



Unannounced Care Inspection Report 2 July 2018



Brooklands Healthcare Londonderry

Type of Service: Nursing Home (NH)
Address: 25 Northland Road, Londonderry, BT48 7NF
Tel No: 02871263987
Inspector: Michael Lavelle

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 45 persons.

3.0 Service details

Organisation/Registered Provider: Brooklands Healthcare Ltd Responsible Individual: Therese Elizabeth Conway	Registered Manager: See below
Person in charge at the time of inspection: Kim McKeever, manager	Date manager registered: Kim McKeever – acting no application required
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: 45 A maximum of 10 persons in category NH-PH.

4.0 Inspection summary

An unannounced inspection took place on 2 July 2018 from 06.35 to 13.15 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 DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified 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 adult safeguarding, notification of accidents/incidents and the personalisation of patient bedrooms.

Areas requiring improvement under regulation were identified in relation to staff recruitment, fire safety, infection prevention and control (IPC) practices, eliminating unnecessary risks to the health and welfare of patients and appropriate treatment and supervision of patients in relation to post fall management, care planning and weight management.

Areas for improvement under the care standards were identified in relation to monitoring of fluid intake, adopting a person centred care approach to mealtimes, increasing audit activity in respect of care records and hand hygiene/IPC.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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	6	4

Details of the Quality Improvement Plan (QIP) were discussed with Kim McKeever, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 3 January 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 3 January 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

During the inspection we met with 17 patients, 10 staff and three patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey and staff not on duty during the inspection.

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

The following records were examined during the inspection:

- duty rota for all staff from weeks beginning 25 June 2018 and 2 July 2018
- 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
- one staff recruitment and induction files
- four patient care records
- a sample of governance audits
- complaints record
- RQIA registration certificate

- a sample of 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 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 3 January 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector.

6.2 Review of areas for improvement from the last care inspection dated 28 July 2017

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 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 weeks beginning 25 June 2018 and 2 July 2018 evidenced that the planned staffing levels were adhered to. 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.

Staff spoken with were generally satisfied that there was sufficient staff on duty to meet the needs of the patients. One staff member spoken with reported that at weekends they are short one registered nurse and one care assistant from Monday to Friday. This was discussed with the manager explained that three nurses would work during the week due to the workload. The manager also confirmed that there is ongoing recruitment for staff within the home. Another staff member stated the staffing was good at nights. 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.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Brooklands. We also sought the opinion of patients on staffing via questionnaires. None were returned within the timeframe for inclusion in this report.

Review of one staff recruitment file evidenced that these were not maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Although records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work, there was no evidence that employment gaps had been explored or that the reason for leaving previous employment was recorded. This was discussed with the manager and an area for improvement under the regulations was made.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2018. 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. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients. However, deficits were noted in some staffs infection control knowledge. For example, staff were unaware of the importance of using a full range of personal protective equipment (PPE) and the potential for transmission of infection. This will be discussed further in 6.4.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process. However, gaps were noted in the frequency in reviewing risk assessments in some care records. This will be discussed further in 6.5.

We reviewed accidents/incidents records since the last care inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the 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 in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be warm and well decorated. Patients and their representatives spoken with were complimentary in respect of the home's environment. Observation of the prayer room in the home evidenced it was cluttered with historic patient records. This was discussed with the manager who confirmed these records were due to be transferred for storage. This will be reviewed at a future care inspection.

Fire exits and corridors were not clear of clutter and obstruction. On the morning of inspection the fire exit in the front lounge was blocked from the outside by a chair and a fire exit on the first floor

was obstructed by cleaning signage. This was brought to the attention of the nurse in charge who arranged for their removal. These practices are required to be addressed without delay to ensure the safety and wellbeing of patients in the home. An area for improvement under the regulations was made.

Significant deficits with regards to the delivery of care in compliance with infection, prevention and control (IPC) best practice standards were noted as follows:

- deficit in the knowledge base of some staff in relation to infection prevention and control practices – particularly the use of appropriate PPE
- staff unaware how to complete environmental cleaning in the absence of domestic staff
- clinical waste bags accumulated on the floor at the fire exit on the ground floor, on the floor of the lift and outside the lift on the ground of the first floor
- limited hand hygiene observed across all grades of staff
- domestic and laundry staff not wearing appropriate PPE
- no availability of PPE in identified parts of the home
- inappropriate storage of patient toiletries in identified bathrooms
- no evidence of a robust cleaning schedule that includes enhanced and deep cleaning
- toilet brush stored on the floor of an identified bathroom
- a damaged bath in an identified bathroom – this should be replaced
- faecal staining observed under an identified toilet roll holder
- faecal staining and urine staining on two raised toilet seats
- staining and rust noted on identified commode chairs – these should be replaced
- inappropriate storage in identified bathrooms including communal items and patient equipment
- staining identified under two raised toilet seats
- patient equipment, including two wheelchairs observed to be dusty
- no waste bin in a identified bedroom and bathroom
- overflowing waste bin in an identified lounge with inappropriate items disposed in it
- torn and frayed linen in an identified linen cupboard with inappropriate storage, including a desktop phone
- dust and debris observed on blue containers for laundered patient clothing and domestic cleaning trollies.

These shortfalls were discussed with the manager who provided us with assurances that these deficits would be addressed immediately. An area for improvement under regulation was made in order to drive improvement relating to IPC practices. Systems were in place to monitor the incidents of HCAI's and the manager understood the role of the Public Health Agency (PHA) in the management of outbreaks of infectious disease.

Observation of the environment raised concerns in regards to the management of risks to patients. For example, the treatment room door was observed to be unlocked; patient medication was not locked in the medication trolley or cupboard. An area for improvement under regulation was made. In addition, a strong chemical smell was noted in parts of the home where cleaning was ongoing. Discussion with staff evidenced that cleaning chemicals were not prepared as per manufacturer's guidance; this may cause respiratory irritation to patients and staff. Due to the

potential risk to the health and welfare of patients and staff this was discussed with the manager and an area for improvement under the regulations was made.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails, alarm mats. There was also evidence of consultation with relevant persons. Care plans were in place for the management of bedrails and alarm mats.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to adult safeguarding, notification of accidents/incidents and use of patient centred décor.

Areas for improvement

Five areas for improvement under regulation were identified in relation to staff recruitment, fire safety, infection prevention and control practices, limiting access to medications and ensuring cleaning chemicals were prepared as per manufacturer's guidance.

	Regulations	Standards
Total number of areas for improvement	5	0

6.5 Is care effective?

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

Review of four patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of falls, patients' weight, and wound care. Care records contained details of the specific care requirements in each of the areas reviewed. A daily record was maintained to evidence the delivery of care, although gaps were identified.

Review of two care records and discussion with the manager and staff evidenced deficits in relation to the post fall management of patients. Review of the two care records evidenced that on an occasion when the patients had an unwitnessed fall; neurological observations were not carried out in line with best practice guidance. This was identified as an area for improvement under regulation. In addition, although a falls risk assessment was updated, there was no evaluation in the falls care plan in one of the care records. This was discussed with the manager who had recently reviewed the home's falls policy and arranged a formal supervision with registered nurses in relation to the management of falls.

A review of care plans and risk assessments evidenced that they were not consistently reviewed. For example, in two patients' care records some care plans had not been reviewed for up to and including three months. Four risk assessments had not been updated for one patient for a period of up to six months. This was identified as an area for improvement under regulation. Review of a further two care records evidenced they were very well completed. The auditing of care records is discussed further in 6.7.

Deficits were identified in relation to the monitoring of one patient's weight. Review of their care record evidenced involvement from the speech and language therapist (SALT) and that monitoring the patient's weight on a weekly basis was recommended by the dietician. However, the patient's malnutrition universal screening tool (MUST) had not been updated in over two months. The above deficits were discussed with the manager and an area for improvement was made under the care standards.

A review of wound management for one patient evidenced that wound care was generally well recorded. However, no photos were taken of the wound as per best practice. This was discussed with the manager who agreed to review best practice guidance. This will be reviewed at a future care inspection.

Review of care records evidenced fluid intake was not accurately monitored. For example, there was no 24 hour record of fluid intake observed in the daily progress notes. Records should reflect a full 24 hours and the total input / output should be collated into the patient's daily progress records. This was discussed with the manager and an area for improvement under the care standards was made.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as SALT or the dietician.

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. Observation of the morning handover evidenced this.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. However, it was difficult to ascertain if there was regular communication with representatives within the care records. The care records contained a section for next of kin contact, although these were not very well completed. This was discussed with the manager who agreed to raise this with the registered nurses. This will be reviewed at a future care inspection.

Discussion with staff confirmed that staff meetings were held frequently although minutes were not circulated to them if they were unable to attend. Staff meeting minutes were not reviewed during this inspection. Staff meetings should take place regularly, at a minimum quarterly. This will be reviewed at a future care inspection.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives were aware of who their named nurse was and knew the manager.

There was information available to staff, patients, representatives in relation to advocacy services.

Areas of good practice

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

Areas for improvement

One area for improvement under regulation was highlighted in relation to appropriate treatment and supervision of patients in relation to post fall management and care planning.

Two areas for improvement under the care standards were identified in relation to weight management and monitoring of fluid intake.

	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.

We arrived in the home at 06.35 hours and were greeted by staff who were helpful and attentive. During the morning patients were enjoying breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients 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.

One patient was observed dressed and in a chair at 06.40 hours. Staff spoken with said they liked to get up early for breakfast. Staff were observed assisting this patient with breakfast in the corridor outside a lounge at 07.00 hours. This was discussed with the manager who agreed to ensure staff are aware of patient surroundings when serving meals.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

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. Discussion with the activity co-ordinator confirmed that work was ongoing to review the activity programme. This importance of ensuring that activity provision was in accordance with Standard 11 of the DHSSPS Care Standards for Nursing Homes 2015 was discussed with the manager. This will be reviewed at a future care inspection.

The environment had been adapted to promote positive outcomes for the 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.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meals. 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.

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with 17 patients individually, and with others in smaller groups, confirmed that living in Brooklands was viewed as a positive experience. Some comments received included the following:

"The staff are good. As good as you can get."

"They are very kind and very pleasant."

"We are all happy here."

"If I had to make a complaint it is dealt with promptly, respectfully and you are treated well."

"I have been in homes for a long time. I have no complaints."

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.

Ten relative questionnaires were provided; none were returned within the timescale for inclusion in this report. One visitor to the home and two relatives were consulted during the inspection. Some of the comments received were as follows:

"The girls are terribly good and would do anything for my relative."

"It is excellent. Anything at all the staff will contact me."

"The care is great."

Ten staff members were consulted to determine their views on the quality of care in Brooklands. Some comments received included:

"I enjoy it here. It's my first time working as a carer. I would be happy for my parents to be cared for here."

"I like it here and the patients are well cared for. Sometimes the teamwork could be better among the care assistants. Sometimes you can't go to senior management."

"I have no concerns. The teamwork is good and we really care for the patients."

Staff were asked to complete an on line survey, we had no responses within the timescale specified.

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.

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

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

	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.

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.

Since the last inspection there has been a change in management arrangements. RQIA were notified appropriately. An application for registration with RQIA has not been received and the need to register was discussed with the manager. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. However, the duty rota did not clearly identify the nurse in charge, the hours worked by staff or contain the first and surname of each member of staff. This was discussed with the manager and identified as an area for improvement under the care standards.

Discussion with staff, patients and their representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

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 equality data collected was managed in line with best practice. The regional manager confirmed that equality and diversity training is available within the suite of training available to staff and that a policy is being developed to compliment this.

The home were commended for their recent impact excellence award from the University of Ulster for the quality of mentors they had for student nurses within the home.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed

regarding falls, accidents/incidents, IPC practices, care records, restraint and nutritional concerns. In addition, robust measures were also in place to provide the manager with an overview of the management of infections and wounds occurring in the home. Although audits were completed, deficits identified during inspection had not been identified within current auditing processes. In addition, no IPC audit had been completed since April 2018. This was discussed with the manager who agreed to review the audit process for care records and hand hygiene/IPC to ensure that the analysis is robust, action plans are generated and that learning is disseminated. An area for improvement under the care standards was made.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005/The Care Standards for Nursing Homes.

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, student nurse mentoring and incidents and maintaining good working relationships.

Areas for improvement

Two areas for improvement under the care standards were identified in relation to the duty rota and increasing audit activity in respect of care records and hand hygiene/IPC.

	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 Kim McKeever, 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 21 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that all persons are recruited in accordance with best practice and legislation and that the evidence of this is present in staff recruitment files.</p> <p>This area of improvement is made in reference to ensuring the reason for leaving previous employment is recorded and that employment gaps are explored.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Future Interviewees will be asked at interview reason for leaving previous employments and documented at interview.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure adequate means of escape in the event of a fire.</p> <p>This area of improvement is made in reference to ensuring fire exits and corridors are kept clear and not obstructed.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Spot checks on all fire exits daily by manager, staff supervisions to reinforce fire safety policy and discussed at staff meeting.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.</p> <p>This area for improvement is made in reference to the issues highlighted in section 6.4.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: New trolleys requested by manager to eliminate the need to leave residents bedroom with contaminated waste. Infection control training requested for all staff. Increase in infection control audits. Daily hand hygiene audits. Supervisions on the use of appropriate PPE and discussed at staff meeting. New commodes requested to replace previous commodes noted to be badly rusted. New raised toilet seats requested. Waste bins for bedrooms and bathrooms ordered.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure any medicine which is kept in the nursing home is stored in a secure place.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Reinforced to staff the medicine management policy and importance of keeping treatment door shut and locked. All medicines to be stored as per manufacturers guidelines. Discussed at staff meeting and supervisions.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible eliminated.</p> <p>This area for improvement is made with specific reference to the dilution of cleaning products as per manufacturer’s guidance.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Zenith product training has been requested. new storage bottles with appropriate measurements for all products ordered and in use. COSHH training updated for all staff via elearning portal.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that nursing staff promote and make proper provision for the nursing, health and welfare of patients and where appropriate treatment and supervision of patients.</p> <p>This area for improvement is made in reference to the following:</p> <ul style="list-style-type: none"> • post fall management • care planning. <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Supervision provided and discussed at staff meeting for post fall policy. Clinical governance audit completed to ensure compliance. care plan audits increased in frequency and completion of audits delegated to deputy and nurse sister.</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 12.4</p>	<p>The registered person shall ensure that nutritional screening is repeated monthly, or more frequently depending on individual assessed need.</p>

<p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Nutritional audits completed monthly by nurse manager. Supervisions provided for any staff not completing assessments and careplans within appropriate time frame. Same discussed at staff meeting. Care plan audits to ensure compliance.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that care records, specifically, fluid intake, should reflect a full 24 hours and that the total intake / output are collated into the patient's daily progress records.</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: New fluid balance and food chart devised. Supervisions and discussion at staff meeting to ensure compliance with documentation of all fluid intake into daily evaluations. Deputy and nurse sister to spot check to ensure compliance.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 10 August 2018</p>	<p>The registered person shall ensure that the staffing rota clearly identifies:</p> <ul style="list-style-type: none"> • the nurse in charge • the hours worked by staff. • the first and surname of all staff employed in the home. <p>Ref: Section 6.4</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 10 August 2018</p>	<p>Response by registered person detailing the actions taken: Staff rota was addressed immediately and issues identified were completed.</p> <p>The registered person shall ensure monthly audits should be completed in accordance with best practice guidance. Any shortfalls identified should generate an action plan to ensure learning is disseminated and the necessary improvements can be embedded into practice, specifically, the care records audit and hand hygiene audit.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Care plan Audits frequency increased and completed by deputy and nursing sister. Outcomes developed into an action plan and distributed to staff and signed by staff when received. Hand hygiene audits completed daily.</p>

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



The **Regulation** and
Quality Improvement
Authority

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Assurance, Challenge and Improvement in Health and Social Care