

Unannounced Enforcement Compliance Inspection Report 21 August 2017



Knockmoyle Lodge

Type of Service: Nursing Home
Address: 29 Knockmoyle Lodge, Omagh, BT79 7TB
Tel no: 028 8224 7931
Inspector: Sharon Loane and Dermot Walsh

www.rgia.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 provider 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 35 persons.

3.0 Service details

Organisation/Registered Provider: Mr John O'Donnell	Registered Manager: See box below
Person in charge at the time of inspection: Mrs Sarah Hamilton	Date manager registered: Mrs Sarah Hamilton – registration pending
Categories of care: Nursing Home (NH) DE – Dementia. MP (E) - Mental disorder excluding learning disability or dementia – over 65 years. Residential Care (RC) DE – Dementia. MP (E) - Mental disorder excluding learning disability or dementia – over 65 years.	Number of registered places: Total number of registered beds: 35 comprising: A maximum of 31 patients in category NH-DE, a maximum of 2 patients in category NH-MP(E), a maximum of 1 resident in category RC-MP(E) and a maximum of 1 resident in category RC-DE. The home is also approved to provide care on a day basis for 1 person.

4.0 Inspection summary

An unannounced inspection took place on 21 August 2017 from 11.20 to 17.30 hours.

The purpose of the inspection sought to assess the level of compliance achieved by the home in relation to a Failure to Comply (FTC) Notice issued on 4 July 2017. The areas identified for improvement and compliance with the regulation were in relation to management arrangements for the home. The date of compliance with the notice was 21 August 2017.

FTC Ref: FTC/NH/1208/2017-18/01 issued on 4 July 2017

Evidence at the time of the inspection was not available to validate compliance with the above Failure to Comply Notice. There was no evidence of progress made to address the required actions within the notice. Following the inspection, RQIA senior management held a meeting on 22 August 2017 and a decision was made to invite the responsible person (acting) to attend a meeting, on 1 September 2017 with the Intention to Serve a Notice of Proposal to impose conditions on the registration of Knockmoyle Lodge in respect of noncompliance with the Failure to Comply Notice outlined above.

A request was made by the responsible person (acting) to change the date of the meeting from the 1 September to the 7 September 2017. This request was facilitated by RQIA.

At this meeting, representatives from Knockmoyle Lodge, acknowledged the inspection findings and agreed that further improvements and actions were required.

The notice of proposal to impose conditions on the registration of the home was issued on 11 September 2017. The conditions are detailed below:

1. Admissions to Knockmoyle Lodge will cease until compliance with the specific actions stated in FTC/NH/1208/2017-18/01 dated 4 July 2017 have been fully met.
2. The registered provider must ensure that a nurse manager, with sufficient clinical and management experience, is working in the home on a day- to- day basis to ensure the quality and safety of care practice and service delivery to patients.
3. The registered provider must ensure that Regulation 29 monthly reports and copies of any other monitoring reports are provided to RQIA within three working days of the visits/reports having been completed. This condition will continue until such time that RQIA is satisfied that the home is operating in sustained compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

At this inspection, additional concerns were identified in relation to recruitment processes. We identified that Access NI enhanced disclosure checks had not been completed in respect of two identified staff members. RQIA are concerned that the safeguards to protect and minimise risk to patients, through effective recruitment practice, were being compromised.

Following the inspection, this matter was also discussed with senior management in RQIA and it was agreed that a second meeting with the responsible person (acting) would also be held with the intention of issuing a Failure to Comply Notice in regards to recruitment processes. This meeting was also held on 7 September 2017.

Again at this meeting, those attending acknowledged the failings and provided a verbal account of the actions taken and arrangements made to ensure the improvements necessary to achieve full compliance with the required regulation.

It was acknowledged that whilst work was ongoing to address these concerns, RQIA were not fully assured that these actions had been sufficiently implemented and/or embedded into practice to enable the necessary improvements to be made. Given the potential risk to patients and the lack of governance arrangements, it was decided that a Failure to Comply Notice under Regulation 21 (1) (b) would be issued, with the date of compliance to be achieved by 9 November 2017.

A further inspection will be undertaken to validate that compliance has been achieved.

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.

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 Care Standards for Nursing Homes 2015.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*5	*3

*The total number of areas for improvement under regulations includes two which have been stated for the second time and two areas for improvement under the standards have been stated for the third and final time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Sarah Hamilton, Manager, and other management representatives as part of the inspection process. The timescales for completion commence from the date of the inspection.

Enforcement action remains ongoing as a result of the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the requirements as indicated in the failure to comply notice **FTC Ref: FTC/NH1208/2017-18/01**
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and the returned QIP from the previous care inspection
- notifications received from 23 March 2017

The following methods and processes used in this inspection include the following:

- a discussion with the manager
- discussion with staff
- discussion with patients
- a review sample of duty rotas
- staff training records
- accident and incident records
- complaints records
- three care records
- a review of quality audits
- monthly monitoring reports in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- observation of the daily activity of the home

The inspectors observed the majority of patients, some of whom were resting in bed and/or seated in the day lounges.

A number of staff were consulted during the inspection including two registered nurses, care staff on duty, the activities co-ordinator, the administrator and ancillary staff.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 March 2017

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

6.2 Review of areas for improvement from the last care inspection dated 23 March 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and was validated at this inspection.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	The registered provider must ensure that systems are established to assure compliance with best practice in infection prevention and control within the home.	Not met
	Action taken as confirmed during the inspection: A review of information and observations of the environment evidenced that whilst some improvement was noted the systems in place had not identified the shortfalls evidenced at this inspection.	
	This area for improvement has been stated for a second time.	

<p>Area for improvement 2</p> <p>Ref: Regulation 16 (1) (2) (b)</p> <p>Stated: First time</p>	<p>The registered provider must ensure that a nursing care plan is prepared and kept under review as to how the patients' needs in respect of his health and welfare are to be met.</p> <hr/> <p>Action taken as confirmed during the inspection: The majority of care records reviewed were maintained to a satisfactory standard. However, shortfalls were identified within some of the care records. Please refer to section 6.3 for further detail.</p> <p>This area for improvement has been stated for the second time.</p>	<p>Not met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: Second time</p>	<p>The registered person should ensure that the duty rota is completed in accordance with the DHSSPS Care Standards for Nursing Homes (2015).</p> <hr/> <p>Action taken as confirmed during the inspection: A review sample of duty rotas evidenced that these were not maintained in accordance with the standards. For example; the nurse in charge was not identified and the records were not signed by the manager.</p> <p>Following discussion with senior management in RQIA this area for improvement has been stated for the third and final time.</p>	<p>Not met</p>

Area for improvement 2 Ref: Standard 35.3 Stated: Second time	It is recommended that governance arrangements to monitor audit and review the quality of nursing and other services provided within the nursing home should be implemented and completed on a regular basis. An action plan should be developed for any identified improvements and the follow –up actions required.	Partially met
	Action taken as confirmed during the inspection: A review of information confirmed that the home had an auditing system in place. However, audits completed failed to identify the shortfalls identified at this inspection. Furthermore, there was no evidence of actions being taken where shortfalls had been identified. Please refer to section 6.3 for further detail. Following discussion with senior management in RQIA this area for improvement has been stated for a third and final time.	
Area for improvement 3 Ref: Standard 41 Stated: First time	The registered provider should ensure that the handover is robust to ensure the delivery of safe effective care.	Met
	Action taken as confirmed during the inspection: A discussion with staff evidenced that the handover provided adequate information to ensure the delivery of safe effective care.	

6.3 Inspection findings

FTC Ref: FTC/NH/1208/2017-2018/01

Notice of Failure to Comply with Regulation 8 (1) of the Nursing Homes Regulations (Northern Ireland) 2005

Regulation 8.—(1) The registered provider shall appoint an individual to manage the nursing home where –

- (a) there is no registered manager in respect of the nursing home;***
- (b) the registered provider –***
 - (i) is an organisation or partnership***
 - (ii) is not a fit person to manage a nursing home; or***
 - (iii) is not, or does not intend to be, in full-time day to day charge of the nursing home.***

In relation to this notice the following four actions were required to comply with this regulation.

- The acting registered person must appoint an individual with the necessary competence and skill to manage the nursing home in accordance with legislative requirements of the Nursing Homes Regulations (Northern Ireland) 2005 and the criteria as stated in the Care Standards for Nursing Homes, 2015.
- The acting registered person must ensure that the Statement of Purpose for the home defines the organisational structure of the home and the relevant qualifications and experience of the manager.
- The acting registered person must ensure that the manager delivers services effectively on a day to day basis in accordance with the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes, 2015.
- The acting registered person must ensure that the hours worked by the nurse manager are included on the duty rota and identifies either management duties or working as the lead nurse.

RQIA received an application on the 1 August 2017, for the position of Registered Manager for Knockmoyle Lodge Nursing home. The registration process was still pending at time of this inspection.

A discussion held with the manager (applicant) at time of the inspection identified that they had not received either a job description or a contract of employment for the role of registered manager. Records for induction were not available and the manager confirmed that they had not received any induction or supervision in relation to this role. The manager was unaware of any competency and capability assessments commenced or completed in regards to the managerial role.

The hours of work worked by the manager, evidenced that the hours dedicated to managerial duties was disproportionate to the hours worked as a senior staff nurse. The manager worked her contracted hours over a three day week. She advised that one/two days had been assigned for managerial duties; however this was not recorded anywhere. A review sample of duty rotas identified that the hours worked in the capacity of manager was only one day a week and on some occasions none. There were no systems and processes in place to ensure that the manager was updated on her return from days off. An orientation board identified the manager as a “senior staff nurse.” The name badge worn by the manager also referred to the position as “senior staff nurse.”

Furthermore, a discussion with staff indicated that there was a lack of clarity in relation to the management and organisational structure within the home specifically the identity of the manager. All staff with the exception of one did not identify the current manager as fulfilling this role and referred to her as the “senior staff nurse.” Other staff identified the acting responsible person as the manager and one staff member advised that the home did not have a manager. Some comments received indicated that the absence of a manager was impacting on the operations of the home. For example; one staff member stated that “if a manager was in post, staff would feel more confident and directed in their role.”

At the completion of the inspection, the manager advised the inspectors, that she wished to withdraw her application for this position. This information was confirmed in writing to RQIA on 22 August 2017.

A Statement of Purpose was submitted on the 1 August 2017 to RQIA. A review of this document identified that it did not contain all the necessary information as outlined in Regulation 3 (1) (c) of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes, April 2015. The manager was unaware of this document and did not understand the context for its requirement.

A discussion with the manager demonstrated that she was unaware and did not recognise the legislative framework and care standards, which underpinned her role and responsibilities, as registered manager. Breaches in regulation were identified at this inspection and it was evident from discussion with the manager that they did not have the necessary knowledge to ensure that the home was operating according to the legislative framework. Please refer to information under additional areas inspected.

A review sample of duty rotas from 10 July to 27 August 2017 inclusive was undertaken. All duty rotas, with the exception of week commencing 21 August 2017, identified the manager as a "senior staff nurse." As previously reported, the majority of contracted hours worked by the manager were in the capacity as "senior staff nurse."

The findings of this inspection and evidence available confirmed that not all actions detailed within the failure to comply notice have been met. There was limited evidence available to confirm progress had been made toward achieving compliance.

Additional Areas Inspected

Recruitment and selection

During the inspection, RQIA was unable to evidence that recruitment processes had been adhered to. A review of one personnel file evidenced that an Access NI enhanced disclosure check had not been completed in respect of this staff member. A discussion and review of the duty rota evidenced that this staff member had worked seven shifts prior to this inspection and was rostered for further duty.

Further discussion, identified another member of staff who had not been employed in accordance with recruitment processes including the receipt of an AccessNI check. During the inspection, inspectors gave instructions that both staff should not work until the necessary checks had been completed and received. On 22 August 2017, RQIA was informed that one of these staff did work a further shift despite the instructions given.

RQIA are therefore concerned that the necessary safeguards to protect and minimise risks to patients, through robust effective recruitment practice, are being compromised.

Following the inspection, RQIA shared this information with the Adult Safeguarding Team of the Western Health and Social Care Trust.

The concerns identified formed part of the intention meeting on 7 September 2017, to issue a failure to comply notice. As a consequence of the meeting a failure to comply notice was served in respect of Regulation 21 (1) (b) of the Nursing Homes Regulations (Northern Ireland) 2005. A further inspection will be scheduled as detailed in section 4.1 to validate compliance with this breach in regulations.

Quality of nursing care and care records

A review of six care records evidenced that in the majority, risk assessments and care plans were in place. A review of a care record pertaining to the management of catheter care evidenced that this was managed to a satisfactory standard and consistent with best practice. Daily progress notes evidenced that registered nurses were monitoring both the patient's daily fluid intake and urinary output. Treatment and care was being delivered according to the plan of care in place.

Another care plan reviewed in relation to the management of bedrails also evidenced that this was managed and maintained in accordance with best practice guidelines however some shortfalls were identified as outlined below.

A review of two care records pertaining to the management of accident and incidents including falls prevention was undertaken. The accident/incident forms were completed to a satisfactory standard and there was evidence within the daily progress notes that registered nurses had monitored the patients for any adverse effects following the falls. However, falls risk assessments and care plans were not consistently updated. In the event of a patient sustaining a head injury or a potential head injury following a fall, CNS observations records were either not available or completed accurately. Although, audits for falls had been completed they failed to identify these shortfalls. This has been identified as a new area of improvement under the standards.

A review of records pertaining to the management of wounds evidenced that registered nurses were not adhering to regional guidance and the care planning process. For example, a care record for an identified patient did not have an initial wound assessment completed on an identified wound. A care plan was developed and a wound observation chart had been maintained following wound dressing changes. However, entries within the observation chart evidenced that the wound had not been managed in accordance with the care plan.

A second care record reviewed identified the patient had two wounds. Both wounds had been incorporated within the same care plan. Records indicated that one of the wounds required daily observation. However, a conflicting record identified 'wounds to be reviewed every other day.' Both wounds had been recorded within the same wound observation chart.

In reference to the areas aforementioned, an area for improvement in regards to care records had been made at the last care inspection and has been stated for a second time. A new area for improvement has been made under regulation in relation to wound care management.

A number of patients had pressure relieving mattresses on their beds, to prevent skin breakdown. However, some of the mattresses were not set correctly for the weight of the patient. A discussion with staff demonstrated that they did not know how to use the equipment and advised that there was no system in place to monitor same. This has been identified as an area for improvement under regulation.

Environment & Infection Prevention and Control & Fire Safety

A review of the home's environment was undertaken which included a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice room, storage rooms and communal areas. The areas reviewed were found to be clean and warm and a homely atmosphere was evident throughout. A number of areas within the home had been refurbished and re-decorated since the last inspection. A number of matters identified at the time of the previous care inspection, had been addressed appropriately.

Shortfalls in relation to infection prevention and control practices were identified at the last care inspection. Although some improvement was noted, the actions taken were not sufficiently robust. For example; a number of commodes were unclean and frames rusted and cleaning records for these were still not available. Other examples included; shelving in the sluice rooms and the laundry had non-wipeable surfaces, posters displayed were not laminated and pull cords with no plastic sheaths were observed. During the last care inspection a review of the auditing tool identified that it was not sufficiently robust to capture the shortfalls identified. This tool had not been reviewed and was still being used, therefore issues continued not to be identified or addressed appropriately. This area for improvement has been stated for a second time.

Fire exits and corridors were observed to be clear of clutter and obstruction. At the last care inspection, some issues were identified in relation to the smoking room. These matters were followed up at this inspection and there was evidence that they had been addressed appropriately.

A discussion with the manager and a review of information evidenced that the record used in the event of an emergency evacuation did not include all the relevant information. For example; information regarding patient's mobility status, including their need for mobility aids was not included. This has been identified as an area for improvement under regulation.

Consultation with patients and staff

During the inspection, we met with a number of patients and staff. No patient representatives were spoken with at this inspection.

Staff

All staff spoken with indicated that the standard of care provided in the home was good. Staff advised that when the planned staffing arrangements were adhered to, these were adequate to meet the needs of the patients. Staff acknowledged that whilst attempts are taken to cover staff shortages, cover is not always obtained. Some staff advised that in these circumstances, it can be difficult to deliver timely care. On the day of the inspection, the staff were observed assisting patients in a timely and unhurried way.

Patients

All patients spoken with commented positively about the home; the care they received and that staff were kind and respectful. Patients were observed sitting in the lounges or their bedroom, as was their personal preference.

Some comments included:

“The home is very good the food is good and staff are good.”

“I love it here it is a great wee home.”

No concerns were raised.

Areas for improvement

Three new areas for improvement under regulations were identified as an outcome of this inspection. These were in relation to; wound care management; the effective use of pressure management equipment and the emergency evacuation register. An area for improvement under the standards was also identified in regards to falls management.

	Regulations	Standards
Number of areas for improvement	3	1

6.4 Conclusion

Evidence at the time of inspection was not available to validate compliance with the Failure to Comply Notice. On 7 September 2017, a meeting with the responsible person (acting) was held in RQIA. As a consequence of this meeting, a Notice of Proposal to Impose Conditions of the Registration of Knockmoyle Lodge was issued on 11 September 2017. A Failure to comply notice was also issued in relation to recruitment processes.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed 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 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 to Nursing.Team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p> <p>To be completed by: 30 September 2017</p>	<p>The registered provider must ensure that systems are established to assure compliance with best practice in infection prevention and control within the home.</p> <p>Ref: Section 6.2 & 6.3</p> <p>Response by registered person detailing the actions taken: Infection Control audits updated to be more comprehensive with an action plan to follow up any shortfalls. More comprehensive weekly Decontamination Audit for Commodes commenced along with detailed cleaning schedule.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16 (1) (2) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 30 September 2017</p>	<p>The registered provider must ensure that a nursing care plan is prepared and kept under review as to how the patients' needs in respect of his health and welfare are to be met.</p> <p>Ref: Section 6.2 & 6.3</p> <p>Response by registered person detailing the actions taken: Acting Manager will randomly select 3 x care files and ensure that all Care Plans and Risk Assessments are updated and relevant. Completed monthly. Audit record with identified issues to be checked.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from time of inspection</p>	<p>The registered person must ensure that the treatment and care provided to each patient meets their identified assessed needs and reflects their plan of care in relation to the management of pressure damage and/or wounds. This should include the completion of all documentation pertaining to this area of practice.</p> <p>Ref: Section 6.3</p> <p>Response by registered person detailing the actions taken: Initial Wound Chart commenced. All staff nurses aware that wound charts must be updated and reflected in the Care Plans discussed at staff meeting on 26/09/17. Acting Manager Vanessa Mc Elroy has reviewed all wound charts to ensure consistency with Care Plans. Each wound will have individual wound chart and reflected in individual care plan. Any advice from HCP eg Tissue Viability Nurse will be included in assessment and treatment records.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2017</p>	<p>The registered person shall ensure that the settings of pressure mattresses are monitored and recorded, to ensure their effective use.</p> <p>Ref: Section 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: A weekly audit for Pressure Relieving Mattresses has been complied and this will be completed according to the residents monthly weights. A staff meeting was held on 26/09/17 and staff have been instructed how to set the pressure relieving mattresses according to weight and what action to take if faults in mattress detected.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 27 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from time of inspection</p>	<p>The registered person shall ensure that the personal emergency evacuation plan (PEEPS) includes the necessary information.</p> <p>Ref: Section 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: A Personal Emergency Evacuation Plan has been prepared for each individual resident and takes into consideration their level of ability and any mobility aids required. This information is available in each residents bedroom and a copy is filed in each residents care file and this information is also available on the Fire Nominal Roll at Reception. All staff have been informed of the PEEP and its importance in an emergency evacuation situation.</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: Third time</p> <p>To be completed by: 30 September 2017</p>	<p>The registered person should ensure that the duty rota is completed in accordance with the DHSSPS Care Standards for Nursing Homes (2015).</p> <p>Ref: Section 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: This action was initiated immediately.</p> <ul style="list-style-type: none"> - All duty rotas are completed in pen; - Lead Nurse and the Infection Control Nurse are identified on each day; - Acting Manager hours identified; - Duty Rota signed and dated each week by the Acting Manager as a true reflection of the hours worked.

<p>Area for improvement 2</p> <p>Ref: Standard 35.3</p> <p>Stated: Third time</p> <p>To be completed by: 30 September 2017</p>	<p>It is recommended that governance arrangements to monitor audit and review the quality of nursing and other services provided within the nursing home should be implemented and completed on a regular basis. An action plan should be developed for any identified improvements and the follow –up actions required.</p> <p>Ref: Section 6.2 & 6.3</p>
<p>Area for improvement 3</p> <p>Ref: Standard 22</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2017</p>	<p>Response by registered person detailing the actions taken: Quality questionnaires forwarded to all relatives of residents and staff members. Full annual review report will be completed with outcomes and action plan to address any areas highlighted.</p> <p>The registered person shall ensure that falls are managed in accordance with the criteria outlined in the standards. Records of observation for potential or actual head injury should be maintained in accordance with best practice guidelines.</p> <p>Ref: Section 6.3</p> <p>Response by registered person detailing the actions taken: All staff nurses educated on the importance of completing Head Injury Charts for 24 hours. Discussed at staff meeting on 26.09.17. GP or Doctor to be contacted in event of any resident having an accident and baseline observations recorded.</p>

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



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