

# Unannounced Care Inspection Report 22 & 23 November 2017



## Cairnmartin Court Care Home

**Type of Service: Nursing Home (NH)**  
**Address: 250 Ballygomartin Road, Belfast, BT13 3NG**  
**Tel No: 028 9072 2050**  
**Inspector: Sharon McKnight**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

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

**1.0 What we look for**



**2.0 Profile of service**

This is a registered nursing home which is registered to provide nursing care for up to 62 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Amore Elderly Care Limited  <b>Responsible Individual:</b> Mrs Nicola Cooper	<b>Registered Manager:</b> See box below
<b>Person in charge at the time of inspection:</b> Patricia Amaral	<b>Date manager registered:</b> Patricia Amaral – temporary, no application
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of registered places:</b> 62  A maximum of 31 patients in categories NH-I and NH-PH(E) and a maximum of 31 patients in category NH-DE. Category NH-PH for 2 identified patients only.

### 4.0 Inspection summary

On 20 November 2017 RQIA received a phone call via the duty inspector system from an anonymous caller alleging to be a member of staff. The caller expressed concerns regarding lack of staff over the weekend of 18 and 19 November 2017 with poor support from senior management, recent problems with the supply of hot water, the washing machines not working as a result of the water problems and the freezer which has been broken for the last eight weeks.

While RQIA is not responsible for the investigation of complaints or managing safeguarding concerns, where it is notified of a potential breach of regulations or minimum standards, it will review the information and take appropriate action as required which may include an inspection of the home.

Following discussion with a senior inspector it was agreed that, as an inspection was scheduled to take place on 22 and 23 November 2017 these issues would be included in the focus of the inspection.

An unannounced inspection took place on 22 November 2017 from 09:40 to 17:40 and on 23 November 2017 from 09:30 to 12:00.

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

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

Evidence of good practice was found in relation to management of weight loss and nutrition and staff knowledge of patient need. There was evidence of good communication in the home between staff and patients. Patients' personal care and grooming needs were maintained to a satisfactory standard.

The following areas were identified for improvement in relation to the management of absenteeism, induction of agency staff, competency of agency staff left in charge of the home, timely action for the repair/replacement of equipment and the operation of fire doors. Areas for improvement were also identified in the domain of effective care, these included ensuring that directions left by visiting healthcare professionals are adhered to and record keeping.

Patients said they were happy living in the home.

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
<b>Total number of areas for improvement</b>	*8	2

\*The total number of areas for improvement include two which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Patricia Amaral, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

As a result of the inspection RQIA were concerned that the quality of the service within Cairnmartin Court Care Home was below the standard expected with regard to timely action to repair/replace identified items of equipment and the induction of agency nurses. The findings were reported to senior management in RQIA, following which a decision was taken to hold a serious concerns meeting. The inspection findings were communicated in correspondence to Nicola Cooper, Responsible Individual, Amore Elderly Care Ltd and a meeting took place at RQIA on 27 November 2017. Prior to this meeting an action plan was submitted by the Quality Improvement Lead and the manager as to how and when the concerns raised at the inspection would be addressed by management. During the meeting appropriate assurances were provided to RQIA as to how the concerns would be addressed and a follow up inspection will be planned to validate compliance.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

## 4.2 Action/enforcement taken following the most recent inspection dated 09 October 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 9 October 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

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

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

During the inspection we met with the majority of patients in small groups, ten staff and two visiting professionals. Questionnaires were also left in the home to obtain feedback from patients and their representatives. A poster informing staff of how to submit their comments electronically, if so wished, was given to the manager to display in the staff room.

The following records were examined during the inspection:

- duty rota for nursing and care staff for weeks commencing 6, 13 and 20 November 2017
- induction records for agency nurses
- competency and capability assessments for nurse in charge
- incident and accident records
- six patient care records
- five patient care charts including food and fluid intake charts
- a selection of governance audits
- patient register
- 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 inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 9 October 2017**

The most recent inspection of the home was an unannounced medicines management inspection.

The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

**6.2 Review of areas for improvement from the last care inspection dated 15 June 2017**

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff.  All linen must be laundered in a timely manner.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> The environment in the laundry was untidy and not maintained in accordance with good infection prevention and control practices. There were four lounge chair cushions, in red soluble bags, stored at the side of the washing machine, waiting to be laundered; there was a plastic tub with a wet blanket sitting beside the washing machine, a dry mop head on the floor beside this tub, a number of ripped water soluble bags in the space between the washing machines, a mug in the sink and a stained duvet sitting on the bench adjacent to the draining board.	

	<p>Whilst RQIA acknowledge that the laundry was tidied and the chairs cushions and blankets laundered by day two of the inspection, we concluded that this corrective action had been taken as a result of the inspection and not following identification of concerns by management.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 18 (1) (e)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall arrange for regular laundering of linen and clothes</p> <p>RQIA must be informed when the identified washing machine has been replaced.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Following the previous inspection RQIA were informed on 28 June 2017 that the identified washing machine had been replaced.</p> <p>During this inspection we were informed by the manager that both washing machines had been out of use for approximately two weeks due to a fault with the water pumps in the home. It was concerning that prior to the inspection there was no identified timescale for work to be completed to the water pumps to ensure that the laundry would be fully functional again.</p> <p>Arrangements for the laundering of personal clothing and sheets, towels etc were in place; however a number of items of soiled laundry were observed and no arrangements were in place to launder these.</p> <p>Whilst RQIA acknowledge that the washing machines were fully functional by day two of the inspection and that the chairs cushions and blankets were laundered there was no evidence that corrective action had been taken prior to the inspection.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	<p><b>Not met</b></p>

<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time	The registered person shall ensure that the nurse in charge of the home in the absence of the registered manager is clearly identified for each shift on the staffing rota and communicated to staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records evidenced that in the absence of the manager a registered nurse was clearly identified and communicated to staff. This area for improvement has been met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 29.1  <b>Stated:</b> First time	The registered person shall ensure that records are maintained to evidence that agency staff complete a structured orientation and induction to the home.	<b>Subsumed into an area for improvement under regulation.</b>
	<b>Action taken as confirmed during the inspection:</b> Induction records were not available to evidence that agency staff completed a structured orientation and induction to the home. Further concerns were identified during this inspection with the induction process for agency staff.  This area for improvement has been subsumed into an area for improvement under regulation.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	The registered person shall ensure that all patients are comprehensively assessed and care plans are in place which clearly identify patients' needs and specify the exact type of equipment/aids they require.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Care records reviewed clearly identify patients' mobility needs and specified the exact type of equipment/aids they required. This area for improvement has been met.	



### 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 manager confirmed the planned staffing levels and a review of the staffing roster for weeks commencing 6 and 20 November 2017 evidenced that the planned staffing was adhered to. Throughout the inspection observations of the delivery of care and discussion with staff evidenced that patients' needs were met by the levels and skill mix of staff on duty.

RQIA received an anonymous call from a member of staff on Monday 20 November 2017 expressing concerns regarding a lack of staff on 18 and 19 November 2017. A review of the staffing roster for week commencing 13 November evidenced that, whilst staff had been rostered in accordance with the planned staffing, the number of staff planned was not always achieved. There was evidence of action taken by the home in an attempt to provide staff to cover the shortages; however these actions were not always successful resulting in a lack of staff on a number of shifts throughout the week.

A review of records and discussion with the manager and staff confirmed that staff reporting sick at short notice was the main reason for staff shortages. Staff absenteeism was identified as a problem in the report of the monthly monitoring visit for August and September 2017. The issue was not included in the action plan of these visits and there was no evidence of follow up. Procedures must be put in place to manage staff absence and ensure that planned staffing levels are achieved. This was identified as an area for improvement under the regulations.

The home currently has a high use of agency nurses due to vacancies. Assurances were provided that recruitment is ongoing and in the interim the manager was attempting to block book staff to ensure consistency and continuity of care. A profile containing confirmation of the Access NI check, registration with the Nursing and Midwifery council (NMC) and training was held in the home for each agency nurse. We requested the induction records for two agency nurses; neither had a recorded induction. Staff supplied by an employment agency must receive a structured orientation and induction to the home; records must be retained. This was identified as an area for improvement under the regulation.

A nurse was identified to take charge of the home when the manager was off duty. A review of records evidenced that a competency and capability assessment had been completed with nurses, employed by the home, who were given the responsibility of being in charge of the home in the absence of the manager. However, on occasion it was an agency nurse who was in charge of the home. A competency and a capability assessment had not been completed with agency nurses who were given the responsibility of being in charge of the home; neither was there a procedure in place for this assessment. The registered person shall ensure that at all times a nurse is working at the nursing home and that the registered manager carries out a competency and a capability assessment with any nurse who is given the responsibility of being in charge of the home for any period of time in his absence. This was identified as an area for improvement under regulation.

As previously discussed concerns were raised prior to the inspection with regard to recent problems with the supply of hot water, the washing machines not working as a result of the water problems and a the freezer which has been broken for the last eight weeks. A review of the environment and discussion with staff identified a lack of timely action taken to repair/replace identified items of equipment.

The manager explained that, for a number of months, there has been an intermittent fault with the water pump which results in some areas of the home not having hot water; the most recent fault was on 17 November 2017. An engineer visited the home on 17 November 2017 and the issue was fixed. The manager confirmed that authorisation had been given to replace the pumps however there was no timescale identified for this repair. We spoke with two care staff on ground floor and with the housekeeper who stated there were no problems with hot water over the weekend or since.

The chef reported there a lack of hot water at the main sinks in the kitchen but confirmed that there was always hot water at the handwashing sink. The freezer was broken and the home had no means to store frozen food. The water sprayer, for rinsing plates, has been broken since April, again there was no plan in place to repair or replace this piece of equipment.

As discussed in section 6.2 the home's two washing machines were out of use for approximately two weeks due to the fault with water pump. Engineers visited the home on the day of the inspection and the pump was fixed; there was no evidence that corrective action had been taken prior to the inspection.

We observed a bath hoist, with an "out of order" notice attached; staff confirmed the hoist had been broken for approximately two months. There was no plan in place to repair or replace the hoist. Staff confirmed that there was another bath hoist which could be used if patients requested a bath.

A number of these issues had been identified through governance arrangements such as monthly monitoring reports completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and audits. However prior to the inspection there was a lack of timely action taken by management to address the identified issues. This lack of governance and oversight had the potential to impact on the quality of service provided to patients in the home. Timely action must be taken by management to repair/replace identified items of equipment. This was identified as an area for improvement under regulation. Following the inspection an action plan was submitted by the Quality Improvement Lead and the manager detailing when the identified equipment would be repaired or replaced as required.

We visited the laundry and observed that on both days the fire door between the two rooms of the laundry was propped open. When we visited on the second day of the inspection the washing machines and tumble dryers were in use and the laundry was unsupervised. Fire doors must not be propped open; this was identified as area for improvement under the regulations.

### **Areas for improvement**

The following areas were identified for improvement in relation to the management of absenteeism, induction of agency staff, competency of agency staff left in charge of the home, timely action for the repair/replacement of equipment and the operation of fire doors.

	Regulations	Standards
<b>Total number of areas for improvement</b>	5	0

### 6.5 Is care effective?

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

A review of six patient care records evidenced that a range of validated risk assessments were completed to identify patient need. There was evidence that risk assessments informed the care planning process.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as tissue viability nurses (TVN), speech and language therapists (SALT) and dieticians. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly communicated to staff and reflected in the patient's record.

We reviewed the care of five patients identified by staff as at risk of weight loss. Records evidenced appropriate referrals and good collaborative working with healthcare professionals, for example GPs, dieticians, palliative care nurse specialists and speech and language therapists (SALT) to ensure patients nutritional needs were being managed appropriately. Care records evidenced a patient centred approach to the management of weight loss, with each patient's individual needs being responded to appropriately; this was commended.

We discussed the recorded weight of one identified patient. Records evidenced that the patient was weighed on 3 and 11 November 2017; no further weights had been recorded despite the dietician reviewing the patient on 3 November 2017 and asking for the weights to be monitored weekly. This was identified as an area for improvement under the standards.

Food and fluid charts were in place for all patients. However three out of the five patients reviewed had charts which were inconsistently recorded with evidence of gaps between entries. All of the patients had a significant number of completed charts which had not been dated. Food and fluid charts should be accurately completed and maintained in accordance with NMC guidelines for record keeping. This was identified as an area for improvement under the standards.

We reviewed the nutritional needs of two patients who, following an assessment by the SALT, were assessed as requiring a modified diet. Staff spoken with were knowledgeable of the recommendations made by the SALT and the type and consistency of modified diet and thickened fluids each patient required. Both patients' expressed a dislike of their modified diets and the support and encouragement provided by staff was clearly recorded. The records for one patient evidenced that on two occasions, following the patient's refusal of the recommended modified consistency, staff deviated from the texture recommended without prior consultation with the SALT. Another patient assessed as requiring a modified diet had been given bread without consultation with the SALT. The registered person must ensure that there is proper provision for the nursing, health and welfare of patients. Staff must ensure that all meals and fluids are provided in accordance with the recommendations made by the SALT. If patients are unhappy with treatment plans prescribed staff must discuss this with the SALT. Prior to the conclusion of the inspection the home contacted the SALT department in the local health and social care trust and requested a review of the two identified patients.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that communication was good within the home and that they provided with the relevant information in response to patients daily needs and changing needs.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the management of weight loss and nutrition and staff knowledge of patient need.

**Areas for improvement**

The following areas were identified for improvement in relation to ensuring that directions left by visiting healthcare professionals are adhered to and that food and fluid charts should be accurately completed and maintained in accordance with NMC guidelines for record keeping.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	2

**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 09:40. There was a calm atmosphere and staff were busy attending to the needs of the patients. Patients were observed either in the dining rooms enjoying breakfast, in their bedrooms, walking around the home or seated in the lounges in keeping with their personal preference. Staff interaction with patients was observed to be compassionate, caring and timely. Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Patients were consulted with regarding meal choices and were offered a choice of meals, snacks and drinks throughout the day. Staff encouraged those patients who could express their preference to do so and demonstrated a knowledge of patients’ likes and dislikes for those patients who were unable to express their opinion. All patients spoken with commented positively regarding the care they received and the caring attitude of staff.

Questionnaires were available in the home for relatives to complete; none were returned during the inspection or within the timescale following the inspection.

A poster informing staff of how to submit their comments electronically, if so wished, was given to the manager to display in the staff room. No responses were received prior to the issue of this report. Staff spoken with happy working in the home, they confirmed they had access to training which was relevant to the work they undertook and were satisfied that they were supported to deliver effective care.

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

## Areas of good practice

There was evidence of good communication in the home between staff and patients. Staff interactions were observed to be compassionate and caring. Patients were afforded choice, dignity and respect. Patients' personal care and grooming needs were maintained to a satisfactory standard.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>0</b>

### 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 and the home's certificate of public liability insurance were appropriately displayed in the foyer of the home. Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered.

There were temporary management arrangements in place at the time of the inspection. We reviewed the support available to the manager and were informed that from Monday 27 November 2017 an experienced home manager would be based in Cairnmartin Court to provide day to day support to the manager. Senior management support was also provided by the Quality Improvement Lead and Regional Director. The necessity to ensure that the manager is given effective support from senior manager was also discussed with the responsible person, Nicola Cooper at the conclusion of the meeting on 27 November 2017.

As previously discussed an anonymous caller to RQIA expressed concerns regarding poor support from senior management on the weekend of 18 November 2017 when the home was short staffed. We discussed what senior management support was available when the manager was off duty. An on call system for senior management support at the weekends was available and displayed in the front of the duty roster. Staff spoken with were aware of the management arrangements and who to raise concerns with in the absence of the manager. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded.

A review of notifications of accidents and incidents recorded from 1 September – 22 November 2017 confirmed that these had been managed appropriately. The manager had systems in place to ensure they had oversight of the recording and management of accidents.

Review of records evidenced that unannounced quality monitoring visits were completed on a monthly basis on behalf of the responsible person. An action plan was included within report to address any areas for improvement. There was evidenced in the reports for September, October and November that the action plan was reviewed. The importance of ensuring that the action plan is always reviewed was discussed at length during feedback at the conclusion of the inspection. Copies of the quality monitoring reports were available in the home.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships and governance arrangements for the oversight of accidents and incidents.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>0</b>

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Patricia Amaral, manager, Roberta Wilson, regional director and Caron Conroy, quality lead, 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><b>Area for improvement 1</b></p> <p>Ref: Regulation 13 (7)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 21 December 2017</p>	<p>The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff.</p> <p>All linen must be laundered in a timely manner.</p> <p>Ref: Section 6.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> New washing machine now installed and laundry is currently up to date. Infection control measures maintained.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 18(1)(e)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 21 December 2017</p>	<p>The registered person shall arrange for regular laundering of linen and clothes</p> <p>Ref: Section 6.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> Laundering of linen and clothing is now done in a timely manner now new washing machine is now in place.</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Regulation 20(1)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 December 2017</p>	<p>The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients</p> <p>Procedures to manage staff absenteeism must be implemented to ensure that planned staffing levels are achieved.</p> <p>Ref: Section 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Acting Manager with assistance from the RD and HR, has completed a review of all staff in relation to sickness reporting. Return to work interviews have been held, and appropriate actions taken where deemed necessary. Acting Manager is now following the absentee management policy with support from the RD, H.R and the Quality Improvement Lead.</p>



<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 20(1)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 December 2017</p>	<p>The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients</p> <p>Staff supplied by an employment agency must receive a structured orientation and induction to the home; records must be retained.</p> <p>Ref: Section 6.4</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 20(3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 December 2017</p>	<p>The registered person shall ensure that at all times a nurse is working at the nursing home and that the registered manager carries out a competency and a capability assessment with any nurse who is given the responsibility of being in charge of the home for any period of time in his absence.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> An induction for agency staff has now been introduced for nurse in charge of the home for the first time. Any agency staff member now completes induction and this is kept alongside their profile from the nursing agency.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 27(2)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 December 2017</p>	<p>The registered person shall ensure that having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.</p> <p>The registered person shall ensure that timely action is taken to repair/replace items of equipment identified as faulty.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> All items stated as faulty apart from the hose and bath hoist. The hose was received today and waiting on contractors to replace it. Dishwasher faulty on 17/01/18 but now fixed 18/01/18</p>

<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 27(4)(d)(i)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the day of inspection.</p>	<p>The registered person shall make adequate arrangements for the detecting, containing and extinguishing fires.</p> <p>Fire doors must not be propped open.</p> <p>Ref section 6.4</p>
<p><b>Area for improvement 8</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> Immediate from the day of inspection.</p>	<p><b>Response by registered person detailing the actions taken:</b> The Acting Manager now undertakes a daily walk round to ensure the practice of propping open fire doors has ceased. Fire door guards that automatically close in the event of a fire alarm have been placed on some doors such as the nurse station, to reduce the chance of propping of fire doors occurring.</p> <p>The registered person must ensure that there is proper provision for the nursing, health and welfare of patients.</p> <p>Staff must ensure that all meals and fluids are provided in accordance with the recommendations made by the SALT. If patients are unhappy with treatment plans prescribed staff must discuss this with the SALT.</p> <p>Ref: Section 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Urgent review of individual residents nutrition needs and SALT guidance given on the day of inspection. Staff given clear direction on how to meet residents needs. A re writing of care files is well underway, care plans in relation to eating and drinking are being updated to reflect the recommendations from members of the MDT team such as the SALT.</p>
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 December 2017</p>	<p>The registered person shall ensure that patients' weights are monitored in accordance with directions from dietetic services.</p> <p>Ref: Section 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> A new weight tracker has been put in place and this will be overseen by the, Acting home manager so that she may be alerted each month to any patient whos weight loss gives cause for concern. Centrally the monthly KPI records will be checked by the RD or the QIL and any patients with weight loss will be escalated and checked during any visits by the R/D , QIL. SQIL</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that food and fluid charts are accurately completed and maintained in accordance with NMC guidelines for record keeping.</p> <p>Ref: Section 6.5</p>
<p><b>To be completed by:</b> 21 December 2017</p>	<p><b>Response by registered person detailing the actions taken:</b> Care staff have received supervision and guidance on the completion of supplementary records. Staff nurses are now required to sign of records to confirm accurate completion. There is now a daily total fluid total form which is completed and available for the Acting Home Manager, this will alert the manager as to when patients do not meet their required targets, prompting her to check actions taken by the nurses.</p>

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



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews