Unannounced Care Inspection Report
14 December 2018

Springlawn Nursing Home

Type of Service: Nursing Home (NH)
Address: 44 Old Dromore Road, Omagh, BT78 1RB
Tel No: 02882244550
Inspector: Michael Lavelle

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 and residential care for up to 40 persons.

3.0 Service details

Organisation/Registered Provider: Springlawn House Limited **Responsible Individual(s):** Linda Florence Beckett	**Registered Manager:** Sharon Margaret Colhoun
Person in charge at the time of inspection: Sylvia Ewart, registered nurse	**Date manager registered:** 1 April 2005
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. LD(E) – Learning disability – over 65 years.	**Number of registered places:** 40 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 4 named residents receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 14 December 2018 from 11.00 hours to 16.30 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 Care Standards for Nursing Homes 2015.

The inspection sought to assess progress with issues raised since the last care inspection on the 1 May 2018.

The findings of this report will provide Springlawn Nursing Home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

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

*The total number of areas for improvement includes two under the regulations which have been restated for a second time and two under the care standards which have been restated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Sharon Colhoun, registered manager, and Linda Beckett, responsible person, during a phone call on 18 December 2018. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 15 June 2018

The most recent inspection of the home was an unannounced premises inspection undertaken on 15 June 2018. 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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit.

During the inspection we met with seven patients and six staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed at the front entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from week commencing 3 December 2018 and 10 December 2018
- incident and accident records
- three patient care records
- a selection of supplementary care charts
- staff meeting minutes
- a sample of governance audits
- RQIA registration certificate
- a sample of 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 15 June 2018

The most recent inspection of the home was an unannounced premises inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 1 May 2018

<table>
<tr><th colspan="3">Areas for improvement from the last care inspection</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 14 (2) (c)

Stated: First time</td><td>The registered person shall ensure records of clinical/neurological observation and actions taken post fall are appropriately recorded in the patient care records.</td><td rowspan="2">Partially met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
Review of two care records evidenced this area for improvement has been partially met. This is discussed further in 6.4

This area for improvement is partially met and is stated for a second time.</td></tr>
<tr><td>Area for improvement 2

Ref: Regulation 13 (7)

Stated: First time</td><td>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 the issues highlighted in section 6.4.</td><td>Not met</td></tr>
</table>

	Action taken as confirmed during the inspection: Review of the environment and observation of care evidenced this area for improvement has not been met. This is discussed further in 6.4 **This area for improvement is not met and is stated for a second time**.	
Area for improvement 3 **Ref**: Regulation 27 (4) **Stated:** First time	The registered person shall ensure adequate means of escape in the event of a fire. **Action taken as confirmed during the inspection**: Review of the environment evidenced no fire exits in the building were blocked.	**Met**
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 4.9 **Stated:** First time	The registered person shall ensure that supplementary care records reflect the delivery of prescribed care accurately. **Action taken as confirmed during the inspection**: Review of a selection of supplementary care records evidenced this area for improvement has been partially met. This is discussed further in 6.5 **This area for improvement is partially met and is stated for a second time**.	**Partially met**
Area for improvement 2 **Ref**: Standard 41 **Stated:** First time	The registered provider should ensure that staff meetings take place on a regular basis, at a minimum quarterly. **Action taken as confirmed during the inspection**: Review of minutes of staff meetings confirmed that staff meetings were held on at least a quarterly basis.	**Met**
Area for improvement 3 **Ref**: Standard 11 **Stated:** First time	The registered person shall ensure the programme of activities is displayed in a suitable format and in an appropriate location so that patients know what is scheduled.	**Met**

	Action taken as confirmed during the inspection: Review of the environment confirmed this area for improvement has been met.	
Area for improvement 4 **Ref**: Standard 12 **Stated:** First time	The registered person shall ensure that menus are displayed for patients/visitors information in a suitable format and on a daily basis **Action taken as confirmed during the inspection**: Review of menu evidenced it was inappropriately displayed in the corner of the dining area on a small whiteboard. Discussion with patients confirmed they could not see what the menu choices were. **This area for improvement is not met and is stated for a second time**.	**Not met**

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 inspection sought to validate the areas for improvement identified at the last inspection on 1 May 2018.

The nurse in charge 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 staffing rota from weeks commencing 3 December 2018 and 10 December 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping 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 skill mix of staff on duty and that staff attended to patients needs in a caring manner. However discussion with a number of patients evidenced that there was no nurse call bell available for them to use in their bedrooms. This prevented them from requesting assistance from staff. This was discussed with the nurse in charge who was aware a number of these were broken although no timescale for their repair. In addition there were no clear arrangements in place to ensure that patients who were unable to use a nurse call bell were appropriately supervised to ensure their needs are identified and met in a timely manner. This was discussed with the registered manager post inspection and an area for improvement under the regulations was made.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Springlawn Nursing Home.

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that elements of training received had not been embedded into practice. For example, deficits were identified in relation moving and handing and infection prevention and control practices across all grades of staff. This was discussed with the registered manager and an area for improvement under the regulations was made.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from May 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Review of records and discussion with staff evidenced deficits in relation to the post fall management of patients. For example, review of one care record evidenced that on one occasion when the patient had an unwitnessed fall sustaining a head injury, neurological and clinical observations were not carried out in accordance with best practice. Review of an additional care record confirmed that clinical and neurological observations were not carried out for a patient who had an unwitnessed fall. Care plans were updated for both patients post fall and next of kin and care managers were appropriately notified, however no post fall risk assessment was completed within 24 hours for either patient. This was discussed with the registered manager who confirmed that the falls policy used by the home had been updated and clinical supervision with registered nurses in relation to the management of falls would be arranged. We recommended that the registered manager liaise with the falls prevention team in the Western Health and Social Care Trust (WHSCT) to ensure appropriate post fall management support and training was availed of. This was identified as an area for improvement during a care inspection on 1 May 2018. This area for improvement 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 warm, well decorated, fresh smelling throughout.

Concerns were identified in relation to the adherence to best practice in infection prevention and control (IPC). This included:

- poor hand hygiene practices across all grades of staff
- personal protective equipment (PPE) was not being readily available throughout the home
- deficits in staff knowledge regarding IPC
- absence of robust cleaning schedules and adherence to colour coding
- inadequate quality assurance and governance around IPC.

There were concerns regarding staff knowledge in respect of IPC. For example, some staff were unaware of the importance of using a full range of personal protective equipment (PPE) and the potential for transmission of infection. All grades of staff were observed not effectively decontaminating their hands at the appropriate times, particularly after contact with patient's and the patient's environment. Discussion with staff and review of records evidenced that the effect of training on practice and procedures lacked robust oversight.

Review of the environment and observation of practice evidenced limited progress in relation to the deficits identified during the care inspection on 1 May 2018. Concerns were identified in compliance with IPC practices and the nurse in charge was unable to evidence appropriate governance processes to drive and sustain improvement. High level feedback was given to the registered manager and responsible person post inspection regarding all the deficits identified during the inspection. IPC practices were identified as an area for improvement during the previous care inspections on 1 May 2018. This area for improvement is stated for a second time.

Discussion with staff and review of the modified diet file evidenced records had not been reviewed since January 2018. Staff spoken with were unsure as to where records for patients on modified diets were stored. In addition the records held did not make reference to the International Dysphagia Diet Standardisation Initiative (IDDSI) in keeping with best practice guidance. This was discussed with the registered manager who agreed to revise current arrangements to ensure effective communication with kitchen and care staff in relation to patients on modified diets. An area for improvement under the care standards was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to completion of risk assessments and submission of notifications.

Areas for improvement

Two areas for improvement under regulation were highlighted in relation to supervision of patients and the embedding of staff training into practice.

One area for improvement under the care standards was identified in relation to communication between staff in relation to patients on modified diets.

	Regulations	Standards
Total number of areas for improvement	2	1

6.5 Is care effective?

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

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of infections and wound care. Care records contained details of the specific care requirements in relation to management of infection and a daily record was maintained to evidence the delivery of care.

Deficits were identified in wound management for two identified patients. Review of the care plan for the first patient evidenced that it had not been reviewed in accordance with recommendations made by the Tissue Viability Nurse (TVN) some two months earlier; the dressing regime was different and the care plan did not state the frequency of when the wound was to be dressed. Wound evaluations were well recorded however records evidenced the wound had not been dressed for seven days on one occasion, despite the TVN recommending twice weekly dressings. Review of care records for the second patient evidenced the care plan was not reflective of the TVN recommendations. This was discussed with registered manager who agreed to review the evaluation of wound care. An area for improvement under the care standards was made.

Further deficits were identified in relation to care planning. For example, review of one supplementary care record evidenced a patient was on a monitoring chart due to the risk of developing pressure ulcers. Review of the patient's care record confirmed the absence of a care plan to direct care in relation to maintaining skin integrity. Review of a further care plan referenced a recent fracture contributing to the patient's mobility difficulties, although review of records evidenced the fracture had occurred some two years previous. Registered nurses should ensure that re-assessment is an ongoing process and accurately update patient care plans to ensure they are meaningful and reflective of patients assessed need. This was discussed with the registered manager and an area for improvement was made under the care standards.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. Supplementary care charts such as repositioning records evidenced that contemporaneous records were not maintained. Although personal care records were generally well completed, review of records for a patient who required two hourly repositioning evidenced regular gaps in recording of up to and including eight hours. Review of a second record for a patient who was required to be repositioned three hourly evidenced further gaps of up to four and a half hours. Discussion with staff and review of records evidenced no oversight of supplementary care records by registered nurses. This was identified as an area for improvement during the previous care inspections on 1 May 2018. This area for improvement is stated for a second time.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. Patient spoken with expressed their confidence in raising concerns with the home's staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

Areas for improvement

One area for improvement under the care standards was identified in relation to wound care management and care planning.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

Staff interactions with patients were observed to be compassionate and caring. Patients were positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Discussion with staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

Feedback received from several patients during the inspection included the following comments:

"It's a good place."
"The care here is excellent."
"It's brilliant, especially the staff."
"I'm very well looked after. I have no complaints."

In addition to speaking with patients and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients' relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report no questionnaires were returned within the specified timescale. 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.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Observation of the lunch time meal evidenced that patients were given a choice in regards to the meals being served. The dining area appeared to be clean and tidy although it was not spacious enough for patients and staff. Staff were observed having to move other patients out of the way to bring other patients to their dining area. Some patients were observed to be waiting in the dining area for at least 30 minutes before lunch was served. Patients were also served drinks in plastic tumblers and some of the cutlery was mismatching. This was discussed with the registered manager who agreed to review the dining experience. This will be reviewed at a future care inspection.

Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. All patients appeared content and relaxed in their environment and staff engaged enthusiastically and warmly with patients throughout their meal. One small whiteboard on which the daily menu was written was noted to be inappropriately displayed in the corner of the dining area. Discussion with patients confirmed they could not see what the menu choices were. The need to ensure that all such menus are appropriately displayed in a suitable format for patients was highlighted as an area for improvement during the care inspection on 1 May 2018. This area for improvement is stated for a second time.

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 dignity and privacy.

Areas for improvement

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

	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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered. Review of the certificate and discussion with staff confirmed it was not reflective of all patients accommodated in the home. This was discussed with the registered manager post inspection who updated RQIA with the appropriate information. An updated certificate of registration was provided to the home.

Discussion with the nurse in charge and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices and care records. Although some audits were completed, a number of them did not identify deficits found during inspection. For example, the audit of care plans did not identify the deficits in wound care management and gaps in care plans despite these care records having been audited recently. The hand hygiene audits did not identify the deficits observed on this inspection and the environmental audits only reviewed one room in the home each month. This was discussed with the registered manager who agreed to review the audit process for care records, IPC and the environment to ensure the analysis is meaningful and robust, action plans are generated and learning is disseminated. An area for improvement under the care standards was made.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were not clearly recorded. This was discussed with the registered manager who agreed to amend the duty rota. This will be reviewed at a future care inspection

As highlighted in this report concerns were identified in relation to multiple areas of governance including but not limited to:

- supervision of patients
- post fall management
- infection prevention and control practices
- wound care management
- patient care records including supplementary care records
- communication in relation to patients on modified diets

Governance arrangements were discussed with the registered manager and responsible person post inspection. The registered manager's hours should be reviewed to ensure they are sufficient enough to make sure the governance arrangements for the nursing home and legislative requirements are met. An area for improvement under the regulations was made.

Discussion with the nurse in charge and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005/The Care Standards for Nursing Homes.

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 maintaining good working relationships.

Areas for improvement

One area for improvement under the regulations was highlighted in relation to review of management hours.

One area for improvement under the care standards was identified in relation to governance arrangements.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sharon Colhoun, registered manager, and Linda Beckett, responsible person, during a phone call on 18 December 2018 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	
Area for improvement 1 **Ref:** Regulation 14 (2) (c) **Stated:** Second time **To be completed by:** Immediate action required	The registered person shall ensure records of clinical/neurological observation and actions taken post fall are appropriately recorded in the patient care records. Ref: 6.4
	Response by registered person detailing the actions taken: Falls policy updated and neurological observations will be carried out on all clients and post falls review will be completed
Area for improvement 2 **Ref**: Regulation 13 (7) **Stated:** Second time **To be completed by:** Immediate action required	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 the issues highlighted in section 6.4. Ref: 6.4
	Response by registered person detailing the actions taken: All staff spoken to at a meeting, weekly audits are being carried out with new audit tool. Public Health Agency has been contacted and a nominated link nurse programme has been commenced Training has been reviewed and adapted to incoporate PHA guideance and refresher course training has been booked
Area for improvement 3 **Ref:** Regulation 13 (1) (b) **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure the nursing home is conducted so as to make proper supervision for the nursing and supervision of patients. This area for improvement is made with particular focus to ensuring that patients who are unable to use a nurse call bell are appropriately supervised to ensure their needs are identified and met in a timely manner. Ref: 6.4
	Response by registered person detailing the actions taken: New check sheet put into the rooms of any resident who cannot use call bell system

<table>
<tr><td rowspan="2">Area for improvement 4

Ref: Regulation 20 (1) (a)

Stated: First time

To be completed by:
Immediate action required</td><td>The registered person shall ensure training is embedded into practice and all staff are competent in relation to the following:
• moving and handling
• infection prevention and control practices

Ref: 6.4</td></tr>
<tr><td>Response by registered person detailing the actions taken:
This area has been reiterated and we are confident in our training.New audit tool is now being implemented currently to ensure practice is of a high standard.</td></tr>
<tr><td rowspan="2">Area for improvement 5

Ref: Regulation 10 (1)

Stated: First time

To be completed by:
Immediate action required</td><td>The registered person shall review management hours to ensure they are sufficient enough to make sure the governance arrangements for the nursing home and legislative requirements are met.

Ref: 6.4</td></tr>
<tr><td>Response by registered person detailing the actions taken:
Duty rotas are done on a weekly basis to ensure management hours are sufficient however they may be occasions were staff are required to be reallocated to ensure goverance in the group</td></tr>
<tr><td colspan="2">Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</td></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 4.9

Stated: Second time

To be completed by:
Immediate action required</td><td>The registered person shall ensure that supplementary care records reflect the delivery of prescribed care accurately.

Ref: 6.5</td></tr>
<tr><td>Response by registered person detailing the actions taken:
Care records reviewed and charts re-printed to show clearer practices of care delivered ie turning charts now in place only for clients in bed and for other clients overnight.</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Standard 12

Stated: Second time

To be completed by:
1 June 2018</td><td>The registered person shall ensure that menus are displayed for patients/visitors information in a suitable format and on a daily basis.

Ref: 6.2</td></tr>
<tr><td>Response by registered person detailing the actions taken:
new board in dining room attached to a wall in central location.</td></tr>
</table>

<table>
<tr><td rowspan="2">Area for improvement 3

Ref: Standard 12

Stated: First time

To be completed by:
Immediate action required</td><td>The registered person shall ensure patient’s nutritional needs are communicated between nursing staff and kitchen and care staff.

This area for improvement is made with specific reference to patients requiring modified diets.

Ref: 6.4</td></tr>
<tr><td>Response by registered person detailing the actions taken:
Nutritional changes added to kitchen folder as they occur. Staff will ensure this is updated in careplan.</td></tr>
<tr><td rowspan="2">Area for improvement 4

Ref: Standard 4

Stated: First time

To be completed by:
Immediate action required</td><td>The registered person shall ensure contemporaneous care plans are in place to direct care.

This area for improvement is made in with specific reference to wound care management and care planning.

Ref: 6.5</td></tr>
<tr><td>Response by registered person detailing the actions taken:
Woundcare folder separate from individual notes. Staff spoken to at meeting to ensure both updated accordingly as changes occur</td></tr>
<tr><td rowspan="2">Area for improvement 5

Ref: Standard 35

Stated: First time

To be completed by:
31 January 2019</td><td>The registered person shall ensure monthly audits should be completed in accordance with best practice guidance. Any shortfalls identified should generate an action plan to ensure learning is disseminated and the necessary improvements can be embedded into practice, specifically, the infection prevention and control, environment and care record audits.

Ref: 6.7</td></tr>
<tr><td>Response by registered person detailing the actions taken:
New audit tools now in use and will be reviewed monthly for actions updated prior to commencing new months audit</td></tr>
</table>

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

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