



Unannounced Care Inspection Report 18 October 2018



Ringdufferin Nursing Home

Type of Service: Nursing Home (NH)
Address: 36 Ringdufferin Road, Killyleagh, BT30 9PH
Tel No: 02844821333
Inspector: Heather Sleator

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 64 persons.

3.0 Service details

Organisation/Registered Provider: M Care (NI) Ltd Responsible Individual: Brenda Frances McKay	Registered Manager: Beverley Ruddell
Person in charge at the time of inspection: Beverley Ruddell	Date manager registered: 27 March 2018
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of registered places: 64 A maximum of 32 patients accommodated in the Dunmore Suite (categories NH-I, NH-PH, NH-PH (E) & NH-TI) and a maximum of 31 patients in category NH-DE accommodated in the Strangford Suite. There shall be a maximum of 1 named resident receiving residential care in category RC-DE accommodated in the Strangford Suite.

4.0 Inspection summary

An unannounced inspection took place on 18 October 2018 from 09.30 to 17.15.

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 term 'patient' is used to describe those living in Ringdufferin Nursing Home which provides both nursing and residential care.

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 staffing and staff development, adult safeguarding and the home's environment. There were examples of good practice found throughout the inspection in relation to assessment of patient need, the management of falls and dementia care practice. Good practice was observed in relation to the culture and ethos of the home and the provision of activities.

Areas for improvement were identified under regulation in relation to the safe management of substances hazardous to health and a more robust approach to fire safety procedures.

An area for improvement was identified under the care standards and was in relation to ensuring that changes to patients care plans and the outcomes are recorded and that the dining arrangements for patients are reviewed.

Patients described living in the home in positive terms; refer to section 6.6 for further information. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	*3

*The total number of areas for improvement includes one standard which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Beverley Ruddell, 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.

4.2 Action/enforcement taken following the most recent inspection dated 5 October 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 5 October 2018. Enforcement action was considered due to the findings of this inspection. A meeting regarding our intention to serve two failure to comply notices was held in RQIA, as there was a lack of evidence in respect of compliance with areas for improvement identified at the previous medicines management inspection of 6 July 2018. During this meeting the registered person and registered manager acknowledged the failings and provided a robust action plan detailing the actions taken to address the identified shortfalls. Senior management in RQIA took the decision not to issue the failure to comply notices and a further unannounced medicines management inspection will take place to ensure sustained compliance is maintained with the regulations. .

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 the inspector met with 15 patients, three patients' relatives and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

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.

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 1 to 18 October 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- three 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 and partially 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 5 October 2018

The most recent inspection of the home was an unannounced medicines management inspection. Refer to 4.2

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 23 March 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35, 1-7 Stated: First time	The registered provider should ensure that when an audit is undertaken that there is clear evidence that the auditor has reviewed/analysed/evaluated the information obtained through the audit process and that an action plan is devised to address any identified deficits as required.	Partially met
	Action taken as confirmed during the inspection: Shortfalls were identified in the quality auditing and governance arrangements in the home regarding the control of substances hazardous to health, fire safety and cleanliness. Refer to 6.4, 6.6 and 6.7 This standard has been stated for a second time in this report.	

Area for improvement 2 Ref: Standard 41, 1 and 2 Stated: First time	The registered person shall ensure that the daily routine is reviewed to be assured that there is evidence of management oversight regarding the deployment of staff and delegation of duties, to validate that safe and effective care is being delivered.	Met
	Action taken as confirmed during the inspection: No issues were identified during the inspection regarding the delegation of duties and managements oversight of the daily routines in the home.	
Area for improvement 3 Ref: Standard 17, 1-4 Stated: First time	The registered person shall ensure that care planning and progress recording in respect of patients who display distressed reactions is in accordance with best practice guidance and the DHSSPS Care Standards for Nursing Homes 2015	Met
	Action taken as confirmed during the inspection: The review of patient care records evidenced that the management of distressed reactions was in accordance with best practice guidance and the DHSSPS Care Standards for Nursing Homes 2015.	
Area for improvement 4 Ref: Standard 17.8 Stated: First time	The registered person shall ensure that any incident/interaction where staff are affected is recorded and reported, as necessary	Met
	Action taken as confirmed during the inspection: Accident and incident recording was reviewed and was satisfactory.	
Area for improvement 5 Ref: Standard 16.11 Stated: First time	The registered person shall ensure that the complaints record includes details as to whether the complainant was satisfied with the outcome of any investigation taken in respect of concerns brought to the attention of management.	Met
	Action taken as confirmed during the inspection: The review of the complaints record evidenced that complaints were managed in accordance with Regulation 24 and the care standards.	

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 1 to 18 October 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey however there were no questionnaires completed and returned by staff.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Ringdufferin. Comments received from patients included; "they're (staff) very, very good" and "they're (staff) kind and thoughtful".

We met with the relatives of three patients and sought their opinion on the provision of care in the home. The relatives expressed their satisfaction with all aspects of care afforded by staff. We also sought relatives' opinion on staffing via questionnaires. Two questionnaires were completed and returned. One respondent expressed dissatisfaction with the staffing arrangements stating that they 'fluctuated'. The respondent also commented that the general supervision of patients was inadequate due to the staffing arrangements and the high dependency of patients mostly those in the side rooms. The respondent stated that they would also like to see an increase in relatives meetings as their opinion of the quality of services was not sought often enough. The registered manager was made aware of these comments prior to the issue of the report.

Review of two 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. The review of the application forms evidenced that applicants were requested to state their starting dates in previous employment but not their leaving date, this can be problematic for management when assessing if there were any 'gaps' in employment. This was discussed with the registered manager and responsible person (acting) who agreed to amend the application form. An email was received from the responsible person post inspection confirming that the application form had been amended. 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. 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. Records evidenced good compliance with mandatory training. The registered manager and staff confirmed that systems were in place to ensure staff received annual appraisal and regular supervision.

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 three 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 for the period July - September 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation. Discussion with the registered manager and review of records confirmed that on a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example; bed rails and alarm mats.

Observation of practices, discussion with staff and review of records evidenced that infection prevention and control (IPC) measures were generally adhered to. The registered manager completed an IPC audit on a monthly basis. We observed evidence of topical applications in one toilet and that two sluice rooms were unlocked throughout the inspection. Cleaning agents were visible in one of the sluice rooms and therefore accessible to patients. This contravenes the Control of Substances Hazardous to Health Regulations. This was discussed with the registered manager and has been identified as an area for improvement under regulation. We observed that personal protective equipment, for example gloves and aprons, were available throughout the home.

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 and clean throughout. Refer to section 6.6 regarding the environment of the dining rooms.

Fire exits and corridors were observed to be clear of clutter and obstruction. However, we observed that fire extinguishers were not in place on the ground floor and a number were being 'stored' in the sluice room. This was discussed with the registered manager who stated that this was due to a patient lifting the extinguishers off the wall. The registered manager was informed that fire safety equipment must be in place. The responsible person contacted the home's fire risk assessor during the inspection and informed that new 'cabinets' for the fire extinguishers had been ordered and would be delivered within four to five days. The responsible person later confirmed via email that fire extinguishers were all in place in their new cabinets. Whilst this was prompt action a system should have been in place to identify the risk and remedial action taken more quickly. This has been identified as an area for improvement under regulation. The registered manager stated the most recent fire risk assessment had been completed on 15 January 2018 and any actions identified had been addressed.

Areas of good practice

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

Areas for improvement

The following areas were identified for improvement in relation to the safe storage of substances hazardous to health and fire safety risk management.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care effective?

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

Review of three patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of falls and wound care. Care records generally contained details of the care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

We discussed the monitoring of patients' weights and were informed that all patients were weighed a minimum of a monthly basis. The registered manager stated that if a patient has a weight loss of between five and 10 percent that they are referred to the dietician. The South Eastern Health and Social Care Trust have implemented a virtual ward round with the dietetics team in the Trust. Dieticians monitor patients who have a weight loss on a weekly basis. We reviewed the management of nutrition for one patient. A nutritional risk assessment was completed monthly; a care plan for nutritional management was in place. Food and fluid intake charts were maintained with fluid intake reconciled on a 24 hour basis.

We reviewed the management of falls for three patients. Falls risk assessments were completed and reviewed regularly. Care plans for falls management were in place and were reviewed for each patient following a fall. However the review of the care plan regarding mobility for one patient evidenced conflicting information. The patient had had two falls in recent months yet the care plan stated there had been no falls within the last six months. Care records should be accurate and reflect the current wellbeing and or risk for any patient. This has been identified as an area for improvement under the care standards.

We reviewed the management of wound care for one patient. Care plans contained a description of the wound, location and the dressing regime. Wound care records did not evidence that dressing regimes were adhered to as recommended by the tissue viability nurse (TVN). This was discussed with the registered manager who stated that the patient would not tolerate one of the interventions. Care records should have reflected this. This has been identified as an area for improvement under the care standards, refer to the previous paragraph. Records evidenced that patients were assisted to change their position for pressure relief in accordance with their care plans.

Care records generally (see previous paragraph) reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. There was evidence that care plans had generally been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician changed.

Discussion with staff evidenced that nursing and care assistants were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. There was evidence of communication with patients, relatives and staff and the minutes of the meetings were reviewed. However, as stated in 6.4 a relative stated that they would like the frequency of relatives meetings to increase.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between patients, staff and other key stakeholders.

Areas for improvement

An area for improvement was identified under the care standards in relation to patient care records accurately reflecting the current wellbeing and or risk for any patient

	Regulations	Standards
Total number of areas for improvement	0	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.

We arrived in the home at 09:30. Patients were enjoying their breakfast in the dining rooms or in their bedrooms as was their personal preference; some patients remained in bed, again in keeping with their personal preference. There was a calm atmosphere throughout the home.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with 15 patients individually and with others in smaller groups, confirmed that patients were generally satisfied with the care afforded by staff, one patient commented “They’re very good (staff) and kept busy too.” Staff were observed to be attentive to patients, knocked on patients’ bedroom doors before entering and kept them closed when providing personal care.

Patients said that they were generally happy living in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

We observed the approach of staff and interaction and engagement with patients during the serving of the midday meal. This was a positive experience for patients. Staff were attentive providing assistance and prompts to patients during the meal service, quietly and sensitively. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately. Staff were observed taking time to assist patients with their meals and the midday meal service did not finish until 13.50. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks. Registered nurses were present in the dining room during the meal service, monitoring and supervising the nutritional intake of patients.

We observed the appearance of dining rooms and dining tables. The dining tables in one dining room evidenced a build-up of food debris and required a thorough cleaning. This was brought to the attention of the registered manager who arranged for the tables to be cleaned. It was concerning that this had not already been identified through the governance/quality auditing systems operational in the home. The presentation of the tables was uninviting, there was a lack of table settings/tablecloths, condiments and napkins. The décor of the dining rooms was also uninviting and would benefit from, for example; pictures, sideboards and/or appropriate soft furnishings. This was discussed with the registered manager who agreed to review the presentation of these areas and has been identified as an area for improvement under the care standards.

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Patients spoke highly of the activities on-going in the home. We observed that whilst staff were involved in a number of duties they made time to spend and engage with patients.

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

"Thank you for the excellent care you gave to (patient)."

"Thank you so much for all the kindness, skilled nursing care and all the attention given to us."

We spoke with patients and comments included:

"I think it's very good, staff are kind and thoughtful."

"They're (staff) doing very well and look after you."

"It's terrific."

"I've found you can sit quietly here, I like to do a bit of writing."

"I think this home is an exceptionally lovely place, I'm perfectly adequately looked after."

"It was my birthday recently and staff brought me a cake."

Relative questionnaires were also provided. We received two completed questionnaires within the timescale specified. One respondent was very satisfied and as previously stated in the report one respondent was dissatisfied with aspects including staffing arrangements, the cleanliness of the home and the infrequency of relatives meetings.

Staff were asked to complete an online survey; we received no responses within the timescale specified.

Any comments from relatives and staff in returned questionnaires or online responses 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 and the provision of activities.

Areas for improvement

An area was identified for improvement under the care standards in relation to reviewing the dining arrangements.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

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

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in the management arrangements. A review of the duty rota did not evidence that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. This was discussed with the registered manager who stated that she was unaware of the need to do so. The registered manager agreed to record her hours worked and in what capacity in the future. Staff commented positively on the support and leadership provided to date by the registered manager. Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

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 registered manager explained that diversity and equality of opportunity for patients was supported by staff; any training required by staff to support patients, would be provided as required.

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 hygiene arrangements. In

addition measures were also in place to provide the registered manager with an overview of the management of infections and wounds occurring in the home. However, audits did not identify the shortfalls regarding fire safety, hygiene IPC and COSHH issues which were identified in the home as discussed in 6.4 and 6.6, the registered manager should ensure that any audit taken is robust and remedial action is taken where shortfalls are identified. This had been identified as an area for improvement under the care standards at the previous inspection of March 2018 and has been stated for a second time.

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 and The Care Standards for Nursing Homes. However, the quality monitoring report should evidence that the governance systems of the home are robust and any action points identified in the Regulation 29 quality monitoring report are addressed. This has been identified as an area for improvement in conjunction with the home's governance arrangements as stated in the previous paragraph.

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 management of complaints and incidents, quality improvement and maintaining good working relationships...

Areas for improvement

The following areas were identified for improvement in relation to ensuring that the home's governance arrangements are robust and action is taken where shortfalls are identified.

	Regulations	Standards
Total number of areas for improvement	0	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 Beverley Ruddell, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP 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 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: 19 November 2018	The registered person shall ensure that rooms where cleaning agents/chemicals are stored remain locked at all times. Ref: 6.4 Response by registered person detailing the actions taken: Key had been misplaced, new keys obtained and issued to staff.
Area for improvement 2 Ref: Regulation 27 (4) Stated: First time To be completed by: 19 November 2018	The registered person shall ensure that fire safety equipment is available at the designated points in the home at all times and that staff are made aware of the importance of ensuring fire safety procedures are followed. Ref: 6.4 Response by registered person detailing the actions taken: Safety boxes now installed at all designated points and all extinguishers are stored within.
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 Ref: Standard 35 points 1-7 Stated: Second time To be completed by: 19 November 2018	The registered provider should ensure that when an audit is undertaken that there is clear evidence that the auditor has reviewed/analysed/evaluated the information obtained through the audit process and that an action plan is devised to address any identified deficits as required. Ref: 6.3 Response by registered person detailing the actions taken: Audit completed weekly, any identified deficits are reviewed within timescale and reviewed following week.
Area for improvement 2 Ref: Standard 4.9 Stated: First time To be completed by: 19 November 2018	The registered person shall ensure that any variance to patients' care plans, reasons for the variance and outcomes are clearly recorded. Care records must accurately reflect patients' wellbeing. Ref: 6.5 Response by registered person detailing the actions taken: Resident of the Day system in place, all members of staff are responsible for amending care plans monthly, audit of same highlights any missing documentation and manager to address with staff.

<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the dining arrangements for patients are enhanced. This is to include maintaining the cleanliness of the dining tables and enhancing the presentation of dining tables and dining rooms.</p> <p>Ref: 6.6</p>
<p>To be completed by: 19 November 2018</p>	<p>Response by registered person detailing the actions taken: Flowers, vases, tablemats,condiments and napkins now available at every meal. Tables inspected by manager. Activity Therapist has engaged residents to help make decorations which will be laminated to provide a more enhanced dining expererience. Domestic staff have taken over the duty of cleaning the tables. Tables to be deep cleaned weekly, manager inspects on a regular basis.</p>

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



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