



# Unannounced Follow-up Care Inspection Report 10 December 2019



## Springlawn Nursing Home

**Type of Service: Nursing Home**  
**Address: 44 Old Dromore Road, Omagh BT78 1RB**  
**Tel No: 028 8224 4550**  
**Inspector: Michael Lavelle**

[www.rqia.org.uk](http://www.rqia.org.uk)

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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.

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.

## 1.0 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 40 persons.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Springlawn House Limited</p> <p><b>Responsible Individual(s):</b> Linda Florence Beckett</p>	<p><b>Registered Manager and date registered:</b> Clara Robinson – acting no application required</p>
<p><b>Person in charge at the time of inspection:</b> Clara Robinson</p>	<p><b>Number of registered places:</b> 40</p> <p>A maximum of 2 patients in category NH-LD(E) and a maximum of 2 patients in category NH-PH. There shall be a maximum of 1 named resident receiving residential care in category RC-I.</p>
<p><b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. LD(E) – Learning disability – over 65 years.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 29</p>

### 4.0 Inspection summary

An unannounced inspection took place on 10 December 2019 from 10.30 hours to 19.00 hours.

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.

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

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others.

A meeting was held in the RQIA offices on 16 December 2019 to discuss the outcome of the inspection in detail. This meeting was attended by Clara Robinson, acting manager, and Linda Beckett, responsible individual. At this meeting RQIA were provided with plans to address deficits which had been noted during this inspection.

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.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*7	*4

\*The total number of areas for improvement includes four which have been stated for a second time and two which have been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Clara Robinson, acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Detailed feedback of the inspection findings were provided to the registered persons in RQIA on 16 December 2019.

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 15 July 2019

The most recent inspection of the home was an unannounced enforcement care inspection undertaken on 15 July 2019. Evidence was available to validate compliance with the Failure to Comply Notices which were issued on 14 May 2019.

No further actions were required to be taken following this inspection.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff for week commencing 9 December 2019
- a sample of governance audits/records
- staff supervision and appraisal planner
- three patient care records
- a selection patient care charts including personal care records, food and fluid intake charts and reposition charts
- minutes of staff meetings
- statement of purpose
- a sample of reports of visits by the registered provider
- annual quality report
- a sample of patients' personal monies authorisations and records of personal possessions.

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 care inspection dated 2 May 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 19 (2) Schedule 4 (10) <b>Stated:</b> Second time	The registered person shall ensure that a record of the furniture and personal possessions brought by each service user into their rooms is maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a selection of personal possessions records evidenced this area for improvement is now met.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff.  This area for improvement is made with particular focus to:	

	<ul style="list-style-type: none"> <li>ensuring appropriate training and management of chemicals used for environmental cleaning.</li> <li>ensuring a robust environmental cleaning and equipment cleaning schedule is in place and adhered to.</li> <li>ensuring all equipment used for environmental cleaning is colour coded in keeping with the national colour coding scheme.</li> </ul>	<b>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b> A review of the environment and a review of infection prevention and control records evidenced some improvement although compliance with this area for improvement was not achieved. This is discussed further in 6.3.</p> <p><b>This area for improvement has been partially met and has been stated for a second time.</b></p>	
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that thickening agents are securely stored within the home and the treatment room door is locked at all times.</p>	<b>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Review of the environment evidenced the treatment room door was locked at all times. Thickening agents were not observed to securely stored during the inspection.</p> <p><b>This area for improvement has been partially met and has been stated for a second time.</b></p>	
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 3 (1) (c) Schedule 1, 19</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the statement of purpose for the home is updated to reflect :</p> <ul style="list-style-type: none"> <li>the use of CCTV in the home.</li> <li>A copy of the updated statement of purpose must be forwarded to RQIA with the return of the QIP.</li> </ul>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Review of the statement of purpose confirmed it referenced the use of CCTV in the home.</p>	
<p><b>Area for improvement 5</b> <b>Ref:</b> Regulation 13 (1) (a) (b) <b>Stated:</b> First time</p>	<p>The registered person shall ensure patients at risk of developing pressure damage have a robust repositioning schedule in place. This should be appropriately care planned for, direct staff as to the frequency of repositioning/skin checks and reviewed as required in keeping with the patient's needs.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of care records evidenced that patients identified at being at risk of developing pressure damage, did not have their skin condition recorded consistently following repositioning. This is discussed further in 6.4.</p> <p><b>This area for improvement has been partially met and has been stated for a second time.</b></p>	<b>Partially met</b>
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b> <b>Ref:</b> Standard 14.10 <b>Stated:</b> Second time</p>	<p>The registered person shall ensure that a standard financial ledger format is used to clearly and accurately detail transactions for residents. The format captures the following information each time an entry is made on the ledger: the date; a description of the entry; whether the entry is a lodgement or withdrawal; the amount; the running balance of the resident's cash total held; and the signatures of two persons able to verify the entry on the ledger.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of records evidenced this area for improvement is now met.</p>	<b>Met</b>
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 14.11 <b>Stated:</b> Second time</p>	<p>The registered person shall ensure that records made on behalf of residents are legible and mistakes appropriately dealt with on the face of the ledger (i.e. a clear line crossed through the incorrect entry with an amendment on the line below and initialled by</p>	<b>Met</b>

	<p>the member of staff recording the entry). Correcting fluid is never used to amend records.</p>	
	<p><b>Action taken as confirmed during the inspection:</b> Review of records confirmed they were legible.</p>	
<p><b>Area for improvement 3</b> <b>Ref:</b> Standard 14.25 <b>Stated:</b> Second time</p>	<p>The registered person shall ensure that a reconciliation of money and valuables held and accounts managed on behalf of residents is carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Review of financial records evidenced this area for improvement is now met.</p>	
<p><b>Area for improvement 4</b> <b>Ref:</b> Standard 41 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that staff meetings for all staff take place on a regular basis, at a minimum quarterly.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Examination of staff meeting minutes confirmed staff meetings for all staff were taking place on at least a quarterly basis.</p>	
<p><b>Area for improvement 5</b> <b>Ref:</b> Standard 6.1 <b>Stated:</b> First time</p>	<p>The registered person shall ensure patient's rights to privacy and dignity are upheld at all times.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Observation of care delivery confirmed this area of improvement is now met.</p>	
<p><b>Area for improvement 6</b> <b>Ref:</b> Standard 41 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that the duty rota clearly identifies the first and last name of all staff working in the home and clearly identify the name of the nurse in charge of the home on each shift. The registered manager's hours should be included on the duty rota and identify either management duty or working as lead nurse.</p>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Review of the duty rota evidenced this area for improvement is now met.</p>	
<p><b>Area for improvement 7</b> <b>Ref:</b> Standard 14.26 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff</p>	Partially met
	<p><b>Action taken as confirmed during the inspection:</b> Review of records confirmed and inventory of property belongings was maintained. However, there was an absence of dates confirming when the reconciliation took place and there were not two signatories.</p> <p><b>This area for improvement has been partially met and has been stated for a second time.</b></p>	

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p><b>Area for improvement 1</b> <b>Ref:</b> Standard 28 <b>Stated:</b> Second time</p>	<p>The registered person shall closely monitor the administration of inhaled medicines through the audit process.</p>	Carried forward to the next care inspection
	<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that robust arrangements are in place for the safe management of medicines when a patient is admitted to the home.</p>	Carried forward to the next care inspection
	<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>	

## 6.2 Inspection findings

### 6.3 Is care safe?

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

On arrival at the home we were greeted by the manager who welcomed the inspector to the home. They confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met.

A review of the duty rota for week commencing 9 December 2019 evidenced that the planned staffing levels were generally well adhered to. On the day of inspection there were a number of staff shortages. The manager had taken appropriate action to ensure the needs of the patients were met. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Patients spoken with indicated that the care they received was good and that they felt safe and happy living in Springlawn Nursing Home.

Discussion with staff and the manager confirmed that systems were in place for staff training, supervision and appraisal. Records for staff supervision and performance appraisal were shared with RQIA post inspection. Records confirmed most staff received an annual performance appraisal with dates planned for staff who have not completed this to date. Review of staff supervision evidenced that twice yearly supervisions were not being completed for all staff. The manager confirmed post inspection that outstanding supervisions were planned. We asked the manager to ensure all supervisory staff complete training in supervision and performance appraisal. This will be reviewed at a future care inspection.

We discussed notifications submitted by the home to RQIA since the last inspection carried out on 2 May 2019. There was evidence that notifications were not submitted in accordance with regulation. This was discussed with the manager who agreed to audit the accident and incident records and submit any outstanding notifications retrospectively. An area for improvement was made.

Records confirmed that on at least a monthly basis the manager reviewed the falls occurring in the home. However, there was limited evidence that the data was analysed to identify if any patterns or trends were emerging. This was discussed with the manager who agreed to enhance the robustness of the falls audit. This will be reviewed at a future care inspection.

Observation of practice and discussion with staff evidenced deficits in infection prevention and control (IPC) practices. Most staff were knowledgeable in relation to best practice guidance with regards to hand hygiene and use of personal protective equipment (PPE). We noted the improvements with regards to training and management of chemicals used for environmental cleaning, colour coding of equipment and the environmental cleaning schedule. However, shortfalls identified related to inconsistent hand hygiene, use of PPE, waste management,

availability of liquid soap and the lack of a robust equipment cleaning schedule. This was discussed with the manager who agreed to address the deficits identified to ensure best practice guidance is adhered to. IPC was identified as an area for improvement during the inspection carried out on 2 May 2019. This is stated for a second time.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be clean and warm. Fire exits and corridors were observed to be clear of clutter and obstruction.

During review of the environment we observed some patients were unable use the nurse call bell system due to physical or cognitive impairment. This was discussed with the manager who agreed to audit all bedrooms to ensure those patients who cannot use the nurse call bell system are on an appropriate supervision regime.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing and the décor of the home.

### Areas for improvement

One new area for improvement was identified in relation to notification of notifiable events.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

#### 6.4 Is care effective?

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

Review of care records evidenced a high level of multi-disciplinary working and collaboration with professionals such as general practitioners, social workers, dentists, dieticians and speech and language therapists (SALT).

Records reviewed clearly evidenced that staff used a range of risk assessments to help inform the care being provided.

We examined the management of patients who had falls. Review of two unwitnessed falls, one of which the patient sustained a head injury, evidenced a risk assessment was not completed post fall on one of the occasions. The patient's care plan was contemporaneously updated on both occasions. However, appropriate actions were not consistently taken following both falls in keeping with best practice guidance. This was discussed with the manager and an area for improvement made.

Wound care, which was being provided to one identified patient, was also considered. Wound care documentation evidenced that appropriate professionals had been involved in the patient's care and treatment and recommendations made had been incorporated into the patient's care plan. There was evidence of good assessment and treatment of the wounds. The evaluation of care delivered was generally good. We did note that the wounds were not dressed as directed

on three occasions. This was discussed with the manager who agreed to address this with the registered nurses. Review of care records confirmed one care plan was used to manage multiple wounds. We advised the manager to ensure that each wound has an individual care plan to direct care. This will be reviewed at a future care inspection.

Review of nursing care records evidenced the changing needs of the patients were not accurately care planned for in relation to the management of infection and oral health. This was discussed with the manager and an area for improvement was made.

We reviewed patients at risk of developing pressure damage. Review of one identified patient confirmed they had a robust repositioning schedule in place. The care plan directed staff as to the frequency of repositioning skin checks but did not contain the type of pressure relieving equipment or setting. We also evidenced that the patient's plan of care was not reviewed as required in keeping with the patient's needs. Review of repositioning records confirmed patients were regularly repositioned but did not have their skin condition recorded consistently following repositioning. This was identified as area for improvement during the inspection carried out on 2 May 2019. This is stated for a second time.

It was positive to see evidence of patient centred care plans and care evaluations. However there was evidence that some daily evaluations, recorded by registered nurses, were not sufficiently detailed or patient centred to determine the effect of the care delivered and the evaluations recorded contained meaningless statements that could not be measured. This was discussed with the manager who agreed to discuss this with registered nursing staff. An area for improvement was made.

Reviews of supplementary care charts such as food and fluid intake, repositioning and personal care records evidenced these were well completed, although as mentioned above patients skin condition were not recorded consistently following repositioning. Gaps in recording were identified in small number of records. This was discussed with the manager who agreed to raise this with staff as required. We discussed the importance of registered nursing staff reviewing the quality of the supplementary care records and ensuring care assistants communicate any changes in patient's condition with registered nurses.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted with demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to multidisciplinary working.

### **Areas for improvement**

Three new areas for improvement were identified in relation to management of falls, infections and oral health and patient centred evaluation of care.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	2	1

## 6.5 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.**

There was a relaxed atmosphere in the home. A Christmas tree and associated decorations were on display with seasonal music playing which patients seem to enjoy and sing along to. Staff were very knowledgeable regarding patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely with care delivered in an unrushed manner. Patients were afforded choice, privacy, dignity and respect.

During the inspection we consulted with five patients, four patients' relatives, three visiting professionals and five staff. As previously stated, patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others. Patients said:

"I am getting on well."

"They are brilliant. The nurses are great. I am happy here but I want to go home."

"They take good care of me. I have no complaints."

"I am very happy with the care here. I was on my own at home but it's all changed now. The staff come quick enough when I press the buzzer."

"I don't like the food. They send me up a sheet but you never get what you ask for. I detest eggs but I get sent up boiled eggs. Meat seems to be a premium here."

We discussed the last comment with the manager who agreed to ensure all patients are actively engaged with regarding meal choices. This will be reviewed at a future care inspection.

The relatives consulted spoke positively in relation to the care provision in the home. They said:

"If my relative is happy then I am happy."

"The staff and care is excellent. I have no concerns."

"They are brilliant carers."

"I am happy with the care. I have no complaints."

We spoke with three visiting professionals. Some of the comments received included:

"Things are generally good. The manager is on the ball and referrals from staff are timely."

"Referrals we received are appropriate and communication is good."

Comments from five staff consulted during the inspection included:

"I like the teamwork. Initially I struggled but the staff supported me."

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and maintaining patients' dignity and privacy

## Areas for improvement

No new areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 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.**

The manager was the person in day to day operation of the home. The current manager had been recently appointed to the home although no application for registration with RQIA has been received. The manager reported that they were well supported by the management team but faced some challenges in their new role. This was discussed with the manager and responsible person during a meeting in the RQIA offices on 16 December 2019. Assurances were sought and received that the manager was receiving appropriate supports in their new role. A review of the duty rota evidenced that the manager's hours were clearly recorded.

There was evidence of management oversight of the day to day working in the home. A number of audits were completed to assure the quality of care and services; areas audited included the environment, care records, wounds and accidents and incidents. Audits generated action plans that highlighted areas for improvement and there was evidence that the deficits identified were addressed as required. We discussed ways the manager could enhance the current governance systems particularly with regards to the qualitative element of the care records audit. The manager agreed to review this.

The manager was working 30 hours per week over three days. As a consequence, this inspection identified a number of deficits in the overall quality assurance and governance arrangements. The areas of concern identified include:

- who is day to day operational control of the home
- the robustness of care record audits and their failure identify the deficits in care previously referenced; this includes supplementary care records
- evidence of a lack of analysis of patterns and trends regarding falls
- the lack of a robust equipment cleaning schedule
- notification of events under regulation 30.

The registered person must ensure that sufficient management hours are allocated to ensure the governance arrangements for the nursing home and legislative requirements are met. An area for improvement was made.

Review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the responsible individual in accordance with the relevant regulations and standards. We commended the home on the quality of the monthly monitoring reports.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of incidents and maintaining good working relationships.

### Areas for improvement

One new area for improvement was identified during the inspection in relation to the sufficiency of management hours.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Clara Robinson, acting 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff.</p> <p>This area for improvement is made with particular focus to the areas identified in section 6.3 of this report.</p> <p><b>Ref:</b> 6.1 and 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Infection control audit in relation to 7 steps/5 moments/PPE carried out weekly with variety of staff. Staff continuously encouraged to adhere to good infection control to minimise risk of infection. Staff to avail of any upcoming infection control training</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that thickening agents are securely stored within the home and the treatment room door is locked at all times.</p> <p><b>Ref:</b> 6.1</p> <p><b>Response by registered person detailing the actions taken:</b> All thickening agents remain securely stored within the home at present with view to introduce locked boxes into the rooms in the near future. Treatment room only accessed via keypad and importance of locked door enforced to all staff.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure patients at risk of developing pressure damage have a robust repositioning schedule in place. This should be appropriately care planned for, direct staff as to the frequency of repositioning/skin checks and reviewed as required in keeping with the patient's needs.</p> <p><b>Ref:</b> 6.1 and 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Care plans reviewed and identify mattress type and setting (if required). Repositioning charts in place identifying time frame for staff. Pressure areas checked twice daily (AM &amp; PM) and sacral area/ groins checked during toileting.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 30 (1) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications should be submitted retrospectively with all due haste.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> All notifications back dated and ongoing notice given to RQIA on any notifiable incident</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations and actions taken post fall are appropriately recorded in the patient's care record.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Clinical and Neurological observations carried out following NICE guidelines, ensuring time frame adhered to (copy also available for all members of staff within new falls register) Acting manager to continue to oversee and to continue with audits.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 16 (1) (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that patients have appropriate care plans in place to direct staff in management of their assessed needs. These should be kept under review and updated to reflect the changing needs of the patient.</p> <p>This area for improvement is made in reference to management of infection and oral health.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Care plan audits continued monthly by acting manager and ongoing evaluation of care records reviewed monthly/PRN by staff nurses ensuring all multidisciplinary input is reflective within clients care plan.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure sufficient management hours are available to ensure the governance arrangements for the nursing home and legislative requirements are met.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> Management hours increased to 36 hours over 4 days. Actively seeking senior nurse to ensure governance arrangements when acting manger is off shift.</p>

<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 28 <b>Stated:</b> Second time <b>To be completed by:</b> 4 July 2019	<p>The registered person shall closely monitor the administration of inhaled medicines through the audit process.</p> <p>Ref: 6.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time <b>To be completed by:</b> 4 July 2019	<p>The registered person shall ensure that robust arrangements are in place for the safe management of medicines when a patient is admitted to the home.</p> <p>Ref: 6.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 14.26 <b>Stated:</b> Second time <b>To be completed by:</b> 29 February 2019	<p>The registered person shall ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b>            New inventory of property documentation reviewed and updated. Now in place ensuring member of staff completing property, senior member of staff and date is recorded.</p>
<b>Area for improvement 4</b> <b>Ref:</b> Standard 4.9 <b>Stated:</b> First time <b>To be completed by:</b> 20 January 2020	<p>The registered person shall ensure daily evaluation records are meaningful and patient centred.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            Daily evaluation records reviewed daily ensuring person centred care is upheld and recorded in a story format. Training obtained from care home support team in relation to the above. All staff aware of responsibilities within record keeping and continue to follow NMC guidance.</p>

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



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