

Unannounced Care Inspection Report 9 May 2017



Carlingford Lodge Care Home

Type of Service: Nursing Home

Address: 76 Upper Dromore Road, Warrenpoint, BT34 3PN

Tel no: 028 4175 9200

Inspector: Donna Rogan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced out of hours inspection of Carlingford Lodge Care Home took place on 9 May 2017 from 21:10 hours to 23:45 hours by Donna Rogan.

This inspection was carried out following two anonymous calls being made to RQIA regarding the same issues. The purpose of the inspection was to identifying possible breaches in the Nursing Home Regulations (Northern Ireland) 2005. Concerns were raised in relation to the following;

- time of patients retiring to bed
- number of staff available to supervise and provide care to patients
- high usage of agency staff who are not familiar with routine or patients' needs
- overall safety and health and welfare of patient care during twilight and night time hours.

In general the issues raised by the callers were validated and at the time of the inspection some patients' needs were not being met in a safe and compassionate or effective manner.

Due to the issues observed during the inspection, serious concerns were raised in relation to the health and welfare of patients and the staffing arrangements in the home. A serious concerns meeting was held in RQIA offices with senior management on 15 May 2017. During this meeting an action plan was presented by nominated senior management of the home to RQIA and it was agreed that one additional staff member would be provided during the twilight hours in the home in the frail elderly unit in order to meet the immediate needs of patients. RQIA were satisfied with the action plan provided and sought assurances that staffing arrangements would be kept under review in order to ensure safe, effective and compassionate care was being provided and sustained on an on-going basis. RQIA informed the senior management that further enforcement action may be considered if the standard of care was not addressed and sustained. RQIA will continue to monitor progress in the above regard during subsequent inspections.

Eight requirements and four recommendations were made following the inspection. Due to the time and focus of the inspection the previous five requirements and previous eight recommendations detailed on the QIP could not be validated and have been carried forward from the previous care inspection on 6 and 7 February 2017.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	*13	*11

*Five of the 13 requirements were made at the previous care inspection conducted on 6 and 7 February 2017. Eight of the 11 recommendations were also made at the previous inspection. Due to the focus of this inspection they were not validated and are carried forward for review during subsequent inspections.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Sara Main, manager and Nicola Cooper, nominated responsible person the day following the inspection by telephone 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 6 and 7 February 2017. Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent care 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

Registered organisation/registered person: Priory (Warrenpoint) Ltd Nicola Cooper (Acting responsible person)	Registered manager: Sara Main
Person in charge of the home at the time of inspection: Joanne Gibbons – Nurse in charge	Date manager registered: Sara Main - Acting – no application required
Categories of care: NH-DE, NH-I A maximum of 41 persons in category NH-I and 33 persons in category NH-DE	Number of registered places: 74

3.0 Methods/processes

Two anonymous calls were made to RQIA which raised concerns in relation the home regarding the issues listed in section 1.0.

It is not the remit of RQIA to investigate complaints or safeguarding allegations made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home. Following discussion with senior management, it was agreed that an out of hours inspection would be undertaken to review the following areas:

- staffing levels
- the quality of the handover reports
- induction of agency staff
- patient's bed times
- safety and welfare of patients during the night time routine

Prior to inspection we analysed the following information:

- the registration status of the home
- written and verbal communication received by RQIA since the previous care inspection
- the previous care inspection report
- the returned QIP from the previous care inspection
- notifications received since February 2017

The duty records were examined during the inspection.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 6 and 7 February 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be fully validated by the inspector at the next care inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 6-7 February 2017

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1 Ref: Regulation 15 (2) (c) Stated: Second time</p>	<p>The registered provider must ensure care records are kept under review and reviewed at any time necessary to do so having regard to any change of circumstances and in any case not less than annually.</p> <p>Action taken as confirmed during the inspection: This requirement was not validated due to the focus of this inspection and is carried forward.</p>	<p>This requirement was not validated and is carried forward.</p>
<p>Requirement 2 Ref: Regulation 20 Stated: First time</p>	<p>The registered provider must ensure that mandatory training is attended for all staff in keeping with the homes' policies and procedures. A management system should be put in place to ensure that staff still required to complete training are identified and reminded to complete their training as a priority. The manager should confirm an update on the training statistics in the returned QIP to RQIA.</p>	

	<p>Action taken as confirmed during the inspection: This requirement was not validated due to the focus of this inspection and is carried forward.</p>	
<p>Requirement 3 Ref: Regulation 12 (1) Stated: First time</p>	<p>The registered provider must further develop the dementia strategy in relation to the environment, dining experience, personal centred care and further focused training for staff.</p>	<p>This requirement was not validated and is carried forward.</p>
	<p>Action taken as confirmed during the inspection: This requirement was not validated due to the focus of this inspection and is carried forward.</p>	
<p>Requirement 4 Ref: Regulation 13 (7) Stated: First time</p>	<p>The registered person must ensure the following issues are addressed;</p> <ul style="list-style-type: none"> • All cleaning substances should be stored in keeping with COSHH guidelines • Pull cords should be easily cleaned/decontaminated • Personal protection equipment such as gloves, aprons and wipes should be appropriately stored • Cleaning stores should always be locked when not in use • Equipment should not be stored in bathrooms/Wc's 	<p>This requirement was not validated and is carried forward.</p>
	<p>Action taken as confirmed during the inspection: This requirement was not validated due to the focus of this inspection and is carried forward.</p>	
<p>Requirement 5 Ref: Regulation 12 (1) (a) and (b) Stated: First time To be completed by: 30 March 2017</p>	<p>The registered persons must ensure the following issues are addressed:</p> <ul style="list-style-type: none"> • Ensure that wound care is managed in accordance with National Institute of Clinical Excellence (NICE) guidelines. • Ensure care plans are put in place following patients being identified of being at risk of malnutrition or pressure damage. • Ensure the moving and handling needs of patients are updated in the care records • Ensure care plans include evidence of communicating with relatives • Ensure care plans accurately reflect the bowel movements of patients where necessary 	<p>This requirement was not validated and is carried forward.</p>

	<ul style="list-style-type: none"> • Ensure planned care is delivered in accordance with the patients' needs • Ensure all care records are dated and signed • Ensure supplementary care records are consolidated by a registered nurse • Ensure appropriate terminology is used in care records • Ensure care plans no longer relevant are removed or marked as complete 	
	<p>Action taken as confirmed during the inspection: This requirement was not validated due to the focus of this inspection and is carried forward.</p>	
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1 Ref: Standard 44 Stated: First time</p>	<p>The registered person should ensure that the temperature of patients' bedrooms should be maintained at an appropriate level.</p>	<p>This recommendation was not validated and is carried forward.</p>
	<p>Action taken as confirmed during the inspection: This recommendation was not validated due to the focus of this inspection and is carried forward.</p>	
<p>Recommendation 2 Ref: Standard 21 Stated: First time</p>	<p>The registered provider should ensure the oral healthcare plans displayed in patients' ensuites are updated.</p>	<p>This recommendation was not validated and is carried forward.</p>
	<p>Action taken as confirmed during the inspection: This recommendation was not validated due to the focus of this inspection and is carried forward.</p>	
<p>Recommendation 3 Ref: Standard 44 Stated: First time To be completed by: 20 February 2017</p>	<p>The registered provider should ensure there is an infection and prevention link nurse employed in the home who is suitably trained to advise and guide staff in relation to best practice.</p>	<p>This recommendation was not validated and is carried forward.</p>
	<p>Action taken as confirmed during the inspection: This recommendation was not validated due to the focus of this inspection and is carried forward.</p>	

<p>Recommendation 4</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 20 February 2017</p>	<p>The registered provider should ensure that the call bell system is available to patients for whom it is prescribed.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>This recommendation was not validated due to the focus of this inspection and is carried forward.</p>	<p>This recommendation was not validated and is carried forward.</p>
<p>Recommendation 5</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p>	<p>The registered provider should address the negative comments made by relatives and patients.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>This recommendation was not validated due to the focus of this inspection and is carried forward.</p>	<p>This recommendation was not validated and is carried forward.</p>
<p>Recommendation 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 20 February 2017</p>	<p>The registered person should ensure that the complaints procedure is updated to include the role of the Healthcare Trust.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>This recommendation was not validated due to the focus of this inspection and is carried forward.</p>	<p>This recommendation was not validated and is carried forward.</p>
<p>Recommendation 7</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p> <p>To be completed by: 30 April 2017</p>	<p>The registered provider should ensure that the care plan audits are reflective of the necessary actions to be taken in order to ensure care plans are up to date.</p> <p>The registered person should ensure a review of the auditing system to ensure it is robust in order to address the issues raised in relation to the management of care records and infection prevention and control.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>This recommendation was not validated due to the focus of this inspection and is carried forward.</p>	<p>This recommendation was not validated and is carried forward.</p>

Recommendation 8 Ref: Standard 21 Stated: Second time	The registered provider should ensure supplementary care records are completed contemporaneously and are consolidated at the end of any 24 hour period in keeping with best practice.	This recommendation was not validated and is carried forward.
To be completed by: 30 March 2017	Action taken as confirmed during the inspection: This recommendation was not validated due to the focus of this inspection and is carried forward.	

4.3 Inspection findings

4.3.1 Care and practices

Frail Elderly Unit

On entering the home at approximately 21.10 hours, the routine in the home was observed to be busy. Care staff were finishing tending to patients' suppers. The registered nurse was completing the night time medication round. There were a number of relatives in visiting. The nurse call system was sounding and was not being answered. One patient was heard to call for help, shouting, "nurse, help". On entering this patient's bedroom the patient stated they were uncomfortable and needed to use the toilet. A care assistant was observed not to answer the alarm. When asked why, the carer stated they had heard the call bell sounding but they did not check it as they knew the patient required the assistance of two staff.

A further patient was heard calling out for assistance and again the patient was not checked until the inspector asked staff to check the reason for them sounding the nurse call system. Staff spoken with stated that they were busy tending to patients' personal needs and could not leave them.

The telephone was heard to be ringing but staff stated that they had no time to answer calls. The registered nurse stated that they had heard the alarm but could not attend as they were administering medications. The registered nurse did not know who was in charge of the home and they were unaware of what staff were on duty on the ground floor. The registered nurse also confirmed that as the handover time was lengthy there was no time to check or confirm the staffing on duty or the number of patients in the home.

One patient was observed to be uncomfortable in bed and the curtains were not closed. The patient was identified by staff as requiring palliative care. The patient had been seen prior in the evening by the registered nurse and was given their prescribed medication. Staff confirmed that the patient was at risk of dehydration. It was observed that the patient required oral health care. When requested by the inspector, the care staff attended to their personal hygiene needs. However, it was the professional opinion that immediate nursing needs of the patient had not been tended to in a timely way. The registered nurse stated that they were very busy and that clinical observations, hydration and mouth care would be delivered when the medication round was completed. The medication round was not completed until 23.45 hours.

Three relatives were spoken with. One expressed concerns regarding staffing levels being inadequate and felt staff were under pressure. They confirmed that the observations made during the inspection were a, "typical night" which they often observed. One relative expressed concern that they often felt pressurised to stay in the day room to observe patients' safety as staff were so busy during the night time routine. Whilst speaking with one relative, they were observed three times to prompt a patient to sit down as they were attempting to stand up unassisted. This patient was confirmed to be at risk of falling and had a pressure alarm mat in situ. All of the relatives spoken to stated whilst they felt staff were under pressure during this time, that they were always, "polite, kind and tried their best".

Patients were observed still requiring assistance to bed at 23.45 hours.

On leaving the building at 23.50, the front doors were observed to not have been secured. A keypad was in place on the external doors. The registered nurse had stated that they had not had time to complete the necessary night security checks.

Dementia Unit

The registered nurse did not know which staff were in the building and how many patients in total were in the home. The registered nurse in the dementia unit confirmed that they were in charge and stated that they would always speak with the second nurse later in the night when everyone had settled.

Observations found the dementia unit very calm and well managed, with the exception of three patients who were observed in the sitting room in accordance with their choice. All other patients were reported to be settled in bed with their supper and medication taken by 22.30 hours. Staff were observed to be taking the time to reassure a new patient who was recently admitted. Staff were observed to be sensitive to their need and provided reassurance in a timely and compassionate way. This was good practice. No issues were raised in relation to patient care in this unit.

4.3.2 Staffing

Following discussion with staff in both units in the home they expressed concerns that they felt under pressure mainly in the evenings to complete care in a timely way in accordance with patients' needs. They felt they had no time and often had to work with agency staff who were not familiar with the routine and patients in the home. Discussion with the registered nurses confirmed that the home was having difficulties in recruiting permanent staff in the home and that at times they were highly dependent on the use of agency staff.

A review of the duty rotas in the dementia unit from 8 May 2017 confirmed that the duty rota was not reflective of the staffing levels on duty on two occasions. On the 8 May 2017 the duty rota reflected that a member of staff was on duty during the night duty. However it was confirmed by staff that this member of staff was not on duty. The nurse in charge confirmed that they had last minute difficulties in ensuring a full complement of staff and contingency plans were put in place to assist in staffing the home. Two registered nurses agreed to stay on duty until 22.00 hours to assist patients to bed and with the administration of medications. However, these changes were not reflected in the duty rota. On 9 May 2017 one registered nurse had left the home with the agreement of the manager at 18.30 hours leaving one registered nurse instead of two on duty. This change was also not recorded on the duty rota.

It was confirmed by staff that on the 8 May 2017 night duty there was only one care assistant and one registered nurse on duty from 22.00 hours in the dementia unit for 28 patients. Both of the staff members were agency staff and one of the staff members had not been in the home before as confirmed by staff.

Staff in the dementia unit stated that, "staffing levels were often inconsistent in numbers and that often both planned twilight shifts were not on duty. A review of the duty rotas for the week commencing 8 May 2017 and 15 May 2017 confirmed that two members of staff during the twilight hours were rostered for duty.

Discussion with staff on the frail elderly unit stated that there was insufficient staff to meet the needs of patients, all staff spoken with stated that a twilight member of staff would greatly assist in meeting the needs of patients in a more timely and dignified manner. All felt that this would ease the pressure and that they would be more in control of the evening/night time shift.

Discussion with staff evidenced that staff were regularly moved from the units in which they normally worked to other units in the home which added to inconsistency in the daily routine.

A review of the proposed duty rota in the dementia unit evidenced that from 22 May 2017 there was only one registered nurse rostered to work day duty, and from 28 May 2017 there were no registered nurses rostered to work day duty. The inspector was informed that two permanent registered nurses have resigned and they had not yet been replaced. Discussion with the manager following the inspection stated that they were able to secure a block booking of agency staff that frequently complete shifts in the home.

Observations made during the inspection in the frail elderly unit evidenced that staffing was insufficient to provide safe, effective and compassionate care to some patients. As previously stated staff were observed working under pressure to complete care duties and attend to patients' needs and requests.

Although contingency arrangements for staffing in regard to the use of agency staff were in place, concerns were identified in respect of the implementation of these measures. Duty rotas were not being prepared and issued in a timely manner. This had the potential to impact on the ability of management to source consistent agency staff in a timely manner who were familiar with the home.

Areas for improvement

There were eight requirements and four recommendation made as a result of the inspection. The requirements are in relation to the management of the nurse call system; staffs knowledge of who is in charge of the home; ensuring care is delivered in a safe and timely way; the management of patients identified as being at risk of falling; the management of the administration of medicines; the management of staffing levels, ensuring an additional member of staff is on duty during twilight hours in the frail elderly unit; and ensuring duty rotas are prepared in a timely manner.

The four recommendation are in relation to ensuring telephone calls are answered in a timely way; securing the building at night; the duty rotas being an accurate reflection of the staff on duty; and ensuring agency staff receives appropriate information and induction prior to commencing their duties.

Number of requirements	8	Number of recommendations	3
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sara Main, manager, Nicola Cooper, responsible person (acting) via telephone the day following the inspection 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/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment 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 15 (2) (c) Stated: Second time To be completed by: 30 March 2017	<p>The registered persons must ensure care records are kept under review and reviewed at any time necessary to do so having regard to any change of circumstances and in any case not less than annually.</p> <p>Ref: Previous requirement</p> <p>Response by registered provider detailing the actions taken: All care files have been updated within the last 12 months. There is currently a primary nurse system in place to ensure all files are evaluated every four weeks/ more frequently as required. Home manager will monitor compliance as per resident of the day.</p>
Requirement 2 Ref: Regulation 20 Stated: First time To be completed by: 30 March 2017	<p>The registered persons must ensure that mandatory training is attended for all staff in keeping with the homes' policies and procedures. A management system should be put in place to ensure that staff still required to complete training are identified and reminded to complete their training as a priority. The manager should confirm an update on the training statistics in the returned QIP to RQIA.</p> <p>Ref: Previous requirement</p> <p>Response by registered provider detailing the actions taken: Mandatory training 92.6% to date, new staff to complete training. Tracker in place completed by secretary to monitor staff compliance and follow up with Home Manager.</p>
Requirement 3 Ref: Regulation 12 (1) Stated: First time To be completed by: 30 March 2017	<p>The registered persons must further develop the dementia strategy in relation to the environment, dining experience, personal centred care and further focused training for staff.</p> <p>Ref: Previous requirement</p> <p>Response by registered provider detailing the actions taken: Further redecoration completed as per best practice, redecoration to corridors, hair salon and dining rooms, dining room environment and presentation of tables monitored by Deputy/Home Manager. Relatives and residents very positive about the changes. Case studies continued to enhance person centred care. Creative Minds Programme, dementia training, completed for dementia care staff.</p>
Requirement 4 Ref: Regulation 13 (7) Stated: First time	<p>The registered persons must ensure the following issues are addressed;</p> <ul style="list-style-type: none"> • All cleaning substances should be stored in keeping with COSHH guidelines • Pull cords should be easily cleaned/decontaminated • Personal protection equipment such as gloves, aprons and wipes

<p>To be completed by: 30 March 2017</p>	<p>should be appropriately stored</p> <ul style="list-style-type: none"> • Cleaning stores should always be locked when not in use • Equipment should not be stored in bathrooms/Wc's <p>Ref: Previous requirement</p>
<p>Requirement 5</p> <p>Ref: Regulation 12 (1) (a) and (b)</p> <p>Stated: First time</p> <p>To be completed by: 30 March 2017</p>	<p>The registered persons must ensure the following issues are addressed:</p> <ul style="list-style-type: none"> • Ensure that wound care is managed in accordance with National Institute of Clinical Excellence (NICE) guidelines. • Ensure care plans are put in place following patients being identified of being at risk of malnutrition or pressure damage. • Ensure the moving and handling needs of patients are updated in the care records • Ensure care plans include evidence of communicating with relatives • Ensure care plans accurately reflect the bowel movements of patients where necessary • Ensure planned care is delivered in accordance with the patients' needs • Ensure all care records are dated and signed • Ensure supplementary care records are consolidated by a registered nurse • Ensure appropriate terminology is used in care records • Ensure care plans no longer relevant are removed or marked as complete <p>Ref: Previous requirement</p> <p>Response by registered provider detailing the actions taken: Awaiting confirmation of training date for wound care/NICE guidelines. Wound audit completed regularly and to monitor compliance. All issues regarding care documentation discussed at nurse meeting. Deputy Manager/Clinical Lead/Home Manager continue to monitor completion of same daily.</p>
<p>Requirement 6</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The registered persons must ensure that at all times the nurse call system is answered in a timely way.</p> <p>When first sounding the nurse call should be checked by a member of staff to ensure patients are not in any immediate danger.</p> <p>Ref: Section 4.3.1</p>

16 May 2017	<p>Response by registered provider detailing the actions taken: Call bell audit completed over days and nights, evidence would show response has improved. Random audits are to be completed on regular basis to ensure ongoing compliance.</p>
<p>Requirement 7 Ref: Regulation 13 (1) Stated: First time To be completed by: 16 May 2017</p>	<p>The registered persons must ensure that staff knows who is in charge of the home in the absence of the home manager.</p> <p>The registered nurse identified should make themselves aware of the names and numbers of staff on duty and the number of patients who are residing in the building.</p> <p>Ref: Section 4.3.1</p> <p>Response by registered provider detailing the actions taken: Nurse in charge folder has been developed and handed over at start of each shift. This file contains information about the whole service including information about all service users. Flipchart at main entrance identifying who the nurse in charge is.</p>
<p>Requirement 8 Ref: Regulation 12 (1) Stated: First time To be completed by: 16 May 2017</p>	<p>The registered persons must ensure care is delivered in a safe and timely way and in accordance with the patients' needs.</p> <p>Ref: Section 4.3.1</p> <p>Response by registered provider detailing the actions taken: Care plans are being updated along with risk assessments to be person centred to include choice of time for retiring and sleep pattern.</p>
<p>Requirement 9 Ref: Regulation 14 (2) (c) Stated: First time To be completed by: 16 May 2017</p>	<p>The registered persons must ensure patient identified at risk of falling are observed and monitored by staff in accordance with their needs.</p> <p>Ref: Section 4.3.1</p> <p>Response by registered provider detailing the actions taken: All falls risk assessments are reviewed to highlight the risk of falls of service users. Twilight has now been engaged to assist with the supervision of residents and efficiency of the shift.</p>
<p>Requirement 10 Ref: Regulation 13 (4) Stated: First time To be completed by: 16 May 2017</p>	<p>The registered persons must ensure medications are administered as prescribed and completed in a timely way.</p> <p>Ref: Section 4.3.1</p> <p>Response by registered provider detailing the actions taken: Home manager discussed with supplying pharmacist and GP regarding times of administration to see if some times can be changed to 17.00 to reduce volume of medication at night.</p>
<p>Requirement 11 Ref: Regulation 20 (1)</p>	<p>The registered persons must ensure that staffing levels and skill mix are sufficient in numbers to meet the individualised needs of patients.</p> <p>Ref: Section 4.3.2</p>

<p>Stated: First time</p> <p>To be completed by: 16 May 2017</p>	<p>Response by registered provider detailing the actions taken: All dependencies have been reviewed using Rhys Hearn Dependency tool. The staffing levels determined within the tool reflect the current staffing levels in the home now the twilight shift has been put in place in frail elderly unit.</p>
<p>Requirement 12</p> <p>Ref: Regulation 13 (1)</p> <p>Stated: First time</p>	<p>The registered persons must provide the additional member of staff as agreed at the serious concerns meeting to the frail elderly unit during twilight hours.</p> <p>Ref: Section 4.3.2</p>
<p>To be completed by: 15 May 2017</p>	<p>Response by registered provider detailing the actions taken: Twilight has been introduced to frail elderly nursing unit.</p>
<p>Requirement 13</p> <p>Ref: Regulation 20 (1) (b)</p> <p>Stated: First time</p>	<p>The registered persons must ensure duty rotas are prepared well in advance to allow management to source consistent agency staff who are familiar with the home.</p> <p>Ref: Section 4.3.2</p>
<p>To be completed by: 16 May 2017</p>	<p>Response by registered provider detailing the actions taken: Duty Rotas prepared four weekly to allow planning for cover..</p>
<p>Recommendations</p>	
<p>Recommendation 1</p> <p>Ref: Standard 44</p> <p>Stated: First time</p>	<p>The registered persons should ensure that the temperature of patients' bedrooms should be maintained at an appropriate level.</p> <p>Ref: Previous recommendation</p>
<p>To be completed by: 20 February 2017</p>	<p>Response by registered provider detailing the actions taken: On the day of inspection, house keeping staff had opened windows to air bedrooms. Residents were not present in bedrooms. Staff directed daily to check windows are closed to ensure rooms heated for the evening. Nurse in charge to monitor.</p>
<p>Recommendation 2</p> <p>Ref: Standard 21</p> <p>Stated: First time</p>	<p>The registered persons should ensure the oral healthcare plans displayed in patients' ensuites are updated.</p> <p>Ref: Previous recommendation</p>
<p>To be completed by: 30 March 2017</p>	<p>Response by registered provider detailing the actions taken: One care plan identified was removed on day of inspection as requested. All residents oral care plans checked and updated.</p>
<p>Recommendation 3</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The registered persons should ensure there is an infection and prevention link nurse employed in the home who is suitably trained to advise and guide staff in relation to best practice.</p> <p>Ref: Previous recommendation</p>

20 February 2017	<p>Response by registered provider detailing the actions taken: Infection Control link nurse is night house manager, Infection Control audit completed with satisfactory outcome. Awaiting date for trust infection control link training.</p>
<p>Recommendation 4 Ref: Standard 43 Stated: First time To be completed by: 20 February 2017</p>	<p>The registered persons should ensure that the call bell system is available to patients for whom it is prescribed.</p> <p>Ref: Previous recommendation</p>
	<p>Response by registered provider detailing the actions taken: Communicated to staff through team meetings to ensure residents always have access to call bells.</p>
<p>Recommendation 5 Ref: Standard 6 Stated: First time To be completed by: 31 March 2017</p>	<p>The registered persons should address the negative comments made by relatives and patients.</p> <p>Ref: Previous recommendation</p>
	<p>Response by registered provider detailing the actions taken: Two issues raised on day of inspection were appropriately managed by nurse in charge. Both families and patients satisfied with outcome. The RQIA inspector commended nurse on prompt response.</p>
<p>Recommendation 6 Ref: Standard 35 Stated: First time To be completed by: 20 February 2017</p>	<p>The registered persons should ensure that the complaints procedure is updated to include the role of the Healthcare Trust.</p> <p>Ref: Previous recommendation</p>
	<p>Response by registered provider detailing the actions taken: Complaints procedure ammended with Trust details.</p>
<p>Recommendation 7 Ref: Standard 35 Stated: Second time To be completed by: 30 April 2017</p>	<p>The registered persons should ensure that the care plan audits are reflective of the necessary actions to be taken in order to ensure care plans are up to date.</p> <p>The registered person should ensure a review of the auditing system to ensure it is robust in order to address the issues raised in relation to the management of care records and infection prevention and control.</p> <p>Ref: Previous recommendation</p>
	<p>Response by registered provider detailing the actions taken: Auditing system reviewed, care plan audits completed and actioned accordingly, monitored by home manager.</p>
<p>Recommendation 8 Ref: Standard 21 Stated: Second time</p>	<p>The registered persons should ensure supplementary care records are completed contemporaneously and are consolidated at the end of any 24 hour period in keeping with best practice.</p> <p>Ref: Previous recommendation</p>

To be completed by: 30 March 2017	Response by registered provider detailing the actions taken: Completion of records discussed with care staff at team meetings and monitored by home manager.
Recommendation 9 Ref: Standard 35 Stated: First time To be completed by: 16 May 2017	The registered persons should ensure telephone calls are answered and in a timely way. Ref: Section 4.3.1 Response by registered provider detailing the actions taken: Handsfree telephones are carried by nurses on each unit at all times.
Recommendation 10 Ref: Standard 44 Stated: First time To be completed by: 16 May 2017	The registered persons should ensure the building is checked and secured at night in keeping with fire safety and security. Ref: Section 4.3.1 Response by registered provider detailing the actions taken: Main entrance doors locked and secured at night allocated to nurse in charge at 22.30.
Recommendation 11 Ref: Standard 35 Stated: First time To be completed by: 16 May 2017	The registered persons should ensure the duty rotas accurately reflect the staff on duty. Ref: Section 4.3.2 Response by registered provider detailing the actions taken: Nurse in charge to check duty rota and reflect to reflect staff on duty.

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address



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