Unannounced Care Inspection Report
6 June 2016

Gortacharn

Type of Service: Nursing Home
Address: Brookborough Road, Lisnaskea, BT92 0LB
Tel No: 028 6772 1030
Inspector: Sharon Loane

1.0 Summary

An unannounced inspection of Gortacharn took place on 6 June 2016 from 10:00 to 18:00 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?

Staff consulted with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and the home had carried out a project to raise staff and patients awareness in relation to "working together to keep safe". Planned staffing levels were adhered to and staff were observed assisting patients in a timely and unhurried manner. Recruitment processes were in most areas well managed and mandatory training requirements were in the majority met, however, a recommendation was made in relation to developing a system to monitor compliance with training requirements. There were two requirements made in this domain in regards to records available for inspection and identifying and managing risks to patient's health and welfare. Four recommendations made include; systems to ensure relevant checks for staff registration with relevant professional bodies, falls analysis and training for staff in relation to restrictive practices. One recommendation made at a previous inspection was partially met and has been stated for a second time.

Is care effective?

Staff meetings had been held on a regular basis and all staff consulted stated that they felt they could approach management with any concerns. There were two requirements made in this domain in relation to the assessment and care planning with particular reference to the arrangements for managing accidents and incidents that occur in the home and wound care. Three recommendations have been made in regards to record keeping, supplementary records and training for registered nursing staff in regards to the nursing process.

Is care compassionate?

Staff interactions were observed to be compassionate, caring and timely and patients and their representatives consulted with stated that they felt patients' rights to choice, dignity and respect were upheld. There was evidence of good communication in the home between staff and patients. Patients were praiseworthy of staff and the standard of care received. A previous recommendation made in relation to the provision of activities was met and positive comments were received in relation to this area of practice.

Is the service well led?

Discussion with patients, their representatives and staff were very complimentary towards the registered persons and the registered manager advising that they were always available to speak with and were very approachable. The home was operating within the categories of care for which it was registered and certificates of registration and public liability were up to date and displayed appropriately.

A number of audits were completed on a monthly basis however a recommendation has been made in relation to the robustness of the auditing systems in relation to the shortfalls identified in both the safe and effective domains.

A recommendation has also been made in regards to the management of complaints.

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.

Please note, for the purposes of this report, the term 'patients' will be used to describe those living in Gortacharn, which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	*10

The ten recommendations made, includes one recommendation stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Bena Joseph, Deputy 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 type

The most recent inspection of the home was an announced finance inspection undertaken on18 November 2015. 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.

There were no further actions required to be taken following the last inspection

2.0 Service details

Registered organisation/registered provider: **Gortacharn** Mrs Robena Heather Trimble / Mr Richard James Trimble	**Registered manager:** Ms Jill Trimble
Person in charge of the home at the time of inspection: Bena Joseph (Deputy Manager)	**Date manager registered:** 20 November 2015
Categories of care: RC-LD(E), RC-I, NH-LD, NH-I, NH-PH, NH-PH(E), NH-TI	**Number of registered places:** 55

3.0 Methods/processes

Prior to inspection we analysed the following information:

- Notifiable events 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 plan (QIP) from the previous care inspection
- The previous care inspection report

During the inspection we met with sixteen patients individually and with the majority of others in small groups, two registered nurses, three care staff and two ancillary staff. Ten questionnaires were also issued to relatives and staff with a request that they were returned within one week from the date of this inspection.

The following information was examined during the inspection:

- Three patient care records
- Staff duty roster
- Staff training records
- Staff induction records
- Staff competency and capability assessments
- Staff recruitment records
- Complaints and compliments records
- Incident and accident records
- Records of audit
- Records of staff meetings
- Records of patient meetings
- Reports of monthly visits undertaken in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 18 November 2015

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

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

4.2 Review of requirements and recommendations from the last care inspection dated 2 July 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 46 **Stated:** First time	The registered person must ensure that the infection prevention and control issues identified in the report are actioned required.	**Partially Met**
	Action taken as confirmed during the inspection: It was evidenced that shower and commode chairs had been purchased since the last care inspection. Notices and posters were laminated and fixed appropriately. Chairs had been purchased and/or refurbished. These issues had been actioned satisfactorily. The clinical waste bins and the shelving in the linen cupboard had not been replaced and therefore this recommendation has been partially met and has been stated for a second time.	
Recommendation 2 **Ref**: Standard E21 **Stated:** First time	The registered person must ensure that wardrobes are fixed to walls for safety.	**Met**
	Action taken as confirmed during the inspection: Wardrobes have been fixed to the walls for safety. This recommendation has been met.	

Recommendation 3 **Ref**: Standard 41 **Stated:** First time	The registered person must ensure that the duty rota identifies the managers designated management hours of work, the surname of each staff member and the position of staff employed.	**Met**
	Action taken as confirmed during the inspection: A sample review of the duty rota evidenced that this recommendation has been met.	
Recommendation 4 **Ref**: Standard 11 **Stated:** First time	The registered person must ensure that the provision of activities and events is reviewed to meet the needs of the patients and that a programme of activities is planned for times that are suited to the patients preferences and needs.	**Met**
	Action taken as confirmed during the inspection: Since the last inspection, an activity programme has been developed and was displayed. The programme is delivered by two staff employed for the provision of activities. Patients spoken with confirmed that the activities were enjoyable and that there was something to meet all interests. This recommendation has been met.	

4.3 Is care safe?

The deputy manager confirmed the planned daily staffing levels for the home and advised that these levels were subject to regular review to ensure the assessed needs of the patients were met.

A review of the staffing roster for week commencing 6 June 2016 evidenced that the planned staffing levels were adhered to. In addition to nursing and care staff, staffing rosters confirmed that administrative, catering, domestic and laundry staff were on duty daily. Staff spoken with were satisfied that there was sufficient staff to meet the needs of the patients. Observation of care delivery and responses by staff to requests made by patients evidenced that care was delivered in a timely manner.

The registered nurses spoken with were aware of who was in charge of the home when the registered manager was off duty. The nurse in charge was clearly identified on the staffing roster. The deputy manager confirmed that a competency and capability assessment was completed with all nurses who were given the responsibility of being in charge of the home in the absence of the registered manager.

The deputy manager was unable to locate and provide information in relation to the arrangements for monitoring the registration status of nursing staff with the Nursing and Midwifery Council (NMC). Therefore, we were unable to evidence if this area of practice was managed safely and effectively and a requirement has been made.

A request was made that the registered manager would contact RQIA to discuss this further. RQIA can confirm that the registered manager has corresponded and provided evidence that all registered nurses employed are registered on the current live NMC register. At time of inspection, a review of records confirmed that 31 care staff were registered with the Northern Ireland Social Care Council (NISCC).

The registered manager advised that the home's administrator completed the monthly checks and confirmed that they did not review the records to ensure that the checks were being completed and the information recorded. The importance of this process was discussed with the registered manager in line with their role and responsibilities and a recommendation has been made in this regard.

The recruitment procedures were discussed with the deputy manager who confirmed that recruitment records were maintained by the administrator and the registered manager. Three personnel files were reviewed. One file reviewed did not include any evidence of interview notes; however all of the other records required were maintained for all personnel files reviewed.

The record maintained of Access NI checks was reviewed. The records included the date the certificate was issued, the registration number of the certificate and the date that the certificate was checked by the home. Records evidenced that the outcome of the Access NI check had been confirmed prior to the candidate commencing employment.

Discussion with staff and a review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Three completed induction programmes were reviewed. The programme included a written record of the areas completed and the signature of the person supporting the new employee. The induction programme was reviewed on an ongoing basis. The induction records on completion of the induction programme were signed by the new employee, mentor and registered manger to confirm that the induction process had been satisfactorily completed.

We met with three members of staff who had recently completed their period of induction. They explained that they had worked in a supernumerary capacity for the first week and was twinned each day with an experienced member of staff for support. The staff spoke positively regarding the support they had received and the effectiveness of the induction process.

Training was provided via face to face by both internal and external providers. A review of training records for 2015 evidence good compliance levels however there were no systems in place to review staff attendance and compliance to ensure that mandatory training requirements were met. A recommendation has been made. A review of training records evidenced that in the majority these were managed appropriately. However, it was noted that not all records included the details of the person and/ or organisation facilitating the training session and the content of the training. This was discussed with the registered manager post inspection, who agreed to address this accordingly.

Discussion with the deputy manager and staff confirmed that staff received regular supervision and an annual appraisal.

Staff spoken with were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding.

The registered nurses and care staff and domestic staff were aware of whom to report concerns to within the home. The home had conducted a project "Safe Care" which involved patients and staff. The project was about "working together to keep safe" and the home had a vision statement. The patients and staff had made pledges which were displayed on a noticeboard in the main entrance to the home. Examples of pledges included:

"I pledge to help prevent abuse by reminding staff, especially newcomers, to speak freely if they have any concerns in the workplace. I pledge to challenge poor practice by correcting staff and restating proper procedures or showing them how to do things the right way." (Staff)

"I pledge to challenge poor practice by firstly making sure that all staff are provided with the necessary and relevant training. I will promote a safe and happy environment for both residents and staff. If there is a suspicion or allegation of abuse, I will contact the safeguarding team at once to report, and follow the advice taken". (Staff)

"I feel safe in Gortacharn because it is a residential home under excellent management. The staff looks after me well". (Patient)

"I feel safe here because the staff are all very protective and I have nothing to worry about when I'm in Gortacharn". (Patient)

Discussion with staff and patients confirmed that the project was interesting and staff stated that it had been very beneficial and encouraged them to be more reflective of their practice in this regard. The home is commended.

Review of three patient care records evidenced that a range of validated risk assessments were completed. Areas for improvement were identified with the completion of care records. These are discussed in section 4.4.

Discussion with the deputy manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to the relevant bodies. A random selection of accidents and incidents recorded since the previous inspection evidenced that accidents and incidents had been appropriately notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. There was no system in place to complete a monthly analysis of accidents to identify any trends or patterns. The importance of this analysis was discussed, in view of the shortfalls identified in this area of practice, which have been discussed further in this report and a recommendation has been made.

As previously discussed in section 4.2, a general inspection of the home was undertaken to examine a random sample of patients' bedrooms, lounges, bathrooms and toilets. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. The home smelt fresh, clean and was appropriately heated. Some bedroom walls were damaged and in need of painting and there was a plan in place to complete these works. Toiletry items were observed stored in cupboards in two bathroom/shower room areas; this was brought to the attention of the deputy manager who addressed this immediately.

A recommendation made at a previous care inspection was partially met and there was evidenced that most issues had been satisfactorily actioned. However, two issues identified had not been actioned and therefore the recommendation has been stated for a second time.

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

During the inspection, a number of patients were observed seated in “recliner type” chairs which were in most instances in a reclined position. One chair observed posed a potential risk to the patient who was seated, as there was a large gap between the seat and the leg rest and the way the patient was positioned it was evident that there was a potential risk of injury. This was discussed with the deputy manager and a requirement has been made in this regard.

Furthermore, one patient seated in a “recliner” type chair appeared restless and the chair was in a reclined position. The rationale for this intervention was discussed with staff, who advised that it was reclined to keep the patient “safe” as the patient had sustained an injury from a previous accident. Discussion with staff indicated a lack of understanding that this intervention could be considered as a form of restrictive practice and a recommendation has been made in this regard. This practice also identified a deficit in the needs of patients being appropriately met and also shortfalls in registered nursing staff identifying risks and taken corrective actions to manage risks appropriately to ensure safe effective care. This has been referred to further in section 4.4.

Areas for improvement

There were two requirements made in this domain in regards to records available for inspection and identifying and managing risks to patient’s health and welfare. Four recommendations made include; systems to ensure relevant checks for staff registration with relevant professional bodies, monitoring compliance levels for training, accident and falls analysis and training for staff in relation to restrictive practices.

Number of requirements	**2**	**Number of recommendations**:	**4**

4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and were subsequently reviewed as required. There was evidence that risk assessments informed the care planning process. Although, a review of two identified care records evidenced that although risk assessments had been undertaken in regards to falls management, appropriate actions had not been taken by registered nursing staff to ensure that the treatment and services provided met the patient’s individual needs. For example; a review of a care record evidenced that a patient who had experienced a fall from a chair had not been referred for appropriate assessment to ensure their health and welfare.

A review of a second care record for an identified patient, who had sustained a fall from their bed, identified that again nursing staff failed to recognise and/ or consider alternative interventions. This information highlighted that although assessments and care plans were reviewed, registered nurses indicated a lack of understanding of the nursing process and furthermore these shortfalls meant that the treatment and other services did not meet patient’s individual needs and had the potential to impact on their health and welfare. A requirement has been made in relation to patient health and welfare and a recommendation has been made in relation to training for registered nurses in regards to the nursing process.

As previously discussed, it was evidenced that although accident records were appropriately managed, falls were not reviewed and analysed on a monthly basis to identify any patterns or trends and that appropriate actions had been taken. The implementation of this process would hopefully identify the shortfalls evidenced at this inspection and a recommendation has been previously made under the safe domain in this regard.

One care record was reviewed in relation to wound and / or pressure care and although there was evidence of best practice, shortfalls were identified. As part of the treatment regime, the Tissue Viability Nurse had prescribed topical creams to be applied daily and a review of records evidenced gaps of between five and eight days. There was also no recorded evidence on one occasion that the dressing had been renewed, although the deputy manager advised that this had been carried out as it was 'ticked' in the daily diary. This is not in keeping with record keeping and best practice. A requirement has been made.

A review sample of supplementary charts, including repositioning, evidenced that on some occasions care was not being delivered in accordance with the patients' care plan. There was evidence that an identified patient had not been repositioned for up to and including 12 hours on at least two occasions when the care plan advised they required four hourly repositioning and the risk assessment had identified the patient as "high" risk of pressure damage. This issue has been subsumed in the previous requirement made.

Other issues identified in the named care records were; no intake and output records were being maintained for patients who had indwelling catheters and there was no care plan available for a patient who was receiving treatment for an acute infection. Two recommendations have been made.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) and dieticians. There was evidence within the care records of communication with relatives. Registered nurses spoken with confirmed that care management reviews were arranged by the relevant health and social care trust. These reviews were generally held annually but could be requested at any time by the patient, their family or the home.

Discussion with the deputy manager and 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.

The deputy manager confirmed that staff meetings were held regularly. The most recent meetings were held with care staff and general assistant teams, March 2016 and for staff working within the residential unit, January 2016; the records of each meeting included the list of attendees, areas discussed and decisions made and minutes were available for staff who could not attend.

Staff advised that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Staff also confirmed that if they had any concerns, they would raise these with the registered or deputy manager.

Areas for improvement

There were two requirements made in this domain in relation to the assessment and care planning process with particular reference to the arrangements for managing accidents and incidents that occur in the home and wound care. Three recommendations have been made in regards to record keeping, supplementary records and training for registered nursing staff in regards to the nursing process.

Number of requirements	2	Number of recommendations:	3

4.5 Is care compassionate?

Observations throughout the inspection evidenced that there was a calm atmosphere in the home and staff were quietly attending to the patients' needs.

Patients were observed to be sitting in the lounges, or in their bedroom, as was their personal preference. We observed numerous occasions when staff offered patients choice and took time to find out what the patients wanted when it was not always apparent and patients were unable to express their wishes clearly. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time. Staff spoken with were knowledgeable regarding patient's likes and dislikes and individual preferences.

Patients spoken with commented positively in regard to the care they received and were happy in their surroundings. Those patients who were unable to verbally express their views were observed to be appropriately dressed and were relaxed and comfortable. Observation of care delivery confirmed that patients were assisted appropriately, with dignity and respect, and in a timely manner.

The attention to detail, by staff, with regards to the personal appearance of the patients was commended. Patients clothing was noted to be tastefully colour co-ordinated and the ladies were encouraged with jewellery and scarves to complement their outfits. It was obvious by the interactions observed that the patients were familiar and comfortable with staff.

We discussed how the registered manager consulted with patients and relatives and involved them in the issues which affected them. The registered manager has regular, daily contact with the patients and any visitors and is available, throughout the day, to meet with both on a one to one basis if needed.

As previously referred to in section 4.3, there was evidence of good engagement and patient involvement. A review of the Annual Quality Report for 2015 - 2016 evidenced positive feedback in regards to care provision, staff attitude, the quality of food and the effectiveness of the admission process. A copy of the report was available for patients, their representatives, staff and relevant others.

Numerous compliments had been received by the home from relatives and friends of former patients.

Five Questionnaires were issued to patients and three were returned during the inspection process. Reponses received were overall positive and some additional comments made were discussed at feedback and with the registered manager post inspection who gave assurances that the concerns raised would be addressed appropriately. In addition, 16 patients were

spoken with individually and others in small groups and all confirmed that they enjoyed living in Gortacharn and that they felt, safe and well looked after. The patients advised they knew the registered persons and the registered manager and had regular contact with them.

Ten relative questionnaires were issued and three were returned prior to the issue of this report, stating that they believed the service to be well run and delivering safe, effective and compassionate care. Four relatives, spoken with during the inspection process raised no concerns, and stated that they were satisfied with the standard of care; that management were very responsive to suggestions and any concerns raised were dealt with appropriately.

Ten questionnaires were issued to nursing, care and ancillary staff; two were returned prior to the issue of this report. The respondents agreed with staff who spoke to the inspector during inspection in that; all comments received were positive in regards to the care and their experience of working in Gortacharn.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	**0**	**Number of recommendations**:	**0**

4.6 Is the service well led?

The certificate of registration issued by RQIA and the home's certificate of public liability insurance were appropriately displayed in the foyer of the home.

Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered. The Statement of Purpose and Patient Guide were available in the home.

Staff spoken with were knowledgeable regarding line management and who they would escalate any issues or concerns to; this included the reporting arrangements when the registered manager was off duty.

A copy of the complaints policy was displayed throughout the homes environment. A review of the home's complaints record evidenced that complaints were not managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. One complaint reviewed did not include the following; the status of the complaint, details of any actions taken, the result of any investigations; whether or not the complainant was satisfied with the outcome; and how this level of satisfaction was determined. A recommendation has been made.

The deputy manager provided the systems that were in place to monitor the quality of the services delivered.

A programme of audits was completed on a monthly basis. Areas for audit included care records, hand hygiene and continence management. Although there was evidence that the information had been analysed and an action plan generated, the auditing process failed to identify some of the shortfalls evidenced in this inspection with particular reference to; accidents and incidents and the care planning process. A recommendation has been made.

There were arrangements in place to receive and act on health and safety information, urgent communications, safety alerts and notices; for example from the Northern Ireland Adverse Incident Centre (NIAIC).

The unannounced monthly visits required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 were completed in accordance with the regulations. An action plan was generated to address any identified areas for improvement.

Areas for improvement

Recommendations have been made in relation to the management of complaints and the robustness of auditing systems.

Number of requirements	**0**	**Number of recommendations**:	**2**

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider 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 provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to nursing.team@rqia.org.uk by the inspector.

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 provider 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 provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

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

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref**: Regulation 14 (2) (c) **Stated:** First time **To be completed by:** 25 July 2016	The registered person must ensure that unnecessary risks to the health or safety of patients are identified and so far as possible eliminated. **Ref: Section 4.3**
	Response by registered provider detailing the actions taken: A referral has been made to Occupational Therapy regarding suitable seating arrangements for the two identified patients. Both patients and their families prefer that they sit in 'recliner type' chairs for their comfort. They are now sitting in two different chairs. A risk assessment has been carried out and a Care Plan has been drawn up for the use of 'recliner type' chairs for the identified two patients.
Requirement 2 **Ref**: Regulation 19 (3)(b) **Stated:** First time **To be completed by:** 25 July 2016	The registered person must ensure that records confirming staffs registration status with appropriate professional regulatory bodies, namely the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC), are available for inspection at all times. **Ref: Section 4.3 & 4.4**
	Response by registered provider detailing the actions taken: On the day of inspection the administrative staff member was on Annual Leave and staff members were unable to access computerised records confirming details of staff registration status. These details are now available in paper form in a manual file, and are available for inspection at all times.
Requirement 3 **Ref**: Regulation 12 (1)(a)(b) **Stated:** First time **To be completed by:** 25 July 2016	The registered person must ensure that the treatment provided to each patient meets their individual needs and reflects current best practice. This relates specifically to the arrangements for managing accidents and incidents that occur in the home. **Ref: Section 4.3 & 4.4**
	Response by registered provider detailing the actions taken: A revised template will be used to audit accidents and incidents on a monthly basis. The Registered Manager will ensure appropriate action is taken, and appropriate treatment and services are provided to meet patient's individual needs.

Requirement 4 **Ref**: Regulation 13 (1)(a)(b) **Stated:** First time **To be completed by:** 25 July 2016	The registered person must ensure to promote and make proper provision for the nursing, health and welfare and where appropriate, treatment and supervision of patients in their care. This relates specifically to the management and treatment of wounds and pressure care in accordance with the care prescribed and best practice guidelines. **Ref: Section 4.4**
	Response by registered provider detailing the actions taken: A Pressure Ulcer/ Wound Care Audit is now in place to be monitored on a monthly basis. This will identify any shortfalls and ensure care is delivered in accordance with the patient's Care Plan. All cream charts have been reviewed and updated with the correct name, dose and instructions for each cream to be applied. Random audits will also be carried out on topical medication and cream charts.

Recommendations	
Recommendation 1 **Ref**: Standard 46 **Stated:** Second time **To be completed by:** 25 July 2016	The registered person must ensure that the infection prevention and control issues identified in the report are actioned as required. **Ref: Section 4.2**
	Response by registered provider detailing the actions taken: New clinical waste bins have been purchased. We are sourcing an appropriate material to replace the shelving in the linen cupboard.
Recommendation 2 **Ref**: Standard 35 **Stated:** First time **To be completed by:** 25 July 2016	The registered manager should develop a system to ensure that checks are being conducted on a regular basis in relation to staff's registration status with NMC and NISCC. **Ref: Section 4.3**
	Response by registered provider detailing the actions taken: Staff registration status with the NMC and NISCC will be double checked and documented by the registered manager on a monthly basis.
Recommendation 3 **Ref**: Standard 39 Criteria 9 **Stated:** First time **To be completed by:** 25 July 2016	It is recommended that a system is developed to monitor staffs compliance with training to ensure mandatory training requirements are met. **Ref: Section 4.3**
	Response by registered provider detailing the actions taken: A system has been developed to monitor staff compliance with training and ensure mandatory training requirements are met.
Recommendation 4 **Ref**: Standard 18.10 **Stated:** First time **To be completed by:** 25 July 2016	It is recommended that staff are trained to recognise what constitutes restrictive practice. Records of training should be retained. **Ref: Section 4.3**
	Response by registered provider detailing the actions taken: We are sourcing training on restraint and restrictive practice. Records will be retained once training is completed.
Recommendation 5 **Ref**: Standard 39.8 **Stated:** First time **To be completed by:** 25 July 2016	It is recommended that registered nurses receive training in relation to the nursing process. Records of training should be retained. **Ref: Section 4.4**
	Response by registered provider detailing the actions taken: Training on the Nursing Process will be incorporated into annual mandatory training for registered nurses. Records will be retained once training is completed.

Recommendation 6 **Ref**: Standard 22.10 **Stated:** First time **To be completed by:** 25 July 2016	The registered persons should ensure that falls are reviewed and analysed on a monthly basis to identify any patterns or trends and appropriate action taken. **Ref: Section 4.3; 4.4; 4.6.**
	Response by registered provider detailing the actions taken: A revised template will be used to audit accidents and incidents on a monthly basis. Falls will be reviewed and analysed to identify any patterns or trends, and approriate action will be taken.
Recommendation 7 **Ref**: Standard 4 **Stated:** First time **To be completed by:** 25 July 2016	It is recommended that care plans are developed for acute care interventions for example; chest infections. **Ref: Section 4.4**
	Response by registered provider detailing the actions taken: Care Plans have been developed to be used for acute care interventions, for example chest infections and urinary infections. Nursing staff are fully aware of the importance of putting these in place.
Recommendation 8 **Ref**: Standard 4 **Stated:** First time **To be completed by:** 25 July 2016	It is recommended that input and output charts are maintained for all patients with indwelling catheters in line with best practice guidelines. The care records should provide rationale if this intervention is deemed not appropriate. The total input/output should be recorded within daily progress records. **Ref: Section 4.4**
	Response by registered provider detailing the actions taken: All patients with indwelling catheters are having fluid output monitored. Input charts will be maintained for patients with indwelling catheters who have a notable poor fluid intake, are receiving treatment for a urinary tract infection, or who it is deemed necessary for fluid intake/ output to be monitored. The total input/ output will be monitored and recorded at the end of each shift within daily progress records.
Recommendation 9 **Ref**: Standard 16 Criteria 11 **Stated:** First time **To be completed by:** 25 July 2016	It is recommended that the records of complaints are maintained in accordance with legislative, care standards and professional guidance. **Ref: Section 4.6**
	Response by registered provider detailing the actions taken: Any complaints will be managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.
Recommendation 10 **Ref**: Standard 35.4	It is recommended that the systems for auditing care records are further developed to address the deficits identified during this inspection. **Ref: Section 4.6**

Stated: First time **To be completed by:** 25 July 2016	**Response by registered provider detailing the actions taken:** The auditing process within Gortacharn has been reviewed and will be carried out on a monthly basis by the Registered Manager and Deputy Manager.

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

The Regulation and Quality Improvement Authority

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