed in a suitable format within each unit throughout the home. This was discussed with the registered manager and activities co-ordinator and identified as an area for improvement under the care standards.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. 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. Patients who required assistance with eating and drinking were served first after which staff served those patients who could eat and drink independently. Some patients were observed waiting for up to 15 minutes to be served their lunch. This was discussed with the nurse in charge who explained that although some patients could eat independently, they required supervision. This was discussed with the registered manager who agreed to review the dining arrangements. This will be reviewed during a future care inspection.

Discussion with kitchen staff evidenced good awareness of the holistic and nutritional needs of patients. There was an alteration to the menu by kitchen staff although there was also no evidence that these changes were recorded. This was discussed with the cook and the registered manager who agreed to introduce a system of recording variations to the menu immediately. This will be reviewed during a future care inspection. The menu available in the home was not displayed in a suitable format to meet the needs of all the patients. This was discussed with the registered manager and identified as an area for improvement under the care standards.

Cards and letters of compliment and thanks were displayed within the home. There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with 10 patients individually, and with others in smaller groups, confirmed that living in Corriewood Private Clinic was viewed as a positive experience. Some comments received included the following:

"I wouldn't go past it. It could not be nicer."
"It's lovely. It's a nice place to be in."
"It's a great place."
"I wouldn't change a thing about the place. It's 100 per cent."

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Ten relative questionnaires were provided; none were returned within the expected timescale. Five relatives were consulted during the inspection. Some of the comments received were as follows:

"I couldn't say a bad word about the home. All my relative's needs are cared for. The food is excellent."
"Absolutely excellent. They are very friendly no matter what time you come in."
"The care is amazing. No complaints."

Eleven staff members and two visiting professionals were consulted to determine their views on the quality of care in Corriewood Private Clinic. Staff were asked to complete an online survey; we had two responses within the timescale specified. Staff members were either very satisfied or satisfied with the care provided across the four domains referenced in this report. Some comments received included:

"The home is very holistic. The communication is great."
"There is appropriate contact from the staff. I find them so helpful, happy and interested in learning."

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives.

Areas for improvement

Two areas for improvement under the standards were identified in relation to activities and the dining experience of patients.

	Regulations	Standards
Total number of areas for improvement	0	2

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been a no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these

were worked, were clearly recorded. However, it did not clearly state who was in charge of the home during each shift and was not signed by the registered manager/designated person. This was discussed with the registered manager who agreed to amend the rota to reflect these requirements. This will be reviewed during a future care inspection.

Discussion with staff, patients and their representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The service did not collect any equality data on service users and the registered manager was encouraged to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting the data.

Review of the home's complaints records evidenced that systems were not 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. Although complaints were recorded and records retained, there was no evidence that complaints were viewed as a learning experience. This was discussed with the registered manager who agreed to include complaints as a standing item on the agenda for staff meetings. An area for improvement under the care standards was made.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding falls, accidents/incidents, IPC practices, care records, medicines and environment audit. In addition, measures were also in place to provide the registered manager with an overview of the management of infections, wounds and weight loss/gain occurring in the home. Although audits were completed, a number of them did not identify deficits found during inspection. For example, the audit of care plans did not identify that care plans had not been evaluated in one record for five months. The medication audit also did not identify that a patient did not receive their medication on two occasions. This was discussed with the registered manager who agreed to review the audit process for care records and medication to ensure the analysis is robust, action plans are generated and learning is disseminated. An area for improvement under the regulations was made.

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

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.

Discussion with the registered manager and a review of records evidenced that an up to date fire risk assessment was in place.

The registered manager confirmed that there was an available legionella risk assessment which had been conducted within the last two years. The registered manager was reminded of the usefulness of periodically reviewing this no less than two yearly in keeping with best practice guidance.

The registered manager further confirmed that all hoists and slings within the home had been examined in adherence with the Lifting Operations and Lifting Equipment Regulations (LOLER) within the last six months.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of incidents and maintaining good working relationships.

Areas for improvement

One area for improvement under regulation was identified in relation to audits.

One area for improvement under the standards was highlighted in regards to the management of complaints.

	Regulations	Standards
Total number of areas for improvement	1	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 Teresa Josephine McClean, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (1) (a)(b) **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record. Ref: 6.4
	Response by registered person detailing the actions taken: The recording of falls was reviewed, clinical and neurological observations are now carried out and recorded following post falls for all unwitnessed falls and head injuries.
Area for improvement 2 **Ref**: Regulation 13 (7) **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff. This area for improvement is made in reference to the issues highlighted in section 6.4. Ref: 6.4
	Response by registered person detailing the actions taken: All areas identified at time of inspection were addressed before the inspector left. All domestic staff have uniforms and tabards
Area for improvement 3 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible eliminated. This area for improvement is made with specific reference to sharps boxes. Ref: 6.4
	Response by registered person detailing the actions taken: The sharps box was removed immediately from the area and the aperture was closed. Nursing staff will monitor same.

Area for improvement 4 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure suitable arrangements for the secure storage/recording the administration of medicines. This area for improvement is made with specific reference to the storage of eye drops and the administration of topical medicines. Ref: 6.4 & 6.5
	Response by registered person detailing the actions taken: The eye drops were locked up immediately. The registered manager had a discussion with the pharmacy inspector in relation to supplementary medication records. The care staff now sign for the delegated task of applying topical medication.
Area for improvement 5 **Ref:** Regulation 17 (1) **Stated:** First time **To be completed by:** 10 June 2018	The registered person shall ensure monthly audits should be completed in accordance with best practice guidance. Any shortfalls identified should generate an action plan to ensure learning is disseminated and the necessary improvements can be embedded into practice, specifically, the care records audit and medication audit. Ref: 6.7
	Response by registered person detailing the actions taken: The care records audit has an action plan added and is disseminated to the nursing staff monthly. The medicine audits are robust.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 4 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure that care plans are legible, kept under review and updated in response to the changing needs of patients. Care plans which are no longer relevant should be archived appropriately. Ref: Section 6.5
	Response by registered person detailing the actions taken: A process of archiving care plans has begun, and care plans are kept under continual review.
Area for improvement 2 **Ref**: Standard 4.9 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure that supplementary care records, specifically, food and fluid intake charts, personal care and bowel charts are completed in an accurate, comprehensive and contemporaneous manner. Records should reflect a full 24 hours and that the total intake / output are collated into the patient's daily progress records. Ref: 6.5
	Response by registered person detailing the actions taken: Fluid intake is now added to the food intake charts, this will be kept under review.

Area for improvement 3 **Ref**: Standard 41 **Stated:** First time **To be completed by:** 10 June 2018	The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly. Ref: 6.5
	Response by registered person detailing the actions taken: All meetings which take place will be recorded. A schedule of planned quarterly meetings is in place.
Area for improvement 4 **Ref**: Standard 11 **Stated:** First time **To be completed by:** 10 June 2018	The registered person shall ensure the programme of activities reflects the preferences and choices of the patients and is evaluated regularly. This shall be displayed in a suitable format and a record kept of all activities that take place, with the names of the person leading them and the patients who participate. Ref: 6.6
	Response by registered person detailing the actions taken: A display of impending activities is in place. All activities that take place have been recorded and are available for inspection.
Area for improvement 5 **Ref**: Standard 12 **Stated:** First time **To be completed by:** 10 June 2018	The registered person shall ensure that menus are displayed for patients/visitors information in a suitable format and on a daily basis. Ref: 6.6
	Response by registered person detailing the actions taken: Menus are on display in a suitable format.
Area for improvement 6 **Ref**: Standard 16 **Stated:** First time **To be completed by:** 10 June 2018	The registered person shall ensure that information from complaints is used to improve the quality of services within the home and that learning is disseminated from analysis from complaints received. Ref: 6.7
	Response by registered person detailing the actions taken: Any learning outcomes from complaints will be disseminated through out the staff team and a record will be kept on how this was achieved.

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

The Regulation and Quality Improvement Authority

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