

Unannounced Care Inspection Report 15 August 2017



Edgewater

Type of Service: Nursing Home (NH)

Address: 70 Victoria Road, Newbuildings, Londonderry, BT27 2RL

Tel No: 028 71342090

Inspector: Aveen Donnelly

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 28 persons.

3.0 Service details

Organisation/Registered Provider: Edgewater Responsible Individuals: Michael Curran Paul Steele	Registered Manager: John Green
Person in charge at the time of inspection: John Green	Date manager registered: 14 December 2007
Categories of care: Nursing Home (NH) I – Old age not falling within any other category	Number of registered places: 28

4.0 Inspection summary

An unannounced inspection took place on 15 August 2017 from 09.25 to 18.00 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 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 induction, the oversight of staff registrations with their professional bodies and the management of accidents. Communication was well maintained in the home and there were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients. The management arrangements were stable; complaints and incidents were well managed and there were good working relationships within the home.

Areas for improvement were identified under the regulations in relation to the cleanliness of specific areas of the home; infection prevention and control practices of staff and mandatory training; the provision of adequate domestic staff, to ensure that all parts of the home are kept clean; fire safety practices; the patient care records; and the repositioning records. Areas for improvement made under the care standards relate to the recruitment processes and the frequency of staff supervisions; the processes in place to embed the new regional operational safeguarding policy and procedure; meaningful care plan evaluations; the documentation of wound descriptions as part of the wound assessment process; the auditing processes and the traceability of the records examined as part of the monthly quality monitoring report.

Patients said they were generally happy living in the home.

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	*8

*The total number of areas for improvement includes one area for improvement made under the care standards that has been stated for the second time.

Details of the Quality Improvement Plan (QIP) were discussed with John Green, registered 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 26 May 2016

The most recent inspection of the home was an unannounced care inspection undertaken on 26 May 2016.

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 inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- 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 quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit.

During the inspection the inspector met with five patients, four care staff, one registered nurse, one kitchen staff, one domestic staff and four patients' representative.

Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

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

The following records were examined during the inspection:

- staffing arrangements in the home
- one staff personnel file to review recruitment and selection
- staff induction, supervision and appraisal records
- staff training records for 2016/2017
- accident and incident records
- records relating to adult safeguarding
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- patient register
- two patient care charts including food and fluid intake charts and repositioning charts
- patient register
- annual quality report
- compliments records
- RQIA registration certificate
- certificate of public liability
- audits in relation to care records and falls
- complaints received since the previous care inspection
- minutes of staff' and relatives' meetings held since the previous care inspection
- monthly quality monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as partially met.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 May 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be followed up during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 26 May 2016

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 (1) (b) Stated: First time	The registered persons must ensure that staff members do not commence employment until an enhanced criminal record check with Access NI has been completed and reviewed by the registered person.	Met

	<p>Action taken as confirmed during the inspection: The review of recruitment records evidenced that enhanced criminal records checks were completed with Access NI prior to the staff member starting their employment.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 23.2 Stated: First time</p>	<p>The registered persons should ensure that patients' care plans are updated to reflect the recommendations provided by the tissue viability nurse, as appropriate.</p>	Partially met
	<p>Action taken as confirmed during the inspection: A review of the care records evidenced that although the TVN recommendations had been reviewed by the registered nurses, this information was not specified in the care plan. This recommendation was partially met and has been stated for the second time.</p>	
<p>Area for improvement 1 Ref: Standard 18.4 Stated: First time</p>	<p>The registered persons should ensure that nursing staff clearly record discussions held in relation to the decision made to use or not use bedrails with the patient and/or their representatives as appropriate.</p>	Met
	<p>Action taken as confirmed during the inspection: A review of the care records evidenced that this recommendation had been met.</p>	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and stated that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the nursing and care staff rota for the week commencing 7 August 2017 evidenced that the planned staffing levels for registered nurses and care staff were generally adhered to. The registered manager explained that recruitment was ongoing to ensure that the twilight shift was consistently covered, as the occupancy of the home increased. Discussion

with staff, patients and their representatives evidenced that there were no concerns regarding staffing levels and observation of the delivery of care evidenced that patients' needs were met by the number and skill mix of staff on duty. Further detail on the provision of domestic staff is discussed below.

Discussion with staff confirmed that communication was well maintained in the home and that appropriate information was communicated in the shift handover meetings.

Discussion with the registered manager and a review of one personnel file evidenced that recruitment processes were generally in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. Where nurses and carers were employed, their registrations were checked with NMC and NISCC, to ensure that they were suitable for employment. The review of recruitment records evidenced that enhanced criminal records checks were completed with Access NI and satisfactory references had been sought and received, prior to the staff member starting their employment.

Although the registered manager had obtained most of the information required, to demonstrate that prospective employees were suitable to work with vulnerable adults, further action was required, to ensure that employment histories were clearly recorded on the application form and any gaps explored prior to employment starting. This has been identified as an area for improvement under the care standards.

Discussion with staff evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. All staff consulted with described the induction process and stated that the induction period could be extended until the staff member was confident that they understood their role and the routines of the home. Although the staff spoken with stated that they received regular support and guidance from the registered manager; the review of the records evidenced that supervisions and appraisals were undertaken concurrently. This has been identified as an area for improvement under the care standards.

All staff spoken with confirmed that training had been provided in all mandatory areas. However, observation of practice and discussion with staff confirmed that the staff were not knowledgeable in relation to the management of soiled laundry in keeping with best practice in infection prevention and control. Although staff attendance sheets were available to evidence the training provided, it was difficult to assess the overall compliance with mandatory training requirements. Following the inspection, the registered manager submitted a training matrix to RQIA by email on 31 August 2017. A review of the training matrix evidenced gaps in all mandatory areas, in particular, training in infection prevention and control. This was discussed with the registered manager; and has been identified as an area for improvement under the regulations.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing staff were appropriately managed in accordance with NMC. Similar arrangements were in place to ensure that care staff were registered with NISCC.

Staff consulted with, were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding. The staff understood what abuse was and how they should report any concerns that they had. The registered manager confirmed that he was the identified adult safeguarding champion for the home; however, training had not yet been undertaken and it was not clear that the new regional operational safeguarding policy and procedure had been embedded into practice. This has been identified as an area for improvement.

Review of patient care records evidenced that validated risk assessments were completed as part of the admission process and were reviewed as required. These risk assessments generally informed the care planning process; however, weaknesses were identified in the review of the care records. Refer to section 6.5 for further detail.

A review of the accident and incident records confirmed that the falls risk assessments and care plans were consistently completed following each incident and that care management and patients' representatives were notified appropriately.

A number of patients had pressure relieving mattresses on their beds, to prevent skin breakdown. The correct mattress settings were indicated on the mattress pumps, to ensure their effective use.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. In general, the home was found to be warm and fresh smelling. However, a number of shortfalls were identified in relation to infection prevention and control practices and in particular the standard of cleanliness of two sluice rooms. The sluice rooms were untidy, unclean and items were observed to be stored on the floor and it was apparent that these areas were not being used effectively. A number of commodes examined were also unclean and the lids were in need of repair/replacement. Records for decontamination of the sluice rooms and commodes were not being maintained to a satisfactory standard. In addition, an identified bathroom was observed being used as a storage area. This matter was discussed with management who advised that storage facilities were very limited in the home. The review of the cleaning schedules and audits in place identified that they were not sufficiently robust to capture the shortfalls identified. These issues are not consistent with infection prevention and control practice and have been identified as an area for improvement under the regulations.

As discussed above, although there were no concerns identified in relation to the staffing levels of those directly involved in the delivery of patient care; the review of the domestic staffing rotas identified that they were not in keeping with those discussed with the registered manager. Given that concerns were identified in relation to the cleanliness of the home, the need to review the domestic staff hours has been identified as an area for improvement under the regulations.

Furthermore, the sluice room on the first floor was noted to be used for laundry services and there was also no self-closer device on the door. Given that the installation of a washing machine and tumble dryer in the sluice room alters the fire safety risk of the home; suitable controls should have been implemented to reduce the risk. The registered manager confirmed that the fire hazard had not been noted in the fire risk assessment. The registered manager was informed to cease using the electrical equipment with immediate effect; and confirmed to RQIA by email on 16 August 2017 that the equipment had been removed from use and that the self-closer device had been installed. This has been identified as an area for improvement under the regulations.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, the oversight of staff registrations with their professional bodies, the management of patient falls and communication within the home.

Areas for improvement

Areas for improvement were identified under the regulations in relation to the environment. These related to the cleanliness of the home; mandatory training; fire safety; and the provision of adequate domestic staff, to ensure that all parts of the home are kept clean. Areas for improvement made under the care standards relate to the recruitment processes; the frequency of staff supervisions; and the systems for embedding the new regional operational safeguarding policy and procedure into practice.

	Regulations	Standards
Total number of areas for improvement	4	3

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 a range of validated risk assessments were completed as part of the admission process and reviewed as required. Whilst the majority of risk assessments and care plans were in place, there was evidence that the risk assessments did not consistently inform the care planning process.

For example, the review of one care record evidenced that the specified moving and handling equipment was incorrect in four different sections of one patient's record. The same record contained a care plan that was inaccurate and was not reflective of their current care need. This has been identified as an area for improvement under the regulations.

Personal care records evidenced that records were not consistently maintained in accordance with best practice guidance, care standards and legislative requirements. For example, a review of repositioning records evidenced that patients were not consistently repositioned according to their care plans. This referred specifically to the repositioning of patients whilst they were seated in their chairs. This has been identified as an area for improvement under the regulations.

There were also deficits in relation to record keeping that were not in line with best practice. For example, one patient's assessment of need was undated; therefore we were unable to determine when it had been completed. The care plans were not person-centred and there were examples throughout the records where the care plan template used, had not been properly amended to include the correct name or gender of the patient. Furthermore, although there was evidence that the care plans had been consistently reviewed, there was a lack of meaningful

entries, to reflect any changes that had occurred between reviews. This has been identified as an area for improvement under the care standards.

The registered nurse consulted with was aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), Speech and Language Therapist (SALT), dietician and Tissue Viability Nurse specialists (TVN). As discussed in section 6.2, although there was evidence within the care records that the recommendations made by healthcare professionals in relation to specific care and treatment were being adhered to, this information was not reflected appropriately in the patient's care plan. This is an area for improvement under the care standards that has been stated for the second time.

Body maps had recently been completed to include any wounds or pressure sores and the care records were supported by the use of photography in keeping with the home's policies and procedures and the National Institute of Clinical Excellence (NICE) guidelines. Although there was evidence that wound assessments were undertaken on a regular basis, the wound descriptions were not consistently recorded. This has been identified as an area for improvement under the care standards.

Despite this, there were some examples of good practice identified. For example, a review of patients' food and fluid intake records evidenced that these areas were being monitored; patients who were prescribed regular analgesia had validated pain assessments completed which were reviewed in line with the care plans.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. The registered nurse consulted with explained that the annual care review meetings were used as an opportunity to discuss the care plans with the patients' representatives. The home also used a 'my home life' form for each patient, which detailed the things that were important to the patients and their favourite things in life. There was evidence of regular communication with representatives within the care records.

A record of patients including their name, address, date of birth, marital status, religion, date of admission and discharge (where applicable) to the home, next of kin and contact details was held in a patient register. This register provided an accurate overview of the patients residing in the home on the day of the inspection.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and discussions at the handover provided the necessary information regarding any changes in patients' condition. Staff also confirmed that communication between all staff grades was effective.

Staff meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. The most recent general staff meeting was held on 4 July 2017. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities.

All those consulted with confirmed that if they had any concerns, they could raise these with the staff and/or the registered manager. A combined patients' and relatives' meeting had been held on 9 May 2017 and records were available. Discussion took place with regards to historically poor representation of relatives at the planned meetings. RQIA were satisfied that the

registered manager was very available to anyone wishing to speak with him; and that the patients' representatives views had been sought as part of the annual quality report.

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. Patients' total food and fluid intakes were being monitored; and the patients' pain was well managed. Each patient had a 'my home life' form completed, which detailed their favourite things in life.

Areas for improvement

Two areas for improvement were identified under the regulations. These related to the patient care records; and the repositioning records. Two areas for improvement were also identified under the care standards, relating to meaningful care plan evaluations; and the documentation of wound descriptions as part of the wound assessment process.

	Regulations	Standards
Total number of areas for improvement	2	2

6.6 Is care compassionate?

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

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with five patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Discussion with patients also confirmed that staff consistently spoke to them in a polite manner. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care.

Patients stated that they were involved in decision making about their own care. Patients were consulted with regarding meal choices and were offered a choice of meals, snacks and drinks throughout the day. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

We observed the lunch time meal in the dining room. The lunch served appeared appetising and patients spoken with stated that they were satisfied with the meals provided. The atmosphere was quiet and tranquil and patients were encouraged to eat their food; assistance was provided by staff, as required.

Patients consulted with also confirmed that they were able to maintain contact with their families and friends. Staff supported patients to maintain friendships and socialise within the home. One staff member was designated to provide activities in the home for three hours every day. Patients consulted with stated that there were different activities they could participate in.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided.

An annual quality audit had been undertaken since the last inspection; views and comments recorded were analysed and areas for improvement had been acted upon.

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

From discussion with the registered manager, staff, relatives and a review of the compliments record, there was evidence that the staff cared for the patients and their relatives in a kindly manner. We read some recent feedback from patients' representatives. One comment included praise for the 'care, kindness, support and friendship' shown to a patient when receiving end of life care.

During the inspection, we met with five patients, four care staff, one registered nurse, one kitchen staff, one domestic staff and four patients' representative. Some comments received are detailed below:

Staff

"The care is very good, we are like a happy family".

'The care is good, the staff are very friendly".

'I have no concerns".

'The care is really good, we try our best to deliver the highest quality of care that we can".

Patients

"I am getting on alright, they are treating me great".

"They respect your place in life here".

"It is very good".

"They are good here, the food is excellent".

"It is alright, but I do not like the food".

Patients' representative

"The staff are all very good, I have never seen anything to worry about here".

"(My relative) seems to be getting on fine".

"The care is excellent, the staff are very cheerful and the food is excellent".

"It is all good, I cannot complain, all is great".

We also issued ten questionnaires to staff and relatives respectively and eight questionnaires to patients. Five staff, five patients and five relatives had returned their questionnaires, within the timeframe for inclusion in this report. Comments and outcomes were as follows:

Patients: respondents indicated that they were either 'satisfied' or 'very satisfied' that the care in the home was safe, effective and compassionate; and that the home was well-led. No written comments were received.

Relatives: respondents indicated that they were either 'very satisfied' or 'satisfied' that the care in the home was safe, effective and compassionate; and that the home was well-led. One respondent provided written comment in relation to how well the patients' birthdays are celebrated and to the refreshments provided to the patients' relatives when visiting the home.

Staff: respondents indicated that they were either 'satisfied' or 'very satisfied' that the care in the home was safe, effective and compassionate; and that the home was well-led. One respondent provided written comment in relation to the positive culture within the home.

Any comments from patient representatives and staff in returned questionnaires received after the return date will be 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, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

There were no areas for improvement identified in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with the registered manager and observation of patients evidenced that the home was operating within its' registered categories of care. The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussions with the staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. All those consulted with described the registered manager in positive terms; comments included 'he helps you out if you have any issues' and 'we are well supported by him'. Staff described how they felt confident that the registered manager would respond positively to any concerns/suggestions raised.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. There was a system in place to identify the person in charge of the home, in the absence of the registered manager.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. Staff, patients and patients' representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Patients were

aware of who the registered manager was. There was one complaint that was ongoing at the time of this inspection; this will be followed up at future inspection.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided; however, we were not assured that the audits completed were being effective. This has been identified as an area for improvement under the care standards.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection, confirmed that these were appropriately managed.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005, and copies of the reports were available for patients, their representatives, staff and trust representatives. A review of the monthly quality monitoring reports identified that there was a lack of traceability in relation to the specific records reviewed; therefore we were unable to determine which care records had been examined during the visits. It was also disappointing that the deficits in mandatory training requirements and issues relating to the environment had not been identified prior to this inspection. Although there was an action plan generated to address any areas for improvement; this generally included decorative issues and there was nothing identified within this that related directly to patient care.

Areas of good practice

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

Areas for improvement

It should be noted that one area for improvement previously made under the care standards was not met and has been stated for the second time. New areas for improvement identified under the care standards during this inspection, related to the governance arrangements within the home, particularly the auditing processes and the traceability of records reviewed as part of the monthly quality monitoring visit.

	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 John Green, 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 to Nursing.Team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

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 (2) (b) (d)</p> <p>Stated: First time</p> <p>To be completed by: 12 October 2017</p>	<p>The registered persons shall make suitable arrangements to ensure that the standard and monitoring of cleanliness throughout the home is maintained.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Appointment of a house keeper role newly implemented as well as additional staff. More robust check lists and audits in place.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p> <p>To be completed by: 12 October 2017</p>	<p>The registered person shall ensure that all staff receives mandatory training, appropriate to their roles and responsibilities; and that systems are in place to ensure that the training provided is embedded into practice. This refers particularly to, but is not limited to infection prevention and control practices.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Infection control training recently held, training updates held and recording of training matrixed.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 12 October 2017</p>	<p>The registered persons shall review the provision of domestic staff hours, to ensure that the numbers are appropriate to maintain an acceptable standard of cleanliness in the home.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Appointment of new staff done. cleanliness records and audits revamped and in place.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (4)(a) and (b)</p> <p>Stated: First time</p> <p>To be completed by: 12 October 2017</p>	<p>The registered persons shall arrange for the fire risk assessment to be reviewed, and suitable control measures implemented, in relation to the use of electrical appliances in the sluice room on the first floor. RQIA should be informed of the outcome of this assessment with the returned QIP; and any change in the purpose of any room shall not take place until RQIA approval is received.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Electrical equipment not suitable to area removed. No equipment is now stored in this area posing any risks.</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 15 (2) (a) and (b)</p> <p>Stated: First time</p> <p>To be completed by: 12 October 2017</p>	<p>The registered persons shall ensure that the care record is reflective of the patients' current care need.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: Manager has discussed areas of improvement with staff nurses and audited files to reflect same. training held on care planning and required improved documentation.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (1)(a)</p> <p>Stated: First time</p> <p>To be completed by: 12 October 2017</p>	<p>The registered persons shall ensure that patients at risk of developing pressure damage to their skin, are repositioned in keeping with the care plan; and that records are retained, to include the care provided when the patients are seated in their chairs.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Records of repositioning and chair pressure care reviewed and in place.</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 23.2</p> <p>Stated: Second time</p> <p>To be completed by: 12 October 2017</p>	<p>The registered persons should ensure that patients' care plans are updated to reflect the recommendations provided by the tissue viability nurse, as appropriate.</p> <p>Ref: Section 6.2</p> <p>Response by registered person detailing the actions taken: Tissue viability records recommendations are held in care notes however manager has ensured these recommendations are also updated on care plans. The manager has ensured staff nurse awareness.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p> <p>To be completed by: 12 October 2017</p>	<p>The registered persons shall ensure that the recruitment processes are further developed to ensure that any gaps in employment records are explored and explanations recorded.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Process in place to ensure any gaps are filled.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 40</p>	<p>The registered persons shall ensure that the staff have recorded individual, formal supervision according to the home's procedures, no less than every six months for staff who are performing satisfactorily.</p>

<p>Stated: First time</p> <p>To be completed by: 12 October 2017</p>	<p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Staff supervised performance records reassessed to reflect improvement of records and methodology.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 12 October 2017</p>	<p>The registered persons shall ensure that systems are in place to embed the new regional operational safeguarding policy and procedure had been embedded into practice.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Training updates held on this subject area.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 12 October 2017</p>	<p>The registered persons shall ensure that care plan evaluations are meaningful and are reflective of any changes to the patients care and treatment provided, between evaluations.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Care plan training held and staff nurse files audited to reflect same.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 12 October 2017</p>	<p>The registered persons shall ensure that wound assessments are completed in keeping with the home's policies and procedures and the National Institute of Clinical Excellence (NICE) guidance on management and prevention of pressure damage.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Care plan audits done as well as discussion and training in this area of improvement.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 35.4</p> <p>Stated: First time</p> <p>To be completed by: 12 October 2017</p>	<p>The registered persons shall review the auditing processes used in the home, to ensure that they are effective. This relates particularly to, but not limited to; the environmental/cleaning audits; the care record audits; and the care record audits.</p> <p>Ref: Section 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: Care record audits reassessed and new audits introduced.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 35.7</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that there is traceability of the records reviewed in the monthly quality monitoring report.</p> <p>Ref: Section 6.7</p>

To be completed by: 12 October 2017	Response by registered person detailing the actions taken: This has been discussed and implemented.
---	---

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)