



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 5 September 2019



Culmore Manor Care Centre

Type of Service: Nursing Home
Address: 39 Culmore Road, Londonderry, BT48 8JB
Tel No: 028 7135 9302
Inspector: James Lavery

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.

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 DHSSPS Care Standards for Nursing Homes. 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home which is registered to provide nursing care for up to 56 persons.

3.0 Service details

Organisation/Registered Provider: Larchwood Care Homes (NI) Ltd Responsible Individual(s): Christopher Walsh	Registered Manager and date registered: Ryan O'Donnell Registration pending
Person in charge at the time of inspection: Ryan O'Donnell	Number of registered places: 56 A maximum of 46 patients in category NH-I and a maximum of 10 patients in category NH-PH.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: 55

4.0 Inspection summary

An unannounced inspection took place on 5 September 2019 from 09.45 to 19.50 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 identified during and 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 the refurbishment of the ground floor, adult safeguarding, staff communication with patients, wound care and collaboration with the multiprofessional team. Other areas of good practice were also noted in regard to meeting the spiritual needs of patients, the provision of activities, the notification of incidents and complaints management.

Areas for improvement were identified in relation to the proactive use of monthly monitoring reports, the internal environment, governance processes, the nutritional care of patients and the use of bedrails.

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

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, and enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	*5

*The total number of areas for improvement includes one standard which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Ryan O'Donnell, Manager, and Chris Walsh, Operations 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 14 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 14 February 2019. 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 may include information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the previous care inspection report
- the returned QIP from the previous care inspection
- pre-inspection audit

During the inspection the inspector met with patients individually and with those who were sitting within group settings, patients' relatives/representatives and staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. The inspector provided the 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 and/or 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
- four patients' care records including supplementary repositioning, nutritional and wound care records
- staff supervision and appraisal system
- a selection of governance audits including those relating to care records and accidents/incidents
- complaints records
- adult safeguarding records and notifiable incidents to RQIA
- RQIA registration certificate
- 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 manager and operations manager at the conclusion of the inspection.

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

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

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 (7) Stated: First time	The registered person shall ensure that the treatment room is appropriately secured at all times when not in use.	Met
	Action taken as confirmed during the inspection: Observation of the environment throughout the inspection evidenced that this area for improvement was met.	

<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p>	<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> <hr/> <p>Action taken as confirmed during the inspection: Review of the environment confirmed that this area for improvement was met.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: Second time</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. <hr/> <p>Action taken as confirmed during the inspection: Review of care records for one patient who required regular assistance with repositioning highlighted that this area for improvement was met. It was stressed that nursing staff must ensure that supplementary repositioning charts are updated in a contemporaneous manner at all times.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: Second time</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>Partially met</p>

	<p>Action taken as confirmed during the inspection: Review of care records relating to the nutritional needs of one patient requiring a modified diet provided assurance that kitchen records were accurate and up to date. However, it was noted that the mid-morning tea trolley did not have a suitable snack alternative for patients requiring a modified diet. This deficit has been subsumed into a new area for improvement related to nutritional care referenced within section 6.4. of this report.</p> <p>This area for improvement has been partially met and has been subsumed into a new area for improvement under regulation.</p>	
<p>Area for improvement 3 Ref: Standard 43 Stated: First time</p>	<p>The registered person shall ensure that the areas relating to the environment identified in the report are addressed.</p> <p>A detailed refurbishment action plan with firm timescales for improvement should be forwarded to RQIA along with completed QIP.</p> <p>Action taken as confirmed during the inspection: Observation of the environment and in reference to a previously submitted refurbishment plan to RQIA evidenced that this area for improvement was met.</p>	Met
<p>Area for improvement 4 Ref: Standard 43 Stated: First time</p>	<p>The registered person shall ensure that all patients' bedroom wardrobes are secured appropriately as required in order to promote the safety and wellbeing of patients. The checking of all wardrobes to this effect, shall form part of regular maintenance staff duties.</p> <p>Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager evidenced that this area for improvement was met.</p>	Met

<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a process is in place which facilitates the regular monitoring and review of staff responses to the nurse call system. This process should demonstrate how delayed staff responses to the nurse call system are addressed.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of governance records, testing of the nurse call system and discussion with the manager evidenced that this area for improvement was met. It was agreed with the manager that he would continue to monitor and audit staff responses to the nurse call system to help ensure that patients are assisted in a timely manner.</p>		
<p>Area for improvement 6</p> <p>Ref: Standard 11</p> <p>Stated: First time</p>	<p>The registered person shall ensure that there is programme of activities and events for patients which are person centred and which reflect individual patients' assessed social and emotional needs. The nature and duration of activities provided must be appropriately recorded and traceable to individual patients.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and review of activities records/signage provided assurance that this area for improvement was met. This is discussed further in section 6.5 of this report.</p>		
<p>Area for improvement 7</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a robust care records audit is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. This audit shall be completed in accordance with legislative requirements, minimum standards and current best practice.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of governance records and discussion with the manager highlighted that this area for improvement was not met. This is discussed further in section 6.6 of this report.</p> <p>This area for improvement has not been met and is stated for a second time.</p>		

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 30 Stated: First time	The registered person shall review the management of limited shelf life medicines to ensure the date of opening is recorded.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 2 Ref: Standard 28 Stated: First time	The registered person shall review the management of self-administered medicines to ensure accurate risk assessments are maintained and a system is in place to monitor compliance.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.2 Inspection findings

6.3 Is care safe?

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

Upon arrival to the home we were greeted by the manager. The foyer entrance was neatly and attractively presented and provided keypad access to the first floor. The manager confirmed that the reception area had been included within a recent refurbishment programme which focused on the ground floor environment.

Staffing levels within the home were discussed and reviewed with the manager who confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. No patients or relatives expressed any concerns in regard to staffing levels. Staff were consistently visible throughout the inspection and engaged with patients in a friendly and spontaneous manner. The nurse call system was tested by the inspector and a prompt response by staff was noted. The manager continues to monitor staff responses to the nurse call as part of ongoing managerial oversight within the home.

We were told by staff that they received regular mandatory training to ensure they knew how to provide the right care. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home. Several staff training notices were noted to be on display including training events such as: fire awareness, the use of thickened fluids, and medication and the elderly.

The way in which staff are supported in their roles was considered. While feedback from staff indicated that they regularly received both formal supervision and appraisal, it was found that the governance system in place for monitoring and implementing this required improvement. An area for improvement was made. Staff spoke positively about working within the home. One staff member told us "I enjoy working here very much ... I love working with the residents ... I feel they're well looked after."

A review of governance records provided assurance that all notifiable incidents had been reported to the Regulation and Quality Improvement Authority (RQIA) as required.

It was further noted that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

Appropriate governance arrangements were in place to ensure that all staff attend adult safeguarding training and have sufficient awareness of the home's adult safeguarding policy to help ensure that it is embedded into practice. The manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home. Staff who were spoken with expressed a good understanding of how to recognise and respond to potential safeguarding incidents. Staff of all grades who spoke with the inspector also demonstrated a clear commitment to safeguarding the dignity, comfort and human rights of patients.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. It was noted that good progress had been achieved against a refurbishment plan previously submitted to RQIA which focused largely on the ground floor. This refurbishment included aspects such as redecoration of the ground floor dining room and repainting of ground floor bedroom doors and skirting. While the home was generally neat and tidy throughout, feedback from some staff and patients' relatives highlighted that refurbishment was required to the first floor. This was discussed with the manager who acknowledged that the first floor décor was tired in places and required improvement. It was therefore agreed that a refurbishment plan would be submitted to RQIA in relation to this; an area for improvement was made. It was also noted that vinyl flooring within the ground floor lounge, and a grill in the elevator ceiling were in need of repair; the aforementioned refurbishment plan should include these required actions.

Some minor tidying was required within one linen area and the ground floor hairdressing salon. This was brought to the manager's attention who agreed to action this immediately.

While all patients and the majority of patients' relatives expressed satisfaction with the cleanliness of the home, two relatives and some staff expressed dissatisfaction in this regard, specifically relating to the first floor. These comments were shared with the manager for his consideration and action as appropriate. It was also noted that domestic records relating to the cleaning of one identified communal bathroom had been completed in advance of the tasks being completed and were therefore inaccurate and unreliable. This was brought to the manager's attention and an area for improvement was made.

Observation of staff compliance with infection prevention and control (IPC) best practice standards was considered. Staff appropriately wore gloves and aprons (Personal Protective Equipment, (PPE) at all times and were seen regularly using hand sanitisers. Following the inspection, the manager confirmed with RQIA that some identified shortfalls relating to IPC had been since been addressed.

Fire exits and escape routes were observed to be free from clutter throughout the inspection and staff adhered to good fire safety practices.

Observation of the environment highlighted two areas in which compliance with Control of Substances Hazardous to Health (COSHH) regulations required improvement. This was immediately highlighted to the manager who ensured that identified items were appropriately secured. The importance of maintaining COSHH compliance at all times was stressed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the refurbishment of the ground floor, adult safeguarding and staff communication with patients.

Areas for improvement

Areas for improvement were highlighted in regard to ongoing refurbishment, staff supervision/appraisal and domestic cleaning records.

	Regulations	Standards
Total numb of areas for improvement	0	3

6.4 Is care effective?

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

Staff told the inspector that there was effective communication at the commencement of each shift which allowed them to discuss and review the ongoing needs of patients.

Staff who were spoken with stated that that if they had any concerns, they could raise these with their line manager and/or the manager. One staff member told us “I could go to (the manager) if I had a problem.”

A review of patients’ care records evidenced that nursing staff regularly engaged with members of the multi-professional team; this included regular contact with professionals such as GPs, tissue viability nurses (TVN), dieticians and speech and language therapists (SALT).

Care records which were viewed demonstrated that staff regularly communicated with patients’ families or representatives as they used/reviewed a range of risk assessments to help inform the care being provided.

The provision of wound care was considered. Review of the wound care records for one patient evidenced that these were highlighted to a good standard. The wound care plan was comprehensively written and provided clear direction for staff. Supplementary wound care records provided assurance that nursing staff were attending to the patient’s wound care needs in a consistent and effective manner.

Some patients may require assistance with requiring a modified diet. The care records for one such patient were reviewed and evidenced that while a care plan had been commenced, it had not been completed by staff. It was also noted that despite regular review of this care plan, staff had not completed it appropriately. In addition, as referenced in section 6.1, there was no adequate modified snack option available on the mid-morning tea trolley; feedback from one staff member also highlighted poor compliance with nutritional best practice standards. An area for improvement under regulation was made.

We also reviewed care records for one patient who required the use of bedrails and/or a wheelchair lap belt on occasion. It was highlighted that the patient’s care records lacked appropriate care plans for this equipment or evidenced discussion with the patient’s next of kin about their use. It was also noted that one of the patient’s care plans relating to the risk of falling from bed was overdue its monthly review. While the manager was able to demonstrate that a regular bedrail audit was conducted, review of the auditing tool highlighted that it was not robust with regards to ensuring that the health and safety of patients. It was further noted that the home’s ‘restraint register’ which identifies any patients requiring a restrictive intervention, failed to identify this patient. An area for improvement was identified. At the inspector’s request, the manager confirmed following the inspection that the bedrail audit tool had been sufficiently improved and that all bedrails in use throughout the home had been appropriately audited.

The manager told us that the home uses a system in which patients are allocated a ‘named nurse / named keyworker’ whereby specific nurses/carers have responsibility to review and oversee patient care. However, observation of the environment highlighted incomplete signage in bedrooms which was supposed to inform patients about who their named nurse/keyworker was. The manager agreed to action this as a matter of priority.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to wound care and collaboration with the multi professional team.

Areas for improvement

Areas for improvement were highlighted in relation to the use of restrictive practices and the nutritional care of patients.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 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.

Throughout the inspection, staff interactions with patients were observed to be compassionate, timely and caring. The home's activity therapist was observed sharing various newspaper headlines with patients in both communal lounges; patients appeared to thoroughly enjoy this opportunity for serious and light hearted social interaction with one another. This is commended.

Staff demonstrated a good knowledge of patients' wishes, and preferences as identified within the patients' care plans. Following the inspection the manager confirmed that some confidential patient information in regard to nutritional needs was appropriately stored within the ground floor dining room.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Discussions with several staff provided evidence that they considered the manager to be supportive and approachable and they felt confident that they could raise concerns if they arose.

There was evidence of ongoing commitment to person centred activities for patients. Staff who were spoken with demonstrated a good awareness of the need to meet patients' needs in a holistic way which values their personal preferences, likes and dislikes. Activity signage on both floors was well presented and included items such as:

- Hairdressing
- Hand massage
- Darts
- Bean bag games
- Who am I?

The manager told us that he and the activity therapist review the provision of planned activities every fortnight. While a central record of patient engagement in these events is kept, the manager stated that he wants to progress towards the activity therapist maintaining increasingly person centred records within individual care records. This will be reviewed at a future care inspection.

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

- "The staff are lovely to me."
- "I'm very happy here ... the staff treat me particularly well."

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

- "Absolutely happy with the care ... staff always respond."
- "(the home) is very good ... (the patient) gets good care."

As stated within section 6.3 some patients' relatives did express concern in regard to the cleanliness and décor of the home, particularly on the first floor. All relatives' comments were shared with the manager before conclusion of the inspection.

The dining experience of patients was also considered. As stated within section 6.3, the ground floor dining room has been refurbished. Patients spoke positively about this development. Throughout the provision of lunch, staff interacted with patients in a friendly and polite manner while providing compassionate and discreet assistance to patients as needed. Discussion with kitchen staff also highlighted that homemade scones, biscuits and mousses were available to patients upon request throughout the day.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to meeting the spiritual needs of patients and the provision of activities.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 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.

The registration certificate was up to date and displayed appropriately. Discussion with the 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 manager that any expression of dissatisfaction should be recorded appropriately as a complaint.

Discussion with the 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. However, while the content of the August 2019 report was noted to be comprehensive, there was limited evidence to demonstrate how the manager was actively progressing identified actions arising from the monthly visit. An area for improvement was made.

Discussion with the 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 the accidents/incidents, care records and bedrails. Review of available care record audits highlighted that a limited number of these had been completed since the previous care inspection. It was also noted within one such audit that review of corrective actions by the auditor were significantly overdue. An area for improvement was stated for a second time. Although accidents/incidents within the home were regularly reviewed, these provided limited information for thorough and robust analysis of any trends/patterns occurring within the home. An area for improvement was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the notification of incidents and complaints management.

Areas for improvement

Areas for improvement were identified in regard to accident/incident analysis and proactive use of monthly monitoring reports. An area for improvement related to care audits was also stated for a second time.

	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 Ryan O'Donnell, Manager, and Chris Walsh, Operations 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

<p>Area for improvement 1</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 nutritional care of patients:</p> <ul style="list-style-type: none"> • that a person centred and detailed care plan is in place outlining the nutritional needs of patients • that such care plans will be reviewed in a regular and effective manner • that appropriate options are available on the mid-morning/mid-afternoon tea trolley for those patients requiring a modified diet <p>Ref: 6.1 & 6.4</p>
	<p>Response by registered person detailing the actions taken: Supervision held with nursing care and kitchen staff RE: options available on tea trolley. Laminated guidance on each tea trolley to make staff aware of suitable options. Care plans regarding nutritional intake reviewed and amended as appropriate. Regular review of care plans ongoing and documented.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the monthly monitoring report is reviewed in a robust manner by the manager and that a clear record is maintained of how the manager is addressing any action plan/corrective actions within the report.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: Governance for the home restructured with effective action plans in place to ensure audit loop is closed.</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>Area for improvement 1</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that a robust care records audit is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. This audit shall be completed in accordance with legislative requirements, minimum standards and current best practice.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Care records audit in place and audits completed regularly with actions plans signed off and checked by management.</p>

<p>Area for improvement 2</p>	<p>The registered person shall ensure that domestic cleaning schedules are completed in an accurate and timely manner at all times.</p>
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<p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Daily and deep clean schedules now in place. regularly reviewed and signed off by management.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 17 October 2019</p>	<p>The registered person shall ensure that the areas relating to the environment identified in the report are addressed.</p> <p>A detailed refurbishment action plan with firm timescales for improvement should be forwarded to RQIA along with completed QIP.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: A separate refurbishment action plan has been submitted to the Regulator along with timescales for completion.</p>
<p>Area for improvement 4</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/demonstrates that staff receive individual, formal supervision/appraisal in keeping with best practice standards.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: A supervision and appraisal planner in place, updated regularly to show completion of both.</p>
<p>Area for improvement 5</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 the following in relation to the use of restrictive practices (specifically bed rails and wheelchair lap belts):</p> <ul style="list-style-type: none"> • that a person centred and detailed care plan is in place outlining the restrictive intervention being used, and kept under regular and meaningful review • that appropriate consent is obtained and documented from the patient and/or best interests discussion with the patient's next of kin/representative • that any governance records (such as restraint audits/ restraint register) relating to the use of restrictive practices are completed in an accurate and robust manner at all times <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Restrictive practice audit in place highlighting any deficits with attached action plan to ensure audit loop is closed.</p>

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



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Assurance, Challenge and Improvement in Health and Social Care