



The Regulation and
Quality Improvement
Authority

Announced Variation Inspection

Name of Establishment:	Blair House Care Home
Establishment ID No:	11104
Date of Inspection:	4 April 2014
Inspector's Name:	Linda Thompson
Inspection ID:	18096

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General Information

Name of Home:	Blair House Care Home
Address:	107 Dakota Avenue Newtownards BT23 4QX
Telephone Number:	028 9182 4450
E mail Address:	nicolascovell@priorygroup.com
Registered Organisation/ Registered Provider:	Priory (Watton) Ltd c/o Priory Group Mrs Caroline Denny (Registration Pending)
Registered Manager:	Ms Leigh Patience home manager
Person in Charge of the Home at the Time of Inspection:	Leigh Patience
Categories of Care:	NH-I, NH-DE, RC-DE
Number of Registered Places:	81
Number of Patients Accommodated on Day of Inspection:	64
Date and Type of Previous Inspection:	11 December 2013, Secondary unannounced inspection
Date and Time of Inspection:	4 April 2014 9.30 am – 12.30 pm
Name of Inspector:	Linda Thompson Colin Muldoon

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

An application has been submitted to the RQIA by Priory (Watton) Ltd c/o Priory Group to provide residential care to a further 14 persons with a diagnosis of dementia. This inspection focuses on compliance with the requirements of The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008).

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

1.2 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the representative of the Registered Provider
- Discussion with the home manager
- Discussion with staff
- Examination of the application to vary the registration of the home
- Examination of the proposed Statement of purpose
- Examination of the homes resident / patient guide
- Discussion regarding staff training in respect of Dementia and the management of behaviours which challenge staff
- Observation during a tour of the premises
- Evaluation and feedback

1.3 Inspection Focus

The inspection sought to consider the homes application for variation of registration in respect of a request to increase residential dementia beds on the first floor. The inspection also sought to consider how the physical and social needs of these patients would be achieved with respect to the DHSSPS Nursing Homes Minimum Standard 2008:

2.0 Profile of Service

Blair House home is an 81 bedded nursing home with patient and resident accommodation on two floors.

It is situated in its own pleasant grounds in Newtownards. The home is located in the middle of a housing estate within easy reach local bus routes and Newtownards town center.

The home is divided, with the ground floor supporting the needs of 40 patients with a diagnosis of dementia in either nursing or residential categories and the first floor supporting the care of 41 frail elderly patients. It is proposed that 14 of the bedrooms on the first floor will be reassigned into a separate wing to support the needs of residential category patients who have dementia.

All bedrooms are single and provide ensuite facilities. Each has been furnished to a very high standard with a profiling bed, and there is a range of furniture providing storage for ' personal possessions. All bedrooms are decorated to a high specification.

Communal living areas, activity lounges and dining rooms are available on both floors to meet the needs of the patients and residents. A hairdressing room is provided on the ground floor.

The registration certificate is appropriately displayed in the foyer area.

3.0 Summary

This inspection was undertaken to assess the homes readiness to admit service users to the proposed residential dementia unit on the first floor.

This variation inspection was carried out by the Lead Inspector for the home, Ms Linda Thompson, and supported by Mr. Colin Muldoon, Estates Inspector. The inspection was concluded over one day. A full announced estates inspection is planned for week commencing 7 April 2014 and this will consider both the proposed variation and the management of the remainder of the home. A detailed estates inspection will be issued following the second estates visit.

The inspectors were welcomed into the home by Leigh Patience the newly appointed home manager. Mr Gavin O'Hare-Connelly the regional operations manager was available throughout the inspection. The findings of the inspection were provided for Ms Patience and Mr O'Hare-Connelly at the conclusion of the inspection visit.

During the course of the inspection, the inspector discussed operational issues with Ms Patience and Mr. O'Hare-Connelly, examined a selection of records and carried out a general inspection of the proposed unit to assess the environment and readiness for residential category dementia patients. An inspection of the entire establishment was also undertaken.

Discussion regarding the long term plans for the home in respect of the provision of dementia care was held between the inspectors and the management team. The inspectors had raised some concerns regarding the management of residential care on the first floor and the limitation of walking and garden access for service users in this area. A suggestion had been raised that in the long term future the home would consider converting the entire ground floor to residential dementia category and the first floor to nursing dementia category of care. This suggestion has been considered within the organization and it has been agreed that this would be a very positive proposition.

Mr. O'Hare-Connelly informed the inspectors that the organization would work towards such completing such reorganization in the next 6-12 months. Mr. O'Hare-Connelly also confirmed that frail elderly nursing patients would not be moved out of the home or disadvantaged during this transition.

A copy of the application for variation, the statement of purpose and the service users' guide were submitted to the RQIA prior to the variation inspection visit. These documents were discussed with the management team during the inspection. All three documents submitted required some further attention to ensure that they provide appropriate information to the Authority, patients and residents. This must be undertaken prior to completion of the application for variation.

The inspector discussed the admission process with Ms Patience. The inspector was informed that a pre admission assessment will always be undertaken prior to any new resident being admitted to the residential dementia unit. Following this assessment, a decision will be made in regard to whether the home can meet the needs of the proposed resident. The inspector was also informed that there would be a staged admission process established to ensure that a maximum of three residents would be admitted in any given week. This would ensure that the residents have time to adjust to their new living space and staff are able to ensure that the resident is appropriately integrated into daily life in the home.

The management of meals, laundry and other services will be maintained in line with processes already established in the main home areas.

The residential dementia unit on the first floor offers bright and spacious accommodation. The bedrooms are all single rooms with en suite facilities. The soft furnishings are maintained to a very high standard.

The inspector discussed the management of activities which would be provided for the residents in this area. An assurance was given that there would be provision of a dedicated activity therapist in the residential facilities and this would ensure that anyone wishing to have access to the secure garden areas would be able to be accompanied as required.

The inspectors raised a number of areas of concern in respect of equipment that must be provided in the proposed new residential dementia unit and the management of the general environment throughout the building. A number of requirements are raised in the quality improvement plan.

A further more detailed estates inspection is planned for week commencing 7th April 2014. An estates report will be issued separately from this report.

In Conclusion

The inspector concluded that from a care perspective the home has made preparations for the admission of residential dementia clients. However a number of additional areas in the documentation submitted and the equipment available must be actioned prior to the variation proceeding.

A number of estates issues were also identified during inspection and must be actioned prior to the variation registration completing. These are detailed in both this and the estates inspection report pending.

Three requirements are carried forward for validation at the next inspection and eight requirements are raised as a consequence of this inspection. One recommendation is carried forward for validation at the next inspection. Six of the eight requirements raised must be actioned in full prior to the completion of the variation application and admission of residents. It was agreed at feedback of the inspection that Mr O'Hare-Connelly would liaise with the inspector within the next few days submitting the required documentation and that all other improvements would be validated by the estates inspector at the planned visit week commencing 7 April 2014.

The inspectors would like to thank Ms Patience, Mr O'Hare-Connelly staff and patients/residents for their welcome and hospitality during the inspection visit.

4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	12 (1) (a) (b)	<p>The registered person shall provide treatment, and any other services to patients in accordance with the statement of purpose, and shall ensure that the treatment and other services provided to each patient –</p> <ul style="list-style-type: none"> • Meets his individual needs; • Reflects current best practice. <p>The home manager must consider the issues identified with Patient 'A' and ensure that all other patient's care records are updated accordingly.</p> <p>Patient 'A' records must be updated to reflect the following;</p> <ul style="list-style-type: none"> • The time of care delivered must be accurately recorded at all times 	<p>Given the focus of the inspection the inspector did not examine care records during this visit. Records will be examined at the next inspection.</p>	<p>Carried forward to next inspection.</p>

		<ul style="list-style-type: none"> • Pain assessment must be undertaken for all patients requiring regular or occasional analgesia throughout the day. • The pain assessment tool used must be appropriate for each individual patient • The home manager must ensure that the Malnutrition Universal Screening Tool (MUST) is completed to consider the previous 3-6 months weight loss • Referral to the GP / Dietician must be accurately recorded to evidence that appropriate actions have been taken when significant weight loss is identified • Daily records of food and fluid intake must be wholly and accurately completed. The daily intake records should be reviewed by the 		
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		nurse in charge and countersigned. The total food and fluid intake details should be recorded in each patient's nursing care daily progress records.		
2.	20(1)(c)(i)	<p>The registered person must ensure that all registered nursing staff and care staff receive refresher training in;</p> <ul style="list-style-type: none"> The legal aspect of record keeping 	Carried forward for examination at the next inspection visit	Carried forward
3.	19(1) Schedule 3	The registered person must ensure that patient's nursing care records are maintained appropriately and are an accurate reflection of all care delivered.	Carried forward for examination at the next inspection visit	Carried forward

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
C/F	13.1	<p>The programme of activities and events provides positive outcomes for patients and is based on the identified needs and interests of patients.</p> <p>Carried forward for review at next inspection visit.</p>	Carried forward for examination at the next inspection visit	Carried forward

5.0 Inspection findings;

5.1 Discussions regarding the variation application

The inspector discussed the proposed application for variation with the regional operations manager Mr Gavin O'Hare-Connelly and the newly appointed home manager Ms Leigh Patience.

The inspector raised concerns regarding the challenges potentially faced by residential dementia service users on the first floor and the difficulties of accessing the garden. A suggestion was made by the inspector that the home consider in the longer term moving all residential dementia service users to the ground floor and registering the first floor as all nursing dementia category of care. Mr O'Hare- Connelly agreed that this would be a good plan for the home and that the management would proceed with this plan over the next number of months. Mr O'Hare-Connelly informed the inspector that plans for this would commence immediately and that all residents / patients would be informed as required. Mr O'Hare Connelly further confirmed that frail elderly nursing patients on the first floor would not be required to move to alternate accommodations.

It is recommended that the management team enter discussions with the local Health and Social Care Trust to inform and update them of the plans for the home.

5.2 Variation application documentation

The inspector reviewed the variation application submitted to the Authority and identified an area for clarification.

- Point 4 of the documentation should clearly reflect the total service users of the home and the breakdown of the various categories of care.

An updated application form must be submitted prior to registration being confirmed.

5.3 Statement of purpose

The inspector examined the proposed statement of purpose of the home and made the following requirements;

- The name of the newly appointed home manager should be added to the application form
- In the section 'care speciality of the home' the coding used in respect of general nursing care (Op) should reflect the coding of the Regulation Quality Improvement Authority (RQIA) as detailed below;

NH- I: Old age not falling within any other category

NH-DE: Nursing care with Dementia

RH-DE: Residential care with Dementia

- In the section 'details of staff and staff training' the registered provider should include training such as;

- Dementia awareness
 - The management of behaviours which challenge staff
 - Mandatory topics such as;
 - Fire safety
 - Safe moving and handling of patients / residents
 - Infection prevention and control
 - First Aid
 - In the third paragraph the registered provider should refer to staff registration with the Northern Ireland Social Care Council.
- In the section 'Accommodation' The registered provider should clarify how the ground floor of the home is sub divided into two units
 - In the section 'First Floor' the registered provider should provide clarification how the residential category patients will be able to access the garden area when required.
 - In the section 'Complaints' the registered provider should review the process for managing formal complaints:
 - Referral should be made to the referring Trust for information purposes when a formal complaint is initialled received
 - In the 4th paragraph ... "If after this investigation the service user remains dissatisfied..." the wording should reflect that RQIA do not investigate complaints and the responsibility for this rests with the referring Health and Social Care Trust.
 - In the section 'Monitoring and Quality' the registered provider should consider adding information in respect of the availability of the Regulation 29 report.

A requirement is raised in the quality improvement plan.

5.4 Service User Guide

- Update guide with Name of newly appointed home manager
- In the section 'Our Registration' second row the wording should read 'Authority and are registered to accept service users in the following categories:'
- In the section 'Quality Assurance' it is recommended that reference is made to the monthly Regulation 29 reports.

A requirement is raised in the quality improvement plan.

5.5 Staff training

The inspector discussed the need for all staff to receive dementia awareness training and training in the management of behaviours which challenge. Mr O'Hare – Connelly confirmed that this training was already in place and all staff was compliant as required.

5.6 Review of general environment of proposed dementia area 1st floor

The inspectors were shown around the proposed area on the first floor. A number of the bedrooms were inspected. These rooms have not yet been occupied and were evidenced to be maintained to a high standard of decoration.

A large lounge / dining room was inspected. The room was very well maintained and pleasantly decorated to make it an inviting and interesting room. Various occasional chairs of different heights were available in small clusters in the home. This provided both quiet areas and an area for watching television etc.

A small kitchen area opens off the dining area. A number of cosmetic improvements were identified as being required such as;

- A splash back along the worktop area
- Damage to the window recess areas
- A protective / wipe able finish to the area where the heated trolley would be located at meal service
- Fire door closure update
- Bedroom door closures to all rooms must be checked to ensure that appropriate closure is maintained in the event of a fire.

A full estates report will be provided following the estates inspector's announced inspection week commencing 7 April 2014.

A requirement is raised in the quality improvement plan.

5.7 Equipment

The inspector identified the need for a number of essential pieces of equipment which must be in place before registration can proceed;

- Commodes should be provided for emergency use
- A medicine trolley must be available in the dementia area
- A controlled drug cabinet must be provided in the treatment room
- Emergency oxygen must be available and appropriately stored
- A first aid box must be provided in the dementia area
- Keypad locking systems should be applied to stores such as the cleaners store to minimise risks to service users.

A requirement is raised in the quality improvement plan.

5.8 Review of general environment of home

The inspector took the opportunity to inspect the entire nursing home to consider the management of all areas.

A number of concerns are raised as a consequence of the inspection.

- There have been improvements identified to the hygiene of the walls and various touch points in the ground floor nursing dementia wing. However significant concern is raised regarding the hygiene of the flooring in the nursing dementia lounge and dining areas. The carpets was found to be very badly maintained and in the inspector's professional opinion beyond use. This flooring in both areas must be replaced with all due haste.

A requirement is raised in the quality improvement plan.

- The use of plastic coloured glasses for all patients in the ground floor dementia nursing unit is viewed as undignified and must cease with immediate effect. The home manager confirmed that she had already identified this as a concern and was already taking action to address this matter.

A requirement is raised in the Quality Improvement Plan.

- The walls and touch points in the entrance areas of the ground floor residential dementia wing were evidenced to be heavily soiled and must be actioned with immediate effect. The inspector was informed that there are concerns regarding the surface finish of the paint and that cleaning is not always possible.

A requirement is raised in the quality improvement plan.

- The inspectors examined the secure garden area of the home.
 - Attention was noted to be required to the management of the grass areas and the inspectors were informed that a gardener for the home has now been identified. The inspectors commended this action.
 - The inspectors identified two large plastic containers found to be used as ash trays. The inspectors were informed by the home manager that the cigarette waste was not caused by patients and that she would address this matter with urgency to the staff.
 - A red tartan armchair was disposed of in the corner of the garden. The inspectors were informed that this was waiting for appropriate disposal. The home must ensure that all equipment no longer fit for purpose is disposed of in a timely fashion.

A requirement is raised in the quality improvement plan.

5.8 Defacto Detention / The Human Rights Act 1998 / European Convention on Human Rights (ECHR)

The inspector having examined all areas of the home raised concerns regarding the use of keypad egress to and from various areas in the home. Under Article 5 of the European Convention on Human Rights (ECHR) everyone has the right to liberty and security of person. No one shall be deprived of their liberty except in certain circumstances.

Whilst the risks associated with dementia care service users can be high the home must ensure that the actions to minimise risks for an identified client group do not impinge upon the rights of others.

The inspector requires the home manager to review and risk assess the use of all keypads throughout the building. Keypads found not to be required must be removed immediately.

A requirement is raised in the quality improvement plan.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Leigh Patience and Mr Gavin O'Hare-Connelly, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

**Linda Thompson
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



Quality Improvement Plan

Announced Secondary Inspection

Blair House Care Home

4 April 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Leigh Patience and Mr Gavin O'Hare-Connolly either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
C/F	12 (1) (a) (b)	<p>The registered person shall provide treatment, and any other services to patients in accordance with the statement of purpose, and shall ensure that the treatment and other services provided to each patient –</p> <ul style="list-style-type: none"> • Meets his individual needs; • Reflects current best practice. <p>The home manager must consider the issues identified with Patient ‘A’ and ensure that all other patient’s care records are updated accordingly.</p> <p>Patient ‘A’ records must be updated to reflect the following;</p> <ul style="list-style-type: none"> • The time of care delivered must be accurately recorded at all times • Pain assessment must be undertaken for all patients requiring regular or occasional analgesia throughout the day. • The pain assessment tool used must be appropriate for each individual patient • The home manager must ensure that the Malnutrition Universal Screening Tool (MUST) is completed to consider 	Three	<p>A full peer audit was conducted across individual care files with a time scale applied to the action plan.</p> <p>Patient A records have been reviewed and all stated requirements put in place immediately.</p> <p>All residents prescribed regular analgesia have a pain assessment chart in place which is reviewed at each medicine round or more often as needs dictate.</p> <p>MUST assessments are recent and up to date to reflect the previous 6 months history and evaluation.</p> <p>All weight loss is flagged on QPI records and Operational senior manager. Weight is managed within the home using mandatory assessment tools and with heavy staff, GP, dietician and pharmacy involvement. All weights are documented so as all staff providing hands on care are aware of any issues.</p>	From December 2013 and on going

		<p>the previous 3-6 months weight loss</p> <ul style="list-style-type: none"> • Referral to the GP / Dietician must be accurately recorded to evidence that appropriate actions have been taken when significant weight loss is identified • Daily records of food and fluid intake must be wholly and accurately completed. The daily intake records should be reviewed by the nurse in charge and countersigned. The total food and fluid intake details should be recorded in each patient's nursing care daily progress records. 		All fluid balance records have total/optimal intake recorded and are signed off by RN's at every shift. HM also monitors these closely with audit trail in place to evidence this.	
C/F	20(1)(c)(i)	<p>The registered person must ensure that all registered nursing staff and care staff receive refresher training in;</p> <ul style="list-style-type: none"> • The legal aspect of record keeping 	One	All staff have completed this training which can be evidenced through FFG records at the home	By end January 2014
C/F	19(1) Schedule 3	The registered person must ensure that patient's nursing care records are maintained appropriately and are an accurate reflection of all care delivered.	One	Regular audits by HM of all nursing documentation are undertaken incorporating current guidelines and minimum standard requirements. Action plans are formulated with time scales for changes to be implemented applied. Feedback is given to all staff involved in documentation.	From December 2013 and ongoing
1.	3(1)(a)	The registered provider must ensure that the statement of purpose is;	One	Submitted with revised changes on 07/04/14. Long term goals also incorporated	Prior to variation application

		<ul style="list-style-type: none"> • updated to reflect the identified areas • updated to reflect the change in business strategy forming a dementia care home. <p>Ref section 5.3</p>			completing
2.	4(1)(a) &(d)	<p>The registered provider must ensure that the service users guide is updated as identified.</p> <p>Ref section 5.4</p>	One	Submitted with revised changes via email on 7/04/14	Prior to variation application completing
3.	Regulation 12 of The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005	<p>The registered provider must update and re submit the variation application to ensure that it accurately reflects the proposed categories of care.</p> <p>Ref section 5.2</p>	One	Variation application returned with categories listed and discussion has now occurred with Senior Operations Manager and RQIA Quality Inspector.	Prior to variation application completing
4.	27 (2)(b)	<p>The registered provider must ensure that;</p> <ul style="list-style-type: none"> • the flooring to the lounge and dining areas in the nursing dementia unit are replaced as soon as possible. A date for completion of this work should be available for the estates inspection week commencing 7th April 2014 <p>Ref section 5.6</p>	One	Lounge and dining areas measured for new flooring on 07/04/14. Fitters have ordered flooring and can commence work on 10/04/14	By end April 2014
5.	27 (2)(b)	<p>The registered provider must ensure that;</p> <ul style="list-style-type: none"> • the damaged surfaces in the kitchen area of the proposed dementia unit 	One	Kitchen in upstairs unit has now been repainted with plaster work repaired. New splash back has been fitted. Entrance	Prior to variation application completing

		<p>must be made sound</p> <ul style="list-style-type: none"> • splash backs must be provided in the kitchen area of the proposed residential dementia unit • the surface damage to the walls at the entrance to the ground floor residential dementia unit must be maintained in an hygienic state • the inside of the double doors to the ground floor residential dementia unit must be maintained sound and hygienic. • the discarded chair in the garden must be removed <p>Ref section 5.6, 5.7</p>		<p>to dementia unit has also been repainted along with door repairs and cosmetic input. Garden area is to be cleared by maintenance man on 10/04/14</p>	
6.	27(4)(b)	<p>The registered provider must ensure that ;</p> <ul style="list-style-type: none"> • all fire doors in the proposed residential dementia unit close effectively. • discarded smoking equipment must not be left in the service users garden <p>Ref section 5.6, 5.7</p>	One	<p>Engineer called on 07/04/14 and is aware of replacement fire door closers required. all to be actioned before week ending 11/04/14</p>	<p>Prior to variation application completing</p>
7.	18(2)(c)	<p>The registered provider must ensure that all identified equipment is available prior to the admission of any residents in the residential dementia unit.</p> <p>Ref section 5.7</p>	One	<p>Medicine trolley and cd cupboard being supplied by Boots, Bangor. Arlene is our contact and delivery date is scheduled for w/e 11/04/14. Commodes coming from central store w/e 11/04/14 and</p>	<p>Prior to variation application completing</p>

				being collected by maintenance man	
8.	14(5) Reference Article 5 of the European Convention on Human Rights (ECHR)	<p>The registered provider must ensure that no patient is subject to restraint unless restraint of the kind deployed is the only practicable means of securing the welfare of that or any other patient and there are exceptional circumstances.</p> <ul style="list-style-type: none"> • The registered person must review <u>with urgency</u> the current use of key pad egress into, out of and throughout the home. • All exits from the home must be reviewed and actions taken accordingly. <p>The current system evidences a breach in Article 5 of the European Convention on Human Rights.</p> <p>Ref section 5.8</p>	One	<p>Risk assessments in place to reflect the use for safety of residents of key pads throughout the home. Key pad to front door to remain in place for reasons detailed on RA. Children from the local estate were accessing the home and reception computer, fire panel and sign in documentation was vulnerable. Front entrance to home is easily accessible with seating area available and regular visitors to the home are also given the first key pad code so as they can freely access the home at any time.</p>	By end of April 2014

Recommendations

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
C/F	13.1	<p>The programme of activities and events provides positive outcomes for patients and is based on the identified needs and interests of patients.</p> <p>Carried forward for review at next inspection visit.</p>		<p>Activities programs are prominently displayed throughout the home on specially designed activities notice boards. An extra 28 hours per week has been allocated for activities coordinator role in preparation for new residential unit opening. Activities are structured for the changing and varying needs of all residents throughout the home with care plans in place along side activities record which are evaluated monthly or more frequently as care needs dictate. A more stimulating environment is currently in the planning stages with dementia awareness being a key target.</p>	<p>From December 2013 and ongoing</p>

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to nursing.team@rqia.org.uk

Name of Registered Manager Completing Qip	Leigh Miranda Patience
Name of Responsible Person / Identified Responsible Person Approving Qip	Caroline Denny

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Linda Thompson	28/4/14
Further information requested from provider			