



Unannounced Care Inspection Report 16 August 2018



Edenvale Care Home

Type of Service: Nursing Home (NH)
Address: 1-7 Edenmore Road, Limavady, BT49 0RF
Tel No: 02877722055
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 55 persons.

3.0 Service details

| | |
|--|---|
| <p>Organisation/Registered Provider: Four Seasons Health Care</p> <p>Responsible Individual: Dr Maureen Claire Royston</p> | <p>Registered Manager: See below</p> |
| <p>Person in charge at the time of inspection: Katrina Canning-Service</p> | <p>Date manager registered: Katrina Canning-Service – acting no application required</p> |
| <p>Categories of care: Nursing Home (NH) LD – Learning disability. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment. TI – Terminally ill. DE – Dementia. I – Old age not falling within any other category. PH(E) - Physical disability other than sensory impairment – over 65 years.</p> | <p>Number of registered places: 55</p> <p>A maximum of 21 patients in category NH-DE, 2 patients in category NH-MP, 2 patients in category NH-MP(E), 4 patients in category NH-PH, 1 patient in category NH-LD and 6 patients in category NH-TI.</p> |

4.0 Inspection summary

An unannounced inspection took place on 16 August 2018 from 07.15 hours to 16.00 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 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, communication between residents, staff and other key stakeholders, the culture and ethos of the home with dignity and privacy, listening to and valuing patients and their representatives. Further good practice was found in relation to taking account of the views of patients, the management of complaints and incidents and with maintaining good working relationships,

Areas requiring improvement under regulation were identified in relation to post falls management, infection prevention and control practices (IPC), management of substances hazardous to health, storage of medication and management of infections.

Areas requiring improvement under the care standards were identified in relation to staff recruitment, evaluating the effect of training on practice, provision of activities, the duty rota and increasing audit activity in respect of the environment 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. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 5 | 5 |

Details of the Quality Improvement Plan (QIP) were discussed with Katrina Canning-Service, manager, and Louisa Rea, regional manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

The inspection findings were discussed with RQIA senior managers and as a consequence it was agreed that a meeting with the registered persons would be held. This meeting was conducted on 22 August 2018. At this meeting the registered persons' representatives acknowledged the failings and provided an action plan as to how the concerns, raised at the inspection, would be addressed by management. RQIA were provided with the appropriate assurances and a further inspection will be conducted to validate compliance with these areas and any further non-compliance may lead to enforcement action.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 23 April 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 23 April 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 the inspector met with seven patients, seven patients' relatives/representatives and nine staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

The inspector provided the manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

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

The following records were examined during the inspection:

- duty rota for all staff from weeks beginning 6 August 2018 and 13 August 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 file
- six patient care records
- a selection of patient care charts including food and fluid intake charts and bowels charts
- a sample of governance audits
- complaints record
- compliments received
- 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 23 April 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.

6.2 Review of areas for improvement from the last care inspection dated 12 December 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 6 August 2018 and 13 August 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.

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. It was observed that the morning medicine round did not finish in the home until 11.30 hours. This was discussed with the regional manager who explained that an additional nurse would usually be on duty during the morning shift although due to the dependency levels in the home, an additional nurse was not required at present. This will be reviewed at a future care inspection.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that on occasions staffing levels were affected by short notice leave. However, they also confirmed that this only happened occasionally and that shifts were "covered." We also sought staff opinion on staffing via the online survey although no responses were received within the timeframe for inclusion in this report.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Edenvale Care Home. Relatives spoken with did not raise any concerns in relation to staffing within the home. We also sought the opinion of patients and relatives on staffing via questionnaires. No patient questionnaires were returned within the expected timeframe for inclusion in this report.

Review of one staff recruitment file evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. However, review of the file evidenced that no written record explaining the gaps in employment were retained. This was discussed with the manager and an area for improvement under the care standards was made.

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. Although, discussion with the agency nurse in charge of the night shift evidenced they did not know the access codes to all areas of the building and were unaware of the location of the fire

lists which contains the personal emergency evacuation plans. This was discussed with the manager and regional manager and assurances were given that all nurses in charge were given this information as part of their induction and this will be reinforced during handover. This will be reviewed at a future care inspection.

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. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

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 elements of training had been embedded into practice, for example, the moving and handling of patients. However, we were concerned with elements of staff's infection prevention and control knowledge.

Where staff training records indicated a 97 percent compliance rate on IPC e-learning training, observation of practice and discussion with all grades of staff evidenced deficits in knowledge. In addition, where training records indicated staff had received training on control of substances hazardous to health (COSHH), deficits in practice were identified during the inspection. This will be discussed further within this section. These concerns were discussed with the manager and regional manager and identified as an area for improvement under the care standards.

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 six patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from March 2018 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. We discussed examples of inappropriate notification and the manager was encouraged to liaise with their aligned inspector if they were unsure if they were required to notify RQIA. This will be reviewed at a future care inspection. 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 in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Review of accident records and discussion with the manager evidenced deficits in relation to the post fall management of patients. Review of three patient care records evidenced that when the patients had an unwitnessed fall, neurological and clinical observations were not carried out consistently in accordance with best practice guidance and the homes policies. In addition, there was no documented evidence in the care record that the patient's care manager had been informed of the falls. On one occasion there was no documented evidence that the patient's next

of kin had been informed of their relatives fall. This was discussed with the manager who confirmed that care manager's would be notified via email although this is not routinely recorded in the care records. The manager also confirmed they had carried out clinical supervision with registered nurses in relation to the management of falls. An area for improvement under regulation was made.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated and fresh smelling throughout. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of staff confirmed that fire safety training was embedded into practice.

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 personal protective equipment (PPE) and hand hygiene
- staff unaware how to complete environmental cleaning in the absence of domestic staff
- clinical waste bag stored on the floor of a lift
- no availability of PPE dispensers in identified parts of the home
- inadequate decontamination of multiple toilet roll holders
- inadequate decontamination of two identified hand towel dispensers
- staining observed under an identified commode
- staining observed under an identified shower chair
- heavily stained cistern in an identified sluice
- two sinks and draining boards in identified sluices heavily stained with lime scale observed on one sink and taps
- inappropriate storage in identified bathrooms including communal items and patient equipment
- staining identified under two raised toilet seats
- multiple bedrooms and lounges with no waste bin
- an identified bathroom and toilet with no pedal operated clinical waste bin
- no evidence of high dusting in patient bedrooms
- deficits noted in cleaning records
- dirt and debris on a waste bin in an identified ensuite
- single use syringes observed used/reused on medicine trolley

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 substances hazardous to health in compliance with COSHH legislation. For example, the hairdressing room was observed to be unlocked and nail varnish was stored in an unlocked cupboard. There was also a spray bottle containing liquid and this was not labelled. In addition, unlabelled bottles

containing chemicals were observed in both downstairs sluices. Discussion with staff evidenced that cleaning chemicals were not prepared as per manufacturer’s guidance; this may cause respiratory irritation to patients and staff and bring into question the effectiveness of the environmental cleaning within the home. One domestic trolley was also observed to be unattended. 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.

During review of the home’s environment a topical medicine was observed in an identified toilet. This was also discussed with the manager who arranged for its removal. 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 and 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.

Areas for improvement

Four areas for improvement under regulation were identified in relation to post fall management, infection prevention and control practices, management of substances hazardous to health and storage of medication.

Two areas for improvement under the care standards were identified in relation to staff recruitment and evaluating the effect of training on practice.

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

6.5 Is care effective?

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

Review of six 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 nutrition, patients’ weight, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Review of one care record for an identified patient evidenced deficits in the management of infections. The patient had been prescribed an antibiotic to treat an infection, although no care plan was in place to direct care despite records stating a care plan was in place. This was discussed with the manager and identified as an area for improvement under the regulations.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), the speech and language therapist (SALT) and dieticians. Supplementary care charts such as food and fluid intake records and bowels records evidenced that contemporaneous records were maintained. 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.

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. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

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

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

The manager advised that patient and/or relatives meetings were held on a bi-annual basis. Minutes were available.

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 the regulations was identified in relation to management of infections.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 0 |

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 07:15 hours and were greeted by staff who were helpful and attentive. Patients enjoyed 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.

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. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Gaps within the provision of activities were observed on the activity board displayed in the upstairs foyer. There was also no provision made for activities to be delivered in the absence of the personal activity leader (PAL). This was discussed with the manager and who agreed to review current arrangements against Standard 11 of the Care Standards for Nursing Homes 2015 to ensure they are adhering to best practice guidance. An area for improvement under the care standards was made.

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, the provision of clocks and prompts for the date.

We observed the serving of the morning 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. Patients indicated that they enjoyed their meal. 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. Patients were served drinks in plastic tumblers, some of which were very tarnished. This was discussed with the manager who confirmed that this was due to health and safety reasons as some patients may throw or drop a glass. The manager agreed to review this as all patients do not exhibit these behaviours. This will be reviewed at a future care inspection.

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

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

“The minute I saw the place I knew it was the place I’d like.”

“They take good care of me.”

“I work with the staff. There are no problems.”

“The staff are alright. Sometimes they don’t have time for you.”

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. Seven relatives were consulted during the inspection. Some of the comments received were as follows:

“I think the care is very good and my relative is well looked after.”

“No concerns. Everything is going ok. We come twice a week and the care is very very good.”

“I have been very happy with the care.”

“The staff are very kind and thoughtful to my sister.”

“I am very happy with the care in Edenvale. My Gran is always clean and her room is very tidy.”

“The home is great. No concerns.”

“The care my father gets is excellent. It’s a home from home. His choices are catered for and they always have time to give him attention. They encourage him to eat and do activities. We are always well updated.”

A poster was given to the nurse in charge to be displayed in the staff room inviting staff to respond to an on-line questionnaire. None of the staff responded within the timeframe for inclusion in the report. Nine staff members were consulted to determine their views on the quality of care in Edenvale Care Home. Some comments received were as follows:

“The care is good here. The teamwork is great. The manager is lovely and very supportive.”

“There is good consistency in teamwork and the patients are well cared for.”

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, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

One area for improvement under the care standards was identified in relation to activities.

| | 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.

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 at all times or contain the first and surname of each member of staff and their designation. 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. The manager was commended for the excellent efforts she made to ensure a recently recruited overseas member of staff was made feel welcome to the home and local community.

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. Arrangements are in place to implement the collection of equality data within Edenvale Care 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 accidents/incidents, IPC practices, care records. 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. While audits were completed, IPC and environmental audits did not identify deficits found during inspection. This was discussed with the manager who agreed to review the audit process for the environment 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 the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

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 the management of complaints 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 the environment 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 Katrina Canning-Service, manager, and Louisa Rea, regional 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

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| <p>Area for improvement 1</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 carry out clinical/neurological observations, as appropriate, for all patients following a fall in keeping with best practice guidance, policies and procedures. All such observations/actions taken post fall must be appropriately recorded in the patient's care record, including contact with next of kin and appropriate professionals.</p> <p>Ref: 6.4</p> |
| | <p>Response by registered person detailing the actions taken: Nursing staff have been advised under clinical supervision of the requirement for this. The Manager will review as part of the Datix investigation, record and address any deficits with staff. This will be monitored as part of the Regulation 29 visit.</p> |
| <p>Area for improvement 2</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: The areas identified in section 6.4 in relation to infection prevention and control have been addressed by appropriate review and replacement of equipment. Supervisions have been completed with staff in relation to cleaning and decontamination of equipment. This is monitored by the Manager in the daily walkarounds and remedial action discussed with staff if required. Decontamination records and cleaning records are spot checked by the Manager.</p> |
| <p>Area for improvement 3</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 highlighted in section 6.4.</p> <p>Ref: 6.4</p> |
| | <p>Response by registered person detailing the actions taken: Supervision carried out with staff in relation to storage of chemicals. Same is monitored by the Manager during daily walkaround and any remedial actions are discussed with staff if required.</p> |

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| <p>Area for improvement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p> | <p>The registered person shall ensure suitable arrangements for the secure storage of medicines.</p> <p>This area for improvement is made with specific reference to the storage of topical medicines.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Staff have been advised under clinical supervision regarding appropriate storage and this is monitored as part of the Manager's daily walkaround.</p> |
| <p>Area for improvement 5</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p> | <p>The registered person shall ensure that care plans accurately reflect and address the assessed health needs of patients and are kept under review and updated in response to the changing needs of patients.</p> <p>This area for improvement is made with specific reference to management of infections.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Residents with Health acquired infections have an appropriate care plan in place and staff are aware of the need to update any identified changes in the care plan.</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 38.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p> | <p>The registered person shall ensure staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The gaps in employment are now explored at interview and documented on the application form.</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 39.7</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p> | <p>The registered person shall ensure the effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>This area for improvement is made in reference to infection prevention and control practice and COSHH.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The embedding of practices and quality improvement will be tested through discussion with staff and observation of practices in the Home.</p> |

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| <p>Area for improvement 3</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 1 October 2018</p> | <p>The registered person shall ensure the programme of activities reflects the preferences and choices of the patients and is evaluated regularly. This shall be displayed in a suitable format and a record kept of all activities that take place, with the names of the person leading them and the patients who participate. Arrangements for the provision of activities should be in place in the absence of the patient activity leader.</p> <p>Ref: 6.6</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 1 October 2018</p> | <p>Response by registered person detailing the actions taken: The PAL was on annual leave on the day of the inspection and retains the appropriate records. In the future, in her absence the care staff will support the provision of activities as part of their role .</p> <p>The registered person shall ensure that the staffing rota clearly identifies:</p> <ul style="list-style-type: none"> • the nurse in charge at all times • the first name and surname of all staff employed in the home and their designation. <p>Ref: Section 6.7</p> |
| <p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 1 October 2018</p> | <p>Response by registered person detailing the actions taken: The rota will be monitored when signed off by the Registered Manager for compliance with this.</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 infection prevention and control audit and hand hygiene audit.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The infection control audit will be completed monthly and an action plan will be generated and reviewed.</p> |

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



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Assurance, Challenge and Improvement in Health and Social Care