# Unannounced Care Inspection Report
# 6 August 2018

# Longfield Care Home

**Type of Service: Nursing Home (NH)**
**Address: 2 Longfield Road, Eglinton, BT47 3PY**
**Tel No: 02871812552**
**Inspector: Michael Lavelle**

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 up to 35 persons.

## 3.0 Service details

| | |
|---|---|
| **Organisation/Registered Provider:**<br>Four Seasons (Bamford) Ltd<br><br>**Responsible Individual:**<br>Dr Maureen Claire Royston | **Registered Manager:**<br>Louise McCloskey |
| **Person in charge at the time of inspection:**<br>Louise McCloskey | **Date manager registered:**<br>1 April 2005 |
| **Categories of care:**<br>Nursing Home (NH)<br>I – Old age not falling within any other category.<br>PH – Physical disability other than sensory impairment.<br>PH(E) - Physical disability other than sensory impairment – over 65 years. | **Number of registered places:**<br>35 |

## 4.0 Inspection summary

An unannounced inspection took place on 6 August 2018 from 09.50 hours to 17.50 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the 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 recruitment, training, supervision and appraisal, adult safeguarding, communication between residents, staff and other key stakeholders, 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, governance arrangements, management of complaints and incidents and maintaining good working relationships.

Areas requiring improvement under regulation were identified in relation to staffing of the home at night, post fall management, fire safety, infection prevention and control practices and evaluation of wound care.

Areas for improvement under the care standards were identified in relation to agency staff induction, topical medicine administration records, recording keeping and re-assessment of care plans.

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** | 5 | 4 |

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

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

## 4.2 Action/enforcement taken following the most recent inspection dated 29 January 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 31 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 nine patients, five staff, one visiting professional and four 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 commencing 30 July 2018 and 6 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

- one staff recruitment and induction file
- four patient care records
- a selection patient care charts including food and fluid intake charts and reposition 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.

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

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 29 January 2018

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

### 6.2 Review of areas for improvement from the last care inspection dated 29 January 2018

| Areas for improvement from the last care inspection | | |
|---|---|---|
| **Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005** | | **Validation of compliance** |
| **Area for improvement 1**<br><br>**Ref**: Regulation 21 (1) (b)<br><br>**Stated:** First time | The registered person shall ensure that all employees are recruited in accordance with best practice and legislation and that the evidence of this is present in staff recruitment and selection files. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Review of one staff personnel file evidenced that employees are recruited in accordance with best practice and legislation. | |

| | | |
|---|---|---|
| **Area for improvement 1**<br><br>**Ref**: Regulation 13 (4)<br><br>**Stated:** First time | The registered person shall ensure suitable arrangements for recording and safe administration of medicines. This is made with specific reference to administration of topical medicines. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Review of records evidenced suitable arrangements for recording and safe administration of medicines were in place. | |

## 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 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 commencing 30 July 2018 and 6 August 2018 evidenced that the planned staffing levels were generally well 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.

Review of one patient's care record and discussion with the registered manager evidenced that on one occasion where a patient was transferred to hospital overnight, a care assistant accompanied the patient to hospital. This left the home without adequate staff to ensure the safety of patients. This was discussed with the registered manager and regional manager who agreed to ensure this practice is discontinued. An area for improvement under regulation was made.

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.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Longfield. We also sought the opinion of patients on staffing via questionnaires; six were returned in the expected timeframe. All six indicated they were either very satisfied or satisfied with the staffing in the home. One patient commented that the home was "short of nurses and staff." However, we were unable to validate any staff deficiency on the days of the inspection.

None of the four relatives spoken with raised any concerns regarding staff or staffing levels. We also sought relatives' opinions on staffing via questionnaires. Two questionnaires returned indicated they felt there was enough staff to help their relatives.

Review of one staff recruitment files 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.

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. However, discussion with staff confirmed a robust induction had not taken place for one member of agency staff who was working in the home for the first time on the day of inspection. This was discussed with the registered manager who gave assurances that the agency staff member would receive a robust induction. This was identified as an area for improvement under the care standards.

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. The registered manager confirmed that training uptake within the home was at 85 percent. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

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

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 records and discussion with the nurse in charge evidenced deficits in relation to the post fall management of patients. Review of two care records evidenced that on occasions when the patients had unwitnessed falls, no consideration was given to the possibility of a head injury and neurological and clinical observations were not carried out in accordance with best practice. Discussion with staff evidenced that they would not routinely check neurological observations following an unwitnessed fall. This was discussed with the registered manager who agreed to arrange clinical supervision with registered nurses in relation to the management of falls. We asked that the issue of post fall management be discussed at the regional manager's forum to ensure all registered nurses were aware of their responsibilities in relation to appropriate post fall management. 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, fresh smelling and generally clean throughout. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were not observed to be clear of clutter and obstruction. For example, patient equipment, such as wheelchairs and chairs were observed cluttering an assembly area at a fire exit on the first floor. In addition, a company employee had parked their car outside a ground floor fire exit rendering it unusable. This practice was discussed with the registered manager and is required to be addressed without delay to ensure the safety and wellbeing of patients in the home. An area for improvement under regulation has been identified.

Concerns were identified in regards to the management of infection, prevention and control (IPC) as follows:

- clutter and inappropriate storage in identified storage cupboards – additional shelving should be considered to ensure items are not stored on the floor
- identified commodes and shower chairs were rusted and stained – these should be cleaned and/or discarded and replaced
- rusted and loose hand rail at the side of in identified toilets and ensuites – these should be replaced
- gaps noted in cleaning records
- faeces on an identified toilet roll dispenser
- identified toilet with no toilet roll dispenser
- inappropriate storage of patient equipment in bathrooms, including wheelchairs and hoists
- food not covered on transfer from the kitchen to patient's preferred dining area
- inconsistent use of personal protective equipment (PPE) by kitchen staff
- the laundry was cluttered with storage of inappropriate items
- no PPE unit available in the laundry.

Details were discussed with the regional manager and a number of immediate actions were taken prior to the conclusion of the inspection which provided a level of assurance. 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.

**Areas of good practice**

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

**Areas for improvement**

Four areas for improvement under regulation were identified in relation to staffing of the home at night, post fall management, fire safety and infection prevention and control practices.

One area for improvement under the standards was identified in relation to agency staff induction.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 4 | 1 |

**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 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.

A number of issues were identified as follows.

Deficits were noted in relation to the administration of topical medicines. Three care records were reviewed. Two of the records reviewed had minor gaps in recording, while the third record did not have accurate recording of topical medicines. Medicine administration records for this patient were not completed for seven days in both June 2018 July 2018. This was discussed with the registered manager and identified as an area for improvement under the care standards. This matter was also referred to the pharmacist inspector for information purposes.

Review of four patient care records and additional supplementary care records evidenced deficits in record keeping. For example, review of one patient repositioning record evidenced gaps of up to eight hours. The record evidenced that the patient was repositioned on the hour every hour; however, discussion with staff evidenced that this was not the case. Of the four patient care records reviewed, three contained examples of care not being documented on at least one occasion. One care record did not have daily progress documented for a period of 31 hours. Two care records contained meaningless statements in the daily progress notes. For example, statements like "all care continues" were used to evaluate care. Registered nurses should have oversight of supplementary care records and ensure that contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out in relation to each patient, in accordance with NMC guidelines. This was discussed with the registered manager and an area for improvement was made under the care standards.

Review of patient care records evidenced examples that were not reflective of prescribed care. For example, one care record stated a patient required hourly checks while they were in their room. However, discussion with staff evidenced this was not required. Another care record had not been updated following the completion of antibiotic therapy. A further care record referenced the need for the patient to have a biopsy, although review of other care records evidenced this was not required. Registered nurses should ensure that re-assessment is an ongoing process and accurately update patient care plans. This was discussed with the registered manager and an area for improvement was made under the care standards.

Deficits were identified in wound management of one identified patient. The dressing regime evidenced gaps in recording in the daily records and wound evaluation chart of up to and including seven days. This was discussed with the registered manager and an area for improvement under regulation was made.

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. 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 registered manager or the nurse in charge.

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.

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 registered 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 identified in relation to evaluation of wound care.

Three areas for improvement under the care standards were identified in relation to topical medicine administration records, recording keeping and re-assessment of care plans.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 1 | 3 |

**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 09.50 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a morning cup of tea/coffee 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.

Discussion with patients and staff and 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. The patient activity lead was commended for developing activities which maintained close links to the local community.

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. Since the last inspection new carpet had been fitted in the main lounge along with new chairs. New vinyl flooring was also being fitted in the home on the day of inspection.

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 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.

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

"For the first time in our lives we had peace of mind that our relatives were in safe, capable and loving hands. Without exception, our family will look back at our relatives time in Longfield as some of their happiest days."

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

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

“I love it here.”
“It’s very good.”
“It’s a great place. They feed you up! I wouldn’t change a thing.”

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 patient questionnaires were left in the home for completion. Six were returned within the expected timescale with all respondents indicating that they were very satisfied or satisfied with the care provided across the four domains. Some of the comments received were as follows:

“It couldn’t be better.”

Ten relative questionnaires were provided; two were returned within the timescale. Both indicated that they were very satisfied with the care provided across the four domains. Some of the comments received were as follows:

“Superb all round. Care excellent to my relative/Great leadership from Louise who leads competent staff effectively.”
“My relative has been in Longfield Care Home for a number of years. They have received exemplary care are all stages of their aging. I cannot thank the staff enough.”

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

“The care is very good. My relative is very content. We have no problems. They are great.”
“The placement of my relative couldn’t have gone better. The staff have made it homely and are very accommodating. We are very content with everything. They involve my relative in all the activities.”
“From the moment you come into the home, the staff are very kind and friendly. I’m absolutely happy with the care here.”

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, dignity and privacy, 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 during the inspection 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.**

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 no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. However, the rota did not clearly show the actual hours worked by all staff. This was discussed with the registered manager who agreed to review the duty rota. This will be reviewed at a future care inspection.

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

We 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.

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 registered 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 and restrictive practices. In addition robust measures were also in place to provide the registered manager with an overview of the management of infections and wounds occurring in the home.

Discussion with the registered 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 registered 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 governance arrangements, management of complaints and incidents and maintaining good working relationships.

**Areas for improvement**

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

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Louise McCloskey, registered 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 | |
|---|---|
| **Area for improvement 1**<br><br>**Ref**: Regulation 20 (1) (a)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate action required | The registered person shall ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients.<br><br>This area of improvement is made with specific reference to staffing arrangements in the home at night.<br><br>Ref: 6.4 |
| | **Response by registered person detailing the actions taken:**<br>Staffing at night will no longer be depleted by the provision of Hospital escorts. This has been communicated to the Trained staff team and the relative group via letter. However consideration has to be given to exceptional circumstances as required on a case by case basis. |
| **Area for improvement 2**<br><br>**Ref:** Regulation 13 (1) (a) (b)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate action required | The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.<br><br>Ref: 6.4 |
| | **Response by registered person detailing the actions taken:**<br>Nursing staff have been advised under clinical supervision of the requirement for this. The Manager will review as part of the Datix investigtaion, records and address any deficits with staff. This will be monitored as part of the Regulation 29 visit. |
| **Area for improvement 3**<br><br>**Ref**: Regulation 27 (4) (c)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate action required | The registered person shall ensure adequate means of escape.<br><br>This area of improvement is made with specific reference to ensuring fire exits and corridors are kept clear and not obstructed.<br><br>Ref: 6.4 |
| | **Response by registered person detailing the actions taken:**<br>The Registered Manager will review this as part of the daily walkaround. This has also been communicated to staff as part of the Team meetings. |

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| **Area for improvement 4**<br><br>**Ref**: Regulation 13 (7)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate action required | The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.<br><br>This area for improvement is made in reference to the issues highlighted in section 6.4.<br><br>Ref: 6.4 |
| | **Response by registered person detailing the actions taken:**<br>The areas identfied 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 dicussed with staff if required. Decontamination records and cleaning records are spot checked by the Manager. |
| **Area for improvement 5**<br><br>**Ref:** Regulation 13 (1) (a) (b)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate action required | 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.<br><br>This area for improvement is made in reference to the following:<br><br>• ensuring a wound evaluation chart is maintained for patient with wounds.<br><br>Ref: 6.5 |
| | **Response by registered person detailing the actions taken:**<br>Residents with wounds are to be recorded on Datix, the Manager will review the care record weekly and update the Datix to reflect the compliance with the on going wound evaluation. Wound care Traca completed on all wounds as part of the Regulation 29 visit. |
| **Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015** | |
| **Area for improvement 1**<br><br>**Ref**: Standard 39.1<br><br>**Stated:** First time<br><br>**To be completed by:**<br>With immediate effect | The registered person shall ensure all agency staff complete a structured orientation and induction and records are retained.<br><br>Ref: 6.4 |
| | **Response by registered person detailing the actions taken:**<br>Agency file is in place for staff reference. Home Manager to ensure receipt of staff profile and all inductions are completed. |

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| **Area for improvement 2**<br><br>**Ref**: Standard 28<br><br>**Stated:** First time<br><br>**To be completed by:**<br>With immediate effect | The registered person shall ensure accurate recording in relation to topical medicine administration. Robust arrangements should be in place to audit all aspects of medicine management to identify deficits and take appropriate action.<br><br>Ref: 6.5 |
| | **Response by registered person detailing the actions taken:**<br>TMARRs have been rewritten and Trained staff are spot checking weekly, these are also spot checked weekly by the Manager. |
| **Area for improvement 3**<br><br>**Ref**: Standard 4.9<br><br>**Stated:** First time<br><br>**To be completed by:**<br>With immediate effect | The registered person shall ensure contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out in relation to each patient, in accordance with NMC guidelines. Registered nurses should have oversight of supplementary care records.<br><br>Ref: 6.5 |
| | **Response by registered person detailing the actions taken:**<br>The Home is in the process of transferring to paper records from electronic . Registered Nurses have been advised regarding their accountability in record keeping in line with NMC Guidelines. This will be kept under review by the Home Manager when completing resident care Traca. Registered Nurses have been advised regarding the need to sign and review the supplementary charts of residents at risk, such as those with wounds and weight loss. |
| **Area for improvement 4**<br><br>**Ref**: Standard 4.7<br><br>**Stated:** First time<br><br>**To be completed by:**<br>With immediate effect | The registered person shall ensure re-assessment is an ongoing process that is carried out daily and at identified, agreed time intervals as recorded in care plans.<br><br>Ref: 6.5 |
| | **Response by registered person detailing the actions taken:**<br>The assessement process will be kept under review and monitored as part of the Resident Care Traca completion. |

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

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