Unannounced Care Inspection Report
27 November 2018

Carlingford Lodge Care Home

Type of Service: Nursing Home
Address: 76 Upper Dromore Road, Warrenpoint, BT34 3PN
Tel No: 028 4175 9200
Inspector: Dermot Walsh and Julie Palmer

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 58 persons.

3.0 Service details

Organisation/Registered Provider: Amore (Warrenpoint) Limited **Responsible Individual(s):** Nicola Cooper	**Registered Manager:** See below
Person in charge at the time of inspection: Paula Magee (Deputy manager)	**Date manager registered:** Stella Law – acting no application required
Categories of care: Nursing Home (NH) I – Old age not falling within any other category DE – Dementia	**Number of registered places:** 58 A maximum of 25 persons in category NH-I and 33 persons in category NH-DE.

4.0 Inspection summary

An unannounced inspection took place on 27 November 2018 from 09.45 to 18.30 hours.

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

The inspection assessed progress with any areas for improvement identified during and since the last care 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 monitoring registration status of staff, risk assessment, shift handover, teamwork, record keeping and management of incidents. Further good practice was observed in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients, valuing patients and maintaining good working relationships.

Areas for improvement were identified under regulation in relation to the completion of a competency and capability assessment for the nurse in charge of the home, management of complaints, the governance oversight of infection prevention and control (IPC) compliance and complaints management and in relation to compliance with Control of Substances Hazardous to Health (COSHH) legislation. An area for improvement identified under regulation in relation to compliance with best practice on IPC has been stated for the third time and an area for improvement under regulation in relation to falls management has been stated for the second time.

An area for improvement identified under standards in relation to flooring in the dementia unit has been stated for a second time.

As a result of the inspection RQIA were concerned that the quality of the service within Carlingford Lodge was below the standard expected with regard to compliance with best practice on IPC and with the governance arrangements in relation to IPC compliance and complaints management. RQIA were also concerned in regards to staff clarity on the management arrangements in the home in the absence of the registered manager who was on planned leave. A serious concerns meeting was held with the regional director, Roberta Wilson, on 4 December 2018. During the meeting the regional director acknowledged the failings, clarified the management arrangements and submitted a detailed action plan to address the identified concerns. Based on the information provided and the assurances given, RQIA will manage the concerns through the quality improvement plan stating the area for improvement on IPC for the third and final time and making areas for improvement under regulation on the management of complaints and on the governance arrangement for monitoring IPC compliance and complaints management.

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. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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	*6	*1

*The total number of areas for improvement includes one under regulation which has been stated for the third time and one which has been stated for the second time. An area for improvement under standards has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Roberta Wilson, regional director and Paula Magee, deputy 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 previously discussed RQIA were concerned that the quality of the service within Carlingford Lodge Care Home was below the standard expected with regard to compliance with best practice on infection prevention and control (IPC) and with the governance arrangements in relation to IPC compliance and complaints management. The findings were discussed with 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, Priory Adult Care, and a meeting took place at RQIA on 4 December 2018.

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/

4.2 Action/enforcement taken following the most recent inspection dated 26 June 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 26 June 2018. 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
- 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 the inspectors met with 10 patients, eight staff and seven patients' representatives. A poster was displayed at a staffing area in the home inviting staff to respond to an online questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and ten for patients' representatives were left for distribution.

A poster indicating that the inspection was taking place was displayed at the entrance to the home and invited visitors/relatives to speak with the inspector. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients, relatives and families, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff duty rota for week commencing 19 November 2018
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- three patients' daily care charts including bowel management, personal care, food and fluid intake charts and reposition charts
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, not met or partially 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 26 June 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector and will be validated at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 6 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 13 (7) **Stated:** Second time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. A more robust system to ensure infection prevention and control compliance must be developed.	**Not met**
	Action taken as confirmed during the inspection: A review of the environment evidenced shortfalls in compliance with best practice on infection prevention and control. See section 6.4 for further information. This area for improvement has not been met and has been stated for a third time.	

Area for improvement 2 **Ref**: Regulation 21 (5) (d) (i) **Stated:** First time	The registered person shall ensure that a more robust system is in place to monitor the registration status of nursing staff in accordance with NMC and care staff in accordance with NISCC.	**Met**
	Action taken as confirmed during the inspection: A system had been maintained to ensure nursing staff maintained their registration with NMC and care staff with NISCC.	
Area for improvement 3 **Ref**: Regulation 14 (4) **Stated:** First time	The registered person shall ensure that all allegations pertinent to safeguarding are reported to the relevant Trust safeguarding team immediately by the relevant staff in accordance with regional guidance and the homes policy and procedures.	**Met**
	Action taken as confirmed during the inspection: Discussion with the manager and a review of records confirmed that any allegations pertinent to safeguarding had been reported to the relevant trust safeguarding team.	
Area for improvement 4 **Ref**: Regulation 12 (1) (a) (b) **Stated:** First time	The registered person shall ensure good practice guidance is adhered to with regard to post falls management.	**Partially met**
	Action taken as confirmed during the inspection: A review of two patients' accident records confirmed that falls risk assessments and care plans had been updated following the fall. However, neurological observations had not been monitored appropriately within both patients' records. See section 6.4 for further information. This area for improvement has been partially met and has been stated for a second time.	

Area for improvement 5 **Ref**: Regulation 13 (1) (a) **Stated:** First time	The registered person shall ensure that the practice of propping/wedging open of doors ceases with immediate effect. Other measures must be implemented if the identified doors are to remain in an open position.	**Met**
	Action taken as confirmed during the inspection: No doors were observed to have been propped/wedged open during the inspection.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 41 Criteria (1) (2) **Stated:** First time	The registered person shall ensure that staffing arrangements in the home are reviewed to ensure that at all times there are sufficient levels and skill mix to meet the assessed needs of patients.	**Met**
	Action taken as confirmed during the inspection: The deputy manager and regional director confirmed that patient dependency levels were monitored using a dependency tool and the results were applied in determining the staffing level and skill mix in the home. Staffing arrangements are further discussed in section 6.4.	
Area for improvement 2 **Ref**: Standard 44 Criteria 1 **Stated:** First time	The registered person shall ensure that the flooring on the corridor of the dementia unit is replaced as appropriate.	**Not met**
	Action taken as confirmed during the inspection: The carpet in the dementia unit had not been changed. See section 6.4 for further information. This area for improvement has not been met and has been stated for a second time.	

Area for improvement 3 **Ref**: Standard 41 Criteria (9) **Stated:** First time	The registered person shall ensure that all staff have a clear understanding of their specific roles and responsibilities in the home. Particular attention should be made with respect of the role of a senior care assistant.	**Met**
	Action taken as confirmed during the inspection: A job description for the role of senior care assistant had been developed. Discussion with staff confirmed that they were able to differentiate the senior care assistant role from the care assistant role.	

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 daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 19 November 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.

Discussion with the manager and staff confirmed that the home was using agency staff to backfill staffing vacancies but that the same agency staff were employed to ensure consistency in care. Staff confirmed that agency staff received a recorded induction prior to completing their first shift in the home. The manager confirmed that completed induction records for agency staff were retained in the home. The manager also confirmed that recruitment of staff in the home was an ongoing process.

Six staff consulted were satisfied that the staffing arrangements in the home were sufficient to meet the needs of patients, though, did state that this can be affected through unplanned short notice leave such as ‘sick leave’. This was discussed with the manager who confirmed that short notice leave was managed through the home’s policy and procedures and that identified staff were at different stages of this process. One staff member was of the opinion that the current staffing arrangements were not appropriate to meet the needs of the patients. The staffs concerns were passed to the manager for their review and action as appropriate.

Discussion with patients evidenced that there were no concerns regarding staffing levels. Three patient representatives consulted during the inspection expressed concern with the staffing arrangements. Two of the representatives confirmed that they had identified these concerns recently with the home's management. Their concerns were readdressed with the regional director who agreed to contact them following the inspection. A record of the patient representatives' concerns was not evident in the home. This will be further discussed in section 6.7. The third patient representative's concerns regarding staffing arrangements were passed to the manager for their review and action as appropriate.

Discussion with the manager and review of records evidenced that the arrangements for monitoring the registration status of nursing staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC). An area for improvement in this regard has now been met.

We discussed the provision of mandatory training with staff and reviewed staff training records. A system was evident to ensure compliance with mandatory training. 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. Staff training compliance was at 85 percent. The manager confirmed that they would address non-compliance in training with staff and especially with training on infection prevention and control. Training compliance will be reviewed at a subsequent care inspection.

Discussion with a staff member confirmed that they had been identified as the nurse in charge of the home on a number of occasions within the duty rota. The staff member confirmed that they had not undertaken a competency and capability assessment for the nurse in charge of the home in the absence of the manager. There was no evidence that this assessment had been completed as required. This was discussed with the manager and identified as an area for improvement under regulation.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. An adult safeguarding champion had been identified.

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

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. 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. A review of two patients' accident records confirmed that falls risk assessments and care plans had been updated following the fall. However, neurological observations had not been monitored appropriately within both patients' records. For example, one patient's neurological observations were recorded well at the time of the fall up to the point where the patient was transferred to hospital. However, there was no further evidence of neurological checks when the patient returned to the home six hours later.

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, fresh smelling and well decorated throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear.

The carpet on the main corridor in the dementia unit was worn and stained. This was initially identified as an area for improvement during an unannounced care inspection on 6 June 2018. Discussion with the manager confirmed that final approval for the refurbishment of the carpet has not been confirmed. The carpet remains worn and stained. The area for improvement made in this regard has now been stated for the second time.

The following issues were identified which were not managed in accordance with best practice guidelines in IPC:

- sharps box open and stored on floor
- signage not laminated
- use of tape to secure notices to walls/doors
- pull cords not covered
- shower chairs rusting
- shower chairs not cleaned effectively following use
- drain cover missing and drain unclean
- pressure cushion in disrepair
- three staff observed not bare below the elbow when delivering care
- poor hand hygiene technique observed after patient contact
- clinical waste bin overflowing.

The above issues were discussed with the manager. An area for improvement in this regard had been stated twice previously. Following a meeting in RQIA, it was agreed that the area for improvement will be stated for the third and final time.

During the review of the environment an identified room was observed to be accessible to patients which contained multiple chemicals that would be harmful to health if ingested. This was discussed with the manager and identified as an area for improvement to ensure that COSHH legislation was adhered too. This was disappointing as an area for improvement in this regard had been made previously during a care inspection on 8 November 2017.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monitoring registration status of staff and risk assessment.

Areas for improvement

Areas for improvement were identified under regulation in relation to completion of competency and capability assessment for the nurse in charge of the home and in relation to compliance with COSHH legislation.

An area for improvement identified under regulation in relation to compliance with best practice on infection prevention and control has been stated for the third time and an area for improvement under regulation in relation to falls management has been stated for a second time.

An area for improvement identified under standards in relation to flooring in the dementia unit has been stated for a second time.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care effective?

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

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. Comments from staff included, "Brilliant, everyone is very welcoming" and "It's great, everyone is very helpful." Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

As previously stated, appropriate risk assessments had been conducted on admission; reviewed as required and had informed care plans. We reviewed three patient care records for the management of nutrition and hydration, falls and wound care.

Falls risk assessments had been completed on admission and updated monthly. Where a risk of falls was identified, a falls care plan had been developed and reviewed regularly. Wound care records had been completed in accordance with best practice. Patient care records in respect of nutrition and hydration evidenced that consistent record keeping had been maintained. Nutritional assessments and care plans had been reviewed and updated appropriately to direct the necessary care delivery.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners, speech and language therapists and dieticians. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Supplementary care records such as bowel management, repositioning and patients' food and fluid intake records were reviewed. Records reviewed had been completed contemporaneously and in accordance with best practice.

There was information available to staff, patients and their representatives in relation to advocacy services and infection prevention and control.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, handover and teamwork.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 09.45 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. 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.

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.

The serving of lunch was observed in the dining room on the dementia unit. The mealtime was well supervised. Patients were seated around tables which had been appropriately set for the meal. Food was served from a heated trolley, placed away from where the patients were eating, when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. Meat, potatoes and vegetables were distinguishable in pureed meals. A system was evident to ensure patients were provided with food in accordance with their dietary requirements. Portions were appropriate for the patients to which the food was served. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience.

Consultation with 10 patients individually, and with others in smaller groups, confirmed that living in Carlingford Lodge was a positive experience. Ten patient questionnaires were left for completion. None were returned within the timeframe.

Patient comments included:

"It's lovely here. The staff are nice and the food is nice."
"Everything is great here."
"It's nice. Staff are nice."
"The food is great and the staff are great."

Seven patient representatives were consulted during the inspection. Ten relative/representative questionnaires were left for completion. None were returned. Some patient representatives' comments were as follows:

"I have no complaints at all. The food is very good and the staff are very nice."
"The care is very good here."
"There is not enough staff here. I would like to see minutes of relatives meetings."
"Not enough staff on duty."

Concerns regarding identified patients' care were discussed with the inspectors during the inspection. The patient representatives' concerns were discussed with the regional director who agreed to review and discuss the concerns raised with the patients' representatives.

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from eight staff consulted during the inspection included:

"It is good. I like working here."
"It has its ups and downs but I'm happy here."
"I love it here already."
"I am really happy here."
"I do like it here. It's a nice environment."

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the 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 in maintaining the dignity and privacy of patients and valuing patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 the manager and staff, and observations confirmed that the home was operating within its registered categories of care.

Discussion with staff evidenced that there was confusion in relation to the temporary management arrangements in the home. The registered manager was on planned leave and since their leave commenced, there have been three managers covering management arrangements in the home on different occasions. This was discussed with the regional director who gave an assurance that they would confirm with staff the planned management arrangements until the registered manager returns.

Review of the home's complaints records evidenced shortfalls. Complaints records had not been updated sufficiently to evidence any actions taken in response to the complaints. Complaints made recently to the home's management were brought to the inspectors' attention during the inspection. A record of these complaints or responses given had not been made. This was discussed with the manager and identified as an area for improvement. The regional director agreed to contact the complainants following the inspection to follow up on their concerns.

Discussion with the 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 accidents/incidents, care records, wound care and infection prevention and control practices. However, given the findings during this inspection, we were concerned of the effectiveness of the audits in relation to IPC and the oversight of the management of complaints. This was discussed with the manager and identified as an area for improvement.

Discussion with the 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 staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

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

Areas for improvement

Areas for improvement were identified under regulation in relation to the management of complaints and in relation to the governance oversight of IPC compliance and complaints management.

	Regulations	Standards
Total number of areas for improvement	2	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Roberta Wilson, regional director and Paula Magee, deputy 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 (7) **Stated:** Third and final time **To be completed by:** 27 December 2018	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. A more robust system to ensure infection prevention and control compliance must be developed. Ref: 6.2 and 6.4
	Response by registered person detailing the actions taken: Issues identified on the day of the inspection and reported above have been partialy met. The home is awaiting the delivery of new equipment and call bells are on order, these will be put into immediate use on arrival. Estimates for replacement of the carpet in dementia unit corridors have been sought. Once available, these will be forwarded to Priory Head office for approval and works completed.
Area for improvement 2 **Ref**: Regulation 12 (1) (a) (b) **Stated:** Second time **To be completed by:** With immediate effect	The registered person shall ensure good practice guidance is adhered to with regard to post falls management. Ref: 6.2 and 6.4
	Response by registered person detailing the actions taken: On the day of the inspection there was evidence that two records had partialy been completed. There is now a system in place where each fall record, including observation charts, are reviewed at daily flash meetings. Any discrepencies are addressed with the Nurse in Charge of the unit at the time of the fall and for the 24 hours following the fall.
Area for improvement 3 **Ref:** Regulation 20 (3) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that registered nurses complete a competency and capability assessment for ‘nurse in charge’ prior to taking charge of the home in the absence of the manager. Ref: 6.4
	Response by registered person detailing the actions taken: On the day of the inspection all nurses had completed a registered nurse competency assessment bar one.The nurse identified has a competency assement completed. All nurses to complete competency assessments again in January 2019 as part of the annual updating process.

Area for improvement 4 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health. Ref: 6.4
	Response by registered person detailing the actions taken: Addressed on the day of inspection and post inspection briefing highlighted issues. Checking of the cleaner's stores and other areas where chemicals are stored are part of the daily walkarounds. Any issues were addressed at the time of inspection. Where staff are failing to comply with company policy further supervision and disciplinary measures are being evolked.
Area for improvement 5 **Ref:** Regulation 24 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that all complaints received are appropriately recorded and managed. Ref: 6.6
	Response by registered person detailing the actions taken: Concerns raised by the Inspector following discussion with two relatives addressed by R Wilson directly. Complaints are part of the daily flash meeting and should be addresed locally where possible. Informal complaints to be recorded on e-Compliance system and reviewed as part of the overall governance of the home.
Area for improvement 6 **Ref:** Regulation 10 **Stated:** First time **To be completed by:** 31 December 2018	The registered person shall ensure that there is an effective governance oversight of IPC compliance and complaints management in the home. Ref: 6.7
	Response by registered person detailing the actions taken: Current management arrangements reviewed by Managing Director, N Bales. R Wilson, Regional Director, to take on role of acting Home Manager until substantive registered manager returns from maternity leave.

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 44 Criteria (1) **Stated:** Second time **To be completed by:** 17 March 2019	The registered person shall ensure that the flooring on the corridor of the dementia unit is replaced as appropriate. Ref: 6.2 and 6.4 **Response by registered person detailing the actions taken:** Estimates for replacement of the carpet in dementia unit corridors have been sought. Once available these will be forwarded to Priory Head office for approval and works completed.

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

The Regulation and Quality Improvement Authority

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