

Unannounced Follow Up Care Inspection Report 15 January 2018



The Tilery

Type of Service: Nursing Home (NH)
**Address: 130 Swanlinbar Road, Florencecourt,
Enniskillen, BT92 2DZ**
Tel No: 028 6634 8811
Inspector: Sharon Loane

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing and residential care for up to 40 persons.

3.0 Service details

Organisation/Registered Provider: The Tilery Responsible Individuals: Mrs Claire Stranney Mr Stephen Stranney	Registered Manager: See box below
Person in charge at the time of inspection: Ms Nicola Scovell	Date manager registered: Ms Nicola Scovell –registration pending
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.	Number of registered places: 40 comprising: 5 identified residential care places in category RC-I. The home is also approved to provide day care for 2 persons.

4.0 Inspection summary

An unannounced inspection took place on 15 January 2018 from 11.30 to 17.30 hours.

This inspection was undertaken to determine what progress had been made in addressing the areas for improvement identified during the previous care inspection on 6 July 2017, to re-assess the homes level of compliance with legislative requirements and the Care Standards for Nursing Homes and to determine if the home was delivery safe, effective and compassionate care and if the service was led.

Concerns were identified during this inspection in respect of the quality of nursing care and the governance arrangements in the home. The deficits identified in both governance arrangements and care delivery had the potential to impact negatively on patient outcomes.

Despite some matters being raised previously, compliance was still not achieved. Some areas of improvement identified at the previous care inspection both under the regulations and the care standards continued not to be met and have been either restated and/or some areas of improvement under the standards have now been escalated as areas for improvement under regulation.

Following this inspection, the responsible individuals were required to attend a serious concerns meeting in RQIA on 19 January 2018, to discuss the findings and to provide RQIA with assurances and an action plan which illustrates how the home will return to compliance. The outcome of this meeting is detailed in section 4.1 below.

Further inspection will be undertaken to validate that compliance has been achieved and sustained.

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 following areas were examined during the inspection:

- management and governance arrangements
- quality of care delivery and other services provided
- health and welfare of patients
- consultation with patients and their relatives and staff.

Patients described living in the home in positive terms. 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.

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.

The term 'patients' is used to describe those living in The Tilery which provides both nursing and residential care.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*8	2

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

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Nicola Scovell, 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 The Tilery 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 correspondence to the responsible individuals, Mr & Mrs Stranney, and a meeting took place in RQIA on 19 January 2018.

Mrs Claire Stranney; responsible individual; Nicola Scovell, manager and Maria Peirea, deputy manager attended the meeting. During the meeting, management representatives acknowledged the failings identified and submitted a draft action plan to address the identified concerns.

RQIA were satisfied with the action plan and assurances provided and a decision was made to give The Tilery 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

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 8 November 2017. No areas for improvement were identified at this inspection.

5.0 How we inspect

Prior to inspection we analysed the following records:

- the registration status of the home
- notifiable events received by RQIA since the last care inspection
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from inspections undertaken in the previous year
- the previous care inspection report
- pre-assessment inspection audit.

During this inspection, care delivery and care practices were observed and a review of the general environment of the home was undertaken. We also spoke with six patients individually and with others in small groups, two registered nurses, and four care staff, the activities co-ordinator, the administrator and two patient's representatives. Questionnaires were left in the home to obtain feedback from patients and patient's relatives. A poster was displayed for staff inviting them to provide online feedback to RQIA.

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

The following information was examined during the inspection:

- validation evidence linked to the previous care inspection QIP
- a review sample of staff duty rotas
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- a sample of incident and accident records
- five patient care records
- supplementary care records including food and fluid intake and reposition charts
- a sample of governance audits
- monthly monitoring reports 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 Nicola Scovell, manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 8 November 2017

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

6.2 Review of areas for improvement from the last care inspection dated 6 July 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
<p>Area for improvement 1</p> <p>Ref: Regulation 21 (5) (d) (i)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a robust system is developed and maintained to monitor the registration status of nursing staff in accordance with the Nursing and Midwifery Council (NMC)</p>	Partially met
	<p>Action taken as confirmed during the inspection:</p> <p>A system was in place to monitor the registration status of nursing staff in accordance with the Nursing and Midwifery Council (NMC). However, a registered nurse rostered on the duty rota was not included in the matrix available. The manager confirmed that the staff member had been employed since 2008. Although the manager advised that they checked these records there was no evidence available to confirm this information.</p> <p>Whilst improvement was noted the system in place was still not sufficiently robust and therefore this area for improvement has been stated for a second time.</p>	

<p>Area for improvement 2</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p>	<p>The registered person shall ensure that notifications are submitted to RQIA as outlined in the regulations.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A sample review of incidents and accidents identified that this area for improvement had not been fully met. A discussion was held with the manager regarding the submission of notifications and they were referred to a provider guidance document issued by RQIA to increase their level of knowledge and understanding.</p>		
<p>Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes 2015</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p>	<p>Assessments and care plans should be commenced based on the pre admission assessment on the day of admission and fully completed within five days of admission to the home.</p> <p>Care plans should accurately reflect the patient's individual assessed need, care and treatment required and any include recommendations from relevant health and social care professionals.</p>	<p>Not met and has been subsumed into an area for improvement under regulation</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review sample of care records pertaining to different areas of practice identified that this area for improvement had not been met. Due to the findings of this inspection and continued non-compliance this has now been escalated to an area for improvement under the regulations. Please refer to section 6.3.2 & 6.3.3 for further details.</p>		

<p>Area for improvement 2</p> <p>Ref: Standard 4.9</p> <p>Stated: Second time</p>	<p>The registered person should ensure contemporaneous recording of repositioning records and records should be in accordance with best practice guidelines.</p> <hr/> <p>Action taken as confirmed during the inspection: A review sample of repositioning charts evidenced that this area for improvement had not been met. Due to the findings of this inspection and continued non-compliance this has now been escalated to an area for improvement under the regulations. Please refer to section 6.3.3 for further details.</p>	<p>Not met and has been subsumed into an area for improvement under regulation</p>
<p>Area for improvement 3</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The registered person should put arrangements in place to embed the new regional safeguarding policy and operational procedures into practice within the home.</p> <hr/> <p>Action taken as confirmed during the inspection: A discussion with the manager and a review of information evidenced that this area for improvement had been met. The policy had been reviewed and updated October 2017. The manager confirmed that they and another staff member had attended training in November 2017 in relation to the role and responsibilities associated with the role of the adult safeguarding champion. This training was facilitated by Volunteer Now.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that governance arrangements to monitor audit and review the quality of nursing and other services provided within the nursing home should be implemented and completed on a regular basis. An action plan should be developed for any identified improvements and the follow –up actions required.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the governance arrangements identified that the systems in place were not sufficiently robust to assure the quality of care and other services provided in the home. Please refer to section 6.3.1 for further detail.</p>	<p>Not met and has been subsumed into an area for improvement under regulation</p>

	Due to the findings of this inspection and continued non-compliance this has now been escalated to an area for improvement under the regulations.	
Area for improvement 5 Ref: Standard 41 Stated: First time	The registered person shall ensure that the duty rota is maintained in accordance with legislation and care standards.	Met
	Action taken as confirmed during the inspection: A sample review of duty rotas evidenced that these records were maintained to a satisfactory standard.	
Area for improvement 6 Ref: Standard 35.6 Stated: First time	The registered person shall ensure that the working arrangements of the registered manager are kept under review to ensure they have sufficient time to undertake the day to day operational management of the home effectively.	Met
	Action taken as confirmed during the inspection: A sample of duty rotas evidenced that these were maintained in accordance with the criteria outlined in the Care Standards for Nursing Home, 2015. The manager's hours were included on the duty rota and identified the capacity in which these were worked for example; either as management or working as lead nurse. The manager advised that their contractual hours had been all assigned as designated management hours however if emergency cover had to be provided they would work as a lead nurse.	

6.3 Inspection findings

6.3.1 Management and governance arrangements

Since the previous inspection there has been a change in the management arrangements for The Tilery. RQIA were notified of the changes as required and an application to register the new manager has been received. The home also has reviewed the organisational structure and new roles have been implemented to support and assist the manager in their role and responsibilities.

At the last inspection, it was noted that the previous registered manager had been increasingly working as a registered nurse and an area for improvement had been identified in this regard.

As previously reported, a review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. The manager confirmed that their contractual hours were all designated to management unless emergency cover had to be provided to work as a lead nurse. The manager confirmed that she was supported in her role by a deputy manager, clinical lead nurses and the responsible individual.

Following the last inspection, on 6 July 2017 an area for improvement was identified in regards to the robustness of the governance arrangements in place. At this inspection, RQIA were still unable to validate that effective quality monitoring and governance systems had been implemented to assure the safe delivery of quality care within The Tilery. For example; there were no systems in place to monitor the management of wounds and the system in place for monitoring weight loss were not sufficiently robust. There was also a lack of evidence that the care planning process was accurate and reliable and that the recommendations of other health care professionals were adhered to at all times. In addition, audits that had been undertaken of patient care records were of no intrinsic value to the monitoring of the standard of care planning and care documentation.

Although some actions had been taken to improve these shortfalls a lack of progress was identified to ensure compliance was achieved within the timescales identified in the last Quality Improvement Plan (QIP). It could not be evidenced that governance arrangements were sufficiently robust to ensure the delivery of safe effective care.

As discussed earlier, a serious concerns meeting was held in regards to the concerns identified at this inspection and at this meeting management representatives advised that plans were in place to review the governance arrangements and systems in place to assure the quality of nursing care and other services provided. This area for improvement has now been escalated to an area for improvement under the regulations.

Competency and capability records were requested for two registered nurses left in charge of the home in the absence of the manager. It was noted that the records available for one of the registered nurses was completed in 2015 and records for the other nurse were not available. A discussion with the manager confirmed that they had not reviewed or completed any assessments since coming into post. This has been identified as an area for improvement under the regulations.

A review of records evidenced that the arrangements for monitoring the registration status of care staff with the Northern Ireland and Social Care Council (NISCC) was not sufficiently robust. Details for a number of staff identified on the duty rota were not included in the matrix available. A request was made by the inspector that this information would be forwarded to RQIA. We can confirm that the information has been received and shortfalls were identified. The manager advised that appropriate actions have been taken. An area for improvement has been identified under the standards.

A review of records evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement and compliance with the actions identified was monitored during subsequent visits. Although these were completed it was noted that they did not identify the shortfalls evidenced at this inspection. This matter was discussed with the responsible person who completed the monitoring visits and an area for improvement has been made under the standards that these visits should be reviewed with regards to the organisations governance arrangements and the shortfalls identified at this inspection.

Areas of good practice

Since the last inspection the home has implemented a new organisational structure which has enabled the manager to work their contractual hours of employment in a supernumerary capacity.

Areas for improvement

New areas for improvement under regulation were identified in relation to; the robustness of auditing processes and the completion of competency and capability assessments for registered nurses.

Areas for improvement under the standards were identified in relation to: the monitoring of care staffs registration with NISCC and the robustness of monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	2	2

6.3.2 Quality of care delivery and other services provided

Observations throughout the inspection evidenced that staff interactions with patients were compassionate, caring and timely. Consultation with six patients individually and others in smaller groups, confirmed that staff were kind and respectful and treated them with dignity. Patients were observed sitting in the lounge areas or in their bedroom in accordance with their personal preferences. All patients observed were well-presented and comfortable in their surroundings.

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. Staff were knowledgeable in regards to the patients' needs and how to communicate with them effectively.

However, at this inspection, concerns were identified regarding the quality of nursing care and there was a lack of evidence to demonstrate that safe, effective and compassionate care was being delivered consistently, particularly in regard to the following:

There was insufficient evidence within the care records reviewed, to confirm that patient weight loss was being appropriately managed. The systems in place to monitor this area of practice were not sufficiently robust. Food and fluid intake records evidenced that records were not being completed comprehensively and/or accurately and also had not been implemented even when significant weight loss had been identified. Fluid charts were not reconciled and the information was not recorded in the daily evaluation notes. A comparison of information recorded within food and fluid charts and daily progress notes for individual patients identified inconsistencies and inaccuracies. There was a lack of evidence that these deficits had been identified and or responded to by registered nurses and management.

A review of information and observations made at the time of inspection evidenced that the treatment and care delivered to a patient who had been identified as being at "high risk of choking" did not adhere to recommendations made by the Speech and Language Therapist (SALT). Furthermore, the risk assessment in place was also not a validated risk assessment tool. An area for improvement under regulation has been identified.

Care records examined did not evidence a systematic approach to assessing, planning and evaluating care. Risk assessments and care plans were either not in place, or not sufficiently reviewed in response to the changing needs of patients. There was also no evidence that records were being monitored and reviewed by registered nurses and management, or that appropriate actions had been taken to minimise risks to patients. Despite, this shortfall having been identified previously as, an area for improvement it is disappointing that appropriate actions had not been taken to drive the improvements necessary. This has now been identified as an area for improvement under regulation.

These concerns were also discussed as part of the serious concerns meeting.

Areas of good practice

Discussions with patients and observations made during this inspection evidenced that staff were respectful in their interactions and care was being delivered in a compassionate and caring manner.

Areas for improvement

Areas for improvement under regulation were identified in relation to the quality of nursing care in regards to the management of weight loss, food and fluid intake, choking and care records.

	Regulations	Standards
Total number of areas for improvement	2	0

6.3.3 Health and welfare of patients

Shortfalls were also identified in the prevention and/or management of pressure damage and wounds. A review of wound care records for two identified patients evidenced that the dressing regimes had not been adhered to and records were not maintained in line with best practice guidelines. For example; wounds that required dressings to be renewed on alternate days had not been changed for up to and including one week. The explanation provided by registered nurses that the dressings were not available. Similarly, there were other examples identified where care had not been delivered as per the care plan in place. Again, some of the care plans reviewed in relation to wound care were not reflective of the treatment prescribed by the Tissue Viability Nurse (TVN).

Repositioning charts were not being recorded accurately and repositioning was not carried out in accordance with the patients care plan. A care plan reviewed indicated that the patient required two hourly positioning however a review sample of records evidenced gaps of up to and including five hours between positional changes. There was no evidence that these records were being monitored and reviewed by registered nurses and corrective actions taken.

There was, therefore, potential for nursing staff to fail to prevent, identify or manage pressure care and/or pressure ulcers appropriately.

Again these findings were discussed as part of the serious concerns meeting held and assurances were provided that immediate actions had been taken. These concerns have also been identified as an area for improvement under the regulations. In addition, an area for improvement has also been made under the regulations that training must be provided for staff relevant to their roles and responsibilities in the areas aforementioned including the nursing process.

Areas of good practice

A review of records evidenced that the home had liaised with the Tissue Viability Nurse for information and advice.

Areas for improvement

Areas for improvement under regulation were identified in regards to: the management of pressure damage and/or wounds and the provision of training for staff in specific areas of practice.

	Regulations	Standards
Total number of areas for improvement	2	0

6.3.4 Consultation

As discussed earlier, a number of staff, patients and their representatives were spoken with at this inspection.

Staff

All staff spoken with were satisfied with the care delivered and other services provided in the home. Some staff spoken with advised that they were adjusting to the new management arrangements, that the manager had a visible presence in the home and was approachable. Staff were provided with the opportunity to respond to questionnaires via an online survey. Two responses were received at the time of writing this report; however both respondents did not fully complete all sections of the survey. Responses received from one of the respondents indicated that they were either “very unsatisfied or unsatisfied” that the care was safe, effective and compassionate and that the service was well –led. An additional written comment was included as follows:

“I feel that the dependency of some of the service users makes it hard to divide and manage our time equally with the current staffing level”.

The second respondent indicated that they were either “very satisfied or satisfied” in all areas.

Patients

All patients spoken with commented positively about the care they received and living in the home. Information received indicated that the quality of the food was good and that the activities provided were enjoyable. At the time of the inspection, the activities co-ordinator was organising the patients to participate in an afternoon activity. Patients attending expressed their enjoyment with same. As previously discussed, ten questionnaires were distributed for patients

to complete and nine were returned within the timeframe identified. Feedback was generally positive; these are a few of the comments received:

- “Most staff are incredible”
- “Would like to walk a bit more”
- “My care at the Tilery is outstanding”
- “On the whole carers are exceptionally good”
- “Improve food!!!”

Two of the responses received included negative comments pertaining to staff for example; comments included:

- “One or two staff doesn’t care”
- “On the whole carers are exceptionally good except for one or two”.

Relatives

We spoke with the relatives of three patients living in the home. All spoken with were complimentary regarding staff and the care in the home and confirmed that they were made to feel welcome when visiting. One relative spoken with advised that whilst they knew the home had a new manager they didn’t know them or hadn’t met with them. This comment was shared with the manager who advised that to date a meeting had not been held to formally introduce them in their new role. The manager advised that this would be addressed accordingly.

Questionnaires were also issued to relatives and three were returned. Responses received were positive and comments included:

“Every member of staff is brilliant and we as a family would like to thank you all”.

One respondent stated that “some days not enough carers” but also commented that they were satisfied with the care they were receiving.

All of the comments received from questionnaires were shared with the manager for their information and action as required.

Areas of good practice

There were examples of good practice observed throughout the inspection in relation to the culture and ethos of the home and patients’ opinion of the care they were receiving.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 Nicola Scovell, 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 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 DHSSPS 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 21 (5) (d) (i) Stated: Second time To be completed by: 28 February 2018	<p>The registered person shall ensure that a robust system is developed and maintained to monitor the registration status of nursing staff in accordance with the Nursing and Midwifery Council (NMC).</p> <p>Ref: Section 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: All NMC and NISCC will be checked against duty list of staff on a monthly basis.</p>
Area for improvement 2 Ref: Regulation 30 Stated: Second time To be completed by: Immediate from the date of the inspection	<p>The registered person shall ensure that notifications are submitted to RQIA as outlined in the regulations.</p> <p>Ref: Section 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: All notifiable events will be submitted in a timely manner as outlined in the regulations.</p>
Area for improvement 3 Ref: Regulation 10 (1) Stated: First time To be completed by: 28 February 2018	<p>The registered persons shall ensure that robust governance arrangements are developed and implemented to ensure the safe and effective delivery of care to patients. These should include; comprehensive auditing systems and monthly monitoring reports with robust action plans and evidence that actions have been followed up to ensure quality improvements.</p> <p>Ref: Section 6.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: Reg 29 has been updated to take into account new monthly auditing tools which are completed. Robust action plans developed for any actions necessary.</p>
Area for improvement 4 Ref: Regulation 12 (1) (a) (b) Stated: First time To be completed by: Immediate from the date of the inspection	<p>The registered persons shall ensure that the treatment provided to each patient meets their individual needs and reflects current best practice. This relates specifically to the management of nutrition including weight loss, food and fluid intake and choking risks.</p> <p>Ref: Section 6.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: All residents identified with a choking risk have a choking risk assessment in place. All charts are regularly checked and monitored throughout the day by</p>

	the registered person and nurses to ensure compliance and any shortfalls addressed immediately.
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by:</p> <p>Immediate from the date of the inspection</p>	<p>The registered persons shall make proper provision for the nursing and where appropriate, treatment and supervision of patients.</p> <p>This relates specifically in regards to the shortfalls identified in regards to: the management of wounds and/ or pressure damage including the repositioning of patients and the completion of appropriate documentation.</p> <p>Ref: Section 6.3.3</p> <p>Response by registered person detailing the actions taken: All repositioning documentation monitored over a 24 hour period by nursing staff to ensure compliance. Wound audit compiled and completed on a weekly basis to ensure compliance and action plan given to nursing staff for any shortfalls.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 16</p> <p>Stated: First time</p> <p>To be completed by:</p> <p>Immediate from the date of the inspection</p>	<p>The registered persons shall ensure care records are kept under review and updated in accordance with changes in the patient's condition to reflect any recommendations made and/or treatment required by the multidisciplinary team.</p> <p>Ref: Section 6.3.2 & 6.3.3</p> <p>Response by registered person detailing the actions taken: All care records are updated in a timely manner to reflect any changes to current care needs. This is recorded on new daily shift report and checked by registered person.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 20(3)</p> <p>Stated: First time</p> <p>To be completed by:</p> <p>28 February 2018</p>	<p>The registered persons shall ensure that competency and capability assessments are completed and regularly 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 6.3.1</p> <p>Response by registered person detailing the actions taken: All nursing staff are undergoing competency and capability assessment with registered person and clinical leads.</p>

<p>Area for improvement 8</p> <p>Ref: Regulation 20 (c) (i)</p> <p>Stated: First time</p> <p>To be completed by: 30 March 2018</p>	<p>The registered persons shall ensure that staff are provided with training in relation to their roles and responsibilities in the following identified areas;</p> <ul style="list-style-type: none"> • the management of wounds and pressure care • the management of nutrition including weight loss • the nursing process including record keeping <p>A system should be developed and implemented to ensure that the learning has been embedded into practice.</p> <p>Ref: Section 6.3.2 & 6.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: Training on wounds and pressure care has been undertaken by nursing and care staff with tissue viability nurse. All staff are in the process of completing training re nutrition and weight loss and record keeping. All staff reminded of the importance of record keeping regularly.</p>
Action required to ensure compliance with The Care Standards for Nursing Homes 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 35.7</p> <p>Stated: First time</p> <p>To be completed by: 30 March 2018</p>	<p>It is recommended that the content of the report prepared in accordance with Regulation 29 of the Nursing Homes Regulations Northern Ireland (2005) should be reviewed and developed to monitor the robustness of the homes governance arrangements.</p> <p>Ref: Section 6.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: Reg 29 has been updated to monitor the robustness of the homes governance arrangements.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 38 Criteria 3</p> <p>Stated: First time</p> <p>To be completed by: 30 March 2018</p>	<p>The registered person shall ensure that a robust system is in place to monitor the registration status of care staff with the Northern Ireland and Social Care Council (NISCC).</p> <p>Ref: Section 6.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: All care staff employed with the home are checked on a monthly basis via NISCC website for registration.</p>

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



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