

Unannounced Care Inspection Report 1 February 2018



Apple Mews

Type of Service: Nursing Home (NH)
Address: 95 Cathedral Road, Armagh, BT61 8AB
Tel no: 028 3751 7840
Inspector: Sharon Loane & Kieran McCormick

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 30 persons.

3.0 Service details

Organisation/Registered Provider: Parkcare Homes No2 Ltd Responsible Individual: Mrs Nicola Cooper	Registered Manager: See box below
Person in charge at the time of inspection: Debby Gibson – deputy manager	Date manager registered: Erica Donaldson – No application received
Categories of care: Nursing Home (NH) LD – Learning disability. LD (E) – Learning disability – over 65 years.	Number of registered places: 30 comprising: A maximum of 6 patients to be accommodated in each of the 5 bungalows.

4.0 Inspection summary

Prior to inspection, RQIA had received information from the Southern Health and Social Care Trust (SHSCT) 9 November 2017 in relation to the homes failure to have an identified registered manager or deputy manager in charge of the day to day running of the home. Concerns with regards to the level of staff vacancies and other contractual issues were also raised.

Subsequently, Parkcare Homes No 2 Ltd submitted an action plan to RQIA advising of the actions taken in response to the concerns raised by the Trust which included the management arrangements for the home. These arrangements were acceptable to RQIA.

An unannounced inspection took place on 1 February 2018 from 9.30 to 17.15 hours.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Those patients who had the ability to communicate verbally indicated that they were well looked after and were happy living in the home. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

Evidence of good practice was found in relation to: the nursing process; communication between residents, staff and other key stakeholders, respecting patients' privacy and dignity and providing patients with opportunities to engage socially within the community.

Areas requiring improvement under regulation were identified in relation to: the homes management and governance arrangements; medicines recording; recruitment; staffing; fitness of workers and fitness of premises. Additional areas under the standards were made in relation to; the management of complaints; urgent communications and alerts; adult safeguarding and the systems in place for environmental cleaning.

As a consequence of the inspection findings, a referral was made to the Adult Safeguarding Team of the SHSCT in regards to the management of flu vaccinations. The inspection also identified a number of issues which required immediate improvements. The responsible person and the senior management team for Apple Mews were required to attend a serious concerns meeting in RQIA on 09 February 2018. At this meeting the inspection findings were discussed and an action plan to correct the issues identified was presented to RQIA, this action plan was accepted and a further unannounced inspection of the home will be scheduled to validate that appropriate actions have been taken and improvements sustained.

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 DHSSPS Care Standards for Nursing Homes 2015.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	7	6

Details of the Quality Improvement Plan (QIP) were discussed with Roberta Wilson; Regional Director for Northern Ireland and Debby Gibson, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

As a result of this inspection, RQIA were concerned that the quality of care and services within Apple Mews was below the minimum standard expected. As a consequence of the inspection findings, a decision was taken to hold a serious concerns meeting. The inspection findings were communicated in a correspondence to the responsible individual, Ms Nicola Cooper, and a meeting took place in RQIA on 09 February 2018.

Mr James Willis; Chief Executive; Ms Nicola Copper; Responsible Individual and Roberta Wilson; Regional Director for Northern Ireland attended the meeting. During the meeting, management representatives acknowledged the failings identified and submitted an action plan to address the identified concerns.

RQIA were satisfied with the action plan and assurances provided and a decision was made to give Apple Mews a period of time to address the concerns raised. A further inspection will be undertaken to validate compliance and drive necessary improvements.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 25 May 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 25 May 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

There were no further actions required to be taken following the most recent inspection.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- the action plan submitted in response to the concerns raised by the Trust
- pre inspection assessment audit

During the inspection the majority of patients were observed in each of the five bungalows, some of whom were resting in bed or seated in the day lounges. All registered nurses on duty were spoken with and a sample of care staff from each bungalow. There was no opportunity to speak with relatives as none were present at the time of the inspection. Questionnaires were also left in the home to obtain feedback from patients' representatives. A poster informing staff of how to submit their comments online, if so wished, was given to the deputy manager to display in the staff room.

The following records were examined during the inspection:

- duty rota for nursing and care staff for week commencing 29 January 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- one staff recruitment file
- incident and accident records
- five patient care records
- patient care charts including food and fluid intake charts and reposition charts
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, 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 25 May 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.

6.2 Review of areas for improvement from the last care inspection dated 25 May 2017

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 12 (1) (a) (b) Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: A review of a care record pertaining to this aspect of care evidenced that this area for improvement had been met. Please refer to section 6.5 for further detail.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The deputy manager confirmed the planned daily staffing levels for the home and that these levels were in accordance with those determined by the commissioning Trust, however the home aims to provide additional care staff over the 24 hour period. The duty records reviewed were maintained in accordance with legislative requirements and care standards guidance. A review of the duty rota for week commencing the 29 January 2018 evidenced that whilst staff had been rostered in accordance with the planned staffing levels this was not always achieved due to staff sickness and/or absences. Contingency arrangements were in place which included the use of agency staff. However these actions were not always successful resulting in a shortage of staff on a number of shifts throughout the week.

As previously discussed the home uses agency staff both for the provision of registered nurses and care staff. Staff vacancies were discussed and assurances were provided that recruitment is ongoing and in the interim, the manager was attempting to block book staff to ensure consistency and continuity of care. Staff profiles and induction records for two agency staff were requested and it was evident that these were not readily available. This has been discussed in further detail below.

Staff consulted confirmed that staffing levels when adhered to, met the assessed needs of the patients. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

We were unable to evidence that recruitment processes had been adhered to. A recruitment file for one member of staff identified that there was a significant gap in regards to; the date the application form was completed and their commencement of employment. Other gaps were also identified to include; a reference had not been obtained from the applicant's most recent employer. It was concerning that these shortfalls had not been identified by management.

A review of information and discussion with some staff identified that the arrangements in place to ensure that staff are trained to carry out their roles and responsibilities were not sufficiently robust. For example; a discussion with two registered nurses and care staff demonstrated that the induction provided was not adequate and induction records for staff including agency were either not available and/ or completed. A number of staff spoken with also confirmed that they had not been provided with training since the commencement of their employment. This included but was not limited to; safe moving and handling; adult safeguarding and fire safety. Competency and capability assessments had also not been completed for registered nurses who were given the responsibility of being in charge of the home in the absence of management.

Areas for improvement under the regulations and standards have been identified in relation to the issues outlined above.

A review of records evidenced that the arrangements for monitoring the registration status of registered nurses with the Nursing and Midwifery Council (NMC) was not sufficiently robust. Details for a number of staff identified on the duty rota were not included in the matrix available. However, the necessary checks were completed during the inspection process and confirmation was received that staff members had a live registration with the NMC. These findings evidenced that the governance arrangements were not sufficiently robust and has been identified as an area for improvement under the well led domain.

A discussion held with the deputy manager and staff demonstrated a lack of knowledge and understanding of their specific roles and responsibilities in relation to adult safeguarding. The deputy manager was unable to provide information and an update in regards to any open adult safeguarding referrals. We were advised that the policy was currently under review and that arrangements had been made for management to attend training in relation to their role and responsibilities. Areas for improvement in regards to this matter have been made both under the regulations and standards to ensure compliance.

Review of five patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls provided data on the number, type, and severity of incidents. However, an analysis of this information had not been completed to identify any trends and/or outcomes for patients. Similar shortfalls were found in other audits and this has been discussed further in section 6.7.

A review of a sample of records pertaining to accidents, incidents and notifications forwarded to RQIA since the last inspection confirmed that some of the incidents reported were not required. This has been discussed in section 6.7 of the report.

A review of the home's environment was undertaken and included observations of all bungalows. The standard of cleanliness within bungalows; three, four and five was below the standard expected. At the time of this inspection, there were no domestic staff observed and management were unable to confirm the arrangements in place. Bathrooms in all bungalows were also being used inappropriately for storage. The external grounds of the premises were also very untidy and items observed lying in the grounds posed potential risks.

Issues were also identified in regards to the management of some equipment which include; a laundry door in an identified bungalow, a bath hoist and the extractor fan in the main kitchen. A number of these issues had been identified though governance arrangements such as monthly monitoring reports completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and audits. However there was a lack of timely actions taken by senior management to address the identified issues. This lack of governance and oversight had the potential to impact on the quality of service provided to patients and/or staff working in the home. Timely actions must be taken by management to repair /replace faulty equipment.

Again areas for improvement under the regulations and standards have been identified in regards to the areas aforementioned.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to; the nursing process and some aspects of the home environment.

Areas for improvement

The following areas were identified for improvement under the regulations: staff recruitment; induction processes; training; competency assessments of staff left in charge of the home and fitness of the premises. Additional areas of improvement have also been identified under the standards to ensure necessary improvements to include; a review of the systems in place to assure the standard of cleanliness and that the policy and procedures for adult safeguarding are available and implemented appropriately.

	Regulations	Standards
Total number of areas for improvement	5	2

6.5 Is care effective?

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

Review of five patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as the epilepsy nurse, speech and language therapist (SALT) and/ or dieticians.

A review of a care record 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 patient for any adverse effects following the falls. A post falls review was carried out which included a review of risk assessments and care plans. In the event of a patient sustaining a head injury or a potential head injury following a fall, CNS observations records were available and maintained appropriately.

A review of a care record pertaining to wound and/or pressure management evidenced that a care plan was available and identified that the treatment actions required were in accordance with the Tissue Viability Nurse (TVN) assessments. A review of a sample of wound assessments charts and associated documentation evidenced that the dressing regimes had been adhered to and were recorded in line with best practice guidelines.

Supplementary care charts such as food and fluid intake records, bowel monitoring records, hourly checks evidenced that records were generally well maintained in accordance with best practice guidance, care standards and legislation.

Concerns were identified regarding the health and welfare of patients and there was a lack of evidence to demonstrate that safe and effective care was being delivered in regards to the safe administration of medicines. A review of medication records identified that a number of patients had not been offered and/or received their flu vaccinations. It was also noted that some of these patients had received antibiotic therapy for re-current chest infections and one patient had been admitted to hospital on a number of occasions for treatment. Management and registered nurses had limited oversight in regards to this aspect of care. This matter was referred to the Adult Safeguarding Team of the SHSCT for consideration.

Post inspection, information received from Apple Mews and discussions held during the serious concerns meeting confirmed that all patients as deemed appropriate had received their flu vaccinations. However, as discussed previously, personal medication records did not evidence that patients had been prescribed and/or administered their flu vaccinations. An area for improvement under regulation has been identified in relation to same.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care planning; communication between residents, staff and other key stakeholders, dignity, privacy and social engagement.

Areas for improvement

An area for improvement under regulation has been identified in regards to the management of medicine records.

	Regulations	Standards
Total number of areas for improvement	1	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Observation evidenced that patients were afforded choice, privacy, dignity and respect. Staff interactions with patients were observed to be compassionate, caring and timely. For example; staff were observed carrying out one to one activities with some patients. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Patient's bedrooms were personalised to reflect their life experiences and interests.

Discussion with the deputy manager and staff confirmed that there was an activities co-ordinator in the home that was responsible for co-ordinating activities. Staff working within each bungalow were also allocated on a daily basis to carry out activities with individual patients. The home recognised the importance of providing activities to facilitate social inclusion in community events. For example; a small group of patients attended a “Fit for You” class at the local leisure centre and other patients went out for lunch on a weekly basis.

The serving of the midday meal was observed in one of the bungalows. The food was prepared in the main kitchen and then transported in thermos containers to each bungalow. The food served on the day reflected the menu on display. Catering staff spoken with were knowledgeable in regards to patient’s dietary needs to include any specialised dietary requirements. The menu was varied and snacks were available in each bungalow as per patient’s preferences. Support workers were observed supervising and assisting patients with their meals.

Staff from each bungalow were consulted to determine their views on the quality of care within Apple Mews. During inspection feedback, comments from staff were fed back to the management team for actions as deemed appropriate. Some staff comments included:

“staff keep leaving”
“management are pretty good”
“patients are looked after well”.

As previously discussed, staff were provided with the opportunity to complete an online survey. One staff member responded within the timeframe for inclusion in this report. Not all sections of the survey were completed. The respondent indicated that the care delivered was safe and effective. However, the respondent indicated that they were “very unsatisfied” with the management and leadership within the home. Additional comments were included; some of which have been referred to in section 6.7 of the report.

No patient representatives were available for consultation during the inspection. Ten questionnaires were left in the home for distribution. At the time of writing this report, one questionnaire was returned within the timeframe identified. The respondent indicated that they were “very satisfied” with the care provided and the management of the home. An additional comment included:

“very pleased with xxx care. Staff are approachable and very caring”.

Any comments from patient representatives and staff in returned questionnaires or online surveys, received after the return date will be shared with the manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to dignity and privacy, the provision of food and fluids and social engagement.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

Since the previous inspection there has been a change in the management arrangements for Apple Mews. Interim management arrangements have been established until a permanent manager is recruited. The interim manager came into post, 21 November 2017 and a deputy manager was appointed, 27 November 2017. RQIA were notified accordingly.

At the time of this inspection, the manager was on leave and the deputy manager was in charge. Discussions held with the deputy manager demonstrated that there was a lack of structure in relation to their roles and responsibilities. This matter was discussed during the serious concerns meeting held post inspection and assurances were given that structures and support systems were now in place to support both the manager and deputy manager and that a structured induction programme was available to enable them to fulfil their roles and responsibilities and make the necessary improvements required.

The organisational structure chart displayed in the home was not up to date. Again this was discussed with the regional director at inspection feedback who agreed to review same.

A review of the duty rota evidenced that the manager's and deputy manager's hours were clearly recorded. Staff were able to identify the person in charge of the home and this information was clearly recorded on the duty rota.

A review of information evidenced that although systems were in place to monitor and report on the quality of nursing and other services provided these were not sufficiently robust. Audits in relation to but not limited to include: accident and incidents; environment; infection prevention and control had been recently completed. However, whilst some areas for improvement had been identified through the audit processes, actions plans had not been developed and/or there was limited evidence in the audit records that the areas for improvement had been re-audited to check compliance. In addition, audits had failed to identify some of the issues evidenced at this inspection. The completion of the audit cycle as a means to ensure quality improvement was discussed with management. This has been identified as an area for improvement under regulation.

Other shortfalls previously discussed also identified that there was a lack of management and oversight in regards to; adult safeguarding; monitoring the registration of registered nurses with the NMC and training of staff. Areas for improvement have been made both under the regulations and standards to ensure necessary improvements.

A review of information held in the complaints file identified that the system in place was not robust and maintained in accordance with best practice guidelines, care standards and legislative requirements. This has been identified as an area for improvement under the standards.

Review of records evidenced that unannounced quality monitoring visits in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 were completed. An action plan was included within the reports to address any areas for improvement. However, there was evidence that some actions had not been dealt with in a timely manner. The importance of ensuring that the action plan is reviewed to ensure that actions are dealt with appropriately was discussed at the serious concerns meeting.

A review of notifications of incidents to RQIA during the previous inspection since the last care inspection confirmed that some of these were reported inappropriately. A discussion was held with the deputy manager in regards to the criteria for reporting as per legislative requirements.

The systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and available were not sufficiently robust. This has been identified as an area for improvement under the standards.

As previously discussed in section 6.6 a response received by a member of staff who completed the online survey expressed a level of dissatisfaction with the leadership and management arrangements of the home. Written comments included were negative and stated that communication was very poor and that management do not value staff opinions. Discussion with staff during the inspection, elicited differences of opinion in regards to the level of teamwork and the management and leadership within the home. This information has been shared with the regional director, for actions as deemed appropriate.

It was evident at this inspection that the overall management of the home, the leadership arrangements and the lack of robust governance systems and processes in the recent months had had a direct impact on the delivery of safe care.

Areas of good practice

The home had put in place interim management arrangements; which included a manager and a deputy manager who both worked in a supernumerary capacity.

Areas for improvement

Areas for improvement were identified under regulation in relation to: the overall governance arrangements for the home; in addition areas of improvement under the standards were also identified in regards to; the management of complaints; urgent communications and alerts and monitoring the registration status of registered nurses and training compliance. Other areas of improvement have been identified under the safe and effective domains which will drive the necessary improvements to ensure the home is “well-led”.

	Regulations	Standards
Total number of areas for improvement	1	4

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Roberta Wilson, regional director and Debby Gibson, deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 21 (1) (b) Schedule 2</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the time of the inspection</p>	<p>The registered person shall ensure that staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements.</p> <p>Records should be available for inspection.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: A HR file audit was undertaken for all staff files and any outstanding actions were sent across to the HR team in Head Office to be completed. Risk assessments are now in place for all missing documentation.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 12 March 2018</p>	<p>The registered person shall ensure that all staff including agency receive a structured induction in regards to their roles and responsibilities; records must be retained and available for inspection.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: An agency file has been setup and contains profiles of any agency workers currently employed on site. This file contains a detailed profile and an induction sheet from the agency where available. Since last RQIA inspection, any agency workers that have been employed on site now have a Priory induction in place.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: First time</p> <p>To be completed by: 12 March 2018</p>	<p>The registered person shall ensure that competency and capability assessments are completed and updated, for any nurse who is given the responsibility of being in charge of the home for any period of time in the manager's absence. Records should be retained and available for inspection.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: All nurse in charge competencies for being in charge of the home are now completed except for those who are on long term sick, maternity leave or those who are bank staff who will not be left in charge. This will be revisited on a 3 monthly basis or sooner if required.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p> <p>To be completed by: 19 March 2018</p>	<p>The registered person shall ensure that staff are provided with training in relation to their roles and responsibilities in the following areas but not limited to:</p> <ul style="list-style-type: none"> • adult safeguarding • safe moving and handling • fire safety <p>A system should be developed and implemented to ensure that the learning has been embedded into practice.</p> <p>Ref: Section 6.4</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (4)(c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the time of the inspection</p>	<p>The registered person shall ensure that a written record is kept of the administration of <u>any</u> medicine to a patient.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: A training matrix is now in place and is updated when and where required. There are training sessions booked in for staff in the upcoming weeks, this is for fire safety, safeguarding, moving and handling, basic life support, epliepsy and buccal midazolam administration as well as SCIP for management of distress reactions.</p> <p>Response by registered person detailing the actions taken: Any medications are documented on the individual MAR. Any pervious MAR are archived at the end of each 28 day cycle. Medication prescription sheets are re written and reviewed when necessary. Boots pharmacy have advised that all flu vaccine administration entries must be on the Kardex (in the once only prescription) for 1 year. All nusrses informed.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 27 (2) (a) (b)(C)</p> <p>Stated: First time</p> <p>To be completed by: 12 March 2018</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • the premises are kept in a good state of repair externally and internally. • equipment provided should be in good working order and maintained appropriately. • all parts of the home should be kept clean and reasonably decorated. <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Maintenance book in place in each bungalow and every maintenace job is to be entered and signed off when completed. The staff have been supported to come up with ideas on how to decorate the bungalows and to contact the local art colleges for students to participate in the decorating.</p>

<p>Area for improvement 7</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: 19 March 2018</p>	<p>The registered person shall ensure that robust governance/ management arrangements are developed, implemented and maintained to assure the safe and effective delivery of care to patients and other services provided in the home.</p> <p>Ref: Section 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>There are trackers in place for the daily, weekly and monthly audits, they are in each bungalow and in the managers office.</p> <p>There are staff/resident/relative/H&S/Governance meetings scheduled</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
Area for improvement 1 Ref: Standard 13 Stated: First time To be completed by: 19 March 2018	<p>The registered person shall ensure that systems and processes are in place for adult safeguarding which are consistent with the Department's policy and procedure. Records should be maintained and available for inspection.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: There are flow charts for each bungalow in regards to the safeguarding process. Each safeguarding alert is progressed to management level and alerts are tracked. All alerts are filed in the managers office and a copy is kept in the progress notes.</p>
Area for improvement 2 Ref: Standard 16 Criteria 11 Stated: First time To be completed by: 19 March 2018	<p>The registered person shall ensure that records are kept of all complaints and these include details of all communications with complaints; the result of any investigations; the action taken; whether or not the complainant were satisfied with the outcome; and how this level of satisfaction was determined.</p> <p>Ref: Section 6.7</p>
	<p>Response by registered person detailing the actions taken: There is a complaints file in the managers office and a tracker for all complaints is in place.</p>
Area for improvement 3 Ref: Standard 35 Criteria 17 Stated: First time To be completed by: 19 March 2018	<p>The registered persons shall ensure that systems and processes are in place to ensure that urgent communications; safety alerts and notices, standards and good practice guidance are made available to key staff in a timely manner.</p> <p>Ref: Section 6.7</p>
	<p>Response by registered person detailing the actions taken: The introduction of flash meetings daily in the bungalows to handover and receive information. This will consist of the nurse in charge of the bungalows on that shift, the Home manager, the Deputy manager, the maintenance man, housekeeper, cook and the activity Co-ordinator. These meetings will be documented and filed in the managers office for inspection.</p>
Area for improvement 4 Ref: Standard 46 Criteria 2 Stated: First time To be completed by: 19 March 2018	<p>The registered person shall review the current arrangements in place for infection prevention and control within the home, with specific focus on environmental cleanliness. This should include a review of the staffing arrangements in place to ensure adequate provision is available to maintain a satisfactory standard of cleanliness.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: We are currently recruiting for a Housekeeper for Apple Mews. The</p>

	<p>housekeeping team now have a new cleaning schedule in place. This has to be signed off weekly by management, this will be reviewed as and when required to move to monthly sign off.</p> <p>The rotas for the housekeeping team have been reviewed to ensure that sufficient staffing levels are maintained on a daily basis where possible.</p>
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<p>Area for improvement 5</p> <p>Ref: Standard 39 Criteria 8</p> <p>Stated: First time</p> <p>To be completed by: 19 March 2018</p>	<p>The registered person shall ensure that a robust system is maintained to monitor the registration status of nursing staff in accordance with the Nursing and Midwifery Council (NMC)</p> <p>Ref: Section 6.7</p>
	<p>Response by registered person detailing the actions taken: A NMC tracker is now in place for checking of registration for all nurses employed in Apple Mews. The tracker alerts management when a PIN number is due to expire. All checks are printed from the NMC and filed in the managers office.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 19 March 2018</p>	<p>The registered person shall ensure that systems are in place to monitor and ensure staffs compliance with mandatory training requirements and other areas of training as defined by the home.</p> <p>Ref: Section 6.7</p>
	<p>Response by registered person detailing the actions taken: Deputy manager prints off reports weekly from the Priory Academy (online training). This is reviewed and any action taken as appropriate.</p>

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



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