Inspection Report

26 October 2021

Madelayne Court

Type of service: Nursing Home
Address: Dunseverick and Dunluce Suites,
1-27 Nursery Avenue, Portstewart BT55 7LG
Telephone number: 028 7083 1014

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation: Kathryn Homes Ltd **Responsible Individual:** Mrs Andrea Feeney (Applicant)	**Registered Manager:** Mrs Mabel Cole **Date registered:** 14 September 2015
Person in charge at the time of inspection: Mrs Mabel Cole - Manager	**Number of registered places:** 48 comprising of: A maximum of 22 patients in category NH-DE to be accommodated in the Dunseverick Suite, and a maximum of 26 patients in categories NH-I, NH-MP(E) and NH-PH(E) to be accommodated in the Dunluce Suite. A maximum of 4 patients in category NH-TI. The home is also approved to provide care on a day basis for 1 person in the Dunseverick Suite.
Categories of care: Nursing Home (NH) PH(E) - Physical disability other than sensory impairment – over 65 years. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years I – Old age not falling within any other category. TI – Terminally ill. DE – Dementia.	**Number of patients accommodated in the nursing home on the day of this inspection:** 45
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 48 patients. The home is divided in two units; the Dunseverick Suite located on the first floor in which care is provided to people living with dementia; and the Dunluce Suite located on the second floor in which patients receive general nursing care. There is also a registered Residential Care Home located within the same building and for which the manager also has operational responsibility and oversight.	

2.0 Inspection summary

An unannounced inspection took place on 26 October 2021, from 9.15 am to 7.00 pm by a care inspector.

Enforcement action resulted from the findings of this inspection. Serious concerns were identified in regard to the lack of robust managerial oversight and governance arrangements within the home; the management of falls and those patients at risk of developing pressure ulcers; and monthly monitoring reports.

The Responsible Individual was invited to attend a serious concerns meeting via video teleconference with RQIA on 2 November 2021 to discuss the inspection findings and their plans to address the serious concerns identified.

During the meeting the Responsible Individual and members of the home's senior management team discussed the actions they had taken since the inspection to address the concerns raised and provided the necessary assurances to confirm they would address the remaining actions needed to bring the home back into compliance with the regulations and standards. RQIA accepted these assurances and will carry out a further inspection to assess compliance.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led. The inspection also assessed progress with all areas for improvement identified in the home since the last care inspection.

Eight new areas requiring improvement were identified during this inspection; four further areas for improvement were stated for a second time.

The findings of this report will provide the Responsible Individual with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living or working in Madelayne Court. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the Manager at the conclusion of the inspection.

4.0 What people told us about the service

Seven patients, eight staff and three relatives were spoken with. Patients spoke highly of the care they received and about their interactions with the staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. Relatives were complimentary of the care provided in the home.

Staff spoken with acknowledged the challenges of working through the COVID–19 pandemic but they agreed that Madelayne Court was a good place to work. Staff were complimentary in regard to the home's management team and spoke of how much they enjoyed working with the patients.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

<table>
<tr><th colspan="3">Areas for improvement from the last inspection on 16 March 2021</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for Improvement 1

Ref: Regulation 21 (1) (b)

Stated: First time</td><td>The registered person shall ensure employees have a full employment history, including start and finish dates. Any gaps in an employment record must be explored and explanations recorded.</td><td rowspan="2">Partially met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
Review of recruitment and selection records evidenced one file had a full employment history although deficits were identified in a second file reviewed. This is discussed further in Section 5.2.1.

This area for improvement has been partially met and is stated for a second time.</td></tr>
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Area for Improvement 2 **Ref**: Regulation 13 (7) **Stated:** First time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.	**Partially met**
	Action taken as confirmed during the inspection: Observation of staff practice and discussion with staff evidenced some improvement since the last inspection, although deficits were noted. This is discussed further in Section 5.2.3. This area for improvement has been partially met and is stated for a second time.	
Area for improvement 3 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time	The registered person shall ensure that domestic trolleys are not left unsupervised. This area for improvement is made with specific reference to the safe storage of substances that are hazardous to health.	**Met**
	Action taken as confirmed during the inspection: Observation of the environment and staff practices confirmed that this area for improvement was met.	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		**Validation of compliance**
Area for Improvement 1 **Ref**: Standard 11 **Stated:** First time	The registered person shall ensure the programme of activities is displayed in a suitable format in the home. Arrangements for the provision of activities should be in place in the absence of the activity co-ordinator.	**Partially met**
	Action taken as confirmed during the inspection: Observation of the environment confirmed a programme of activities was displayed in the home although appropriate arrangements were not in place to deliver activities in the absence of the activity co-ordinator. This is discussed further in Section 5.2.4. This area for improvement has been partially met and is stated for a second time.	

Area for improvement 2 **Ref**: Standard 4.1 **Stated:** First time	The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission. The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.	**Met**
	Action taken as confirmed during the inspection: Review of a sample of patients' care records confirmed that this area for improvement was met.	
Area for improvement 3 **Ref:** Standard 4.5 **Stated:** First time	The registered person shall ensure the care plan records evidence of involvement of the patient and/or their relatives in the development and review of care plans, incorporating decisions made, the agreements reached and the information which was shared.	**Met**
	Action taken as confirmed during the inspection: Review of a sample of patients' care records confirmed that this area for improvement was met.	
Area for improvement 4 **Ref:** Standard 46.2 **Stated:** First time	The registered person shall ensure a more robust system is in place to ensure compliance with best practice on infection prevention and control.	**Not met**
	Action taken as confirmed during the inspection: Review of governance records relating to infection prevention and control (IPC) practices evidenced that this area for improvement was not met. This is discussed further in Section 5.2.5. This area for improvement has not been met and is stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

A review of staff selection and recruitment records evidenced that not all pre-employment checks had been completed prior to each staff member commencing in post. For instance, review of one staff recruitment file evidenced that start and finish dates were not recorded against their previous employment history. It was also noted that any potential employment gaps could not be explored due to the missing start and finish dates. While there was a pre-employment checklist for both files reviewed, neither had been completed. An area for improvement was partially met and stated for a second time. In addition, review of induction records confirmed that not all agency staff were provided with a comprehensive induction programme to help prepare them for providing care to patients. An area for improvement was identified. These shortfalls were discussed with the Responsible Individual during the meeting on 2 November 2021; assurances were provided that going forward, the pre-employment checklist would be completed accurately and that the manager would retain oversight of this; it was also agreed that agency induction records should be completed in a timely manner and be retained in the home at all times.

Checks were made to ensure that staff maintained their registrations with both the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC). However, it was unclear from the records reviewed if all staff were appropriately registered with NISCC. This was discussed with the Responsible Individual during the serious concerns meeting and assurances were provided that oversight of NISCC registration had been reviewed and will be monitored by the Manager. An area for improvement was identified.

The staff duty rota accurately reflected the numbers and grade of staff working in the home on a daily basis. The rota inconsistently identified the person in charge when the Manager was not present. This was discussed with the Deputy Manager who agreed to update the rota. Review of records confirmed that all of the staff who are in charge of the home in the absence of the Manager had completed a relevant competency and capability assessment.

Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control and fire safety.

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on an annual basis. Staff were able to correctly describe their roles and responsibilities regarding adult safeguarding although some staff were unaware of their role with regards to Deprivation of Liberty Safeguards (DoLS). This was discussed with the deputy manager who agreed to review this. The Responsible Individual provided assurances during the serious concerns meeting that good progress had been made in regard to nursing and care staff completing DoLS training; it was also noted that both the Manager and Deputy Manager had already completed further training in this area. The use of restrictive practices is discussed in Section 5.2.2.

Staff said they felt well supported in their role and were satisfied with the level of communication between staff and management. While the majority of staff expressed satisfaction with staffing levels, some staff expressed dissatisfaction that staffing levels were, at times, negatively impacted by absences due to short notice staff sickness. The Deputy Manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met and confirmed that efforts were ongoing in relation to the recruitment of care staff.

Patients spoke highly about the care that they received and confirmed that staff attended to them in a timely manner; patients also said that they would have no issue with raising any concerns to staff. It was observed that staff responded to patients' requests for assistance in a caring and compassionate manner. Relatives spoken with expressed no concerns regarding staffing arrangements in the home.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Shortfalls were identified with regard to the management of patients at risk of developing pressure ulcers. For example, examination of supplementary repositioning records for one patient who required to be repositioned 2 to 3 hourly were reviewed; it was noted that these had not been regularly completed by staff; at the request of the inspector, nursing staff were asked to inspect the integrity of the patient's skin; nursing staff subsequently provided assurance that the patient's skin was intact.

Review of care records for an identified patient who was assessed as being at a high risk of developing a pressure sore were reviewed; it was noted that daily progress notes did not consistently comment on the patient's skin condition. It was also noted that while a pressure relieving mattress had been assessed as being needed for the patient, this equipment had not been requested by nursing staff. It was concerning that nursing staff responsible for the patient's care during the inspection were unfamiliar with the patient's assessed need to be repositioned regularly. These shortfalls were discussed with the Responsible Individual during the serious concerns meeting and assurances were provided that additional training and support were being provided for identified staff. In addition, regular clinical risk meetings for senior staff in the home along with the use of a clinical risk register has been implemented to further identify patients who are assessed as being at risk of developing pressure ulcers; the Responsible Individual advised that the purpose of these new arrangements is to ensure that the care needs of patients are reviewed and managed by staff in an effective manner. In addition, RQIA were advised following the inspection that further training was to take place for staff in early 2022 regarding pressure ulcer prevention and management. An area for improvement was identified.

Management of wound care was examined. Review of one identified patient's care records confirmed that wound assessments and evaluations had been completed after their wound was dressed. There was evidence that registered nursing staff had consulted with the Tissue Viability Specialist Nurse (TVN) regarding management of the wound although the patient's care plan had not been updated to reflect the TVN's recommendations or the changing needs of the patient. In addition, the daily progress notes did not consistently include an evaluation of the wound on the days the wound was dressed. An area for improvement was identified.

Concerns were identified in relation to the management of falls within the home. Review of care records for one patient who had potentially sustained a head injury, following an unwitnessed fall, confirmed that clinical and neurological observations had not been obtained in keeping with best practice guidance. In addition, the patient's care records lacked evidence that nursing staff had consistently and meaningfully assessed the efficacy of care delivery to the patient following the unwitnessed fall. Feedback from the Manager further highlighted a lack of awareness in relation to best practice guidance concerning post fall monitoring. This was discussed with the Responsible Individual during the serious concerns meeting and assurances were provided that additional training had been arranged and that the management of all falls will be monitored by the Manager or Deputy Manager. The Responsible Individual advised that additional falls management training would be provided to nursing staff during week commencing 8 November 2021 and that this aspect of care provision would be focused on during subsequent monthly monitoring visits to the home. An area for improvement was identified.

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Review of patients' records and discussion with the Manager and staff confirmed that the correct procedures were followed if restrictive equipment was used.

Patients said that on occasions when staff are busy, they would have to wait longer for staff to respond when they used the nurse call system. This was observed on two occasions after lunch. This was discussed with the Deputy Manager who agreed to monitor the response times to ensure patients are attended to in a timely manner.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. A variety of drinks were served with the meal.

Patients may need support with meals ranging from simple encouragement to full assistance from staff. Staff attended to patients' dining needs in a caring and compassionate manner while maintaining written records of what patients had to eat and drink, as necessary. Patients spoke positively in relation to the quality of the meals provided.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake were in place to direct staff. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Review of one identified patient's care records evidenced that most of their care plans had been developed within a timely manner to accurately reflect most of the patient's assessed needs.

Patients' individual likes and preferences were reflected throughout the care records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them.

From review of a sample of care records it was noted that some of the evaluations of care contained repetitive statements which were not sufficiently patient centred. This was discussed with the Deputy Manager who agreed to meet with registered nursing staff and monitor completion of care records.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced that the home was warm and comfortable. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy. However, some areas of the home and identified patient equipment required cleaning. Inappropriate storage of disinfectant wipes was also noted. This was discussed with the Deputy Manager who agreed to review and address these deficits.

Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices. The lounges were arranged in such a way that patients could socialise while socially distancing arrangements were met.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. A fire risk assessment had been completed on 21 April 2021.

The Manager said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The home was participating in the regional testing arrangements for patients, staff and Care Partners and any outbreak of infection was reported to the Public Health Authority (PHA). All visitors to the home had a temperature check when they arrived. They were also required to wear personal protective equipment (PPE).

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE. There was an adequate supply of PPE although hand sanitiser was not always readily available in some areas of the home, particularly in dining rooms. This was discussed with the Manager who agreed to review this.

While some staff were seen to use PPE appropriately and had good IPC knowledge, some did not. Discussion with and observation of staff practice evidenced a lack of IPC awareness among some staff; for example, the incorrect use of PPE and hand hygiene precautions not in keeping with best practice was noted. An area for improvement was stated for a second time.

IPC deficits were discussed with the Responsible Individual during the serious concerns meeting; RQIA were advised that audits focusing on daily hand washing / PPE donning and doffing, would now be completed on a daily basis; in addition, identified nursing staff will undergo further training with the Northern Health and Social Care Trust to become IPC link nurses within the home.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, some patients told us they liked the privacy of their bedrooms; others enjoyed going to the dining room for meals and choosing where to sit with their friends. Other patients preferred to enjoy their meals and socialise in the lounge.

Patients were observed enjoying listening to music, reading newspapers/magazines and watching TV, while others enjoyed a visit from relatives. One patient told us quizzes and music were provided in the home occasionally.

There was evidence that some planned activities were being delivered for patients within the home. A planner displayed in one of the units evidenced that floor games were planned for the day of the inspection. A September 2021 newsletter for patients had also been distributed which contained photos of patients and made reference to a recent music event, mindfulness sessions and baking. A cake was made to celebrate a recent birthday of a patient in the home and patients were seen to be enjoying a ball game in one of the lounges.

The manager confirmed they were reviewing the activity arrangements in the absence of the activity co-ordinator. Discussion with manager confirmed there was no activity co-ordinator employed at present, although an activity champion had been identified in each unit. However, staff spoken with stated that they find it difficult to provide activities to patients while carrying out their care duties. One patient told us that activities are not delivered in the home while another said they would happen “now and again.” An area for improvement was stated for a second time.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and Care Partner arrangements were in place with positive benefits being noted by staff to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There has been no change in the management of the home since the last inspection. Mrs Mabel Cole has been the registered manager in this home since 14 September 2015**.**

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. Whilst accidents and incidents in the home were reviewed appropriately, deficits were identified within wound care and IPC audits. Neither audits identified the deficits noted during the inspection. An area for improvement was stated for a second time.

Review of governance records confirmed that systems were in place for staff appraisal and supervision. There was also a system in place to manage complaints. There was evidence that the Manager ensured that complaints were managed correctly and that good records were maintained. Patients said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the Manager and described them as supportive, approachable and always available for guidance. Discussion with the Manager and staff confirmed that there were good working relationships between staff and management.

A copy of the most recent annual quality report was requested but not provided for review during the inspection. The Deputy Manager confirmed the format of this report was being reviewed and finalised. An area for improvement was identified.

It was noted that a number of notifiable accidents and incidents had not been reported to RQIA in keeping with Regulation. An area for improvement was identified.

The home was visited each month by a representative of the Responsible Individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. Review of these reports highlighted that they were insufficiently robust so as to ensure that identified deficits had or would be met in a timely and effective manner. This was discussed with the Responsible Individual following the inspection who acknowledged that action plans within such reports needed to be reviewed in a more effective manner. An area for improvement was identified.

6.0 Conclusion

Enforcement action resulted from the findings of this inspection. A serious concerns meeting was held on 2 November 2021 where details of the serious concerns identified by RQIA were discussed with the Responsible Individual. Assurances were provided as to the actions planned to bring the home back into compliance with regulations and standards. At the conclusion of the meeting RQIA confirmed that no further action would be necessary at this time but, a follow-up inspection would be conducted to monitor the improvements made and evidence if they had been sustained.

Patients were observed to be comfortable in their surroundings and were attended to by staff in a compassionate and effective manner. Patients' dignity was maintained throughout the inspection and staff were observed to be polite and respectful to patients and each other.

This inspection identified eight new areas for improvement; a further four areas for improvement were stated for a second time. All areas for improvement are referenced within the Quality Improvement Plan (QIP) in Section 7.0.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015) (Version 1.1).

	Regulations	Standards
Total number of Areas for Improvement	7*	5*

*The total number of areas for improvement includes four that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Mabel Cole, Manager, and Mrs Andrea Feeney, responsible individual, as part of the inspection process. Findings were further discussed with the Responsible Individual and the home's senior management team on 2 November 2021. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

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

Area for improvement 1 **Ref**: Regulation 21 (1) (b) **Stated:** Second time **To be completed by:** 26 November 2021	The registered person shall ensure employees have a full employment history, including start and finish dates. Any gaps in an employment record must be explored and explanations recorded. Ref: 5.1 and 5.2.1
	Response by registered person detailing the actions taken: Recruitment will be robust ensuring that there is full employment history and any gaps will be explored and clearly documented.
Area for improvement 2 **Ref**: Regulation 13 (7) **Stated:** Second time **To be completed by:** 26 November 2021	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the deficits highlighted in 5.2.3. Ref: 5.1 and 5.2.3
	Response by registered person detailing the actions taken: Hand washing & Donning & Doffing Audits are in place to ensure best practice. Nurses will undergo Training with the Northern Health & Social Care Trust. One nurse will be allocated to the role as a IPC link nurses in the home. Dates for training have been agreed.
Area for improvement 3 **Ref**: Regulation 21 (1) (b) **Stated:** First time **To be completed by:** 26 November 2021	The registered person shall ensure that a robust system is implemented and maintained in regard to monitoring staff registration with the Northern Ireland Social Care Council at all times. Ref: 5.2.1
	Response by registered person detailing the actions taken: All staff are registered or applied to be registerd with NISCC. NISCC Registration will be closely monitored by the Manager and Deputy Manager to ensure full compliance is maintained. Management are aware of the NISCC renewal deadline of the 10th January 2022.

Area for improvement 4 **Ref:** Regulation 13 (1) (a) (b) **Stated:** First time **To be completed by:** 26 November 2021	The registered person shall ensure that nursing staff carry out clinical/neurological observations, in keeping with best practice, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record. Ref: 5.2.2
	Response by registered person detailing the actions taken: Falls management training was organised for all Nurses with Northern Health & Social Care Trust and this has now been completed over two training sessions. All falls will be monitored by the Manager/Deputy Manager and checks in relation to clinical/neurological observations will be visually checked by HM/DM on daily walkarounds.
Area for improvement 5 **Ref:** Regulation 13 (1) (a) (b) **Stated:** First time **To be completed by:** 26 November 2021	The registered person shall ensure that the care needs of patients at risk of developing pressure ulcers are managed in an effective manner. This includes but is not limited to: • the repositioning of patients in keeping with their prescribed care needs • the contemporaneous and comprehensive completion of supplementary repositioning records • the timely provision of pressure relieving mattresses, as needed • the meaningful review of patients' care needs and/or nursing interventions within daily care records • the effective communication of patients' pressure care needs between staff Ref: 5.2.2
	Response by registered person detailing the actions taken: Pressure ulcer prevention training has been booked for all Nurses with the Northern Health & Social Care Trust. Regular clinical risk meetings for senior staff in the home and a clinical risk register has been implemented to identify Residents who are assessed as being at risk of developing pressure ulcers.

Area for improvement 6 **Ref:** Regulation 30 (1) (d) (f) **Stated:** First time **To be completed by:** 26 November 2021	The registered person shall give notice to RQIA without delay of the occurrence of any event in the nursing home which adversely affects the wellbeing or safety of any patient. Ref: 5.2.5
	Response by registered person detailing the actions taken: RQIA will be notified immediately of any event which adversely affects the wellbeing or safety of any resident within the home.
Area for improvement 7 **Ref:** Regulation 29 **Stated:** First time **To be completed by:** 26 November 2021	The registered person shall ensure that monthly monitoring reports are completed in a robust and comprehensive manner so as to identify deficits and drive any necessary improvements within the home; this includes but is not limited to the timely review and completion of any associated action plans. Ref: 5.2.5
	Response by registered person detailing the actions taken: Monthly monitoring reports will be more robust and any identified deficits and improvements will be reviewed and actioned in a timely manner.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 **Ref**: Standard 11 **Stated:** Second time **To be completed by:** 26 November 2021	The registered person shall ensure the programme of activities is displayed in a suitable format in the home. Arrangements for the provision of activities should be in place in the absence of the activity co-ordinator. Ref: 5.1 and 5.2.4
	Response by registered person detailing the actions taken: A Wellbeing Lead (WBL - Activities) is now in post and there are planned daily activities within the home. In the WBL's abscence there is an allocated staff member in each unit to provide activities.

Area for improvement 2 **Ref:** Standard 46.2 **Stated:** Second time **To be completed by:** 26 November 2021	The registered person shall ensure a more robust system is in place to ensure compliance with best practice on infection prevention and control. Ref: 5.1 and 5.2.5
	Response by registered person detailing the actions taken: Audits focusing on daily handwashing, PPE Donning & Doffing are completed daily. In addition identified Nursing staff are undergoing IPC training with the Northern Health & Social Care Trust to become IPC link nurses.
Area for improvement 3 **Ref:** Standard 39.1 **Stated:** First time **To be completed by:** 26 November 2021	The registered person shall ensure that all agency staff complete a structured orientation and induction in a timely manner and such records are retained within the nursing home at all times. Ref: 5.2.1
	Response by registered person detailing the actions taken: All Agency staff deployed to work within the home will complete an induction on shift and records will be retained in the home.
Area for improvement 4 **Ref**: Standard 21.1 **Stated:** First time **To be completed by:** 26 November 2021	The registered person shall ensure that patients' wound care needs are managed in an effective manner at all times; this includes but is not limited to ensuring that: records are updated in a timely manner to reflect the assessed needs of patients; daily progress notes include meaningful and patient centred entries regarding patients' skin condition; a robust wound care audit is being used in the home. Ref: 5.2.2
	Response by registered person detailing the actions taken: Nurses are to have training on pressure ulcer prevention by the Northern Trust & Social Care. Clinical risk meetings and a clinical risk register has been implemented to identify any resident at risk of developing pressure sores.

Area for improvement 5 **Ref:** Standard 35.16 **Stated:** First time **To be completed by:** 26 November 2021	The registered person shall ensure that an annual quality report is prepared which includes follow up actions to be taken. The report should integrate the views of patients, their relatives and staff into the evaluation and review of the quality of care. Ref: 5.2.5
	Response by registered person detailing the actions taken: The annual quality report will integrate views of the patients, relatives and staff and additionally review the quality of care delivered.

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

The Regulation and Quality Improvement Authority

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