



Unannounced Care Inspection Report 9 August 2018



Culmore Manor Care Centre

Type of Service: Nursing Home (NH)
Address: 39 Culmore Road, Londonderry, BT48 8JB
Tel No: 028 7135 9302
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 56 persons.

3.0 Service details

| | |
|--|--|
| Organisation/Registered Provider: Larchwood Homes (NI) Ltd Responsible Individual: Christopher Walsh | Registered Manager: Ciaran Burke |
| Person in charge at the time of inspection: Ciaran Burke | Date manager registered: 28 December 2012 |
| Categories of care: Nursing Home (NH) I – Old age not falling within any other category PH – Physical disability other than sensory impairment | Number of registered places: 56 comprising: 46 - NH-I 10 - NH-PH |

4.0 Inspection summary

An unannounced inspection took place on 9 August 2018 from 09.15 to 17.40 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 any areas for improvement identified since the last inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to monitoring the professional registration of staff, adult safeguarding, collaboration with the multi-professional team, staff communication, compassionate communication with patients and the provision of social activities for patients.

Five areas for improvement under regulation were identified in relation to: infection, prevention and control (IPC) standards, Control of Substances Hazardous to Health (COSHH) compliance, the secure storage of medicines, environmental risk management and wound care.

Five areas for improvement under the standards were highlighted in regards to: the internal environment, repositioning care, nutritional care and the dining experience of patients, audits and staff supervision.

Patients said that they were well cared for and expressed confidence in the ability and willingness of staff to meet their care needs. Patients' and patients' relatives' comments concerning nursing care or service delivery which were expressed during the inspection are discussed further in section 6.6.

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 | 5 |

Details of the Quality Improvement Plan (QIP) were discussed with Ciaran Burke, 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 7 June 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 7 June 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 returned QIP from the previous care inspection
- the previous care inspection report and medicines management report
- pre-inspection audit

During the inspection the inspector met with 10 patients, four staff and five patients' relatives. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA directly.

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

The following records were examined/discussed 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
- incident and accident records
- one staff recruitment and induction file
- three patients' care records;
- one patient's repositioning supplementary care records
- staff supervision and appraisal system
- a selection of governance audits including those relating to restrictive practices, catering and housekeeping
- complaints records
- adult safeguarding records and notifiable incidents to RQIA
- 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

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 7 June 2018

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

6.2 Review of areas for improvement from the last care inspection dated 25 January 2018

There were no areas for improvement identified as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

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

The 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 further confirmed that contingency measures were in place to manage short notice sick leave when necessary. The registered manager advised that from 23 July 2018 to 5 August 2018 there were three occasions when planned staffing levels were not fully adhered to; one of these shifts related to care staff while two related to domestic staff. Although no patients who were spoken with during the inspection expressed any concerns relating to staffing levels, one relative stated "I think staffing is a problem ... it's hard to find someone to talk to sometimes." Of four staff spoken with, one staff member stated "Staffing is very stretched." Observation of care delivery on the day of the inspection did not highlight any concerns resulting from the quantity or skill mix of nursing and care staff on duty.

The registered manager advised that at present, two full time domestic staff were in the process of being appointed. One staff member spoken with stated that cleanliness within the home was variable according to the availability of domestic staff on duty. The general tidiness of the home is discussed further below.

Discussion with the registered manager and review of governance records evidenced that staff performance was monitored in order to ensure that staff received support and guidance. However, feedback from staff highlighted that while they had undergone an annual appraisal, the provision of bi-annual supervision was not consistently managed. Discussion with the registered manager and review of governance records further evidenced that there was no system in place to robustly manage the supervision of all staff and that this aspect of staff management was conducted in an inconsistent manner. An area for improvement under the standards was made.

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. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Review of governance audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified.

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.

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.

Feedback from 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 staff on a monthly basis.

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. The front entrance of the home is via two sets of doors. Both doors are unlocked using a switch/electronic mechanism respectively. To facilitate access and egress to and from the building, the keypad code is displayed for patients' reference.

Observation of several communal lounges highlighted a degree of clutter such as, wheelchair footrests on window sills. This was discussed with the registered manager who stated that the availability of sufficient storage space was challenging and confirmed that container storage was used for equipment within grounds at the rear of the building. It was also noted that one unused bedroom, one communal shower area and one hairdressing area were being used inappropriately for storage. The need to ensure that rooms are only used for their stated purpose was highlighted and an area for improvement under the standards was made.

It was also noted that some areas of flooring within communal areas and corridors on both the ground and first floor were excessively slippery. Discussion with care and domestic staff evidenced that they were also aware of this issue with the flooring; in addition, the registered manager stated that he had recently become aware of the matter but was unsure as to the cause. While staff were observed assisting patients with mobilising in an appropriate manner, the need to ensure that flooring is suitable for the needs of patients was stressed. The registered manager confirmed that he was discussing the issue further with existing domestic staff and would seek further managerial support if necessary to resolve the matter. In addition, one communal toilet and one communal lounge lacked adequate signage. The registered manager addressed this deficit concerning signage before completion of the inspection.

Deficits in relation to infection, prevention and control best practice standards were noted, namely: the use of unlaminated signage, one identified bedrail which was noted to be excessively worn, the underside of a wall mounted hand cleanser which had been ineffectively cleaned, and skirting within an identified communal toilet area and flooring within a communal lounge required remedial attention. These deficits consequently impacted the ability of staff to deliver care in compliance with IPC best practice standards and guidance. An area for improvement under the regulations was therefore made.

Observation of the environment and staff practices highlighted six areas in which chemicals were not stored securely. The need to ensure that all such chemicals are stored in compliance with Control of Substances Harmful to Health (COSHH) regulations at all times was stressed. An area for improvement under regulation was made.

Observation of the environment further identified one area in which medicines had not been stored securely, specifically, a prescribed antiseptic cream. This was highlighted to the registered manager and the need to ensure that all medicines are stored securely at all times was emphasised. An area for improvement under regulation was made.

While observing the laundry area it was noted that the area was left unattended by staff for approximately five minutes and that the entrance to the laundry had been left unsecured. This presented a potential risk to the safety and well-being of patients as the laundry area contained hot surface equipment which remained switched on. 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 monitoring the professional registration of staff and adult safeguarding.

Areas for improvement

Four areas for improvement under regulation were identified in relation to infection, prevention and control practices; COSHH compliance; the safe storage of medicines and environmental risk management.

Two areas under the standards were identified in relation to the internal environment and staff management.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 4 | 2 |

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 and 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.

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 spoke positively about working within the home.

Review of care records evidenced 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. Care records also evidenced that a range of validated risk assessments were used and informed the care planning process.

The care record for one patient who was assessed as being at a high risk of falling was reviewed. A person centred and comprehensive care plan was in place which contained one inaccuracy which was brought to the attention of the registered manager. The patient's falls risk assessment had been completed thoroughly and post fall documentation, which included neurological observations, had been recorded in an accurate and contemporaneous manner. This practice is commended.

Weaknesses were found in relation to the repositioning care of patients. Care records for one patient, who was assessed at being at risk of developing pressure sores, evidenced that they had been repositioned by staff in a consistent manner. Care records and discussion with staff further confirmed that the patient's skin was intact on the day of the inspection. However, there was no corresponding care plan to direct the required nursing care and supplementary repositioning records were of poor photocopied quality and had been partially completed by staff. Care planning also made no reference to the use of pressure relieving equipment which was in use. An area for improvement under the standards was made.

Deficits with regards to the provision of wound care were also found. Although the care record for one patient receiving ongoing wound care demonstrated effective and consistent collaboration with the multiprofessional team, staff adherence to the prescribed frequency of dressing changes was inconsistent. The need to adhere to multiprofessional recommendations concerning wound care and/or review these in a proactive manner was stressed. An area for improvement under the regulations was made.

The delivery of nutritional care was also reviewed. Care records for one patient who required a modified diet evidenced a comprehensive and person centred risk assessment along with a corresponding care plan. It was positive to note that both documents had been kept under timely review by staff. However, discussion with kitchen staff and review of catering records highlighted that the patient's dietary needs had not been effectively communicated to kitchen staff and/or retained by them. An area for improvement under the standards was made. Discussion with nursing and kitchen staff confirmed that the patient was receiving the required diet.

Deficits with regards to the provision of modified dietary options on mid-morning/afternoon tea trolleys is discussed in section 6.6.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication with the multi-professional team and staff communication.

Areas for improvement

One area for improvement under regulation was identified in relation to wound care.

Two areas for improvement under the standards were identified in relation to the repositioning of patients and nutritional care.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of areas for improvement | 1 | 2 |

6.6 Is care compassionate?

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

Staff interactions with patients were observed to be timely, 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:

"The girls are lovely ... short staffed lately."

"The girls treat me well."

"The food is A1."

"You couldn't get better staff."

Feedback received from patients' relatives during the inspection included the following comments:

"I'm very happy with the care ... but there could be more stimulation."

"We have no complaints at all."

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, two questionnaires had been returned within the specified timescales. Both respondents indicated that they were satisfied or very satisfied with the delivery of safe, compassionate and well led care. One of the respondents stated that they were very dissatisfied when asked if they considered care delivery to be effective but did not provide any further comment. Another respondent commented:

"This home has some very good carers that do a very good job ... sometimes I think they are understaffed but they always do their best at times."

All questionnaire comments, including those 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.

There were systems in place to obtain the views of patients and their representatives in relation to the delivery of care and the management of the home.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients and their representatives 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 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. Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. Staff interactions with patients throughout lunch were notably compassionate and enthusiastic. This practice is commended. However, it was noted the menu on display within the dining area was inaccurate and a radio was left playing throughout lunch in a manner which was not conducive to promoting a positive dining experience for patients. It was further noted that some meals were brought uncovered from the dining area to patients' bedrooms. These shortfalls were highlighted to the registered manager and the need to ensure that the nutritional needs of patients are met in a holistic manner was emphasised. These areas will be reviewed during a future care inspection.

In addition, observation of the mid-morning/afternoon tea trolley and discussion with staff confirmed that they lacked any appropriate option for those patients requiring a modified diet. The need to ensure that such tea trolleys contain modified options which are appetising and safe for patients requiring such a diet was stressed. This specific deficit was discussed with the registered manager and forms part of an area for improvement focusing on the nutritional care of patients, as referenced in section 6.5.

During the inspection, the activity therapist was observed engaging with patients both individually and in large groups. This included reading news headlines from local newspapers and patients were overheard engaging enthusiastically with the activity therapist and one another. This practice is commended.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to compassionate communication with patients and the provision of social activities for patients.

Areas for improvement

Weaknesses concerning the provision of modified dietary options for patients forms part of an area for improvement which is referenced in section 6.5.

| | 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.

The registration certificate was up to date and displayed appropriately. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

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.

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.

Staff recruitment/induction information was unavailable for inspection in compliance with legislative requirements. This was discussed with both the registered manager during the inspection and Christopher Walsh, responsible individual, following the inspection. It was agreed that such records should be available for inspection at all times. Following the inspection Mr Walsh confirmed that alternate governance arrangements had been implemented to address this and these will be reviewed during a future care inspection. In addition, the registered manager confirmed following the inspection that all staff currently employed within the home had been subject to all necessary pre-employment/screening procedures.

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 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 and other services provided. For example, audits were completed in accordance with best practice guidance in relation to hand hygiene, urinary catheters, nurse call responses and restrictive practices. While review of a recent catering audit evidenced that an action plan had been generated, it did not include time bound actions or show evidence of any redress. The registered manager stated that the action plan had been passed to the operations manager for his attention. The need to ensure that audit and/or related governance records detail such discussions was highlighted. An area for improvement under the standards was made.

Areas of good practice

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

Areas for improvement

An area for improvement under the standards was identified in regards to quality assurance audits.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 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 Ciaran Burke, 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: 6 September 2018 | <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> <p>Response by registered person detailing the actions taken: Following actions taken to rectify - identified signage laminated, worn bedrail replaced, underside of hand cleanser cleaned and remedial action taken to identified skirting.</p> |
| Area for improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: With immediate effect | <p>The registered persons must ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Staff have been reminded to store all chemicals in keeping with COSHH regulations.</p> |
| Area for improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: With immediate effect | <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: The identified antiseptic cream and all medicines on the day of the inspection were removed and are now stored safely and securely.</p> |
| Area for improvement 4 Ref: Regulation 14 (2) (a)(c) Stated: First time To be completed by: With immediate effect | <p>The registered persons must ensure that all parts of the home to which patients have access are free from hazards to their safety and that all unnecessary risks to their health and safety are eliminated as far as is reasonably practicable. This relates specifically to management of the laundry area.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: There was a lock already on the laundry door on the day of the inspection. Laundry staff have been reminded to ensure that when exiting the laundry the door is closed and locked behind them.</p> |

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|--|--|
| <p>Area for improvement 5</p> <p>Ref: Regulation 12 (1) (a)(b),</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall ensure that nursing staff adhere to all relevant multiprofessional recommendations with regards to the delivery of wound care. Any deviation from such recommendations should be documented with rationale for such a decision clearly evidenced.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Relevant multiprofessional recommendations are adhered to with accurate and appropriate documentation.</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 44</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall ensure that there is a robust system in place which ensures that staff have recorded individual, formal supervision according to the home's procedures, no less than every six months for staff who are performing satisfactorily.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Individual formal supervisions were already in place and recorded. A more robust system of recording these supervisions has been implemented</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall ensure that all rooms within the home are safe, well maintained and remain suitable for their stated purpose.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Rooms within the Home have been reviewed and the Home Manager will continually review the use of rooms within the Home to ensure that they are used within the statement of purpose.</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall ensure the following in regards to the management of patients who require assistance with repositioning and pressure area care:</p> <ul style="list-style-type: none"> • a comprehensive and person centred care plan shall be in place which is reflective of relevant risk assessment(s) and clearly outlines the nursing care required • The care plan should also meaningfully reference the use of any pressure relieving equipment • all supplementary repositioning records shall be completed in an accurate, legible, comprehensive and contemporaneous manner at all times <p>Ref: 6.5</p> |

| | |
|--|--|
| | <p>Response by registered person detailing the actions taken: A person centred care plan is in place which reflects relevant risk assessments and details prescribed nursing care including use of pressure relieving equipment. Repositioning records are completed accurately and in a legible, comprehensive and contemporaneous manner.</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall ensure that a robust system is in place which facilitates the accurate communication of patients' dietary needs to kitchen staff and that a record of such communication is maintained. The registered person shall also ensure that appropriate modified dietary options are available for patients throughout the day, specifically those offered from the mid-morning/afternoon tea trolley.</p> <p>Ref: 6.5 and 6.6</p> <p>Response by registered person detailing the actions taken: Resident's dietary needs are communicated effectively to kitchen staff as is evidenced by the confirmation, during inspection, by nursing and catering staff. It was also acknowledged during the inspection that the patient was receiving the required diet. Appropriate dietary options are available for all residents throughout the day.</p> |
| <p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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. This relates specifically to the catering audit referenced within this report.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: An extensive and robust system of audits is in place. The item required in the referenced catering report has been purchased and was delivered to the Home on 26 September 2018.</p> |

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



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