

Announced Enforcement Compliance Inspection 5 September 2016



Apple Mews

Type of Service: Nursing Home
Address: 95 Cathedral Road, Armagh, BT61 8AB
Tel no: 028 3751 7840
Inspector: Sharon Loane & Linda Thompson

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced enforcement compliance inspection took place on 5 September 2016 from 09:00 to 17:00 hours.

The purpose of the inspection was to assess the level of compliance achieved by the home regarding the two failure to comply notices issued on 6 July 2016. The areas for improvement and compliance with regulation were in relation to staffing arrangements (FTC/NH/12117/2016-17/01) and governance arrangements (FTC/NH/12117/2016-17/02). The date for compliance with the notices was 4 September 2016.

FTC Ref: FTC/NH/12117/2016-17/01

FTC Ref: FTC/NH/12117/2016-17/02

Evidence was not available to validate full compliance with the above two failure to comply notices. However, there was evidence of some improvement and progress made to address the required actions within the notices. Following the inspection, RQIA senior management held a meeting on 6 September 2016 and a decision was made to extend the compliance date up to the legislative timeframe of 90 days. Compliance with the notices must therefore be achieved by 3 October 2016.

This inspection was underpinned by The Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

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

The total number of requirements and recommendations made includes two requirements and five recommendations carried forward from the last care inspection.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Samuel Warren, home manager (acting), Marlene Featherstone, head of quality for Northern Ireland and Julie Kilgour, director of new developments representing the registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 27 June 2016.

Following the inspection, the registered persons were required to attend a meeting at RQIA, with the intention of issuing two failure to comply notices in regards to staffing and governance arrangements. This meeting was held on the 5 July 2016. Following discussion with the registered person RQIA were not fully assured that the actions discussed had been sufficiently embedded into practice: and given the potentially serious impact on patient care a decision was made that two failure to comply notices under the Nursing Homes Regulations (Northern Ireland) 2005, Regulation 20(1) (a) and (c) (i), in relation to staffing arrangements and Regulation 10 (1) in relation to governance arrangements would be issued.

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 most recent inspection.

2.0 Service details

Registered organisation/registered person: Parkcare Homes No2 Ltd/Mrs Sarah Hughes	Registered manager: Nil in post
Person in charge of the home at the time of inspection: Samuel Warren, acting home manager	Date manager registered: No application received
Categories of care: NH-LD, NH-LD(E)	Number of registered places: 30

3.0 Methods/processes

Prior to inspection we analysed the following records:

- The requirements as indicated in the failure to comply notices
FTC Ref: FTC/NH/12117/2016-17/01
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- the written registration status of the home
- written and verbal communication received by RQIA since the last care inspection
- the previous care inspection report
- the returned QIP from the previous care inspection
- notifications received since June 2016.

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

- a discussion with the home manager (acting) and senior management representatives
- discussion with staff
- observation during an inspection of the five bungalows
- a review sample of duty rotas
- a review of care records
- a review of training records
- a review of staffing contingency information
- accident and incident records
- a review of the daily and three weekly menu
- monthly unannounced monitoring reports for July & August 2016 maintained in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

The inspectors observed the majority of patients in each of the five bungalows, some of whom were resting in bed and /or seated in the day lounges. All registered nurses and a sample of care staff from each bungalow on duty were consulted. The maintenance officer and the cook were also consulted.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 27 June 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP was not validated fully at this inspection due to the enforcement compliance focus of this inspection and a number of items have been carried forward for validation at the next care inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 27 June 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 14 (4) Stated: Second time	The registered person shall ensure that patients who have made an active choice to rise early (prior to 07.00) are assisted to do so. These decisions must be in the patient's best interest. Care plans should be detailed to include the rationale for this practice and be reviewed at regular intervals.	To be validated at the next care inspection
	Response by registered provider detailing the actions taken: This requirement was not examined at this inspection and will be carried forward until the next care inspection.	
Requirement 2 Ref: Regulation 18 (2) (g) Stated: First time	The registered provider must ensure that the issues listed in 4.3.4 of the report in relation to the management of the kitchen areas in each bungalow are addressed as a priority. Confirmation is required to be forwarded to RQIA that the issues have been addressed in the returned QIP.	Met
	Response by registered provider detailing the actions taken: Observations of a sample of kitchen areas evidenced that improvements had been made and the issues identified at the previous inspection had been addressed to a satisfactory standard. This requirement has been met.	
Requirement 3 Ref: Regulation 20 (1)(c)(iii) Stated: First time	The registered person must ensure that training is provided to all relevant staff in respect of cleaning practices and its documentation. This area should be closely monitored to ensure that the training is embedded into practice and that the kitchen is maintained clean. Records should be retained of the monitoring process.	To be validated at the next care inspection
	Response by registered provider detailing the actions taken: This requirement was not examined at this inspection and will be carried forward until the next care inspection.	

<p>Requirement 4</p> <p>Ref: Regulation 27 (4)(b)</p> <p>Stated: First time</p> <p>To be completed by: 28 June 2016</p>	<p>The registered person must ensure that all fire doors are kept closed and not wedged “open”. The tins of paint stored in the laundry in bungalow five must be removed without delay. These matters should be closely monitored to ensure potential risks are eliminated.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p> <p>During the inspection, all fire doors observed were closed and not wedged ‘opened’. The tins of paint had been removed.</p> <p>This requirement has been met.</p>	<p>Met</p>
<p>Last care inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 23</p> <p>Stated: Second Time</p>	<p>It is recommended that repositioning charts should contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning and the actual positional change is recorded. Records should reflect the care delivered/not delivered.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p> <p>This recommendation was not examined at this inspection and will be carried forward until the next care inspection.</p>	<p>To be validated at the next care inspection</p>
<p>Recommendation 2</p> <p>Ref: Standard 4 Criteria 7</p> <p>Stated: First Time</p>	<p>It is recommended that registered nurses ensure that care plans are evaluated using meaningful statements and information and any changes in regards to the treatment and care are recorded accordingly.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p> <p>This recommendation was not examined at this inspection and will be carried forward until the next care inspection.</p>	<p>To be validated at the next care inspection</p>

<p>Recommendation 3</p> <p>Ref: Standard 4 Criteria 9</p> <p>Stated: First Time</p>	<p>It is recommended that a record is developed and maintained for any patient who requires additional levels of supervision and monitoring to ensure that the patients assessed need is met in accordance with their plan of care.</p> <hr/> <p>Response by registered provider detailing the actions taken: This recommendation was not examined at this inspection and will be carried forward until the next care inspection.</p>	<p>To be validated at the next care inspection</p>
<p>Recommendation 4</p> <p>Ref: Standard 46 Criteria 4</p> <p>Stated: First time</p>	<p>It is recommended that staff is provided with training in infection control that is commensurate with their work activities and responsibilities.</p> <p>Ref: Section 4.3.4</p> <hr/> <p>Response by registered provider detailing the actions taken: This recommendation was not examined at this inspection and will be carried forward until the next care inspection.</p>	<p>To be validated at the next care inspection</p>
<p>Recommendation 5</p> <p>Ref: Standard 12 Criteria 1</p> <p>Stated: First time</p>	<p>The menu should be reviewed to ensure that patients are provided with a nutritious and varied diet, which meets their individual dietary needs and preferences. A record should be retained of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory.</p> <hr/> <p>Response by registered provider detailing the actions taken: This recommendation was not reviewed comprehensively at this inspection and will be carried forward until the next care inspection.</p>	<p>To be validated at the next care inspection</p>

4.3 Inspection findings

4.3.1 FTC Ref: FTC/NH/12117/2016-17/01

Notice of Failure to Comply with Regulation 20 (1) (a) and (c) (i) of The Nursing Homes Regulations (Northern Ireland) 2005

The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –

- (a) ensure that all at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients;**
- (c) ensure that persons employed by the registered person to work at the nursing home receive –**
 - (i) appraisal, mandatory training and other training appropriate to the work they are to perform;**

A review sample of staff duty rotas evidenced that some identified staff were continuing to work excessive hours. One staff member had worked six consecutive days from the 22 August to 27 August for a period of 12 hours each day and on some occasions was covering two bungalows as a registered nurse. This action was not met.

A review of training records evidence significant shortfalls and it was concerning that senior management had not identified and/or actioned. One new employee on duty at the time of inspection advised that they had received no training and a number of staff had not received training as required under the failure to comply notices issued. Training records were managed electronically and it was evident from discussion with senior management and from a review of records that there was an over reliance on this system. It was concerning that management had not reviewed the data for accuracy to ensure training compliance. This shortfall meant that a number of staff had not received appropriate training to deliver safe effective care to patients. This action was not met.

Monthly monitoring reports in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, completed for July and August 2016 were received by RQIA as outlined in the failure to comply notice. Whilst this action was met it was concerning that these continued to fail to identify the shortfalls evidenced at this inspection. The newly appointed acting home manager had limited knowledge of the content of the reports and was unable to locate the report completed for August 2016. The acting home manager advised that he received the report by email. It was concerning that there was no additional consultation and/or discussion with him regarding the content of the report and/or the action plan generated. This action was partially met.

A discussion with management confirmed that plans were in place to upgrade the homes environment however, no records were available to evidence that an environmental audit had been completed as outlined in the actions of this notice. An inspection of the five bungalows was undertaken and additional concerns were raised in regards to Bungalow 4 which are discussed in detail in section 4.5. This action was not met.

Since the last inspection, a review of notifications submitted to RQIA was managed appropriately. Whilst this was acknowledged, it was difficult for inspectors to establish if accidents and incidents had been reported appropriately as there was no access to review this information. This action was partially met.

Evidence was not provided to validate full compliance with the following actions of the failure to comply notice.

The registered manager must ensure that management oversight of staffing arrangements, to ensure that numbers and deployment of staff is appropriate to meet the needs of patients.

The registered person should ensure that staff are not working excessive hours, which may be detrimental to the quality of the care provided to patients.

The registered person must ensure that management can demonstrate that a system is in place to monitor and review staffing to ensure that staff have the skills and competence to deliver safe and effective care to patients.

The registered person must ensure that effective environmental audits are carried out and any deficits addressed.

4.3.2 FTC Ref: FTC/NH/12117/2016-17/02

Notice of Failure to Comply with Regulation 10 (1) (a) of The Nursing Homes Regulations (Northern Ireland) 2005

The registered person and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.

Observations made during this inspection evidenced that patients' needs were being met by the number and skill mix of staff on duty. The majority of patients were observed in each of the five bungalows. Patients observed were well presented in accordance with their needs and individual preferences. Patients greeted, acknowledged both verbally and by non-verbal gestures that they were content and staff cared for them well. This action was met.

A review of information and a sample of duty rosters evidenced that where planned staffing levels could not be achieved, contingency measures were implemented appropriately. Whilst the contingency plans were evidenced to be followed and evidenced accordingly, the registered person must ensure that the additional hours required to adequately support the care needs of patient are shared appropriately amongst the registered nursing staff team. Management advised that the home was still experiencing staffing difficulties and that actions have been taken to address same. The home is still reliant on the use of agency staff to cover shortfalls. This action was met.

Written records were available to evidence when the home had to revert to staffing contingency measures. The records reviewed included details of the shift that required cover and all measures that had been taken to attain staff cover. When cover was unattainable, details of arrangements put in place was also recorded. This action was met.

A review sample of duty rotas evidenced that these were still not being maintained in accordance with the DHSSP's Care Standards for Nursing Homes (2015). The duty rota remained difficult to understand due to poor recording and again did not always accurately reflect where staff worked and when. The staff nurse in overall charge of the home was not always evident. The lack of improvement noted in regards to this action was concerning given that these were reviewed by senior management. This action was not met.

A review sample of duty rotas for weeks commencing 22, 29 and 5 September 2016 evidenced that the acting home manager's hours and name were not recorded. A discussion with the acting home manager confirmed that he had worked as a registered nurse on the floor on the day prior to the inspection however this was not recorded on the duty rota. As previously discussed the registered nurse in charge was also not always identified. This action was not met.

A review of training records evidenced that approximately 47 staff had completed training in the administration of buccal midazolam although some of the staff had completed the training in 2015. A discussion with management confirmed that all registered nurses and care staff were required to complete this training on a yearly basis as per the homes policy. This was concerning as the home employs over a hundred staff, the majority of which are registered nurses and care staff. The training records reviewed did not accurately reflect the numbers of staff employed and it was concerning that management had not identified same. This action was not met.

Again, a review of training records evidenced that not all staff had received training in food hygiene and first aid, commensurate with their roles and responsibilities in addition to their mandatory training requirements. As referred to previously, a new employee who had commenced employment one month previous to the inspection advised inspectors that they had not received any training including mandatory areas. This was concerning as the staff member was involved in delivery care to patients and therefore this deficit posed potential health and safety risks to both patients, colleagues and themselves. Discussions with management again indicated that they had no oversight in this regard. This action was not met.

Evidence was not provided to validate full compliance with the following actions of the failure to comply notice.

The registered person must ensure that the duty rota is maintained in accordance with the DHSSPS Care Standards for Nursing Homes (2015).

The registered person should ensure that the duty rota reflects: the registered manager's hours, and the capacity in which she is working; the registered nurse in charge of the home in the absence of the registered manager; and the specific bungalow/s in which each staff member is working.

The registered person should ensure that all relevant staff receive urgent training in the administration of buccal midazolam.

The registered person should ensure that all relevant staff receive training in food hygiene and first aid, in addition to mandatory training requirements.

4.4 Catering arrangements

A discussion with management and catering staff advised that the catering arrangements for the home had been reviewed since the last care inspection. Meals are now prepared centrally in bungalow one except when there was no cook available, when they were prepared in each bungalow by staff on duty.

Currently the home has only one cook employed although a second cook is currently being recruited to address this shortfall.

A review of the arrangements in place highlighted a number of concerns that had not been identified by management in the review of catering arrangements. Meals were not being transported safely for example; staff were carrying plated meals by hand from the main kitchen to the respective bungalows. The temperature of food was not always recorded at the time of serving to patients. This posed potential health and safety risks for both staff and patients. This matter was discussed at length with senior management during feedback and immediate actions were required to reduce the potential risks identified. Assurances were provided and post inspection, correspondence has been received to confirm the actions taken in this regard. A requirement has been made.

In addition to this information, a discussion with staff indicated that patients received takeaway food at the weekends when catering staff were not available. Further discussion with staff indicated that the cost of these foods was being incurred by the patients themselves. This matter was followed up with management of Apple Mews post inspection who confirmed the accuracy of the information provided and agreed to take necessary actions to cease immediately.

This information has been shared by RQIA with the Trust's adult safeguarding team and also the finance team at RQIA for further consideration and follow-up actions.

4.5 Environment

During the inspection an observation of facilities within all five bungalows was undertaken. Concerns were identified in regards to the quality of the environment of bungalow four, Bramley Cottage. The premises were found to be not well maintained and not suitable for their stated purpose. There was evidence of a lack of respect for patient's individual rights of privacy and dignity.

An inspection of all patients' bedrooms evidenced the following concerns; there was no wardrobe available in one identified bedroom and the patient's clothes were observed stored in plastic containers under the patient's bed space. Staff advised that the wardrobe had not been available for the last five months and that this had been reported to management on a number of occasions but no actions had been taken. Some bedrooms either had no curtains and /or blinds and some curtains observed were of very poor quality and provided ineffective light occlusion. One patient's clean clothing was observed to be stored in a container in the laundry room among dirty laundry skips. A shortage of bed linen was also evidenced. It was evident from the observations made that those patients were not afforded dignity and privacy in this regard. A requirement has been made in regards to the privacy and dignity of patients.

Additional environmental concerns were identified but not limited to; damaged wall surfaces, toilet seat missing and door handles missing.

Key pad devices fitted on all bedroom doors in Bramley Cottage, bungalow four, were observed. The inspectors were informed that the devices were installed approximately 10 weeks earlier, in order to manage a patient behaviour which was challenging for staff. Whilst this measure was effective at managing the identified behaviour, it had the consequence of implementing some restrictive practice for other patients in the bungalow. Doors for two identified bedrooms were also difficult to open from the corridor although manageable from the bedroom itself.

Management advised that this decision had been made in collaboration with the Trust however; the home had not informed RQIA of these modifications in line with legislative requirements. Management advised that this was an oversight and recognised their omission.

A discussion was held with management regarding patient's freedom of movement and ability to access their own bedroom independently. Reasons and decisions for restrictive practice should be clearly recorded in the patients care plan. A recommendation has been made.

Following this inspection, these matters pertaining to the environment were also relayed to the estates team at RQIA for further consideration and necessary actions.

4.6 Quality of Nursing

A review of accidents and incidents identified a number of concerns; to include the recording, reviewing and managing of records pertaining to same. A discussion with staff and a review of information indicated that unsafe actions had been taken by staff following one recorded incident which had the potential to impact on the patients' health and welfare. An analysis of accidents and incidents undertaken by senior management was not available for review therefore it could not be established if the shortfalls evidenced had been identified. There was also a lack of understanding by staff spoken with, in relation to the management of a potential head injury. A requirement has been made.

During a discussion with staff and management it became evident that a number of registered nurses were unable to gain access to some accident / incident records and information which were essential for them to implement the nursing process. Management advised that this shortfall was attributed to a systematic process. We were provided with assurances that corrective actions would be taken to ensure that all relevant staff had access to all necessary information.

A review of one care record identified the following shortfalls. The risk assessment indicated that the patient did not require bedrails as they posed high risks for example; the patient was at high risk of climbing over them. However, two care plans within the care records reviewed contained conflicting information and were not consistent with the risk assessment. One care plan indicated that bedrails were in situ. A further observation evidenced that two mattresses and two crash mats were held in the patient's room. These findings were discussed with management and the registered nurse in charge of the bungalow, and it was concerning that they were unable to provide clarification regarding the needs of the patient in this regard. A requirement has been made.

Areas for improvement

Four requirements and one recommendation have been made. The requirements made are in relation to; the catering arrangements, privacy and dignity, accident and incidents and quality of nursing. The recommendation made is in regards to human and individual rights.

Number of requirements	4	Number of recommendations	1
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5.0 Quality improvement plan

Any issues 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 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 The 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/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. 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.

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.

Quality Improvement Plan	
Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: Second time</p> <p>Carried forward until the next inspection</p>	<p>The registered person shall ensure that patients who have made an active choice to rise early (prior to 07.00) are assisted to do so. These decisions must be in the patient's best interest. Care plans should be detailed to include the rationale for this practice and be reviewed at regular intervals.</p> <p>Ref: Section 4.2</p> <p>Response by registered provider detailing the actions taken:</p> <ul style="list-style-type: none"> • Early Rising information within care plans • Template for all residents who request and need to be supported with an early rise
<p>Requirement 2</p> <p>Ref: Regulation 20 (1)(c)(iii)</p> <p>Stated: First time</p> <p>Carried forward until the next inspection.</p>	<p>The registered person must ensure that training is provided to all relevant staff in respect of cleaning practices and its documentation. This area should be closely monitored to ensure that the training is embedded into practice and that the kitchen is maintained clean. Records should be retained of the monitoring process.</p> <p>Ref: Section 4.2</p> <p>Response by registered provider detailing the actions taken:</p> <ul style="list-style-type: none"> • Kitchen audits – separate file • Food safety for food handling training (98.2 % across site) • Infection control (90% across site)
<p>Requirement 3</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p> <p>To be completed by: 6 September 2016</p>	<p>The registered person must ensure that suitable arrangements are put in place to ensure that meals are transported in a safe manner and appropriate temperature checks are completed and recorded prior to serving of food and in keeping with food safety guidelines.</p> <p>Ref: Section 4.4</p> <p>Response by registered provider detailing the actions taken:</p> <ul style="list-style-type: none"> • Food trolley evidence / pictures • Insulated food serving containers picture evidence • Food temp at point of serving

<p>Requirement 4</p> <p>Ref: Regulation 27 (2)(a)(b)(d)(m)(n)</p> <p>Stated: First time</p> <p>To be completed by: 6 September 2016</p>	<p>The registered person must ensure that the nursing home premises are maintained in a manner which meets the needs of each individual patient.</p> <ul style="list-style-type: none"> • Suitable storage for each patient's personal clothing must be provided • Appropriate privacy screening must be available in each patient's bedroom as required • Appropriate light limiting screening should be available to encourage and facilitate a normal sleeping pattern. <p>This requirement is made specifically in relation to the areas identified in section 4.5.</p> <p>Ref: Section 4.5</p>
<p>Requirement 5</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered person must undertake a review of all accidents and incidents to include the incident identified at this inspection. Evidence should be retained of any actions taken to ensure the health and welfare of patients. Training for staff commensurate with their roles and responsibilities must be provided in the management of accidents and incidents to include head injuries. Records should be kept of training.</p> <p>Ref: Section 4.6</p> <p>Response by registered provider detailing the actions taken:</p> <ul style="list-style-type: none"> • Furniture, Colour and Curtain schedules • Decorating schedule • Window film protection • Schedule for deliveries of all items • Communication with the team about all of the above
<p>Requirement 6</p> <p>Ref: Regulation 12 (1) (a)(c)</p> <p>Stated: First time</p> <p>To be completed by: 6 September 2016</p>	<p>The registered person must ensure that treatment and other services provided to patients meet his individual needs. This requirement has been made specifically in relation to the care record reviewed for an identified patient.</p> <p>Ref: Section 4.6</p> <p>Response by registered provider detailing the actions taken:</p> <ul style="list-style-type: none"> • Full care plan audit and review

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 23</p> <p>Stated: Second Time</p> <p>Carried forward until the next inspection</p>	<p>It is recommended that repositioning charts should contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning and the actual positional change is recorded. Records should reflect the care delivered/not delivered.</p> <p>Ref: Section 4.2</p> <p>Response by registered provider detailing the actions taken:</p> <ul style="list-style-type: none"> • Tissue viability records • Tissue Viability training
<p>Recommendation 2</p> <p>Ref: Standard 4 Criteria 7</p> <p>Stated: First Time</p> <p>Carried forward until the next inspection</p>	<p>It is recommended that registered nurses ensure that care plans are evaluated using meaningful statements and information and any changes in regards to the treatment and care are recorded accordingly.</p> <p>Ref: Section 4.2</p> <p>Response by registered provider detailing the actions taken:</p> <ul style="list-style-type: none"> • Care plan audits • Evidence of training legal aspects of accountability with regards to record keeping.
<p>Recommendation 3</p> <p>Ref: Standard 4 Criteria 9</p> <p>Stated: First Time</p> <p>Carried forward until the next inspection.</p>	<p>It is recommended that a record is developed and maintained for any patient who requires additional levels of supervision and monitoring to ensure that the patients assessed need is met in accordance with their plan of care.</p> <p>Ref: Section 4.2</p> <p>Response by registered provider detailing the actions taken:</p> <ul style="list-style-type: none"> • Evidence of duty rota
<p>Recommendation 4</p> <p>Ref: Standard 46 Criteria 4</p> <p>Stated: First time</p> <p>Carried forward until the next inspection</p>	<p>It is recommended that staff is provided with training in infection control that is commensurate with their work activities and responsibilities.</p> <p>Ref: Section 4.2</p> <p>Response by registered provider detailing the actions taken:</p> <ul style="list-style-type: none"> • FFG stats- (across site 90.2%) • Infection control stats (across site 90%)

<p>Recommendation 5</p> <p>Ref: Standard 12 Criteria 1</p> <p>Stated: First time</p> <p>Carried forward until the next inspection.</p>	<p>The menu should be reviewed to ensure that patients are provided with a nutritious and varied diet, which meets their individual dietary needs and preferences. A record should be retained of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory.</p> <p>Ref: Section 4.2</p>
<p>Recommendation 6</p> <p>Ref: Standard 5 Criteria 4</p> <p>Stated: First Time</p> <p>To be completed by: 30 September 2016</p>	<p>Response by registered provider detailing the actions taken:</p> <ul style="list-style-type: none"> • Menu's • Nutrition files <p>The registered person should ensure the reasons and decisions for restrictive practices in relation to the use of the key pads installed in Bramley Cottage are recorded in the care plans for all patients residing in this bungalow.</p> <p>Ref: Section 4.5</p> <p>Response by registered provider detailing the actions taken:</p> <ul style="list-style-type: none"> • Restrictive practice file • Communication and evidence on minutes and emails regarding the use and application of key pad door entries

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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