

Unannounced Care Inspection Report

20 June 2016



Daleview House

Type of Service: Nursing Home

Address: Shepherds Way, Dungiven Road, Londonderry, BT47 2AL.

Tel No: 02871348015

Inspector: Aveen Donnelly

1.0 Summary

An unannounced inspection of Daleview House took place on 20 June 2016 from 10.00 to 18.15 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was evidence that new staff completed an induction programme and there were systems in place to monitor staff performance and to ensure that staff received training, support and guidance. The planned daily staffing levels for the home were subject to regular review to ensure the assessed needs of the patients were met. However, weaknesses were identified in the delivery of safe care, specifically in relation to the storage of personnel records; the robustness of staff registration checks; management of restraint; the completion of risk assessments following patients falls; the cleanliness of the home and the storage of personal protective equipment. Four requirements and two recommendations have been made to secure compliance and drive improvement.

Is care effective?

Staff consulted with confirmed that communication between all grades of staff was well maintained in the home. Relatives' confirmed that staff informed them of any changes in their relative's condition. Weaknesses were identified in the delivery of effective care specifically in relation to the management of care records and the provision of suitable equipment for patients. Two requirements and one recommendation have been made in this domain.

Is care compassionate?

Patients confirmed that staff spoke to them in a polite manner and that they were involved in decision making about their own care. There was evidence of good communication in the home between staff and patients. Patients were very praiseworthy of staff and a number of their comments are included in the report. A recommendation has been made in relation to the serving of meals.

Is the service well led?

There was a clear organisational structure within the home. The home was operating within its registered categories of care. There were systems and processes in place to ensure that urgent communications and safety alerts were managed appropriately. Complaints and incidents were managed in accordance with the Nursing Homes Regulations (Northern Ireland) 2005. There was evidence that monitoring visits were completed in accordance with the regulations and care standards. However, weaknesses were identified in the auditing processes and three recommendations have been made to address this.

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 Department of Health (DOH) Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	*7	7

*The total number of requirements above includes one requirement that has been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with the registered 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 20 July 2015. There were no further actions required to be taken following the last inspection. Enforcement action did not result from the findings of this inspection.

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

2.0 Service details

Registered organisation/registered provider: Apex Housing Association/Gerald Kelly	Registered manager: Marcella Harriet McCorkell
Person in charge of the home at the time of inspection: Marcella Harriet McCorkell	Date manager registered: 31 December 2008
Categories of care: NH-I	Number of registered places: 25

3.0 Methods/processes

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

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit.

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. Questionnaires were distributed to patients, relatives and staff. We also met with four patients, five care staff, one registered nurse and three patients' representatives.

The following information was examined during the inspection:

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| <ul style="list-style-type: none"> • validation evidence linked to the previous QIP • staffing arrangements in the home • three patient care records • staff training records for 2015/2016 • accident and incident records • audits in relation to care records and falls • records relating to adult safeguarding • one staff recruitment and selection record • complaints received since the previous care inspection | <ul style="list-style-type: none"> • staff induction, supervision and appraisal records • records pertaining to NMC and NISCC registration checks • minutes of staff, patients' and relatives' meetings held since the previous care inspection • monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 • a selection of policies and procedures. |
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4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 20 July 2015

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 20 July 2015. No requirements or recommendations resulted from this inspection and there were no areas that required to be followed up in this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 19 June 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13 (7) Stated: First time	The registered person must ensure that soiled laundry is managed in accordance with infection prevention and control guidance.	Met
	This matter was raised in the urgent action report at the conclusion of the inspection.	
	Action taken as confirmed during the inspection: Soiled laundry had been managed in accordance with infection prevention and control guidance.	
Requirement 2 Ref: Regulation 14 (2) (c) Stated: First time	The registered person must ensure that any chemicals used within the home are labelled correctly and stored securely in accordance with COSHH regulations.	Not Met
	This matter was raised in the urgent action report at the conclusion of the inspection.	
	Action taken as confirmed during the inspection: Cleaning agents were not stored securely in the sluice room in accordance with COSHH regulations. This requirement was not met and has been stated for the second time.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 36 Stated: First time	The registered person should ensure that a policy and procedure is maintained to reflect current regional guidelines for each of the following areas: 1.Palliative and end of life care 2.Death and Dying 3.Communication to include breaking bad news	Met
	Action taken as confirmed during the inspection: A review of the above polices confirmed that they had been developed in line with this recommendation.	

Recommendation 2 Ref: Standard 36 Stated: First time	<p>The registered person should ensure that staff receive training in keeping with their roles and responsibilities in the following:</p> <p>1.Palliative and end of life care 2.Death and Dying 3.Communication skills including breaking bad news</p>	Met
	<p>Action taken as confirmed during the inspection: Discussion with the registered manager and a review of staff training records confirmed that training had been provided in the above areas.</p>	
Recommendation 3 Ref: Standard 32 Stated: First time	<p>The registered person should ensure that care plans to manage palliative and end of life care are person centred, meet the assessed needs of the patients and are discussed with the patient and or their representatives.</p>	Met
	<p>Action taken as confirmed during the inspection: A review of care records confirmed that end of life care arrangements were discussed with the patient and or their representatives. End of life care plans were completed, as appropriate.</p>	

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and stated that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for the week commencing 13 June 2016 evidenced that the planned staffing levels were adhered to. Discussion with patients evidenced that there were no concerns regarding staffing levels. Staff were observed assisting patients in a timely and unhurried way.

There was evidence that new staff completed an induction programme to ensure they developed their required knowledge to meet the patients' needs. Staff consulted confirmed that they received induction; and shadowed experienced staff until they felt confident to care for the patients unsupervised. Staff completed e-learning (electronic learning) modules on basic life support, medicines management, control of substances hazardous to health, fire safety, food safety, health and safety, infection prevention and control, safe moving and handling and adult safeguarding. The registered manager explained that staff compliance with mandatory training requirements was monitored by head office. Although individual records for each staff member were available there was no evidence that the registered manager had any oversight regarding the compliance level of the staff. Advice was given in relation to the development of a training matrix which would assist the registered manager to monitor compliance levels in this regard.

Discussion with the registered manager and staff confirmed that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through one to one supervision, undertook competency and capability assessments and completed annual appraisals.

Staff personnel records were not maintained in the nursing home in keeping with the organisation's policy on records management or the Nursing Homes Regulations (Northern Ireland) 2005. One staff member's personnel record was requested by the inspector and was forwarded by head office for review. The review of the personnel record confirmed that all relevant checks had been completed prior to commencement of employment; enhanced criminal records checks were completed with Access NI and two references had been received in respect of the applicant's suitability for employment.

Given that the recruitment process was managed by the personnel department in the organisation's head office, there was no evidence that the registered manager had directly reviewed the relevant checks to identify possible issues. For example, a register was maintained which included the reference number and the date the Access NI record had been received. This register indicated that information had been received in respect of one identified employee's criminal record check. Despite this, the registered manager was unable to provide any detail regarding the information that had been disclosed. A requirement has been made in this regard.

Where nurses and carers were employed, their PIN numbers were checked with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC), to validate their registration status. The review of the records evidenced that that the NMC register had not been checked between 4 November 2015 and 1 March 2016. Although all registered nurses' registrations were confirmed to be current on the day of the inspection, a review of the records confirmed that three registered nurses had renewed their registrations during this period. A requirement has been made in this regard.

The staff consulted with, were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding. A review of the records identified that concerns had been logged appropriately. A review of complaints and incident records confirmed that any potential safeguarding concern was managed appropriately and in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

One patient who was observed to be sitting in the 'quiet room' had the lap belt on their specialist wheel chair fastened. Consultation with the staff confirmed that the lap belt should only have been fastened during the patient's transfer within the home and that the lap belt had been fastened because the patient was observed to be leaning forward. This was brought to the attention of the registered manager to address. A review of care records also confirmed that the patient did not have a risk assessment or care plan in respect of the use of the lap belt and there was no evidence of multi-disciplinary consultation in the decision making process in relation to the use of these devices. Records were not available to record the frequency of the release of the lap belt. A requirement has been made to ensure that patients are not restrained unless it is in accordance with best practice guidance on the management of restraint.

A review of the accident and incident records confirmed that incidents were recorded, care management and patients' representatives were notified appropriately; and the care plans had been updated. However, the falls risk assessments had not been consistently updated in response to patients' falls. A recommendation has been made in this regard.

A review of the home's environment was undertaken which included a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout. However, as discussed in section 4.2, the ground floor sluice room was observed to be unlocked and cleaning chemicals were not stored in a lockable cupboard. A requirement has been stated for the second time in this regard. The sluice room required to be cleaned. Two unclean commodes were stored in the sluice room and there were also unclean commode ring cushions observed on the sink taps. The clinical waste bin had not been cleaned properly and the foot pedal was not working. This resulted in staff having to use their hands to open the bin. When the registered manager was made aware of this issue, the cleanliness of the sluice room was addressed immediately. A requirement has been made in this regard. Refer to section 4.6 for further detail.

Numerous boxes of latex gloves were placed on the handrails throughout the ground floor. Sufficient dispensers should be provided for the storage of personal protective equipment. This has been incorporated into the above requirement.

Twelve wheelchairs were also stored in the quiet room which was being used by two patients. A recommendation has been made to ensure that the practice of using the quiet room to store wheelchairs is reviewed, when the room is in use by patients.

Areas for improvement

A requirement has been made to ensure that the storage arrangements for personnel records are reviewed so that they are available for inspection in the home at any time by any authorised person. The registered manager should also verify employees' suitability for employment.

A requirement has been made to ensure that a robust system is implemented, to ensure that registered nurses' registration with the Nursing and Midwifery Council (NMC) are checked on a regular basis.

A requirement has been made to ensure that no patient is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other patient and there are exceptional circumstances and is in keeping with best practice guidelines.

A recommendation has been made to ensure that risk assessments are completed following patients' falls.

A requirement has been made to ensure that suitable arrangements are made to ensure that the standard and monitoring of cleanliness in the sluice room on the ground floor is maintained. Sufficient storage for personal protective equipment should also be provided.

A recommendation has been made to ensure that the practice of using the quiet room to store wheelchairs is reviewed, when in use by patients.

Number of requirements	4	Number of recommendations:	2
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4.4 Is care effective?

The home had recently implemented an electronic system for assessing, planning and recording patients' care needs approximately one week before the inspection. Hard copies of records were also available for the period prior to commencing the electronic record system.

As discussed in section 4.3, the risk assessments and care plan for a patient who required the use of a lap belt, had not been completed and falls risk assessments had not been consistently completed following a patient's fall. Further review of care records identified inconsistencies in the completion of risk assessments and care plans. For example, pain assessments were not consistently completed for patients who had been prescribed transdermal opioid patches to manage their pain. One identified patient, whose condition had significantly deteriorated following a hospital admission, did not have their risk assessments and care plans updated to reflect this. A review of incident reports identified that one patient who had sustained a skin tear, did not have their moving and handling assessment reviewed, nor was this information included in the care plan. A requirement has been made in this regard.

One identified patient was required to use a foot rest, to elevate their leg. This patient was observed to have their leg elevated on a pillow which was supported by a medical supplies box. This was discussed with the registered manager who stated that this was used, in place of a foot stool, at the patient's request. Consultation with registered nursing staff confirmed that a referral had been made to the community occupational therapy service for a seating assessment; however, there was no evidence within the care records that this had been actioned. On the day of the inspection the registered nurse followed up with the community occupational therapy service, in an effort to expedite the assessment. A requirement has been made to ensure that equipment provided in the home is suitable for the purpose for which it is to be used. A recommendation has also been made to ensure that records of referrals to the multidisciplinary team are maintained within the care records.

Patients were assessed against the risk of poor nutrition using a recognised Malnutrition Universal Screening Tool (MUST). This included monitoring patients' weights and recording any incidence of weight loss. Where patients required a modified diet, the prescribed consistency was included in the care plan. Short term care plans for infections had been developed for patients who were prescribed antibiotics.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and discussions at the handover provided the necessary information regarding any changes in patients' condition. Staff also confirmed that communication between all staff grades was effective. There was also evidence of a mid-day update meeting, where the staff came together to discuss the patients' conditions. The registered manager confirmed that staff meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. 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. Discussion with the registered manager and review of records evidenced that patients and/or relatives meetings were held on a regular basis and records were maintained.

Areas for improvement

A requirement has been made to ensure that care records are kept under review and reviewed at any time necessary to do so having regard to any change of circumstances and in any case not less than annually.

A requirement has been made to ensure that equipment provided in the home is suitable for the purpose for which it is to be used. Confirmation that a seating assessment has been completed for one identified patient must be submitted with the returned QIP.

A recommendation has been made to ensure that records of referrals to the multidisciplinary team are maintained within the care records and that referrals are followed up in a timely manner.

Number of requirements	2	Number of recommendations:	1
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4.5 Is care compassionate?

Discussion with patients confirmed that staff consistently used their preferred name and that staff spoke to them in a polite manner. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. Patients stated that they were involved in decision making about their own care. Patients consulted with also confirmed that they were able to maintain contact with their families and friends. A list of activities was displayed on the ground floor.

Patients were offered a choice of meals, snacks and drinks throughout the day. Menus were displayed clearly and were correct on the day of inspection. We observed the lunch time meal being served in the dining room. The atmosphere was quiet and tranquil and patients were encouraged to eat their food. Tables were set and specialist cutlery and plate guards were available to help patients who were able to maintain some level of independence as they ate their meal. However, a staff member was observed placing a patient's bowl of soup on the table 20 minutes before the patient was assisted into the dining room. The soup was observed to be cold before the patient was able to eat it. When this was brought to the attention of the staff present in the dining room, they stated that they "had to wait for one of the workers to help move him". A recommendation has been made that the serving of meals in the dining room is monitored, to ensure that patients' meals are served at the appropriate temperature in accordance with best practice.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided. Views and comments recorded were analysed and areas for improvement were acted upon. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. From discussion with the registered manager, staff and relatives, there was evidence that the staff cared for the patients and the relatives in a kindly manner.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. All comments on the returned questionnaires were positive. Some comments received are detailed below:

Staff

"The care is excellent here".

"All the patients get what they need and more".

"I have no concerns".

"This has a higher standard of care than a lot of other places".

Patients

"I am getting on very well".

"They are all very good to me here".

"It's a nice place".

Patients' representatives

"I have no concerns. The staff are very good".

"No problems here".

Areas for improvement

A recommendation has been made to ensure that the serving of meals in the dining room is monitored, to ensure that patients' meals are served at the appropriate temperature in accordance with best practice.

Number of requirements	0	Number of recommendations:	1
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff consulted with confirmed that they had been given a job description on commencement of employment and were able to describe their roles and responsibilities. There was a system in place to identify the person in charge of the home in the absence of the registered manager. A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately, in keeping with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

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

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. These included medication and equipment alerts and alerts regarding staff who had sanctions imposed on their employment by professional bodies.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Staff, patients and patients' representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients/representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately.

Patients were aware of who the registered manager was. Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

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

Discussion with the registered manager evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, the registered manager outlined how the following audits were completed in accordance with best practice guidance:

- falls
- care records
- infection prevention and control
- cleanliness audits
- laundry audits
- food audits.

A sample audit for falls confirmed the number, time, place and outcome of falls and this information was displayed at the nurses' station. Although an action plan had been developed, there was no evidence of analysis or appropriate action taken to address any shortfall identified. A recommendation has been made in this regard.

The process for auditing care records also evidenced that one care record was audited every month. Given that there were only 25 patients in the home, this meant that the period between care record audits was too long. There was also no evidence of follow up action taken, to ensure that any remedial action had been taken. Following the review of the audits and taking into account the requirements that have been made in section 4.5 in relation to care records; we were not assured about the effectiveness of the auditing process. A recommendation has been made in this regard.

As discussed in section 4.3, one sluice room was identified as requiring to be cleaned. A requirement has been made in this regard. The cleaning schedules were reviewed and there was no evidence that the sluice room or commodes had been included in the cleaning schedules. The registered manager confirmed that infection prevention and control audits and cleanliness audits were completed on a monthly basis. However, a review of these audits did not evidence that the cleanliness of the sluice room had been monitored. A recommendation has been made to address this.

Areas for improvement

A recommendation has been made that the system for auditing accidents and incidents is further developed, to aid in identifying patients who fall most frequently. An action plan should also be further developed to evidence follow-up on identified patterns and trends.

A recommendation has been made that a robust system of auditing care records is implemented to ensure that care records are audited on a regular basis and follow up action is taken to address identified shortfalls.

A recommendation has been made that the cleaning schedules and infection prevention and control audits are further developed to provide traceability and follow up on identified areas.

Number of requirements	0	Number of recommendations:	3
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. 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.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 14 (2) (c) Stated: Second time To be completed by: 18 August 2016	<p>The registered person must ensure that any chemicals used within the home are labelled correctly and stored securely in accordance with COSHH regulations.</p> <p>Ref: Section 4.2</p>
	<p>Response by registered provider detailing the actions taken: All chemicals used within the home are labelled correctly and stored securely in accordance with COSHH Regulations. A staff meeting has been scheduled with all relevant staff to reinforce the requirement.</p>
Requirement 2 Ref: Regulation 19 (3) (b) Stated: First time To be completed by: 18 August 2016	<p>The registered persons must review the storage arrangements for the records specified in Schedule 4 to ensure that they are at all times available for inspection in the home by any authorised person. The registered manager should also verify employees' suitability for employment.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered provider detailing the actions taken: The centralised nature of the Association's personnel & training function and the subsequent holding of personnel related records at Heald Office has been previously discussed and agreed with staff from within RQIA (please see attached for related documentation from RQIA). Apex can confirm that the documentation held within Head Office and the checks conducted in relation to the recruitment and employment of staff meet all the requirements as specified in Schedule 4. This system has been in place for all 18 nursing, residential or supported living schemes within Apex and any change to the holding of documentation on individual schemes would result in a significant duplication of work. An up to date summary of the recruitment evidence collected and checked will be held on scheme and relevant discussions will take place with the registered manager regarding applicants suitability for employment with a particular emphasis on Access NI checks (taking into account data protection legislation).</p>
Requirement 3 Ref: Regulation 20 (1) (c) (ii) Stated: First time To be completed by: 18 August 2016	<p>The registered persons should ensure that a robust system is implemented, to ensure that registered nurses' registration with the Nursing and Midwifery Council (NMC) is checked on a regular basis.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered provider detailing the actions taken: A system has now been put in place to ensure that Registered nurses registration with the NMC is checked on a monthly basis.</p>

<p>Requirement 4</p> <p>Ref: Regulation 14 (5)</p> <p>Stated: First time</p> <p>To be completed by: 18 August 2016</p>	<p>The registered persons must ensure that no patient is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other patient and there are exceptional circumstances in keeping with best practice.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: The registered person will ensure that no patient is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other patient and there are exceptional circumstances in keeping with best practice.</p>
<p>Requirement 5</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 18 August 2016</p>	<p>The registered person must make suitable arrangements to ensure that there is a good standard of cleanliness maintained in the sluice room on the ground floor. Evidence should be maintained that this is monitored by the registered manager.</p> <p>Sufficient storage for personal protective equipment should also be provided.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: The cleaning schedules has been implemented to evidence that commodes are cleaned after individual use. Two new commodes will be purchased. Cleaning schedules have been reviewed to evidence a good standard of cleanliness is maintained in the sluice room. Sufficient storage for personal protective equipment will be provided.</p>
<p>Requirement 6</p> <p>Ref: Regulation 15 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: 18 August 2016</p>	<p>The registered persons must ensure care records are kept under review and reviewed at any time necessary to do so having regard to any change of circumstances and in any case not less than annually.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: The registered manager will ensure care records are kept under review and reviewed at any time necessary to do so having regard to any change of circumstances and in any case not less than annually.</p>
<p>Requirement 7</p> <p>Ref: Regulation 27 (2)(c)</p> <p>Stated: First time</p> <p>To be completed by: 18 August 2016</p>	<p>The registered persons must ensure equipment provided in the home is suitable for the purpose for which it is to be used. Confirmation that a seating assessment has been completed for one identified patient must be submitted with the returned QIP.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: The registered person will ensure equipment provided in the home is suitable for the purpose for which it is used. See attached confirmation that a seating assessment has been completed for one identified patient.</p>

Recommendations	
Recommendation 1 Ref: Standard 22.4 Stated: First time To be completed by: 18 August 2016	The registered persons should ensure that risk assessments are completed following patients' falls. Ref: Section 4.3
	Response by registered provider detailing the actions taken: Risk assessments will be completed following patients falls. A staff meeting has been schedules to reiterate this with the registered nurses.
Recommendation 2 Ref: Standard 44 Stated: First time To be completed by: 18 August 2016	A recommendation has been made to ensure that the practice of using the quiet room to store wheelchairs is reviewed, when in use by patients. Ref: Section 4.3
	Response by registered provider detailing the actions taken: The wheelchairs have been removed out of the quiet room and placed in a storage room.
Recommendation 3 Ref: Standard 21.7 Stated: First time To be completed by: 18 August 2016	The registered persons should ensure that records of referrals to the multidisciplinary team are maintained within the care records and that referrals are followed up in a timely manner. Ref: Section 4.4
	Response by registered provider detailing the actions taken: The registered person will ensure that records of referrals to the multidisciplinary team are maintained within the care records and that referrals are followed up in a timely manner. Evidence through the Epiccare system has a facility to evidence all MDT visits and referrals. Occupational therapy have Reference number 407946 dated from May 10 th 2016.
Recommendation 4 Ref: Standard 12 Stated: First time To be completed by: 18 August 2016	The registered persons should ensure that the serving of meals in the dining room is monitored, to ensure that patients' meals are served at the appropriate temperature in accordance with best practice. Ref: Section 4.5
	Response by registered provider detailing the actions taken: The registered person will ensure that the serving of meals in the dining room is monitored to ensure that patients' meals are served at the appropriate temperature in accordance with best practice.

<p>Recommendation 5</p> <p>Ref: Standard 22.10</p> <p>Stated: First time</p> <p>To be completed by: 18 August 2016</p>	<p>The registered persons should ensure that the audit of accidents and incidents is further developed, to aid in identifying patients who fall most frequently. An action plan should also be developed to evidence follow-up on identified patterns and trends.</p> <p>Ref: Section 4.6</p> <p>Response by registered provider detailing the actions taken: The monthly accident analysis has been further developed to identify patients who fall most frequently. An action plan will be recorded to evidence any identified patterns and trends.</p>
<p>Recommendation 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 18 August 2016</p>	<p>The registered persons should ensure that a robust system of auditing care records is implemented to ensure that care records are audited on a regular basis and follow up action is taken to address identified shortfalls.</p> <p>Ref: Section 4.6</p> <p>Response by registered provider detailing the actions taken: The registered person will ensure that a robust system of auditing care records is implemented to ensure that care records are audited on a regular basis and follow up action is taken to address identified shortfalls.</p>
<p>Recommendation 7</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed by: 18 August 2016</p>	<p>The registered persons should review that the cleaning schedules and infection prevention and control audits are further developed to provide traceability and follow up on identified areas.</p> <p>Ref: Section 4.6</p> <p>Response by registered provider detailing the actions taken: The cleaning schedules and the Infection Prevention Control audit tool has been reviewed and further developed to provide traceability and follow up on identified areas.</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
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
Twitter [@RQIANews](https://twitter.com/RQIANews)