

Unannounced Care Inspection Report 22 and 23 June 2017



Blair House

Type of Service: Nursing Home
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: Priory (Watton) Ltd Responsible Individual(s): Nicola Cooper	Registered Manager: See below
Person in charge at the time of inspection: Catherine Lacey	Date manager registered: Catherine Lacey - Acting – Application not yet submitted
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 of: 28 - NH-DE 28 - NH-I 25 - RC-DE

4.0 Inspection summary

An unannounced inspection took place on 22 June 2017 from 09.40 to 16.40 hours and on 23 June 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 'patient' is used in this report 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 staff training and development; risk assessment and record keeping; communication and the culture and ethos of the home in respect of privacy and dignity.

Areas requiring improvement were identified in relation to governance arrangements; safeguarding and the management of restraint; provision of activities; post falls management and mealtimes.

Patients said that they were satisfied with the care and services provided and 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	*8

*The total number of areas for improvement includes one under regulation and two under standards which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Catherine Lacey, Manager, 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 1 December 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 1 December 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 we met with 19 patients individually and with others in small groups, four patient representatives, eight care staff, three registered nurses, one visiting professional and five ancillary staff members.

Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- duty rota for all week commencing 12 June 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
- competency and capability assessment for nurse in charge
- four patient care records
- four patient food and fluid intake charts
- complaints record
- minutes of staff meetings
- a selection of audit records
- supervision and appraisal trackers
- compliments received
- RQIA registration certificate
- certificate of public liability insurance
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 1 December 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 1 December 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 13 (1) (a) Stated: Second time	<p>The registered provider must ensure that the home is conducted in a manner which protects the health and welfare of patients:</p> <p>The heated food trolley must be employed in a manner which protects the health and safety of patients.</p> <p>Doors leading to rooms which pose a hazard to patients must remain locked at all times when not in official use.</p> <p>Control of Substances Hazardous to Health (COSHH) regulations must be adhered too at all times.</p>	Met
	<p>Action taken as confirmed during the inspection: A review of the environment evidenced that this area for improvement has been met.</p>	
Area for improvement 2 Ref: Regulation 12 (1) (a) (b) Stated: First time	<p>The registered person must ensure good practice guidance is adhered to with regard to post falls management.</p>	Not met
	<p>Action taken as confirmed during the inspection: A review of records pertaining to accidents evidenced that this area for improvement has not been met and will be stated for the second time. See section 6.4 for further information.</p>	

<p>Area for improvement 3</p> <p>Ref: Regulation 12 (2) (a)</p> <p>Stated: First time</p>	<p>The registered person must ensure that patients have a means to summon help when required. The identified patients must have access to the call bell system when alone in their room.</p> <hr/> <p>Action taken as confirmed during the inspection: All patients observed on the day of inspection, where appropriate, had a means to summon help.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 41 Criteria (8)</p> <p>Stated: Second time</p>	<p>The registered person should ensure staff meetings take place on a regular basis for all 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 <hr/> <p>Action taken as confirmed during the inspection: Discussion with staff and a review of the minutes from staff meetings evidenced that this area for improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 35 Criteria (16)</p> <p>Stated: Second time</p>	<p>The registered provider should ensure that the auditing process for care planning contains an action plan to address shortfalls and these actions must be reviewed and validated as complete.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence available that monthly care planning audits were reviewed and the actions required were validated as compliant. However, action plans to address identified deficits in other areas such as dementia care or resuscitation were not reviewed or validated. See section 6.7 for further information.</p>	<p>Met</p>

Area for improvement 3 Ref: Standard 35 Criteria (17) Stated: Second time	The registered person should ensure a system is in place to manage safety alerts and notifications.	Met
	Action taken as confirmed during the inspection: Discussion with the manager evidenced that this area for improvement has been met.	
Area for improvement 4 Ref: Standard 41 Criteria (1) (2) Stated: First time	The registered person should 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.	Partially met
	Action taken as confirmed during the inspection: Discussion with staff and the manager and a review of the duty rota evidenced that an area in the home where the staffing level was reduced in the evening required further review. See section 6.4 for further information	
Area for improvement 5 Ref: Standard 41 Stated: First time	The registered person should ensure that a shift handover is conducted with staff that are commencing their shift at 14.00 hours.	Met
	Action taken as confirmed during the inspection: Discussion with staff and the manager confirmed that a shift handover at 14.00 hours was conducted.	
Area for improvement 6 Ref: Standard 12 Stated: First time	The registered person should ensure that food in the identified kitchenette is prepared and served in conjunction with professional guidelines and the DHSSPS Care Standards for Nursing Homes 2015.	Met
	Action taken as confirmed during the inspection: A review of practices during and outside of mealtimes evidenced that this area for improvement has been met.	

Area for improvement 7 Ref: Standard 11 Stated: First time	The registered person should 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.	Not met
	Action taken as confirmed during the inspection: A review of the provision of activities and discussion with the activities person evidenced that this area for improvement had not been met and will be stated for the second time. See section 6.6 for further information.	

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. A review of the staffing rota for week commencing 12 June 2017 evidenced that the planned staffing levels were adhered to where possible. Four staff consulted said they felt patients' needs were not adequately met due to staffing numbers in a particular area of the home. In addition two respondents in relatives' questionnaires made reference to the unavailability of staff. Details were discussed with the manager who agreed to review the concerns raised. An area for improvement under the regulations has been stated for a second time.

Staff recruitment information was available and 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 and records were maintained.

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 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. However, staff commented that supernumerary hours for some staff inductions should be extended where staff are unable to or are having difficulty. This was discussed with the manager for their review and action as appropriate.

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. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

Staff consulted confirmed that appraisals and supervisions had been conducted appropriately. Discussion with the manager and a review of records evidenced that supervision and appraisal trackers were utilised to ensure all staff received the appropriate supervisions and appraisal. Two staff commented that supervision had been used, in their opinion, as 'a means of a threat' from more senior staff. This concern was passed to the manager for review and action as appropriate.

A competency and capability assessment for the nurse in charge of the home in the absence of the manager had been appropriately completed. A completion statement had been signed and dated by the registered nurse and the person responsible for the completion of the assessment.

Discussion with the nurse in charge 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).

Staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Records pertaining to safeguarding were reviewed. Recommendations from a recent investigation had been clearly recorded. However, an update of further discussions/meetings had not been recorded. This was discussed with the manager and identified as an area for improvement.

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.

A review of one patient's supplementary care records indicated that the patient had been given a food substance which was not in accordance with the patient's care plan. This was discussed with the manager and identified as an area for improvement.

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 a fall had occurred where the patient had sustained a head injury; neurological observations were monitored for six hours only following the fall. A period of four hours had passed between the initial neurological observation check and the second neurological observation check. This was discussed with the manager and an area for improvement identified on the previous inspection was stated for a second 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. Fire exits and corridors were observed to be clear of clutter and obstruction. Compliance with infection prevention and control had been achieved.

A malodour was detected in an identified room. The room was re-visited the following day and the malodour remained prevalent. This was discussed with the manager and identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment; monitoring the registration status of nursing and care staff; staff training and development and risk assessment.

Areas for improvement

An area for improvement under regulation was identified on an unsafe practice in regards to the provision of food.

Areas for improvement under standards were identified on safeguarding and the management of a malodour.

Consideration must also be given to areas for improvement that were identified at the previous care inspection, which have been stated for the second time during this inspection. These relate to the management of a patient following a fall and staffing arrangements.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

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

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. The majority of care plans had been personalised to meet the individual needs of the patients and had been reviewed monthly. However, a patient observed in their bedroom where a fall out mattress and a buzzer mat had been positioned did not have a care plan in place to manage the identified need. Furthermore, there was no evidence of any discussions with the patient, their representatives or any member of the multidisciplinary team in regard to the use of this equipment; which could be considered as a form of restraint if not appropriately managed. This was discussed with the manager and identified as an area for improvement.

Supplementary care records in regards to food and fluid intake were reviewed. Food and fluid intake charts had been completed well and made good reference to food consumed and liquids drank.

Staff demonstrated an awareness of the importance of patient confidentiality in relation to the storage of records. Patients' records were stored in lockable cabinets at the nurses' station.

Discussion with staff and a review of the duty rota evidenced that 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 the manager and a review of minutes of staff meetings confirmed that since the last inspection there had been regular staff meetings for registered nurses and care assistants. Minutes of meetings were available for review. There was evidence of a patients meeting having been conducted on 14 June 2017. A schedule of patients' monthly meetings in 2017 was on display on a noticeboard. Respondents in two relative questionnaires commented that the homes management were not present at these meetings. These comments were passed to the manager for review and action as appropriate.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, communication between residents, staff and other key stakeholders and the ethos of teamwork.

Areas for improvement

An area for improvement under care standards was identified on management of restraint.

	Regulations	Standards
Total number of areas for improvement	0	1

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 19 patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. 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 and their representatives 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 main dining room on the ground floor. Patients were seated around tables which had been appropriately laid for the meal. Food was served from a bain-marie serving trolley when patients were ready to eat or to be assisted with their meals. However, food was also observed uncovered at the side of the bain-marie for a prolonged period of time. It was concerning that this food would have been served had the inspector not intervened. This was discussed with the manager and identified as an area for improvement. 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. Condiments were available on tables and a range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience.

The provision of activities was reviewed. A comprehensive programme of activities was on display in the home on the ground floor. One dedicated activities person was allocated 37.5 hours to provide meaningful activities to all patients within the home. Discussion with the activities person evidenced that many of the patients required one to one activity and would not be able to participate in group activity which meant that prolonged periods of time between engagements with these patients could occur. A record of activities conducted and with whom was maintained. There were pictures on display of patients enjoying activities provided. The provision of meaningful activity to all patients within the home was identified as an area for improvement at the previous inspection. Not all details within the homes response to the previous area of improvement had been sustained. This was discussed with the manager and this area for improvement has now been stated for the second time.

Three registered nurses, eight carers and five ancillary staff members were consulted to ascertain their views of life in Blair House. Ten staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. One of the questionnaires was returned within the timescale for inclusion in the report.

Some staff comments were as follows:

“I enjoy working here.”
 “The work can be challenging but I enjoy it.”
 “It has its ups and downs.”
 “It can be very tough at times.”
 “I would like more time to sit with the patients.”
 “I really enjoy working here.”
 “There’s good communication and good teamwork here.”
 “I find it ok here.”

Nineteen patients were consulted during the inspection.

Some patient comments were as follows:

“You get the best here. Folks are very cheery.”
 “Everyone is nice.”
 “It’s alright here.”
 “I like it here.”
 “It’s ok here.”
 “Very quiet here.”
 “Staff are very good.”

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

Four patient representatives were consulted during the inspection. Ten relative questionnaires were left in the home for completion. Four of the relative questionnaires were returned.

Some patients' relative/representative comments were as follows:

- “The care is brilliant. Staff are very attentive.”
- “The home is very nice and friendly. Staff always make us feel welcome.”
- “Our friend is very well cared for.”
- “I've never had a problem with the care here.”
- “Sometimes only one staff on the floor and that staff can be busy with others.”
- “The manager is not present at relative meetings.”
- “As a family we are really satisfied. Staff are really approachable and helpful.”

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

A visiting professional consulted commented that any recommendations they had left to improve patient care had been followed by staff.

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 respect of dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

An area for improvement under care standards was identified on the mealtime serving.

	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.

Discussion with the nurse in charge and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the nurse in charge evidenced that the home was operating within its registered categories of care.

Discussion with the manager and review of the home's complaints records evidenced that a complaint had been made twice in relation to the same issue for the same patient. Evidence was not available of actions taken as a result of the first complaint to prevent recurrence. A review of the patient's care records evidenced that these had not been updated following the first complaint.

A complaints procedure was on display at reception. A review of this procedure evidenced that it was not in accordance with the DHSSPS guidance on complaints against registered services. This was discussed with the manager and identified as an area for improvement.

A compliments file was maintained to record and evidence compliments received. Some examples of compliments received are as follows:

“I found the standard of care exemplary and on many occasions you all went far and beyond the expected level of care.”

“I can’t even begin to thank you for all the care and time you spent with ...”

“We were also most appreciative of the support shown to us at this very difficult time.”

Discussion with the manager following the inspection evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, regular audits were completed in accordance with best practice guidance in relation to dementia care; falls; care plans; health and safety; tissue viability and infection prevention and control. Two separate audits pertaining to dementia care and resuscitation were reviewed. An action plan had been developed to address shortfalls identified within the audits. However, there was no evidence that the action plans had been reviewed to ensure that the actions had been completed. This was discussed with the manager and identified as an area for improvement.

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

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the 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 governance arrangements and the management of complaints and incidents.

Areas for improvement

Areas for improvement under the care standards were identified in relation to complaints and auditing arrangements.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Catherine Lacey, 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 to Nursing.Team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 25 June 2017</p>	<p>The registered person must ensure good practice guidance is adhered to with regard to post falls management.</p> <p>Ref: Section 6.2, 6.4</p>
	<p>Response by registered person detailing the actions taken: Supervision for all Nurses on procedures of good practice in falls management, Documentation to be sent to Home Manager</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: All nurses to review Careplans to establish accurate details of recommendations are accurate. Care staff are made aware of any changes to dietary needs via communication.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)

<p>Area for improvement 1</p> <p>Ref: Standard 41 Criteria (1) (2)</p> <p>Stated: Second time</p> <p>To be completed by: 30 June 2017</p>	<p>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.</p> <p>Ref: Section 6.2, 6.4</p>
	<p>Response by registered person detailing the actions taken: Dependencies of patients reassessed. Adequate staffing levels and skill mix are to be maintained to meet patient needs. Dependency tool being reviewed by Company.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 11</p> <p>Stated: Second time</p> <p>To be completed by: 31 July 2017</p>	<p>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.</p> <p>Ref: Section 6.2, 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: Activities supported by other members of staff. Outings planned and achieved. Weekly programme of events to accommodate all ranges of patients. Advertisement for part time therapist implemented.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2017</p>	<p>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.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Going forward, Any communications are recorded and kept within the safeguarding file.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 44 Criteria (1)</p> <p>Stated: First time</p> <p>To be completed by: 21 July 2017</p>	<p>The registered person shall ensure that the malodour in the identified room is managed effectively.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Capex to be raised for replacement wooden floors. Malodour contained by implementation of cleaning schedule</p>
<p>Area for improvement 5</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2017</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>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Any form of restraint or restrictive practise documented in care plans and risk assessed. Best interest decision completed with consent of Next of Kin or family member.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2017</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>Ref: Section 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: Supervisions carried out on all staff involved with serving and assisting patients with their meals.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 7</p> <p>Stated: First time</p> <p>To be completed by: 14 July 2017</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 where appropriate to prevent recurrence.</p> <p>Ref: Section 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: Complaints should be transcribed into patients care records with actions taken to prevent recurrence.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2017</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: Section 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: Staff aware to action shortfalls following auditing, All action plans once completed/actioned and signed to be returned to Home manager for checking.</p>

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews