

Inspection Report

9 June 2021



Gillbrooke Nursing Home

Type of service: Nursing Home
Address: 107 Clabby Road
Fivemiletown BT75 0QY
Telephone number: 028 8952 1888

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Gillbrooke Care Centre Ltd Responsible Individual: Mr John James Wesley Kerr	Registered Manager: Mrs Jennifer McCaffrey Date registered: 20 January 2021
Person in charge at the time of inspection: Jennifer McCaffrey, manager, 11am – 12.30pm Kate McDonald, registered nurse, 12.30pm – 2pm Ruth Andrews, registered nurse, 2pm -5pm	Number of registered places: 25 A maximum of 1 named patient in category NH-LD. The home is approved to provide care on a day basis for up to 3 persons.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 21
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 25 patients. Patients' bedrooms are situated over two floors. Patients have access to lounges, a dining room and conservatory.	

2.0 Inspection summary

An unannounced inspection took place on 9 June 2021, from 11am to 5pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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 teamwork and maintaining good working relationships.

Areas requiring improvement were identified in relation to the provision of staff, care records for newly admitted patients, the environment, infection prevention and control (IPC) and governance of care records for newly admitted patients. Two areas for improvement have been stated for a second time, one area for improvement has been subsumed into a regulation and two areas for improvement have been carried forward for review at the next care inspection as detailed in the report and the Quality Improvement Plan (QIP).

Patients spoke positively about living in Gillbrooke. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the nurse in charge at the conclusion of the inspection and the following day with the manager.

4.0 What people told us about the service

Eleven patients and eight staff were spoken with. Patients told us that they felt well cared for, enjoyed the food and that staff were helpful and friendly. A number of staff told us that whilst they felt supported by the manager, they felt that staffing levels needed to be reviewed to enable them to carry out their role effectively. This information was shared with the manager and is discussed further in section 5.2.1 below. Staff also said that the manager was very approachable and that there was great teamwork. There was no feedback from the staff online survey.

Two questionnaires were returned from relatives who were very satisfied with the service provision overall, however, one relative commented on the outdoor facilities being limited with no space to grow vegetables and/or flowers. Comments from another relative included: "Top class nursing home." This information was shared with the manager.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last care inspection on 19 November 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 16 (2) (b) Stated: First time	The registered person shall ensure that a review of all patients care records is completed to ensure that: <ul style="list-style-type: none"> care plans are implemented where medical history remains relevant moving and handling risk assessments are reviewed and updated regularly. 	Met
	Action taken as confirmed during the inspection: Review of a sample of care records evidenced that this area for improvement has been met. This is discussed further in section 5.2.2.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that infection prevention and control practices are reviewed. Specific reference to: <ul style="list-style-type: none"> storage of equipment in communal bathrooms, en-suite/communal toilets and sluice rooms 	Partially met

	<ul style="list-style-type: none"> • system for cleaning wheelchairs • equipment used for cleaning including the cleaning trolley, are maintained. 	
	<p>Action taken as confirmed during the inspection: Observation of the environment evidenced that this area for improvement has not been fully met and has been stated for a second time. This is discussed further in section 5.2.3.</p>	
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p>	<p>The registered person shall take adequate precautions against the risk of fire.</p> <p>With specific reference to ensuring that:</p> <ul style="list-style-type: none"> • fire doors are not propped open. 	Met
	<p>Action taken as confirmed during the inspection: Observation of the environment evidenced that this area for improvement has been met.</p>	
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall review the management of topical medicine preparations to ensure they are appropriately stored, labelled and not used beyond their recommended shelf life.</p>	Met
	<p>Action taken as confirmed during the inspection: Observation of the environment and discussion with staff evidenced that this area for improvement has been met.</p>	
<p>Area for improvement 5</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p>	<p>The registered person shall ensure that RQIA are notified of any event in the home in accordance with Regulation 30.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of a sample of accident/incident records evidenced that this area for improvement has been met.</p>	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 23</p>	<p>The registered person shall ensure that there are clear and documented processes for the prevention, detection and treatment of</p>	Not Met

Stated: Third and final time	<p>pressure damage.</p> <p>With specific reference to ensuring:</p> <ul style="list-style-type: none"> that the settings on pressure relieving mattresses are maintained at the correct setting and included in the patients care plan Where a patient has been repositioned the frequency should reflect the current care plan and state the intervention on each repositioning. <p>Action taken as confirmed during the inspection: Observation of pressure relieving mattresses and review of a sample of care records evidenced that this area for improvement has not been met and has been subsumed into a regulation. This is discussed further in section 5.2.2.</p>	
Area for improvement 2 Ref: Standard 41 Stated: First time	<p>The registered person shall ensure the staff duty rota clearly identifies the hours worked by staff in a format that differentiates between day and night duty.</p> <p>Action taken as confirmed during the inspection: Review of a sample of staff duty rotas evidenced that this area for improvement has been met.</p>	Met
Area for improvement 3 Ref: Standard 12 Stated: First time	<p>The registered person shall ensure that the daily menu offers a choice of two main meals with the date displayed in a suitable format and in an appropriate location to reflect the meals on offer.</p> <p>Action taken as confirmed during the inspection: Observation of the environment evidenced that this area for improvement has been met.</p>	Met
Area for improvement 4 Ref: Standard 18 Stated: First time	<p>The registered person shall ensure the following in regards to the provision of care to patients who require the use of restrictive practices, specifically the use of a monitoring device:</p>	Carried forward

	<ul style="list-style-type: none"> • should be reflected within the patients care plan • risk assessment should be implemented and reviewed regularly. <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	to the next care inspection
<p>Area for improvement 5</p> <p>Ref: Standard 23</p> <p>Stated: First time</p>	<p>The registered person shall ensure that there where a wound has been assessed as requiring treatment, that a care plan and risk assessment is implemented to include the dressing type and frequency of dressing renewal.</p> <p>Action taken as confirmed during the inspection: Review of a sample of care records evidenced that this area for improvement has not been met and has been stated for a second time. This is discussed further in section 5.2.2.</p>	Not Met
<p>Area for improvement 6</p> <p>Ref: Standard 16</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all complaints received are appropriately recorded within the complaints ledger and managed effectively.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next care inspection

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of recruitment records evidenced that robust systems were in place to ensure that patients are protected.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty.

As mentioned above in section 4.0, a number of staff felt that staffing levels needed to be reviewed to meet the needs of the patients especially in the morning. Observation of the delivery of care evidenced that patients continued to be assisted with personal care after 12.00hr. The manager confirmed that most of these patients prefer to rest in bed until lunch time and further stated that the dependency needs of the patients can vary on a daily basis. We requested a copy of the most recent assessment of patient dependency to determine staffing requirements. The manager told us that this had not been completed and an area for improvement was identified.

Patients said that they felt well looked after and that staff were attentive. One patient commented “they are all very kind to us” and a further patient referred to the staff as “lovely people”.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients’ needs, their daily routine wishes and preferences.

It was observed that staff respected patients’ privacy by their actions such as knocking on doors before entering, discussing patients’ care in a confidential manner, and by offering personal care to patients discreetly. This is good practice.

Patients who were less able to mobilise require special attention to their skin care. Review of a sample of patient care plans specific to pressure area care stated that patients should be repositioned regularly. Whilst patients were assisted by staff to change their position regularly, the care plans did not contain the recommended frequency of repositioning and records were not maintained in relation to repositioning. It was also noted that special pressure relieving mattresses were not all correctly set to effectively manage patients’ pressure area care. No

harm to patients was evidenced and the manager agreed to review patients care records and the setting of any pressure relieving mattresses in use. This was an area for improvement identified at the previous inspection and has been subsumed into a regulation.

Examination of records and discussion with the manager and staff confirmed that the risk of falling and falls were well managed. Review of records showed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. Staff also completed a post fall review to determine if anything more could have been done to prevent the fall.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime dining experience was seen to be a pleasant opportunity for patients to socialise and the atmosphere was calm and relaxed. Staff had made an effort to ensure patients were comfortably seated and enjoyed their meal. There was evidence that patients' needs in relation to nutrition and the dining experience were being met. For example, staff recognised that patients may need a range of support with meals and were seen to helpfully encourage and assist patients as required.

There was a choice of meals offered, the food was attractively presented and smelled appetising. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes. There was a variety of drinks available. Patients told us they very much enjoyed the food provided in the home.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily. Patients spoke positively in relation to the food provision and their mealtime experience.

Review of a recently admitted patient's care records evidenced that their needs had not been fully assessed at the time of their admission to the home. Furthermore, care plans had not been developed to direct staff on how to meet the patient's needs; and/or any advice or recommendations made by other healthcare professionals. This was discussed with the manager and an area for improvement was identified.

Patients care records were held confidentially. Review of three patient care records identified that they were mostly well maintained. A number of care plans and risk assessments required further review, this was discussed in detail with the manager and following the inspection written confirmation was received that these had been completed.

Review of one patient's care records evidenced that they had a wound requiring treatment. However, there was no care plan to direct staff on the recommended dressing type and frequency of dressing renewal. As mentioned in section 5.1 above, this area for improvement has been stated for a second time.

While some aspects of patients' care records had been accurately maintained, improvements were required. This is discussed further in section 5.2.5 below.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. There was evidence that a number of areas had recently been painted or had flooring replaced. The manager confirmed that refurbishment works were ongoing to ensure the home was well maintained. However, surface damage was evident to a number of over bed tables, floor coverings, bedroom furniture, door frames and walls. This was discussed in detail with the manager and an area for improvement was identified.

Patients' bedrooms were personalised with items important to the patient. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices. As mentioned above in section 4.0, there was limited outdoor areas for patients to sit and rest. The manager advised that there had been discussions with senior management regarding plans to enhance the outdoor area.

Jugs of juice were available in lounges and patients were offered suitable drinks and snacks between their main meals. Staff were seen to ask patients in the communal lounges if they preferred to watch TV or listen to music; it was positive to see that patients opinions were sought and taken into account.

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves. Visiting and care partner arrangements were managed in line with the Department of Health (DoH) and infection prevention and control (IPC) guidance.

Policies regarding visiting and the care partner initiative had been developed and the manager advised that these would be updated to reflect the most recent guidelines.

The manager said that cleaning schedules included frequent touch point cleaning and this was carried out by both domestic and care staff on a regular basis. The manager also said that any issues observed regarding IPC measures or the use of PPE were immediately addressed.

There was a good supply of PPE and hand sanitising gel in the home. However, a number of issues were identified which required to be addressed. For example, there was no availability of the correct type of gloves used in the delivery of personal care. A member of staff was wearing a wrist watch which would inhibit effective hand hygiene and a member of staff was not wearing the correct face mask. The potential risks of harm associated with IPC practices and measures were discussed in detail with the manager and an area for improvement was identified. Following the inspection the manager provided written confirmation that these issues had been addressed with ongoing monitoring to ensure compliance.

As mentioned in section 5.1 above, there was evidence of inappropriate storage of mop heads within a sluice room and patient equipment within a communal shower room and patient en-suites. This area for improvement has been stated for a second time.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested.

The activity coordinator was busy facilitating visits to the home whilst attempting to carry out activities as scheduled. This was discussed with the manager who agreed to review. Following the inspection the manager provided written confirmation that the activity coordinators hours had been increased.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

It was evident that patients could choose how they spent their day and that staff supported them to make these choices.

5.2.5 Management and Governance Arrangements

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home.

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on a yearly basis. Staff told us they were confident about reporting concerns regarding, for example, patients' safety or poor practice.

On occasions some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails and alarm mats. Review of patient records and discussion with the manager, and staff, confirmed that the correct procedures were followed if restrictive equipment was required. It was positive to note that patients and/or their relatives were involved in any discussion about the use of equipment.

Staff confirmed they had completed specialised training to ensure they were aware of the DoH Deprivation of Liberty Safeguards (DoLS) and restrictive practices. Staff knew where to access information regarding DoLS and demonstrated their knowledge of what constituted a restrictive practice.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Staff said that the manager was approachable and accessible.

There has been no change to management arrangements for the home since the last inspection. The manager said they felt well supported by the responsible individual and the organisation.

A review of the records of accidents and incidents which had occurred in the home found that they had been actioned appropriately.

Audits completed by the management team to ensure the quality of care and services provided to patients did not identify the issues RQIA evidenced during the inspection in relation to care records for a recently admitted patient. Details were discussed with the manager and an area for improvement was identified.

The home was visited each month by a representative of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and available for review by patients, their representatives, the Trust and RQIA.

6.0 Conclusion

As a result of this inspection five new areas for improvement were identified in relation to the provision of staff, care records for newly admitted patients, the environment, infection prevention and control (IPC) and governance of care records for newly admitted patients. Two areas for improvement have been stated for a second time, one area for improvement has been subsumed into a regulation and two areas for improvement have been carried forward for review at the next care inspection as detailed in the report and the Quality Improvement Plan (QIP).

Patients were seen to be content and settled in the home and in their interactions with staff. Staff treated patients with respect and kindness.

Based on the inspection findings and discussions held, RQIA were satisfied that this service delivers compassionate care. Compliance with the areas for improvement identified will further enhance the quality of care and service provided.

7.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	4*	6*

* The total number of areas for improvement includes one regulation and one standard that have been stated for a second time, one which has been subsumed into a regulation and two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ruth Andrews, registered nurse and Jennifer McCaffrey, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time To be completed by: With immediate effect	<p>The registered person shall ensure that infection prevention and control practices are reviewed.</p> <p>Specific reference to:</p> <ul style="list-style-type: none"> storage of equipment in en-suites, communal shower room and sluice room. <p>Ref:5.1 and 5.2.3</p>
	<p>Response by registered person detailing the actions taken: Staff have been spoken to and reminded of the importance of Infection Control practices. The storage of equipment in en-suites, communal shower rooms or sluice rooms are not allowed. Any stored items were removed on the day of inspection. Practices have been reviewed and are monitored.</p>
Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: 9 July 2021	<p>The registered person shall ensure that there are clear and documented processes for the prevention, detection and treatment of pressure damage.</p> <p>With specific reference to ensuring:</p> <ul style="list-style-type: none"> that the settings on pressure relieving mattresses are maintained at the correct setting and included in the patients care plan where a patient has been assessed as requiring repositioning the recommended frequency of repositioning is recorded within the patients care plan and a record of each change of position by staff is maintained where a patient has been repositioned the frequency should reflect the current care plan and state the intervention on each repositioning. <p>Ref: 5.1 and 5.2.2</p>

	<p>Response by registered person detailing the actions taken: All staff have been reminded about the importance of the correct settings on mattresses ensuring and recording this on the Care Plan. Weekly checks on air mattresses have been included in the Weekly Bedrail Checks and checked weekly by the manager. Staff have been reminded if a patient has been assessed as needing a Repositioning Chart this requires the frequency of each change of position, they must ensure this is documented on the chart. This will be documented in the Care Plan and reflect what is documented on the Reposition Chart</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that infection prevention and control practices are reviewed.</p> <p>Specific reference to:</p> <ul style="list-style-type: none"> • staff are bare below the elbow • the correct gloves for personal care delivery are made available • PPE is worn in accordance with the regional COVID-19 guidelines. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All staff have been spoken to and reminded that no jewellery is allowed while working on the floor as this is an infection control risk. Nitrile Gloves have been purchased weekly and all staff are wearing appropriate PPE in accordance with the Regional Covid19 Guidelines.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 9 August 2021</p>	<p>The registered person shall ensure that a refurbishment plan is submitted to RQIA and implemented with timeframes for completion.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • door frames • over bed tables • walls • floor coverings • bedroom furniture. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: A refurbishment plan is on-going and with recent restrictions it was not possible to go ahead with refurbishment. New bedroom furniture has been purchased for 8 rooms, new duvet covers and sheets have been purchased, on the ground floor new</p>

	curtains and curtain poles have been purchased. Over bed tables have been repainted and new tops fitted, this is on-going. New bathroom cabinets have been ordered - awaiting delivery. New windows for the front of the building have been ordered and a replacement sign for outside the building has been ordered.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 18 Stated: First time To be completed by: With immediate effect	The registered person shall ensure the following in regards to the provision of care to patients who require the use of restrictive practices, specifically the use of a monitoring device: <ul style="list-style-type: none"> • should be reflected within the patients care plan • risk assessment should be implemented and reviewed regularly. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 16 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that all complaints received are appropriately recorded within the complaints ledger and managed effectively. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Standard 23 Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that there where a wound has been assessed as requiring treatment, that a care plan and risk assessment is implemented to include the dressing type and frequency of dressing renewal. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: Staff have been trained and spoken to in regards to restrictive practice. If a patient requires restrictive measures this will be documented in the Care Plan and included in their Risk Assessment and updated monthly. A new Complaints File has been commenced outlining the questions / information required if someone makes a complaint; and all staff made aware. This information will be left for the manager to follow up. Staff have been spoken to and reminded, that if a patient

	requires treatment for a wound, a Care Plan and Risk Assessment will be implemented with the dressing type and date the dressing is due.
Area for improvement 4 Ref: Standard 41 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that staffing levels are kept under continuous review to ensure that at all times there are sufficient numbers of staff to meet the needs of the patients. Evidence of the assessment used to determine staffing levels should be made available during inspection.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Staff levels are continuously under review. There is always adequate staff on the floor to meet the residents care requirements. Residents dependency is reviewed monthly by qualified staff. The DHSSPS Care Standards for Nursing Homes April 2015, Standard 41 is followed. A quarterly assessment of staffing levels using the Rhys Hearn dependency assessment tool has been implemented.</p>
Area for improvement 5 Ref: Standard 4.1 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that care plans and risk assessments for newly admitted patients are completed within the required timeframe.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The relevant staff have been spoken to about the admission of new patients and the time frame expected for Care Plans and Risk Assessments to be completed. This is monitored by the Home manager.</p>
Area for improvement 6 Ref: Standard 35 Stated: First time To be completed by: 9 July 2021	<p>The registered person shall ensure that a system for auditing newly admitted patients care plans and risk assessments is implemented to ensure they are completed within the required timeframe.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: A new post admission/care plan tracking audit has been put in place for new admissions to the home and this will be reviewed by the manager after each admission.</p>

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



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