



# Unannounced Care Inspection Report

## 28 June 2018



## Brookmount

**Type of Service: Nursing Home (NH)**  
**Address: 4 Lower Newmills Road, Coleraine, BT52 2JR**  
**Tel No: 0287032 9113**  
**Inspector: Bridget Dougan**

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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 48 persons.

### 3.0 Service details

|   |  |
|---|--|
| <b>Organisation/Registered Provider:</b><br>Apex Housing Association<br><br><b>Responsible Individual:</b><br>Gerald Kelly  | <b>Registered Manager:</b><br>Ann Bannister    |
| <b>Person in charge at the time of inspection:</b><br>Michelle Sterling: 10.00 – 11.00<br>Ann Bannister: 11.00 – 13.00<br>Michelle Sterling: 13.00 – 16.30                              | <b>Date manager registered:</b><br>19 May 2014 |
| <b>Categories of care:</b><br>Nursing Home (NH)<br>I – Old age not falling within any other category.<br>LD(E) – Learning disability – over 65 years (for 1 identified individual only) | <b>Number of registered places:</b><br>48      |

### 4.0 Inspection summary

An unannounced inspection took place on 28 June 2018 from 10.00 to 16.30.

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, induction, adult safeguarding, communication and teamwork.

Areas requiring improvement were identified in relation to infection prevention and control, staff training, the use of key pads on doors, the provision of treatment in a timely manner, audits and operating within the categories of care registered.

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 and in their interactions with staff.

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 |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 4           | 3         |

Details of the Quality Improvement Plan (QIP) were discussed with Michelle Sterling, nurse in charge at the conclusion of the inspection and with Ann Bannister, registered manager by telephone following the inspection, as part of the inspection process. The timescales for completion commence from the date of inspection.

A meeting was held with the management of Brookmount on 9 July 2018 to discuss our concerns in respect of the areas for improvement identified under Regulations 12 (1) (a) and 14 (1) (b). A detailed action plan was submitted to RQIA with a full account of the actions the management plan to take to achieve compliance with the Regulations identified.

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

## 4.2 Action/enforcement taken following the most recent inspection dated 17 August 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 17 August 2017. 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
- 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 thirty patients, nine staff, and five patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives.

RQIA involves service users and members of the public as volunteer lay assessors. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. A lay assessor was present during this inspection and their comments are included within this report.

The following records were examined during the inspection:

- duty rota for nursing and care staff
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- a sample of incident and accident records
- three staff recruitment and induction files
- six patient care records
- supplementary care charts for example; repositioning charts
- a selection of governance audits
- complaints record
- RQIA registration certificate
- certificate of public liability
- 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, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection and by telephone to the registered manager following the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 17 August 2017

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

### 6.2 Review of areas for improvement from the last care inspection dated 22 May 2017

| Areas for improvement from the last care inspection  |  |                          |
|--|--|--------------------------|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005  |  | Validation of compliance |
| <b>Area for improvement 1</b><br><b>Ref:</b> Regulation 13 (1) (a)<br><b>Stated:</b> Second time | The registered persons must ensure that the settings of pressure relieving mattresses are monitored and recorded, to ensure their effective use. | <b>Met</b>               |

|  |  |                                 |
|--|--|---------------------------------|
|  | <p><b>Action taken as confirmed during the inspection:</b><br/>Inspector confirmed the settings on pressure relieving mattresses are monitored and recorded every night.</p>   |                                 |
| <b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>   |  | <b>Validation of compliance</b> |
| <p><b>Area for improvement 1</b><br/><b>Ref:</b> Standard 21<br/><b>Stated:</b> First time</p> | <p>The registered persons should ensure that recommendations made by dieticians are followed up in a timely manner.</p>  | <b>Not met</b>                  |
|  | <p><b>Action taken as confirmed during the inspection:</b><br/>There was evidence that one patient had not received the necessary treatment recommended by a dietician in a timely manner. There was an evident delay of almost two months from the patient having been seen by a dietician and the patient receiving the prescribed treatment. This area for improvement has not been met and has therefore been identified as an area for improvement under the regulations.</p> |                                 |
| <p><b>Area for improvement 2</b><br/><b>Ref:</b> Standard 22<br/><b>Stated:</b> First time</p> | <p>The registered persons should ensure that accident and incident reports are reviewed on a regular basis, to ensure that the sections relating to communication with care management and the patients' next of kin, is consistently recorded.</p>  | <b>Met</b>                      |
|  | <p><b>Action taken as confirmed during the inspection:</b><br/>Review of accident/incidents records evidenced that this area for improvement has been met.</p>   |                                 |
| <p><b>Area for improvement 3</b><br/><b>Ref:</b> Standard 4<br/><b>Stated:</b> First time</p>  | <p>The registered persons should ensure that records are maintained in relation to the changing of urinary catheter bags, in line with best practice.</p>  | <b>Met</b>                      |
|  | <p><b>Action taken as confirmed during the inspection:</b><br/>There was evidence that records were maintained in respect of the changing of urinary catheter bags, in line with best practice.</p>  |                                 |



|  |   |            |
|--|---|------------|
| <b>Area for improvement 4</b><br><b>Ref:</b> Standard 22.10<br><b>Stated:</b> First time | The registered persons should ensure that falls in the home are reviewed and analysed on a monthly basis to identify any patterns or trends and appropriate action is taken.              | <b>Met</b> |
|  | <b>Action taken as confirmed during the inspection:</b><br>Review of a sample of falls audits evidenced that this area for improvement has been met.                                      |            |
| <b>Area for improvement 5</b><br><b>Ref:</b> Standard 35.18<br><b>Stated:</b> First time | The registered persons shall implement a robust system to manage Chief Nursing Officer (CNO) alerts regarding staff who have sanctions imposed on their employment by professional bodies | <b>Met</b> |
|  | <b>Action taken as confirmed during the inspection:</b><br>Discussion with the registered manager and review of records evidenced that this area for improvement has been met.            |            |

### 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 rotas from 11 June 2018 to 24 June 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. Discussion with the registered manager evidenced that the home were using agency staff to cover long term vacancies. This was mostly attributed to a shortfall in the availability of registered nurses. There was evidence that agency staff had been block booked to maintain continuity of care. 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 members 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 Brookmount. We also sought the opinion of patients and relatives on staffing via questionnaires. Ten patients and five relatives completed questionnaires. Overall they indicated that they were very satisfied there was enough staff available to provide care. One patient indicated some delay in accessing nursing staff on occasions. This was brought to the attention of the registered manager for follow up as appropriate. Comments received were as follows:

“very good home”

“very good care”

“all issues raised with staff are dealt with immediately”

“sometimes bother getting nurses”

Details of comments made/received via questionnaires in relation to staffing were discussed with the registered manager prior to the issuing of this report.

Review of three 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 AccessNI 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.

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

We discussed the provision of mandatory training with staff and reviewed staff training records for 2017/2018. Training is provided by e learning and face to face. 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 DHSSPS Care Standards for Nursing Homes 2015. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients. However, staff discussed with the inspector that a number of patients displayed behaviours which were challenging. This was discussed with the registered manager who agreed to review the training needs of staff and address any deficits in this respect. An area for improvement has been identified.

Staff members spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the three registered nurses and six care staff 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 22 May 2017 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.



Discussion with the 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.

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 well decorated, fresh smelling and clean throughout. Two pressure relieving mattresses were observed to be stored on the floor of a lounge and bathroom on the morning of the inspection. Two notices were observed to be affixed with Sellotape and displayed in both dining rooms and one unlamented notice was displayed in a toilet. These issues have been identified as an area for improvement under the regulations.

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

The use of key pad access to the first floor stairwells was noted and whilst this was done to minimise risks for patients it must be considered as a form of ‘defacto detention’ and therefore a potential breach of Human Rights. A discussion with the registered manager clarified that a significant number of patients in the home at the time of the inspection had a diagnosis of dementia and presented with behaviours which challenge staff. This issue has been identified as areas for improvement under the regulations. See also section 6.7. This matter formed part of the discussions at a meeting with the registered person’s representative and the registered manager in RQIA post inspection.

**Areas of good practice**

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

**Areas for improvement**

The following areas were identified for improvement in relation to infection prevention and control the use of key pads on doors on the first floor and staff training on the management of behaviours which challenge.

|  | <b>Regulations</b> | <b>Standards</b> |
|--|--------------------|------------------|
| <b>Total number of areas for improvement</b> | 2                  | 1                |

**6.5 Is care effective?**

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

A review of six care records evidenced that risk assessments and care plans were established to guide and inform the delivery of care. There was evidence that not all care plans had been reviewed and updated in response to the changing needs of patients. The advice and recommendations from the dieticians had not been included in the care plans for two patients. One patient with significant weight loss had their dietary supplement increased following consultation with the dietician in the week prior to the inspection. There was evidence that the

patient had received the appropriate supplement as directed by the dietician, however this had not been included in the patients care plan and/or evaluation. A second patient had been seen by the dietician on 6 March 2018 and prescribed a dietary supplement due to ongoing weight loss. Nursing care records indicated that this patient only began to receive the prescribed treatment on 8 May 2018 almost two months later. This matter has also been stated previously on the quality improvement plan of the inspection of 18 May 2017. Two areas for improvement have been identified. This matter formed part of the discussions at a meeting with the registered person's representative and the registered manager in RQIA post inspection.

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.

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

The registered manager advised that patient and/or relatives meetings were held on a quarterly 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 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**

The following areas were identified for improvement in relation to the provision of treatment in a timely manner and the management of care records.

|  | <b>Regulations</b> | <b>Standards</b> |
|--|--------------------|------------------|
| <b>Total number of areas for improvement</b> | 1                  | 1                |

## 6.6 Is care compassionate?

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

Observations throughout the inspection evidenced that there was a calm but busy atmosphere in the home. We arrived in the home at 10.00 and patients were observed enjoying a morning cup of tea/coffee and snack in either their bedrooms or communal areas in keeping with their personal preference. Some patients were also observed in bed, in adherence with their personal wishes and/or assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to drink/eat as required.

As previously discussed staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect in relation to how they spent their day and care delivery.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered. A copy of the most recent annual report and action plan were available.

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 in each dining room 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.

Consultation with the majority of patients individually confirmed that living in Brookmount was a positive experience.

Comments received were as follows:

"we are well looked after"

"staff first class"

"lovely people"

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.

Five relatives completed questionnaires. All relatives indicated that they were very satisfied with the care provided across the four domains.

Representatives' comments were as follows:

“staff extremely easy to work with”

“good relationships with staff”

“mum is very happy and gets on the best with everyone”

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

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff awareness of patients' needs, wishes and preferences; patient and staff interactions.

### Areas for improvement

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

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 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 not operating within the categories of care registered. Brookmount is currently registered for care for frail elderly nursing patients however on the day of inspection it was very evident that a number of patients presented with significant challenging behaviours for staff.

A discussion with the registered manager confirmed that a significant number of patients in the home currently have a diagnosis of dementia and present with behaviours which challenge staff. There was evidence that patients had been admitted outside the categories of care for which the nursing home is registered. An area for improvement under the regulations has been identified. This matter formed part of the discussions at a meeting with the registered person's representative and the registered manager in RQIA post inspection.

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

We 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, infection prevention and control practices, care records and medicines management. The findings of this inspection evidenced that the auditing processes were not sufficiently robust to assure the quality of care in respect of medicines management and care records. An area for improvement has been identified.

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.

Discussion with the registered manager/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.

As previously reported, staff confirmed that there were "good working relationships" and that management were responsive to any suggestions or concerns raised. Staff were enthusiastic about the home and believed they were "making a difference".

### Areas of good practice

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

### Areas for improvement

The following areas were identified for improvement in relation to monitoring the quality of care in respect of medicines management and care records and operating within the categories of care for which the home is registered.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 1           | 1         |

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Michelle Sterling, nurse in charge at the conclusion of the inspection and with Ann Bannister, registered manager by telephone following the inspection, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

### **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

|   |   |
|---|---|
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 14(1) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>29 June 2018</p>  | <p>The registered person shall ensure that the advice and recommendations made by health care professionals is adhered to and patients receive the recommended treatment in a timely manner.</p> <p>Ref: 6.4</p>  |
|   | <p><b>Response by registered person detailing the actions taken:</b><br/>Any recommendations made by a member of the MDT team will be cross referenced to daily progress notes and care plan. An alert is now added to the medicine kardex when a MDT professional prescribes a medication</p>  |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 12 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>16 July 2018</p> | <p>The registered person shall provide treatment and any other services to patients in accordance with the statement of purpose and therefore ensuring that the home is operating within the categories of care for which the home is registered.</p> <p>Ref: 6.7</p>   |
|   | <p><b>Response by registered person detailing the actions taken:</b><br/>The registered person will ensure on initial assessment that all applicants to the Nursing Home fall within the categories of care for which the Home is registered. Residents identified on day of Inspection have all now been reassessed and deemed to be appropriately placed.</p>   |
| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (5)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>16 July 2018</p>     | <p>The registered person shall review the use of the key pad access to the first floor stairwells to clarify what consideration has been given to</p> <ul style="list-style-type: none"> <li>• The fire risk assessment – i.e. means of escape including provision of suitable link to fire alarm system as well as override device adjacent to the lock on the inside of the escape routes</li> <li>• Restriction of movement within the home with particular consideration to current Deprivation of Liberty (DOL) guidance.</li> </ul> <p>Ref: 6.4</p> |
|   | <p><b>Response by registered person detailing the actions taken:</b><br/>The keypads have been removed from the 3 stairwells and a push button mechanism has now been installed. When fire alarm is activated the door revert to manual operation.</p>  |



|   |   |
|---|---|
| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>16 July 2018</p>             | <p>The registered person shall ensure that infection prevention and control issues identified during the inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>All notices on display throughout Home have now been laminated</p>   |
| <p><b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b></p> |   |
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 17.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>31 July 2018</p>                 | <p>The registered person shall review staff training needs in respect of caring for patients with dementia and behaviours which challenge and provide the necessary training to meet their needs.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>An update training on Dementia ,Challenging Behaviour and Communication has been provided for all staff</p>  |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>29 June 2018</p>                  | <p>The registered person shall ensure that care plans and care plan evaluations are reviewed and updated to reflect the changing needs of patients and the recommendations received from healthcare professionals.</p> <p>Ref: 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>The registered person will ensure that care plans and care plan evaluations are reviewed and updated to reflect changing needs and incorporate any recommendations made by a member of the MDT.</p> |
| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 35.16</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>16 July 2018</p>                | <p>The registered person shall ensure that the auditing processes in place are sufficiently robust to identify that treatments for patients may have changed and that any new regimes/prescriptions are administered accordingly.</p> <p>Ref: 6.7</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>The registered person can confirm that the audit tool is currently being reviewed to facilitate capture of any changes to prescribed medication</p>                                  |

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



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