



Unannounced Care Inspection Report 14 & 15 June 2018



Daleview House

Type of Service: Nursing Home (NH)
**Address: Shepherds Way, Dungiven Road,
Londonderry, BT47 5GW**
Tel No: 02871348015
Inspector: James Laverty

www.rqia.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 for up to 25 persons.

3.0 Service details

Organisation/Registered Provider: Apex Housing Association Responsible Individual: Gerald Kelly	Registered Manager: Marcella Harriet McCorkell
Person in charge at the time of inspection: Marcella Harriet McCorkell	Date manager registered: 31 December 2008
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.	Number of registered places: 25

4.0 Inspection summary

An unannounced inspection took place on 14 June 2018 from 10.20 to 19.20 hours and 14 June 2018 from 08.30 to 11.45 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 inspection assessed progress with any areas for improvement which had been identified during and since the care inspection which was conducted on 6 March 2018 and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The inspection also sought to assess an application submitted to RQIA for a variation to the registration of Daleview House for an additional five bedrooms. The five bedrooms are currently vacant, previously accommodating supported living tenants. The works to the five bedrooms are not completed at this stage and the variation cannot yet be granted from a care perspective. This application was also assessed by the RQIA estates team on 14 June 2018 prior to the commencement of this inspection and those findings are referenced under the corresponding premises inspection report.

Evidence of good practice was found in relation to the management of accidents and incidents, adult safeguarding and monitoring the professional registration of staff.

Five areas for improvement under regulation were identified in relation to infection, prevention and control (IPC) practices, compliance with Control of Substances Hazardous to Health (COSHH) regulations, wound care, repositioning care, and governance processes which focus on quality assurance and service delivery.

Two areas for improvement under the standards were identified in regards to the secure storage of medicines and complaints management.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and took account of the views of patients.

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	5	2

Details of the Quality Improvement Plan (QIP) were discussed with Marcella Harriet McCorkell, 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.

4.2 Action/enforcement taken following the most recent inspection dated 22 May 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 22 May 2018. 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 current variation application ref VA010911
- the previous care inspection report
- the returned QIP from the previous care inspection
- pre-inspection audit

During the inspection the inspector met with eight patients, two patients' relatives and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their

relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was also displayed.

The following records were examined during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2018/19
- accident and incident records
- minutes of staff and relatives' meetings
- four patients' care records
- a selection of governance audits
- complaints records
- maintenance records
- a selection of governance risk assessments
- adult safeguarding records
- notifiable incidents to RQIA
- personal emergency evacuation records
- RQIA registration certificate
- certificate of public liability
- 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 registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 May 2018

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 6 March 2018

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) (b) Stated: First time	The registered person shall ensure all potential safeguarding concerns are promptly reported in accordance with regional adult safeguarding policy and procedures.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and a review of governance records confirmed that all potential safeguarding concerns were promptly reported in accordance with regional adult safeguarding policy and procedures. The registered manager confirmed that there were no safeguarding matters currently ongoing within the home.	
Area for improvement 2 Ref: Regulation 30 Stated: First time	The registered person shall ensure all notifications of incidents are submitted to RQIA in a timely manner, in accordance with legislation.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and a review of governance records confirmed that all notifications of incidents had been submitted to RQIA in a timely manner, in accordance with legislation.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 18.3 Stated: First time	The registered person shall ensure that restrictive interventions are evidence-based, proportionate and the least restrictive option required.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and a review of care records confirmed that restrictive interventions were evidence-based, proportionate and considered the least restrictive option required. The auditing of such interventions is discussed further in section 6.7.	
Area for improvement 2 Ref: Standard 18.3 Stated: First time	The registered person shall provide additional training for staff on understanding and responding to distressed behaviour in patients with dementia	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that such training had been provided to staff on 31 May 2018 and that all staff had completed online training relating to dementia care. The registered manager agreed to ensure that the dementia training, which occurred during May 2018, would be repeated within six weeks from the day of inspection for any staff who had been unavailable to attend. This will be reviewed during a future care inspection. Staff comments in relation to such training is discussed further in section 6.5.	

<p>Area for improvement 3</p> <p>Ref: Standard 17.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a specific documented behaviour support plan for the management of behaviour that challenges is drawn up and agreed with patients/their relatives and relevant professionals and is regularly reviewed for effectiveness. The plan identifies activities that can have a positive and preventative effect to minimise episodes of distress.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of care records for one patient who presented with behaviour that staff may find challenging evidenced that a person centred and comprehensive care plan was in place and had been meaningfully and regularly reviewed by nursing staff. The care plan also referenced collaboration with the patient's family and members of the multiprofessional team. This practice is commended.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 23.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that were patients are assessed as being at risk of pressure damage; staff document the condition of the patients skin upon being repositioned.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of repositioning records for two patients who required regular assistance with repositioning confirmed that staff documented the condition of the patient's skin upon being repositioned. However, other deficits were found in regards to the repositioning of patients and is discussed further in section 6.5.</p>		

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 registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to a monthly review to ensure that the assessed needs of patients were met. Discussion with the registered manager also confirmed that contingency measures were in place to manage short notice sick leave when necessary. The registered manager advised that from 28 May 2018 to 10 June 2018 there were no occasions when planned staffing levels were not adhered to. Discussion with patients, patients' relatives and staff confirmed that they had no concerns regarding staffing levels.

Discussion with the registered manager and review of governance records evidenced 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 a process of both supervision and appraisal.

Discussion with the registered manager indicated that training was planned to ensure that mandatory training requirements were met. Additional face to face training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients. The registered manager confirmed that following the previous care inspection, additional 'dementia and complex behaviour presentation' training had been provided for staff. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care also evidenced that training had been embedded into practice.

Discussion with the registered manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home and that there were no current safeguarding investigations within the home.

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005. Current RQIA guidance relating to statutory notifications was discussed with the registered manager in order to ensure that unnecessary notifications would be avoided.

A review of the care record for one patient evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices. Care records also confirmed that a best interest decision making process had taken place prior to restrictive practices being implemented. Relevant care plans were in place which reflected this process.

Discussion with the registered manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Records confirmed that the registered manager had reviewed the registration status of nursing and care staff on a monthly basis. The registered manager also advised that

the NMC status of staff was checked on a monthly basis by the human resources department of Apex Housing Association who then provided her with a monthly update which was then reviewed.

There were also systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms, were personalised with photographs, pictures and personal items. Deficits with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted, namely:

- two torn pressure relieving cushions observed within one storage area
- the underside of several wall mounted liquid soap dispensers were stained
- some signage on display within communal areas was unlaminated
- ceiling sun screens within one lounge were visibly discoloured/worn
- the underside of one raised toilet seat was rusted exposing underlying metal
- a supply of net incontinence pants/underwear was available for communal use
- plastic buckets were evident in two communal bathrooms which staff reportedly used when showering several patients for the purpose of protecting lower limb dressings

These deficits consequently impacted the ability of staff to deliver care in compliance with IPC best practice standards and guidance. This was discussed with the registered manager who confirmed before completion of the inspection, that some of these deficits had been addressed. The need to ensure that best practice IPC standards are embedded into practice was stressed and an area for improvement under regulation was made.

During a review of the environment it was noted that there were was one area in which patients could potentially have had access to harmful chemicals. This was discussed with the registered manager and it was stressed that the internal environment of the home must be managed to ensure that Control of Substances Harmful to Health (COSHH) regulations are adhered to at all times. The identified substance was secured by the registered manager and COSHH regulations were observed to be adhered to throughout the duration of the inspection. An area for improvement under regulation was made.

Observation of one communal lounge and discussion with the registered manager highlighted that patients' nutritional supplements were stored within an unsecured fridge for ease of staff access. Discussion with the registered manager did not provide sufficient assurance that these supplements were stored in an appropriately secure manner so as to ensure the safety and well-being of patients and/or visitors. It was further noted that two containers of a thickening agent was insecurely stored within a communal dining area. These shortfalls were highlighted to the registered manager and an area for improvement under the standards was identified.

Systems were in place to monitor the incidents of Healthcare Acquired Infections (HCAI's) and the registered manager understood the role of the Public Health Authority (PHA) in the management of infectious outbreaks.

During the inspection, it was also observed that maintenance works were ongoing within five bedrooms which were currently vacant and which the registered manager had sought to register

with RQIA. As stated within section 4.0 of this report, the variation could not yet be granted from a care perspective due to these rooms not being compliant with legislative requirements. In addition to the shortfalls which were highlighted by the estates inspector on 14 June 2018, the following deficits were also highlighted by the care inspector to the registered manager:

- several wall mounted cabinets within the en suite areas lacked handles which would facilitate ease of use by patients
- several en suite shower cubicles were found to be ineffectively cleaned
- flooring at the base of several walk-in wardrobes were found to be in poor repair

As a result of these deficits, an area for improvement under regulation was made and should be addressed by the registered person in conjunction with the findings of the associated RQIA estates inspection on 14 June 2018. Discussion with the registered manager also highlighted that there was no process in place to ensure that visiting contractors were appropriately orientated to the home in order to promote patient safety. It was noted by the inspector on the day of inspection that ladders used by visiting maintenance staff had been left unattended within a corridor used by patients and visitors. It was agreed with the registered manager that a robust procedure would be implemented to facilitate the effective orientation of any visiting contractors and thereby promote the safety of patients/visitors.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to adult safeguarding, monitoring the professional registration of staff and the management of accidents/incidents.

Areas for improvement

Two areas for improvement were identified in relation to infection, prevention and control practices and COSHH compliance.

One area for improvement under the standards was highlighted in regards to the secure storage of medicines.

	Regulations	Standards
Total number of areas for improvement	2	1

6.5 Is care effective?

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

Discussion with staff and the registered manager evidenced that nursing/care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' conditions and that they were encouraged to contribute to the handover meeting. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals.

Staff who were spoken with stated that that if they had any concerns, they could raise these with their line manager and/or the registered manager. Staff comments included the following remarks:

“Marcella [registered manager] has an open door policy.”

“... good communication between the nurses.”

“Reviewing the care plans on time is challenging.”

All staff comments were shared anonymously with the registered manager for consideration and further action, as necessary. No patients who were spoken with expressed any concerns in relation to care delivery.

There was evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found.

Discussion with the registered manager highlighted that nursing/care staff used both an electronic ('Epicare') and paper system for documenting care delivery. Supplementary care records for one patient, specifically, repositioning records, evidenced that while their pressure areas had been reviewed by staff during each position change, the frequency of repositioning was inconsistent and not in compliance with the prescribed care. It was also found that electronic and paper records relating to the repositioning of the patient were not always complimentary. An area for improvement under regulation was made.

Deficits were also found in regards to wound care for patients. During the first day of the inspection, care records for one patient who required regular wound care were reviewed. It was noted that care plans for some wounds were either absent and/or incomplete. It was also found that supplementary wound care records were, at times, inaccurate and did not reflect the patient's current wounds. In addition, wound care records evidenced that one wound which required daily dressing by nursing staff had not been dressed for up to 11 days. Nursing staff on duty informed the inspector that the dressing had been renewed more frequently although written records could not corroborate this. Due to these shortfalls, the inspector decided to examine the patient's skin condition, specifically to confirm the number of any wounds/dressings, in the presence of nursing staff and following the administration of currently prescribed analgesia to the patient. Examination of the patient confirmed that existing wound care records did not accurately reflect the patient's current skin condition with regards to the number of wounds/dressings. Consequently, the unannounced inspection was extended to a second consecutive day and the registered manager was requested to provide an accurate and comprehensive analysis of wound care to the patient for the preceding month in addition to an audit of all wounds within the home. This information was then reviewed by the inspector before conclusion of the inspection and provided assurance that the patient's ongoing wound care needs were accurately described and available for staff to refer to. An area for improvement under regulation was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to multiprofessional collaboration.

Areas for improvement

Two areas for improvement were made in regards to the repositioning of patients and wound care.

	Regulations	Standards
Total number of areas for improvement	2	0

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 and caring. All patients were positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the registered manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

Feedback received from several patients during the inspection included the following comments:

"They look after me well."
 "I couldn't be happier here."
 "This place is wonderful."

Feedback received from two patients' relatives included the following comments:

"The whole family couldn't praise the staff enough."
 "Staff here are marvellous ... they keep me updated."

In addition to speaking with patients, patients' relatives and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients' relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report, five patient questionnaires and two relative questionnaires were returned within the specified timescales. All respondents stated that they were very satisfied with care delivery and service provision. Questionnaire comments received after specified timescales will be shared with the registered manager, as necessary.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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

Observation of the lunch time meal within the main dining area evidenced that patients were given a choice in regards to the meals being served. The dining area appeared to be clean, tidy and appropriately spacious for patients and staff. All patients appeared content and relaxed in their environment. Care staff interactions with patients within the dining area were noted to be enthusiastic and spontaneous. Such practice is commended. It was noted that while a three week menu was on display it was not in a format suitable for patients to easily read. This was highlighted to the registered manager who agreed to address this shortfall. This will be reviewed during a future care inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff interactions with patients.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

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 registered manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registered manager confirmed that there was a system in place to ensure that policies and procedures for the home were systematically reviewed on a three yearly basis. These policies were not reviewed during this inspection.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager confirmed that the home was operating within its registered categories of care. The current variation application in relation to an additional five bedrooms is discussed in sections 4.0 and 6.4.

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. It was also confirmed with the registered manager that any expression of dissatisfaction should be recorded appropriately as a complaint. However, it was found that the registered manager did not conduct any form of monthly complaints analysis in order to consider and disseminate any learning that may be derived from such an analysis. An area for improvement under the standards was made.

Discussion with the registered manager and a review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

A 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.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The registered manager confirmed that the equality data collected was managed in line with best practice guidance.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and that minutes/records of attendance were maintained. Staff confirmed that such meetings were held and that the minutes were made available.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing care and other services provided. Governance audits had been completed which focused on areas such as, falls, wounds and care records. However, several deficits were noted, namely:

- no written evidence to confirm that audits carried out by senior nursing staff had been reviewed by the registered manager
- two monthly audits were found to be at least four months out of date
- several monthly audits lacked any deadlines/responsible staff for ensuring that corrective actions were taken

The need to ensure that robust audit processes are in place which ensure effective quality assurance and service delivery was stressed. An area for improvement under regulation was made. Discussion with the registered manager highlighted that no auditing of restrictive practices was carried out. While no concerns were noted in regards to such interventions it was recommended that regular auditing of any restrictive practices would help to quality assure care delivery to patients. The registered manager agreed to commence such an audit process.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff meetings and the notification of incidents to RQIA.

Areas for improvement

One area for improvement under regulation was made in regards to governance processes. One area for improvement under the standards was also highlighted in relation to complaints management.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Marcella Harriet McCorkell, registered 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 via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The infection prevention and control issues identified during the inspection have now been adressed.</p>
Area for improvement 2 Ref: Regulation 14 (2) (a)(c) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that chemicals are stored in keeping with COSHH regulations.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The registered person can confirm that all chemicals are now stored in a locked cupboard</p>
Area for improvement 3 Ref: Regulation 13 (1) (a)(b) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure the following in relation to the provision of wound care for all patients:</p> <ul style="list-style-type: none"> • that care plan(s) are in place which accurately describe the assessed needs of patients, including, where appropriate, any multiprofessional recommendations (or direct the reader to such information if stored elsewhere) • that nursing staff shall complete all relevant supplementary wound care records in an accurate, thorough and consistent manner in compliance with legislative and best practice standards • that wound care shall be delivered to patients in compliance with currently prescribed care at all times <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: The registered person can confirm that accurate care plans are in place.They describe the assessed need of patients including any multiprofessional recommendations. All supplementary wound care records are completed in compliance with currently prescribed care at all times</p>

<p>Area for improvement 4</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 the following in relation to the provision of pressure area care to all patients:</p> <ul style="list-style-type: none"> • that all repositioning records (either paper or electronic versions) are completed by staff in an accurate, comprehensive and consistent manner • that patients shall receive appropriate assistance with repositioning in compliance with their assessed needs and prescribed care at all times <p>Ref: 6.5</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (1)</p> <p>Stated: First time</p> <p>To be completed by: 13 July 2018</p>	<p>The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice, specifically, falls; wound care and care records.</p> <p>Ref: 6.7</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all medicines are stored safely and securely within the home at all times.</p> <p>Ref: 6.4</p>
<p>Response by registered person detailing the actions taken:</p> <p>The registered person can confirm that that all medicines are stored safely and securely within the home</p>	

Area for improvement 2 Ref: Standard 16 Stated: First time To be completed by: 13 July 2018	The registered person shall ensure that all complaints are regularly reviewed in order to identify any trends/patterns. Robust governance processes should also be in place which facilitate the dissemination of any learning derived from such an analysis. Ref: 6.7
	Response by registered person detailing the actions taken: Complaints are now audited on a monthly basis to identify any trends/patterns. Lessons learned will be discussed with all relevant staff

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



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