



Unannounced Care Inspection Report

3 April 2019



Deanfield

Type of Service: Nursing Home
Address: 19 Deanfield, Limavady Road,
Londonderry, BT47 6HY
Tel No: 028 7134 4888/028 7134 1754
Inspector: Jane Laird

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 28 patients.

3.0 Service details

Organisation/Registered Provider: Loughview Homes Ltd Responsible Individuals: Paul Steele & Michael Curran	Registered Manager and date registered: Joy McLaughlin
Person in charge at the time of inspection: Joy McLaughlin	Number of registered places: 28
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.	Number of patients accommodated in the nursing home on the day of this inspection: 25

4.0 Inspection summary

An unannounced inspection took place on 3 April 2019 from 08.20 hours to 15.55 hours.

The inspection assessed progress with any areas for improvement identified during and since the last care 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 staff recruitment, induction, supervision and appraisal, adult safeguarding, communication between patients, staff and other key stakeholders and maintaining good working relationships. Further areas of good practice was identified in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas requiring improvement were identified in relation to fire safety training, the recording of neurological observations following unwitnessed falls, infection prevention and control (IPC) practices, control of substances hazardous to health (COSHH), review of patients risk assessments and care plans to reflect current care needs, the condition of patients skin is documented following each repositioning intervention, patients' privacy, staffing rota and governance of quality assurance audits.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

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

Details of the Quality Improvement Plan (QIP) were discussed with Joy McLaughlin, 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 9 October 2018

The most recent inspection of the home was an unannounced medicines management inspection. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 25 March 2019 to 7 April 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider from January 2019
- RQIA registration certificate
- public liability insurance certificate

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 9 October 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 27 September 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 21 – (4)(b)(i) Stated: First time	The registered person shall ensure that all pre-employment checks including an Access NI are robustly completed for all new employees prior to the commencement of employment.	Met
	Action taken as confirmed during the inspection: The inspector reviewed two staff recruitment files and confirmed that pre-employment checks including an Access NI were robustly completed prior to the commencement of employment.	
Area for improvement 2 Ref: Regulation 27 Stated: First time	The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.	Not met
	Action taken as confirmed during the inspection: The inspector identified that the environmental and infection prevention and control issues identified at the previous care inspection had not been appropriately addressed. This is discussed further in 6.4. This area for improvement has not been met and has been stated for a second time.	

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.

We arrived in the home at 08.20 hours and were greeted by the registered manager and staff who were helpful and attentive. Patients were mainly in their bedroom and staff were attending to their needs.

Some patients were seated in one of the lounges in preparation for breakfast whilst others remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 25 March 2019 to 7 April 2019 evidenced that the planned staffing levels were adhered to. There were a number of deficits identified in the documentation of the duty rota which is discussed further in 6.7. Discussion with the registered manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that they felt supported by the home manager and that they worked well together as a team. Comments included, "I really love working here", "Plenty of staff" and "Good staffing levels". We also sought staff opinion on staffing via the online survey although nil responded within the required time frame post inspection.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Deanfield. We also sought the opinion of patients on staffing via questionnaires. Unfortunately there was no response in the time frame provided.

Review of two staff recruitment files evidenced that a pre-employment health assessment had been obtained prior to the commencement of employment in line with best practice; however there was no date on either of the employees' health assessment forms. This was discussed with the registered manager who agreed to review the assessment form so as to include the date for future recruitment. All other pre-employment checks were maintained appropriately. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. This was an area that had been identified at the previous care inspection as requiring improvement and has been suitably addressed.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care assistants with the Northern Ireland Social Care Council (NISCC). Registered nurses also completed a competency assessment yearly to ensure that they are competent to take charge of the home in the absence of the registered manager. A system was also in place to ensure bi – annual supervision and yearly appraisals were carried out on all staff.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Fire training records were reviewed which identified that the most recent fire awareness training was held in May 2018. This was discussed with the registered manager who stated that she was aware of the requirement to have two separate fire awareness training sessions for all staff on a yearly basis and confirmed that fire training was scheduled for May 2019. Assurances were further provided that the second fire training would be scheduled six months after the first training date. This was identified as an area for improvement.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and informed the care planning process. This is discussed further in 6.5.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA which verified that records were maintained appropriately and notifications were submitted in accordance with regulation. However, it was identified that following an unwitnessed fall staff did not record whether or not they had obtained neurological observations. This was discussed with the registered manager and identified as an area for improvement.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit.

We observed a patient taking their own medication. Staff confirmed that the patient prefers to administer their own medication once dispensed, which is to be encouraged where possible and if the patient wishes to do so. On review of the patient's care plan there was no record as to how medicines are managed and administered and the extent to which assistance and oversight by staff is necessary. This was discussed with the registered manager and it was agreed that the care plan would be updated to reflect how medicines are managed and administered for this patient. This information was shared with the pharmacist inspector for the home.

We observed the serving of the lunchtime meal. The dining room was presented with condiments and drinking glasses at each table. Lunch commenced at 12.15 hours. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately. A staff nurse was overseeing the mealtime and was observed to encourage patients with their meals in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors as required. A range of drinks were offered to patients and they appeared to enjoy the mealtime experience. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. The menu was on display within the dining room and offered a choice of two main meals.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm and comfortable throughout. Fire exits and corridors were observed to be clear of clutter and obstruction, however, an identified storage area was cluttered and untidy with a variety of items such as socks, plastic bin bags, hair styling equipment and a floor mat that was dusty and

only partially covering a hard floor surface. The registered manager agreed to review the storage space and floor covering immediately following the inspection.

It was further observed that paint work to identified walls and carpets were worn. The registered manager confirmed that there was a refurbishment plan in place which was available on the day of inspection. On review of the plan it was identified that there was no time frame for the completion of refurbishment. This was discussed with the registered manager who forwarded RQIA an updated refurbishment plan outlining time frames of expected completion dates. The estates inspector for the home was notified.

An area for improvement which had been identified at the previous care inspection in relation to infection prevention and control (IPC) was reviewed and identified that the issues had not been addressed in accordance with best practice guidelines. This area for improvement has been stated for a second time.

Additional IPC issues were identified during the inspection including equipment in several communal toilets and patients' ensuites which were not cleaned effectively following use. A breakfast tray that had been removed from a patient's bedroom was placed on top of the bed pan washer in the sluice room during the inspection. A trolley with clean linen was identified in a bathroom beside a toilet and there was no clear segregation within the disposal of linen during a potential infection. Privacy curtains between patient's beds in shared rooms were identified as unclean and on discussion with the registered manager it was identified that there was no system in place to ensure that the curtains were washed on a regular basis so as to reduce the risk of spread of infection. Urinal bottles were not cleaned effectively after use and there was no system in place of when to clean urinal bottles or replace them. Mop heads were unclean and stored inside mop buckets containing unclean water. On questioning the staff regarding the colour coding system for use of mops they were unaware of the national colour coding system or how often equipment should be washed between use. The above issues were discussed with the registered manager and an assurance was provided that these areas would be addressed with staff immediately and measures taken to prevent recurrence. This was identified as an area for improvement.

The door to an identified corridor area leading to a bathroom was unable to close fully. This was brought to the attention of the registered manager as an area requiring immediate action due to the fact that this was a fire door. The manager notified the maintenance personnel immediately. This was then followed up in an email to RQIA confirming that the door had been fixed. This information was shared with the estates inspector for the home.

We observed two sluice room doors that were unlocked. There were chemicals evident inside one of the rooms and the environment posed a potential risk to patients. It was also identified that a tray containing cleaning chemicals was left inside the hair dressers room which was unlocked and beside patient's bedrooms. This was discussed with the registered manager and assurances were received that both doors would be kept locked going forward and the staff would be reminded regarding the supervision of chemicals when working with them. This was identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, supervision and appraisal and adult safeguarding,

Areas for improvement

The following areas were identified for improvement in relation to neurological observations following unwitnessed falls, fire safety training, IPC practices and COSHH.

	Regulations	Standards
Total numb of areas for improvement	3	1

6.5 Is care effective?

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

Review of three patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of infections and wound care. There was evidence of regular communication with representatives within the care records. A system was also in place to audit patient care records and each patient had a key worker. A daily record had been maintained to evidence the delivery of care and there was evidence that the care planning process included input from patients and/or their representatives, if necessary.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. Supplementary care charts such as, repositioning records and elimination records evidenced that contemporaneous records were maintained on most occasions. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician. Patients were routinely assessed against the risk of reduced nutrition using a recognised Malnutrition Universal Screening Tool (MUST).

On review of the repositioning records there were gaps identified within the charts where patients had not been repositioned as per their care plan and the condition of their skin was not documented on all occasions. This was discussed with the registered manager and identified as an area for improvement.

It was further identified that a patient who had returned from hospital with a significant weight loss did not have a care plan regarding risk of weight loss and their dietary intake was not being monitored to ensure that they were receiving an adequate diet. The patient's weight was being monitored on a monthly basis; however, the MUST had not been reviewed since 14 February 2019. Other risk assessments such as the Braden scale for predicting risk of pressure ulcer, falls and manual handling had not been updated since 14 February 2019. A further patient's MUST had not been updated since 22 February 2019 and the daily evaluation notes did not reflect that the patient remained in bed for most of the day with no comment within the daily notes of any action taken to prevent pressure damage. The registered manager acknowledged the shortfalls in the documentation and agreed to review all patients care plans regarding risk of weight loss and communicate with the registered nurses to ensure they document accurately the daily events within patients care records. This was identified as an area for improvement.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between patients, staff and other key stakeholders.

Areas for improvement

The following areas were identified for improvement in relation to review of patients risk assessments and care plans to reflect current care needs and the condition of patients skin is documented following each repositioning intervention.

	Regulations	Standards
Total number of areas for improvement	1	1

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 demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. However, it was identified that there was no locks on any of the patient’s bedroom doors. This was discussed with the registered manager who provided assurances that door locks would be reviewed to ensure that a clear system of when patients do not wish to be disturbed and/or during personal hygiene interventions is in place. This was identified as an area for improvement.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

- “Thank you so much for the care and kindness”
- “The warmth shown while looking after was heart warming”
- “Thank you so much for all your care and attention”

Consultation with 19 patients individually, and with others in small groups, confirmed that living in Deanfield was a mostly positive experience.

Patient comments:

- “Staff are very good”
- “I couldn’t complain”
- “Very very happy. Wouldn’t want to be anywhere else”
- “Very happy. They are looking after me well”
- “I like it here”
- “Alright. No concerns”

Representative’s comments:

- “Staff are tremendous. Keep you up to date with everything that is going on”
- “Staff really good. Very happy. Manager always available if you need to talk to her”

During the inspection we met with two patient representatives who were very complimentary of the homes environment and did not raise any concerns. We also sought relatives’ opinion on staffing via questionnaires. There was no response in the time frame allocated.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Patients’ bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example, appropriate signage, photographs and the provision of clocks and prompts for the date. Patients and staff spoken with were complimentary in respect of the home’s environment whilst acknowledging that there were further improvements to be made.

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs within the home. On the day of the inspection the activity schedule was on display within the main reception area. The activity coordinator was not on duty on the day of the inspection but staff were able to discuss the provision of activities and the current arrangements within the home to facilitate patient involvement. The patients appeared to enjoy the interaction between the staff and each other.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

The following area was identified for improvement in relation to patient privacy.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours were recorded; however it was unclear as to the capacity in which these were worked. The registered manager was asked to clearly differentiate office hours with hours worked as a nurse and to include the full name and job title of all staff. This was discussed with the registered manager and identified as an area for improvement.

Discussion with staff/patients/representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA which confirmed that records were maintained appropriately and notifications were submitted in accordance with regulation. The inspector also evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA and/or other relevant bodies appropriately.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered. A certificate of public liability insurance was in date and on display within the foyer of the home.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual, however, the report for March 2019 was not completed and on discussion with the registered manager it was confirmed that the responsible person had visited the home to complete the monitoring report but there was an emergency within the home which prevented the completion of the report. Assurances were provided that the monthly monitoring report would be completed. Copies of the report were available for patients, their representatives, staff and trust representatives.

A number of governance audits were reviewed which were completed on a monthly basis by the manager and/or nursing sister. Accident/incident audits were completed which provided an action plan when deficits were identified, however, as previously discussed in 6.4, neurological observations were not documented following an unwitnessed fall. Care record audits were also completed on a monthly basis but did not capture some of the issues identified during inspection and there were no audits carried out on the environment which may have identified some of the deficits that were acknowledged during the inspection. This was discussed with the registered manager and identified as an area for improvement.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

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

Areas for improvement

The following areas were identified for improvement in relation to the staffing rota and governance of quality assurance audits.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Joy McLaughlin, 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

<p>Area for improvement 1</p> <p>Ref: Regulation 27</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.</p> <p>This area for improvement was identified at the previous care inspection and has been stated for a second time.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Contact made with PHA. New audits and documentation in place and discussion with Ancillary staff with regards to IPC and COSHH</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (e)</p> <p>Stated: First time</p> <p>To be completed by: Immediate effect</p>	<p>The registered person shall ensure that all persons working at the nursing home receive suitable training from a competent person in fire prevention, awareness/management.</p> <p>Training must be provided at least twice every year.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Training for all staff carried out on 02/05/19. DVD and online training organised for further training</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (b) and (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate effect</p>	<p>The registered person shall ensure that cleaning chemicals are suitably labelled and stored in accordance with COSHH regulations.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Meeting with nursing home provider of cleaning chemicals. All labeling reviewed and storage of same reviewed in the nursing home.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate effect</p>	<p>The registered person shall ensure that all unwitnessed falls are managed in line with current best practice and that neurological observations are obtained.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Nurse Manager addressed this with all Registered Nurses, documentation in place.</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 15 (2) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 3 June 2019</p>	<p>The registered person shall ensure that the assessment of patients' needs are kept under review in a timely manner and revised at any time when it is necessary to do so.</p> <p>This is in relation to ensuring:</p> <ol style="list-style-type: none"> 1. Patients care plans and risk assessments are reviewed on a monthly basis or more frequently if deemed necessary 2. Patients at risk of weight loss have a care plan in place to direct the required care 3. Staff accurately document the daily events within patients care records. <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: All care plans reviewed monthly and documentation in place. All residents weights audited and care plans in place where deemed necessary Registered Nurses spoken to with regards to their daily evaluation</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 35</p> <p>Stated: First time</p> <p>To be completed by: 3 June 2019</p>	<p>The registered person shall ensure that robust management systems are appropriately established to effectively monitor and report on the safe delivery of care in the home.</p> <p>The registered manager must ensure;</p> <ol style="list-style-type: none"> 1. A schedule for the laundering of privacy curtains and replacement of mop heads is maintained 2. There is a system in place for segregation of laundry 3. Urinal bottles are effectively cleaned after use and replaced when necessary 4. The National colour coding system for cleaning is utilised by all staff <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: 1. Audits and daily checks in place to ensure all is clean and acted on if needed. 2. New coloured bags in place 3. All replaced and new ones in stock at all times 4. Colour coding in place- signs in all sluice rooms</p>
<p>Area for improvement 2</p> <p>Ref: Standard 23</p> <p>Stated: First time</p>	<p>The registered person shall ensure that where a patient is assessed as being at risk of pressure damage, information on the condition of the patient's skin is recorded following each repositioning intervention.</p>

To be completed by: 3 June 2019	Ref: 6.5
	Response by registered person detailing the actions taken: All staff spoken to with regards to the repositioning charts and completion of these.
Area for improvement 3 Ref: Standard 6 Stated: First time	The registered person shall ensure that patients have control over who accesses their room and when this happens. Arrangements must be in place to ensure that patient's privacy is upheld. Ref: 6.6
To be completed by: 3 June 2019	Response by registered person detailing the actions taken: Activities of Daily Living up dated to include each residents choice and the outcome. Care plans need to be put in place if choice is to have a locked door. All nurses aware
Area for improvement 4 Ref: Standard 41 Stated: First time To be completed by: 3 June 2019	The registered person shall ensure that the staffing rota clearly identifies the first and surname of all staff employed in the home and the registered managers hours are recorded as per the capacity worked. Ref: 6.7
Area for improvement 5 Ref: Standard 35 Stated: First time To be completed by: 3 June 2019	The registered person shall ensure that management systems are in place to assure the safe delivery of quality care within the home. The registered manager must ensure; <ol style="list-style-type: none"> 1. Environmental audits are carried out on a monthly basis 2. Care records are reviewed regularly to ensure that they accurately reflect the needs of the patient 3. Accident/incident audits identify where neurological observations have not been recorded following an unwitnessed fall and the necessary action taken Ref: 6.7
	Response by registered person detailing the actions taken: 1. Environmental audits all in place 2. Care record audit ongoing and needs identified 3. Accident/incident audit forms up dated to include neurological observations for unwitnessed falls

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



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Quality Improvement
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