

Unannounced Care Inspection Report 5 and 6 December 2017



Blair House Care Home

Type of Service: Nursing Home (NH)

Address: 107 Dakota Avenue, Newtownards, BT23 4QX

Tel no: 028 9182 4450

Inspector: Dermot Walsh

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 81 persons.

3.0 Service details

Organisation/Registered Provider: Amore (Watton) Ltd Responsible Individual: Nicola Cooper	Registered Manager: See box below
Person in charge at the time of inspection: Caron Conroy	Date manager registered: Caron Conroy (Quality Improvement Lead) Covering management arrangements until new manager commences in post.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. Residential Care (RC) DE – Dementia.	Number of registered places: 81 comprising: A maximum of 28 patients in category NH-DE located on the ground floor and a maximum of 28 patients in category NH-I located on the First Floor. A maximum of 25 residents in category RC-DE; 11 accommodated on the Ground Floor and 14 accommodated on the First Floor.

4.0 Inspection summary

An unannounced inspection took place on 5 December 2017 from 09:40 to 17:00 hours and on 6 December 2017 from 09:30 to 15:30 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 term 'patients' is used to describe those living in Blair House which provides both nursing and residential care.

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 staffing arrangements, training and development, recruitment practice, monitoring registration status, the home's general environment, risk assessment, communication between staff and patients, shift handovers, referrals to other health professionals and in respect to the culture and ethos of the home in relation to dignity and privacy.

An area requiring improvement under regulation was identified in relation to care planning. An area for improvement under regulation in relation to the management of a patient following a fall was stated for the third and final time. Areas for improvement under standards were identified in relation to use of equipment, bowel management, staff meetings and food hygiene. An area for improvement made under standards in relation to complaints was stated for the second time and an area under standards in regards to auditing was carried forward for review at the next care inspection.

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

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*2	*6

*The total number of areas for improvement includes one area for improvement under regulations which has been stated for a third time and one area for improvement under standards which has been stated for a second time. One area for improvement under standards has been carried forward for review at the next care inspection.

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

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 5 September 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 5 September 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- 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 inspector met with 15 patients, 13 staff and five patients' representatives. A poster was displayed at a staffing area in the home inviting staff to respond to an on-line questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and 10 for patients' representatives were left for distribution.

A poster indicating that the inspection was taking place was displayed at the reception area of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- duty rota for week commencing 27 November 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- six patient care records
- four patients' daily care charts including bowel management, food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of minutes from staff meetings
- a selection of governance audits
- records pertaining to safeguarding
- complaints record
- compliments received
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistleblowing and any other communication received since the previous care inspection.

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 5 September 2017

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

6.2 Review of areas for improvement from the last care inspection dated 22-23 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 12 (1) (a) (b) Stated: Second time	The registered person must 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 accident records pertaining to falls evidenced that the management of falls was not consistent in the home. See section 6.4 for further information. This area for improvement has been partially met and following discussion with senior management in RQIA has been stated for the third and final time.	
Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered person shall ensure that patients' care plans give clear direction in terms of dietary requirements and patients are provided with only the foods identified within their care plans.	Met
	Action taken as confirmed during the inspection: Discussion with patients and staff; observation during the mealtime experience and a review of two patients' care records evidenced that this area for improvement has now been met.	

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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: Second 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: Discussion with the manager and staff; a review of the duty rota and observation of care delivery during the inspection evidenced that this area for improvement is now met.	
Area for improvement 2 Ref: Standard 11 Stated: Second time	The registered person shall ensure that the provision of activities within the home are reviewed to ensure they are positive and meaningful for all patients accommodated within the home.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and the activities co-ordinator evidenced that the provision of activities had been reviewed and actions were in place to enhance the provision of activities within the home for all patients. See section 6.6 for further information.	
Area for improvement 3 Ref: Standard 13 Stated: First time	The registered person shall ensure that all records of safeguarding incidents are updated to reflect any discussions or meetings that have been conducted with regard to the incident.	Met
	Action taken as confirmed during the inspection: Safeguarding documents reviewed had been updated accordingly.	
Area for improvement 4 Ref: Standard 44 Criteria (1) Stated: First time	The registered person shall ensure that the malodour in the identified room is managed effectively.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and a review of the environment evidenced that this area for improvement is now met.	

<p>Area for improvement 5</p> <p>Ref: Standard 18</p> <p>Stated: First time</p>	<p>The registered person shall ensure that when restraint and/or restrictive practices are used, they are managed in accordance with legislative, professional and best practice guidance.</p> <p>Action taken as confirmed during the inspection: A review of two patient care records pertaining to restraint evidenced that these had been managed appropriately.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure that food plated is served in a timely manner when patients are ready to eat and/or be assisted with their meal.</p> <p>Action taken as confirmed during the inspection: During a review of the mealtime experience, food was observed to be served directly from the heated trolley to patients when the patients were ready to eat or be assisted with their meals.</p>	<p>Met</p>
<p>Area for improvement 7</p> <p>Ref: Standard 7</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the complaints procedure for the home is in accordance with legislation and DHSSPS guidance on complaints.</p> <p>Learning from complaints should be transcribed into patients care records were appropriate to prevent recurrence.</p> <p>Action taken as confirmed during the inspection: A review of one patient's care records, where a complaint had been made, evidenced that the records had been updated to include actions to be taken to prevent recurrence.</p> <p>The complaints procedure available in the home and on display remained unchanged since the last care inspection and did not reflect DHSSPS guidance on complaints.</p> <p>This area for improvement has been partially met and has been stated for a second time.</p>	<p>Partially met</p>

Area for improvement 8 Ref: Standard 35 Stated: First time	The registered person shall ensure that when action plans are developed to address shortfalls identified during audit that the action plans are reviewed to ensure that the actions have been completed.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to a regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 27 November 2017 evidenced that the planned staffing levels were adhered to. Discussion with staff and patients' representatives evidenced that there were no concerns regarding staffing levels. One patient consulted commented that they had to wait at times to be assisted to the toilet. This concern was passed to the manager for review and action as appropriate. Staff confirmed that when agency staff were used, the same staff were employed to ensure consistency of care where possible. Observation of the delivery of care during the inspection evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection. Records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Supernumerary hours were in place during this time to enable new staff members to work alongside a more experienced staff member to gain knowledge of the home's routines and policies and procedures. Discussion with staff and the manager confirmed that where agency nursing and care staff were employed, they also received an induction in the home prior to commencing their first shift.

Discussion with the manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. The majority of staff were compliant with mandatory training requirements. A shortfall was identified in regards to practical person handling training. This was discussed with the manager who confirmed that appropriate measures had already been implemented to ensure that compliance with this area of training could be achieved. Staff consulted confirmed that the training provided was relevant to their roles and responsibilities.

Discussion with the manager and staff and a review of records evidenced that staff supervision and appraisals had been conducted appropriately and a system was in place to ensure completion.

Discussion with the manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. However, a review of accident records evidenced that the appropriate actions were not always taken following the accident. One patient's accident records reviewed evidenced that the patient had an unwitnessed fall. While the records indicated that the patient was monitored for 24 hours following the fall; the records failed to evidence that central nervous system (CNS) observations had been monitored. There was evidence that CNS observations were taken at the time of the incident but not repeated or monitored. This was disappointing as an area for improvement in this regard was stated for the second time at the previous care inspection. Following assurances provided by the manager and discussion with senior management in RQIA, the decision was made to state this area for improvement for the third and final time.

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Bedrooms and communal areas were clean and spacious. The home was found to be warm, well decorated, fresh smelling and clean throughout. Fire exits were observed to be clear of clutter and obstruction. There was good evidence that recent fire drills had been conducted in the home.

During the review of the environment, the pressure setting on an airwave mattress was observed to have been incorrectly set for the patient. This observation was discussed with the manager and an area for improvement was identified to ensure that settings on all mattresses in use in the home were reviewed and monitored.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, training and development, recruitment practice, monitoring registration status, risk management and the home’s general environment.

Areas for improvement

An area for improvement made previously under regulations in relation to the management of a patient following a fall is stated for the third and final time.

An area for improvement was identified under standards in relation to the safe use of pressure relief equipment.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Review of six patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. However, there was also evidence that two patients’ care plans had not been reviewed effectively to meet the current needs of patients. This was discussed with the manager and identified as an area for concern.

Supplementary care charts such as food and fluid intake and repositioning records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation. Shortfalls were identified in relation to bowel management. Gaps of up to 13 days were observed within the records of bowel management. There was no reference made within daily evaluation records of the gaps identified or actions taken to address the gaps. This was discussed with the manager and identified as an area for improvement.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including general practitioners, speech and language therapists, dieticians and/or tissue viability nurses.

Discussion with staff and a review of the duty rota evidenced that registered nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that they received appropriate information at the handover to meet the needs of patients.

Discussion with staff and a review of minutes of staff meetings confirmed that regular staff meetings for registered nurses and care assistants had not been conducted. There were minutes of meetings available from regular head of department meetings. However, the transfer of information from these meetings to registered nursing and care staff was not consistent throughout the home. This was discussed with the manager and identified as an area for improvement.

There was evidence that a relatives’ meeting had been conducted on 12 September 2017. Discussion with the activities co-ordinator confirmed that the home aimed to achieve relatives’ meetings on a quarterly basis and patients’ meetings on a monthly basis.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All staff but one also confirmed that if they had any concerns, they could raise these with their line manager and/or the manager. The staff member’s concerns were passed to the manager for their review and action as appropriate. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patients spoken with expressed their confidence in raising concerns with the home’s staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment, communication between staff and patients, shift handovers and referrals to other health professionals.

Areas for improvement

An area for improvement was identified under regulations in relation to care planning.

Areas for improvement were identified under standards in relation to bowel management and staff meetings.

	Regulations	Standards
Total number of areas for improvement	1	2

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with 15 patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. However, one patient expressed a concern in relation to the toileting arrangements in the home. This concern was passed to the manager for their review and action as appropriate. Staff were observed chatting with patients when assisting them. Staff were observed to knock on patients’ bedroom doors before entering and kept them closed when providing personal care. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

The serving of lunch was observed in the Dakota unit. Lunch commenced at 12:35. Food was served directly from a heated trolley when patients were ready to eat or be assisted with their meals. An area for improvement in this regard made at the previous inspection has now been met at this inspection. The food served appeared nutritious and appetising. The mealtime was well supervised. 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.

Discussion with a relative identified a practice where biscuits, given to patients with their tea, were being placed directly onto the surface of tables without the use of a saucer. This was discussed with the manager and identified as an area for improvement. The manager confirmed that staff did receive training on basic food hygiene.

Discussion with the manager and the activities co-ordinator confirmed the activities conducted in the home; outings arranged for patients to attend and the associated guests to the home to assist in the provision of activities. An activities programme was displayed at the entrance to the downstairs units. There were a number of Christmas activities planned including a Christmas dinner outing. Evidence was available of efforts taken by the home to recruit a second person to assist in the provision of activities. The manager confirmed that additional recruitment strategies would be implemented in an effort to recruit a second person. Interim measures were confirmed with RQIA following the inspection.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Thirteen staff members were consulted to determine their views on the quality of care within Blair House.

Some staff comments were as follows:

"It's brilliant. I'm very very happy here."

"I was glad to come back to Priory."

"I love it here."

"It can be very trying here at times."

"I'm happy. I like it here."

"It's ok."

"I like my job."

"It's a nice home."

A poster was displayed at a staffing area inviting staff to respond to an on-line questionnaire. No responses were received at the time of writing this report.

Fifteen patients were consulted during the inspection.

Some patient comments were as follows:

"I like it here alright."

"More than happy here. Just like sitting at home."

"It's lovely here. Nice and clean."

"Sometimes I have to wait a while for the toilet."

"It's alright but it's not home."

“It’s grand. I have no complaints here.”

Ten patient questionnaires were left in the home for completion. None of the patient questionnaires were returned.

Five patient representatives were consulted during the inspection. Any concerns raised during this consultation were passed to the manager for their review and action as appropriate. Ten relative questionnaires were left in the home for completion. One of the relative questionnaires were returned within the timeframe for inclusion in the report. The relative indicated that they were very satisfied with the care provided in the home.

Some patient representative comments were as follows:

- “I cannot commend the staff highly enough.”
- “I am very happy with my father here in this home.”
- “We are very satisfied with the care delivery in the home.”

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 relation to dignity and privacy.

Areas for improvement

An area for improvement under standards was identified in relation to basic food hygiene.

	Regulations	Standards
Total number of areas for improvement	0	1

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 manager in the home on the day of inspection was Caron Conroy, Quality Improvement Lead; Priory Group, Northern Ireland. A new manager had been employed to take up post in the home and the quality improvement lead was covering management arrangements in the home until the new manager commenced and settled in post.

Discussion with the manager evidenced that there was a clear organisational structure within the home. Discussion with staff evidenced that eleven of the thirteen staff consulted were not aware of the organisational structure due to recent changes within the provider’s senior management team. The manager agreed to address this with staff to ensure clarity. Staff were able to describe their roles and responsibilities.

Discussion with the manager and review of the home's complaints procedure evidenced that this was not in keeping with the DHSSPS guidance on complaints. This was discussed with the manager and an area for improvement in this regard made at the previous care inspection has now been stated for a second time. Complaints records reviewed evidenced that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

A compliments file was maintained to record and evidence compliments received.

Some examples of compliments received are as follows:

"A massive thank you to all the staff at Blair House who looked after dad over the last eighteen months."

"I would like to thank all the staff for the devoted care, medical and personal care, tender love and gentle consideration which you all showed to"

"It was a very difficult time for us seeing him (a relative) deteriorate, however, you were always cheerful, smiling and nothing was ever too much trouble, making it easier for all of us."

Discussion with the manager evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. Given the recent changes in the home's management structure, an area for improvement made at the last care inspection in relation to auditing was carried forward for review at the next care inspection.

All staff but one consulted confirmed that when they raised a concern, the home's management would take their concerns seriously. The staff member's concerns were passed to the manager for their review and action as appropriate.

Discussion with the registered manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monthly monitoring, good working relationships and compliments received.

Areas for improvement

No new areas for improvement were identified.

An area for improvement under standards in relation to the complaints procedure has been stated for the second time.

An area for improvement under standards in relation to auditing has been carried forward for review at the next care inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 Caron Conroy, Quality Improvement Lead, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 12 (1) (a) (b) Stated: Third and final time To be completed by: With immediate effect	<p>The registered person must ensure good practice guidance is adhered to with regard to post falls management.</p> <p>Ref: Sections 6.2 and 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Staff have received supervision in relation to post falls management. Flow chart is now also laminated and in nurses stations showing the process for the management of falls and post fall observations.</p>
Area for improvement 2 Ref: Regulation 16 (2) (b) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that patients' care plans are kept under review and are reflective of the current assessed care needs of the patients.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Resident of the day is not fully intergraded within the home. An audit is completed each month to show that each care file has been reviewed evaluated and updated at least monthly. Random auditing of care files by the Home Manager and also by the Quality Improvement Lead and the Regional Director when carrying out regulation 29 visits to the service to ensure compliance.</p>
Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
Area for improvement 1 Ref: Standard 7 Stated: Second time To be completed by: 20 December 2017	<p>The registered person shall ensure that the complaints procedure for the home is in accordance with legislation and DHSSPS guidance on complaints.</p> <p>Ref: Sections 6.2 and 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: The complaints notice has been reviewed as requested and is on display within the foyer and within the SUG.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 1 February 2018</p>	<p>The registered person shall ensure that when action plans are developed to address shortfalls identified during audit that the action plans are reviewed to ensure that the actions have been completed.</p> <p>Ref: Carried forward from previous inspection</p> <hr/> <p>Response by registered person detailing the actions taken: Action plans that have been developed, will now be checked for completion and signed off by the Regional Director and the Quality Improvement Lead, when completing the regulation 29 visit to ensure all plans of action have been addressed and completed.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 45</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that pressure relieving equipment used within the home is used safely and in accordance with the manufacturer's guidelines. This is in reference to the correct pressure settings on patients' air mattresses.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Each mattress setting has been audited and the correct setting required is now highlighted on the pump of each mattress.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4 Criterion (9)</p> <p>Stated: First time</p> <p>To be completed by: 13 December 2017</p>	<p>The registered person shall ensure that bowel management is evidenced within the patient care records and recorded contemporaneously.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Staff have received supervision on the importance of recording and documentation on supplementary records. Staff have also been reminded through supervision the importance of monitoring bowel movements of residents, and the recording of the same and the reporting to the nurse in charge when any concerns are noted.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 41 Criteria (8)</p> <p>Stated: First time</p> <p>To be Completed by: 31 January 2018</p>	<p>The registered person shall ensure staff meetings take place on a regular basis for all registered nursing and care staff to attend and at a minimum quarterly. Records are kept which include:</p> <ul style="list-style-type: none"> • The date of all meetings • The names of those attending • Minutes of discussions • Any actions agreed <p>Ref: Section 6.5</p>
<p>Area for improvement 6</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: A meeting plan has been developed, showing the dates and times of staff meetings for the incoming year. weekly team meetings on each unit have also been re introduced. All staff who attend are required to sign attendance, minutes are taken and typed and displayed on staff notice board once ready. Any actions agreed are then carried forward to next meeting to ensure that outcomes that had been agreed are met.</p> <p>The registered person shall ensure that basic food hygiene measures are applied when patients are offered accompaniments with their drinks, such as biscuits or bread, in that the accompaniments are served on a saucer or likewise arrangement and not placed directly into the patient's hand or placed on a hard surface such as a table.</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: All care, and catering staff have been advised through team meetings of the importance of food hygiene. New side plates have been ordered so that each patient should be served biscuits or bread on a sideplate, not on to the table or into their hand directly.</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews