

Unannounced Nursing Home Care Inspection Report 03 May 2016



Woodmount

Address: 15 Melmount Road, Strabane, BT82 9ED

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Inspector: Bridget Dougan

1.0 Summary

An unannounced inspection of Woodmount took place on 03 May 2016 from 11.00 to 17.00 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Patient risk assessments were undertaken, reviewed and updated on a regular basis. The home was found to be warm, fresh smelling and clean throughout.

The registered manager and staff clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding.

Feedback provided by patients and/or their representatives was generally very positive.

Weaknesses were identified in respect of staff response to the sounding of the nurse call system and lack of auditing of falls on at least a monthly basis. These deficits have led to a reduction in positive outcomes for patients. One requirement and two recommendations were made. One recommendation was stated for the second time.

Is care effective?

There was evidence that the care planning process included input from patients and/or their representatives, as appropriate.

Staff stated that there was effective teamwork in the home; each staff member knew their role, function and responsibilities. Staff meetings were held on a regular basis (at least quarterly) and records were maintained.

Patients and their representatives expressed their confidence in raising concerns with the home's staff/management.

Some weaknesses have been identified in the delivery of effective care specifically in relation to the management of care planning and post falls reviews. Two recommendations have been made.

Is care compassionate?

Patients were observed to have good standards of personal hygiene and appeared content and relaxed in their environment. Staff interactions with patients were observed to be caring and respectful. However, nurse call bells were not responded to in a timely manner.

Observation of the lunch time meal confirmed that patients were given a choice in regards to food and fluid choices, and the level of help and support requested. Staff were observed to offer patients reassurance and assistance appropriately.

There were no requirements or recommendations made.

Is the service well led?

The registered manager commenced in her role as registered manager of Woodmount on 16 February 2016. There was a clear organisational structure within the home and evidence that the home was operating within its registered categories of care.

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.

Notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There was evidence that a range of audits had been completed on a monthly basis, for example audits of infection prevention and control, care records and pressure ulcers. The results of these audits had been analysed and appropriate actions taken to address any shortfalls identified.

Weaknesses were identified in the audits of the response of staff to the sounding of the nurse call system and in the audits of care records. There was no evidence that audits had been completed following patient falls.

Monthly monitoring visits in respect of Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 were completed as required. An action plan was generated to address any areas for improvement and reviewed on subsequent monitoring. A recommendation was made to include audits of the response of staff to the sounding of the nurse call system.

One recommendation has been made in respect of the monthly monitoring report.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	6*

*The total number of requirements and recommendations includes two recommendations that have been stated for a second time.

Details of the QIP within this report were discussed with Mrs Amanda Craig, registered 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.

1.2 Actions/enforcement taken following the most recent medicines management inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 23/11/15. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Alfred Linsay Woods and Roberta Jillian Woods	Registered manager: Amanda Craig
Person in charge of the home at the time of inspection: Amanda Craig	Date manager registered: 22/01/16
Categories of care: NH-I, NH-PH, NH-PH (E)	Number of registered places: 32

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection we met with twenty patients, four care staff and two registered nurses.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector. Two patient's representatives were spoken with during this inspection.

Six staff, four patients and four relatives' questionnaires were left for distribution.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- four patient care records
- staff training records
- two staff personnel records
- accident and incident records
- notifiable events records
- infection prevention and control audits
- complaints and compliments records
- NMC and NISCC registration records
- staff induction records
- minutes of staff meetings

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 23/11/15

The most recent inspection of the home was an unannounced medicines management inspection on 23 November 2015. The completed QIP was returned and response accepted by the pharmacist inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered person/s, as recorded in the QIP will be validated at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 02/11/15

Last care inspection statutory requirements – No requirements		
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 5.3 Stated: Second time To be Completed by: 30 December 2015	It is recommended that patients repositioning charts are recorded and completed appropriately. Ref: Section 5.2 Action taken as confirmed during the inspection: Review of a sample of repositioning charts evidenced that they had been completed appropriately.	Met

<p>Recommendation 2</p> <p>Ref: Standard 5.3</p> <p>Stated: Second time</p> <p>To be Completed by: 30 December 2015</p>	<p>It is recommended that the Malnutrition Universal Screening Tool (MUST) is recorded monthly or more often if deemed appropriate.</p> <p>Ref: Section 5.2</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 32.1</p> <p>Stated: First time</p> <p>To be Completed by: 30 December 2015</p>	<p>Action taken as confirmed during the inspection:</p> <p>Four patients care records were reviewed and evidenced that the Malnutrition Universal Screening Tool (MUST) had been recorded monthly or more often if deemed appropriate.</p> <hr/> <p>The following policies and guidance documents should be developed and made readily available to staff:</p> <p>A policy on communicating effectively in line with current best practice, such as DHSSPSNI (2003) <i>Breaking Bad News</i>.</p> <p>A policy on palliative and end of life care in line with current regional guidance, such as GAIN (2013) <i>Palliative Care Guidelines</i> which should include the:</p> <ul style="list-style-type: none"> • referral procedure for specialist palliative care nurses; • procedure for managing shared rooms; • process for notifying RQIA in the event of a death; • management of patients' belongings; and • management of a sudden or unexpected death <p>Ref: Section 5.3 and 5.4</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The policies on communicating effectively and palliative and end of life care had been developed, were in line with current best practice guidelines and had been made available to staff.</p>	

<p>Recommendation 4</p> <p>Ref: Standard 32.1</p> <p>Stated: First time</p> <p>To be Completed by: 30 December 2015</p>	<p>It is recommended that registered nursing staff should record efforts made to establish patients' preferences in respect of end of life care and that for patients who do not wish to discuss this, a record should be also be maintained in line with the policy on end of life care.</p> <p>Where a decision is made regarding end of life care, a care plan should be developed and should include identified religious, spiritual and cultural needs.</p> <p>Ref: Section 5.4</p> <p>Action taken as confirmed during the inspection: Four care records were reviewed and evidenced that patients' preferences in respect of end of life care had been recorded and end of life care plans had been developed.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be Completed by: 30 December 2015</p>	<p>It is recommended that decisions regarding patient's resuscitation status (DNAR) are recorded in a care plan, in keeping with good practice guidelines.</p> <p>Ref: Section 5.2</p> <p>Action taken as confirmed during the inspection: The resuscitation status (DNAR) of patients had been recorded in the sample of four care plans reviewed.</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 17.1</p> <p>Stated: First time</p> <p>To be Completed by: 30 December 2015</p>	<p>The registered manager must ensure that care records are audited, using a robust system that provides traceability of audit.</p> <p>Ref: Section 5.5</p> <p>Action taken as confirmed during the inspection: The registered manager confirmed that a sample of two care records per month was audited and there was evidence of traceability of audits. Deficits were identified with regard to the review of care records (refer to section 4.4). The registered manager agreed that the current sample of care records audited each month was not large enough to identify and address areas for improvement. This recommendation has been partially met and will be stated for the second time.</p>	<p>Partially Met</p>

<p>Recommendation 7</p> <p>Ref: Standard 35.16</p> <p>Stated: First time</p> <p>To be Completed by: 30 December 2015</p>	<p>The registered manager should audit the call bell response times on a regular basis. This audit should include response times at or nearing change of shifts.</p> <p>Ref: Section 5.5</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>There was evidence that the registered manager had audited the call bell response times. The response time to one call bell per week was audited and no actions had been identified. The registered manager advised that the call bell system had not been loud enough for all staff to hear and that this had now been rectified. We observed a delay of more than five minutes in staff responding to call bells in the late afternoon. Four patients and one relative also expressed concerns regarding delays in responding to call bells. The registered manager agreed to continue to audit call bell response times and to increase the numbers of call bells included in the audit. There should also be evidence of actions taken to address any deficits identified. This recommendation is partially met and will be stated for the second time.</p>	<p>Partially Met</p>
<p>Recommendation 8</p> <p>Ref: Standard 41.1</p> <p>Stated: First time</p> <p>To be Completed by: 30 December 2015</p>	<p>The registered manager should review the work practices on the morning shift, taking into account the dependency levels of the patients accommodated in the home.</p> <p>This refers specifically to the period in the morning, when the registered nurse is administering medicines.</p> <p>Ref: Section 5.5</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed that working practices had been reviewed and there was increased input from registered nurses with personal care and assisting patients up out of bed. Whilst individual patient dependency levels had been included in care records, there was no overall review of the dependency levels with regard to the number of care hours required. Two relatives, five patients and one member of staff expressed some dissatisfaction with staffing levels. A requirement has been made in this regard.</p>	<p>Partially Met</p>

4.3 Is care safe?

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 for weeks commencing 11 April, 18 April and 01 May 2016 evidenced that the planned staffing levels were adhered to. Whilst a review of the deployment of staff and the response times to call bells had been carried out, further work was required to ensure that the assessed needs of patients were met. One requirement has been made with regard to staffing. Refer to section 4.2 for further detail.

Five patients, two patients' representatives and one member of staff expressed concerns regarding staffing levels.

Observations of the delivery of care evidenced that, generally patients were being assisted and responded to in a timely and dignified manner; however there was a delay of more than five minutes in staff responding to call bells in the late afternoon. This was discussed with the registered manager and a recommendation has been stated for the second time.

Discussion with the registered manager confirmed that there were systems in place for the safe recruitment and selection of staff, and staff consulted confirmed that they had only commenced employment once all the relevant checks had been completed. Two personnel files were viewed and we were able to evidence that all the relevant checks had been completed.

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.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding.

A review of documentation confirmed that any potential safeguarding concern would be managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Discussion with the registered manager confirmed that whilst a range of audits was conducted on a regular basis (refer to section 4.6 for further detail); audits of falls had not yet been commenced.

A review of the accident and incident records confirmed that Trust care management, patients' representatives and RQIA were notified appropriately.

We observed the environment, including a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout.

Fire exits and corridors were observed to be clear of clutter and obstruction and equipment was appropriately stored.

Areas for improvement

A review of both staffing levels and the deployment of staff must be conducted to ensure that, at all times, suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of patients.

Continue to audit call bell response times and to increase the numbers of call bells included in the audit. There should also be evidence of actions taken to address any deficits identified.

Falls should be audited on a monthly basis plus as required, to identify any patterns or trends and appropriate action taken to address any deficits identified.

Number of requirements	1	Number of recommendations:	2*
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*Includes one recommendation that has been stated for a second time.

4.4 Is care effective?

A sample of four patients' care records was reviewed. There was evidence that detailed care plans had been generated from a comprehensive assessment of need for each patient.

The care records of two patients who had sustained falls were inspected. Whilst risk assessments had been reviewed and updated following each fall, the care plan had not been reviewed following one patient's fall and the fall had not been recorded in the daily progress notes. In one patient's care records, staff had recorded only the date the care plans were reviewed and no details of the outcome of the review. In another patient's care records staff had recorded "continue with care plan – no change" following the patient having sustained a fracture. These issues were discussed with the registered manager during feedback. Two recommendations have been made and one recommendation has been stated for the second time (refer to section 4.3)

There was evidence that the care planning process included input from patients and/or their representatives, as appropriate. There was evidence also of regular communication with patients' representatives regarding the patients' ongoing condition.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Discussion with staff and the registered manager also confirmed that staff meetings were held on a regular basis (at least quarterly) and records were maintained.

Staff stated that there was effective teamwork in the home; each staff member knew their role, function and responsibilities.

Patients and their representatives expressed their confidence in raising concerns with the home's staff/management.

Areas for improvement

A post-falls review should be carried out within 24 hours of a patient sustaining a fall to determine the reason for falling and any preventative action to be taken. The care plan should be reviewed and amended accordingly.

It is recommended that staff receive further training in developing and reviewing care plans.

Number of requirements	0	Number of recommendations:	2
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4.5 Is care compassionate?

Patients were observed to have good standards of personal hygiene and appeared content and relaxed in their environment. Staff interactions with patients were observed to be caring and respectful. However, as discussed in sections 4.2 and 4.3, there was a delay in responding to call bells in the afternoon. One requirement has been made with regard to staffing and a recommendation has been stated for the second time.

Observation of the lunch time meal confirmed that patients were given a choice in regards to food and fluid choices, and the level of help and support requested. Staff were observed to offer patients reassurance and assistance appropriately.

Discussions with staff confirmed that they had a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

The majority of patients spoken with commented positively in regards to the care they received and life in the home. Four patients felt staff were slow in responding to call bells and one patient expressed his wishes to be assisted up out of bed earlier in the mornings. One patient's representative expressed concerns regarding a care issue. These matters were discussed with the registered manager during feedback who agreed to investigate and address the issues.

Discussion with the registered manager confirmed that patients/residents meetings were not held, however the manager planned to introduce these meetings within the next month.

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

the registered manager, staff, relatives and a review of the compliments record, there was evidence that the staff cared for the patients and the relatives in a kindly manner.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. Five patients, three patients' representatives and six staff completed questionnaires. Comments received were generally very positive. Two patients and one relative felt there was not enough staff to meet the needs of the patients. These comments were discussed with the registered manager who agreed to follow up the issues. Some comments received are detailed below:

Staff

- "I have no concerns."
- "nurses would need to assist in responding to call bells"
- "we have staff meetings but not team meetings"
- "our manager is very approachable"

Patients

- "I don't think there is enough staff. Sometimes it takes them long to come to a call"
- "I feel everything is OK, but I think they are a bit long getting me up in the morning"
- "excellent staff. The manager is very approachable; she is in and out all the time. The food is good. It couldn't be better"

Patients' representatives

- "we are very happy and anything we ask for staff will get"
- "staff take a long time to respond to call bells, especially at night"
- "staff are very caring but very, very busy and rushed if extra help was required"

Areas for improvement

Staff response times to the nurse call system was identified and has been addressed in section 4.3

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager commenced in her role as registered manager of Woodmount on 16 February 2016. Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff consulted with confirmed that they had been given a job description on commencement of employment and were able to describe their roles and responsibilities. There was a system in place to identify the person in charge of the home, in the absence of the registered manager.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. These included medication and equipment alerts.

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

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There was evidence that a range of audits had been completed on a monthly basis, including the following:

- infection prevention and control
- care records (two per month)
- pressure ulcers
- complaints

The results of the above audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice. An audit of the response of staff to the sounding of the nurse call system was ongoing. This audit was evidenced to be a very minimalistic and included only one patient buzzer. Given the concerns raised by both patients and their representatives regarding this matter since the previous care inspection of November 2015, it was disappointing that the registered manager had not initiated a more robust, comprehensive and effective audit. A recommendation was stated for the second time. See section 4.2, 4.3.

Falls audits had not been completed and a recommendation was made. This was discussed previously in section 4.3.

The monthly monitoring visits required in regard to Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. However given the continued concerns regarding the response times of staff to the nurse call system, the responsible person should include audits of the nurse call system in the monthly monitoring visits.

Areas for improvement

The responsible person should include audits of the nurse call system in the monthly monitoring visits completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Number of requirements	0	Number of recommendations:	1
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5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Amanda Craig, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk.

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 20 (1) (a)

Stated: First time

To be completed by:
31 May 2016

The registered person must review staffing levels and the deployment of staff to ensure that, at all times, suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of patients.

Call bells must be responded to in a timely manner.

Reference: Sections 4.2 and 4.3

Response by registered person detailing the actions taken:

A dependency level of patients to staff has been implemented to indicate and ensure sufficient staffing levels within the home, this will be reviewed regularly. Staff are allocated to a team of patients in the morning which is currently under ongoing review.

Recommendations

Recommendation 1

Ref: Standard 35.16

Stated: Second time

To be Completed by:
31 May 2016

The registered manager should audit the call bell response times on a regular basis. This audit should include response times at or nearing change of shifts.

Ref: Section 4.2 and 4.3

Response by registered person detailing the actions taken:

The manager from taking up post carried out weekly audits of the call bell however, ongoing audits of the call bell by means of clinical indicators have now been implemented and improvements have been noted, this will be ongoing daily until an acceptable time to answer call bell is evident through finding the average time. Audits will then be ongoing on a monthly basis

Recommendation 2

Ref: Standard 17.1

Stated: Second time

To be Completed by:
30 June 2016

The registered manager must ensure that care records are audited, using a robust system that provides traceability of audit.

Ref: Section 4.2

Response by registered person detailing the actions taken:

The manager was initially upon taking up new post, monthly audits of 2 care records, however this is now been undertaken weekly in order to identify any improvements required. The named nurse for each patient is notified of when audit has taken place and a timescale to rectify any requirements The manager and the named nurse both sign off when requirements have been completed. This is a weekly ongoing process ..

<p>Recommendation 3</p> <p>Ref: Standard 22.9</p> <p>Stated: First time</p> <p>To be Completed by: 30 June 2016</p>	<p>The registered person should ensure a post-falls review has been carried out within 24 hours of a patient sustaining a fall to determine the reason for falling and any preventative action to be taken. The care plan should be reviewed and amended accordingly.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered person detailing the actions taken: After a patient has had a fall, a post fall review will be carried out inclusive of an environmental factor checklist, and a falls action checklist from this information the appropriate actions will then be implemented.</p>
<p>Recommendation 4</p> <p>Ref: Standard 39.4</p> <p>Stated: First time</p> <p>To be Completed by: 31 August 2016</p>	<p>The registered person should ensure that staff receives further training in developing and reviewing care plans.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered person detailing the actions taken: The manager is going to arrange training for staff on developing knowledge on care plans and the importance of reviewing them.</p>
<p>Recommendation 5</p> <p>Ref: Standard 22.10</p> <p>Stated: First time</p> <p>To be Completed by: 30 June 2016</p>	<p>The responsible person should ensure falls have been audited on a monthly basis or more often if required, to identify any patterns or trends with appropriate action taken to address any deficits identified.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered person detailing the actions taken: The manager has implemented a "falls safety stick audit" which will show all/any falls over a period of one month, from this information any trends or patterns can be identified and actions taken in the prevention of further falls.</p>
<p>Recommendation 6</p> <p>Ref: Standard 35.7</p> <p>Stated: First time</p> <p>To be Completed by: 30 June 2016</p>	<p>The responsible person should include audits of the nurse call system in the monthly monitoring visits completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005</p> <p>Ref: Section 4.6</p> <hr/> <p>Response by registered person detailing the actions taken: The responsible person will incorporate audits of the call bell in future monthly monitoring visits and communicate her findings over to the manager .</p>

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address



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