

# Unannounced Care Inspection Report

## 18 October 2016



## Knockagh Rise

**Type of Service: Nursing Home**  
**Address: 236 Upper Road, Greenisland, BT38 8RP**  
**Tel no: 028 9085 5930**  
**Inspector: Lyn Buckley**

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Knockagh Rise took place on 18 October 2015 from 10:10 to 17:25 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

In addition to the unannounced care inspection an announced pre-registration inspection was conducted from 14:00 hours in relation to the registration of communal areas added to the nursing home as part of variation to registration application. This inspection was undertaken by the estates and care inspectors. Findings relating to care can be viewed in section 4.7 of this report. Inspection findings relating to the premises management inspection can be viewed in the report issued separately.

### Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subjected to regular review to ensure the assessed needs of the patients were met. Discussion with patients and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

The registered manager and staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibilities in general and specifically in relation to adult safeguarding.

Two requirements were made; one in relation to the management of medicines and one regarding notifications to RQIA. Refer to section 4.3 for details.

### Is care effective?

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. Risk assessments informed the care planning process and both were reviewed as required. Care records reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

Staff stated that there was "good teamwork"; this was evidenced through discussion and observation of interactions throughout the inspection process. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, with their colleagues and with other healthcare professionals.

A requirement was made regarding care planning for specific care issues and a recommendation was made regarding the timing of the serving of meals. Refer to section 4.4 for details.

**Is care compassionate?**

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated knowledge of patients' wishes and preferences as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

All patients spoken with commented positively regarding the care they received and the staffs' caring and kind attitude. 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 the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. For example, patients, relatives, visitors to the home and staff were invited to provide feedback on an ongoing basis. Refer to section 4.5 for details.

There were no areas for improvement identified.

**Is the service well led?**

The home's registration certificate was up to date and displayed appropriately. A valid certificate of public liability insurance was displayed.

Discussion with the registered manager and observations evidenced that the home was operating within its registered categories of care.

A requirement was made regarding the availability of reports from visits undertaken on behalf of the responsible individual and in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 – regulation 29; and a recommendation was made regarding how action plans evidenced they had been addressed and reviewed. Refer to section 4.6 for details.

A recommendation was made regarding access to the kitchen. Refer to section 4.7 for details.

Based on the inspection findings detailed in the main body of the report, review of records, systems and processes; and comments from patients and staff it was evident that Knockagh Rise was generally well led. However, compliance with the requirements and recommendations made will further enhance the quality of care, treatment and services provided.

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

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	4	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Anne McCracken, Registered Manager and James Wilson, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced finance inspection undertaken on 18 July 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

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

## 2.0 Service details

<b>Registered organisation/registered person:</b> Knockagh Rise Ltd/ Mr Malcolm James Wilson	<b>Registered manager:</b>  Mrs Anne Florence Josephine McCracken
<b>Person in charge of the home at the time of inspection:</b> Mrs Anne McCracken	<b>Date manager registered:</b>  17 December 2014
<b>Categories of care:</b> NH-I, NH-PH, NH-PH(E), RC-I, RC-PH, RC-PH(E) A maximum of 6 residential places in categories RC-I, RC-PH and RC-PH(E).	<b>Number of registered places:</b> 29

### 3.0 Methods/processes

Prior to inspection we analysed the following information:

- 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 quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report
- pre inspection assessment audit

During the inspection the inspector spoke with seven patients individually and greeted others in small groups, three care staff, two registered nurses, one staff member from housekeeping and two catering staff.

In addition questionnaires were provided for distribution by the registered manager. Ten for relatives, eight for patients and 10 for staff. None had been returned within the timeframe specified. However, RQIA will review any received and if required will raise any concerns with the registered persons.

The following information was examined during the inspection:

- three patient care records including charts
- staff roster from 26 September to 16 October 2016
- staff training and planner/matrix for 2016
- one staff recruitment record
- complaints record
- incident and accident records
- record of quality monitoring visits carried out in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- records of audit/governance
- staff appraisal and supervision planners 2016
- records pertaining to consultation with staff, patients and relatives.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 18 July 2016

The most recent inspection of the home was an unannounced finance inspection. The completed QIP was returned and approved by the finance inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP, will be validated at the next finance inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 25 March 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 27(4) <b>Stated:</b> Second time	<p>The registered person must ensure that fire doors are not propped or wedged open by staff.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Observations evidenced that two fire doors in the 'old' dining/lounge' area were propped open with fire extinguishers but two further fire doors leading to the main nursing home area were maintained closed. The responsible individual, Mr Wilson advised inspectors that the reason for the door being propped open was to assist the moving of lounge and dining furniture to the new lounge/dining room; yet to be registered. The move had just taken place earlier that morning.</p> <p>Observation during the inspection evidenced that no other doors in the nursing home were wedged or propped open.</p> <p>The registered persons were advised that this matter would be discussed further with senior inspectors in RQIA because the requirement had been stated for a second time.</p> <p>Following discussion with senior inspectors on 19 October 2016 the decision was made that the explanation for the two doors being propped open was acceptable in the circumstances described by the responsible individual. RQIA were assured that the doors had been propped by workmen moving furniture and that the responsible individual had fitted hold open devices to, and monitored all other doors at risk of being propped open by staff following the last care inspection.</p> <p>In addition this area of the home was 'de registered' when the new lounge/dining room were approved for registration.</p>	

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time	The registered person should ensure that infection prevention and control practices are adhered to.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of a random selection of sluices, storage areas and bathrooms confirmed that this recommendation had been met.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 35.6  <b>Stated:</b> First time	The kitchenette area on the top floor should be managed in accordance with the food hygiene regulations.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the kitchenette area and discussions with staff confirmed that this recommendation had been met.	

### 4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subjected to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 26 September to 16 October 2016 evidenced that the planned staffing levels were adhered to. Discussion with patients and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. New staff were supported through their induction by a dedicated mentor. Review of one staff member's induction evidenced the record to be completed in full and signed/dated appropriately.

Review of the training planner/matrix for 2016 indicated that training was planned to ensure that mandatory training requirements were met. Staff confirmed that they were required to complete mandatory training. Discussion with the registered manager and review of records evidenced that a robust system was in place to ensure staff attended mandatory training. Staff would be reminded verbally and through the displaying of training information of the scheduled training to ensure they attended.

At the commencement of the inspection and before the inspector spoke with the nurse in charge, two medicine trolleys were observed to be open, with the keys in the lock, and left unattended in the treatment room and in the foyer area outside the treatment room. The

inspector remained with the trolleys as both patients and other staff had access to them. When nursing staff returned to the trolleys concerns were raised with them and they were asked to ensure they adhered to NMC standards regarding medicine management. Details were also discussed with the registered manager during feedback because of concerns that the poor practice observed was 'custom and practice' and the potential to cause harm to patients if allowed to continue. The registered manager assured the inspector that she would address this matter with the nursing staff concerned. A requirement was made.

A planner was in place to manage staff supervision sessions and annual appraisals. Discussion with staff and the registered manager confirmed that supervision sessions were meaningful and relevant to role and function in the home.

The registered manager and staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibilities in general and specifically in relation to adult safeguarding.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC). Safety and medical alerts were reviewed on a regular basis and relevant notices were 'actioned' and/or disseminated to staff as required.

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

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since September 2015 confirmed that these were generally managed appropriately. Audits of falls and incidents were maintained and evidenced analysis of the data to identify any emerging patterns or trends. The registered manager confirmed that, if required, action plans would be developed to address deficits or concerns. This information also informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. However, review of accident records from 1 August 2016 evidenced that two accidents/events had not been notified to RQIA in accordance with the Nursing Homes Regulations (Northern Ireland) 2005 – regulation 30. Details were discussed with the registered manager who agreed to notify RQIA retrospectively. A requirement was made.

A review of the home's environment was undertaken and included observations of a random sample of bedrooms, bathrooms, lounge/s, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Housekeeping staff were commended for their efforts. While chatting with one patient it was evident that the patient was experiencing a 'draft' in their bedroom from the open windows in other bedrooms. This was mentioned to the care staff who shut the windows; and during feedback the registered manager confirmed that staff had already informed her of this problem and they would ensure it would not happen again.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.



## Areas for improvement

A requirement was made that RQIA are appropriately notified of accidents and/or incidents occurring in the home in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 – regulation 30.

A requirement was made that nursing staff must adhere to professional standards for medicines management at all times to ensure patients are not put at risk of harm.

<b>Number of requirements</b>	<b>2</b>	<b>Number of recommendations</b>	<b>0</b>
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### 4.4 Is care effective?

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. Risk assessments informed the care planning process and both were reviewed as required. For example, records in relation to the management of wounds/pressure ulcers indicated that when a patient was identified as being at risk of developing a pressure ulcer a care plan was in place to direct staff on the management of this risk. Where applicable, specialist healthcare professionals were involved in prescribing care in relation to the management of wounds.

Care records reflected the assessed needs of patients; were kept under review and where appropriate, recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians were included in the care plan.

However, it was evident that care planning in relation to specialist seating, the positioning of patients with swallowing difficulties when they were being assisted to eat and drink; and the pressure relief mattress settings had not been included or considered within the care planning process. For example, observation evidenced that a pressure relief mattress was set at the pressure for a 96kg person yet the patient's weight was 55kg – too high a pressure setting has the potential to cause pressure damage rather than relieving it. Specific details of the findings were discussed with one registered nurse and the registered manager. A requirement was made.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Observations and feedback from patients consulted evidenced that call bells were answered promptly and patients requesting assistance were responded to in a calm, quiet and caring manner.

Staff confirmed that they were kept informed of changes or concerns regarding patients' needs through the handover reports at the beginning of their shift. Staff also confirmed that regular staff meetings were held and that minutes were made available. Staff meetings were held in February and September 2016. Minutes were available but not reviewed on this occasion.

Staff stated that there was 'good teamwork'; this was evidenced through discussion and observation of interactions throughout the inspection process. Each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they

could raise these with the nurse in charge or the registered manager. All grades of staff consulted demonstrated the ability to communicate effectively with the patients, with their colleagues and with other healthcare professionals.

Effective communication with patients and their representatives was evident on a one to one basis as recorded in the care records. Patients consulted confirmed that they received “good care” and that the staff were “kind and attentive”.

At 10:10 hours breakfast was had just been served to patients seated adjacent to the treatment room. Staff confirmed that this was the “usual time” for breakfast and that lunch would begin at approximately 12:45 hours. Discussion with registered nurses and the registered manager confirmed that this was normal practice; however, when the new dining/lounge area on the lower ground floor was registered then the serving of breakfast would be earlier. It was acknowledged that the serving of meals would be changing however a recommendation was made to review the timing of meals.

### Areas for improvement

A requirement was made that care planning reflects specific care and treatment requirements in relation to specialist seating, the positioning of patients with swallowing difficulties when they are assisted to eat and drink; and pressure relief mattress settings.

A recommendation was made to review the serving of meals to ensure adequate time between meals is enabled in line with regional nutritional guidelines.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	1
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### 4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated knowledge of patients’ wishes, preferences as identified within the patients’ care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

All patients spoken with commented positively regarding the care they received and the staffs’ caring and kind attitude. 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 the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. For example, patients, relatives, visitors to the home and staff were invited to provide feedback on an ongoing basis via a web site or by engaging directly with the registered person who both operated an ‘open door’ approach. The registered manager confirmed that any comments recorded would be analysed and if required an action plan would be developed and shared with staff, patients and relatives.

In addition to speaking with patients and staff RQIA provided questionnaires. None had been returned within the timeframe specified. However, RQIA will review any received and if required will raise any concerns with the registered persons.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff easily described their role and responsibility in the home. In discussion patients were also aware of the roles of the staff in the home and to whom they should speak to if they had a concern.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident that staff/management would address any concern raised by them appropriately.

Staff were knowledgeable of the complaints and adult safeguarding processes commensurate with their role and function. Discussion with the registered manager and review of records evidenced that systems were in place to ensure that, complaints, and/or potential adult safeguarding concerns were investigated and reported to RQIA or other relevant bodies. However, as discussed in section 4.3 a requirement was made in relation to two accidents/events not notified to RQIA.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, care records, infection prevention and control, environment and complaints. These records also evidenced that the results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

Discussion with the registered manager evidenced that Regulation 29 monitoring visits were completed by an independent consultant in accordance with the Nursing Homes Regulation (Northern Ireland) 2015. However, the reports for April, June and July 2016 were not available in the home. A requirement was made. In addition review of the records for August and September 2016 evidenced that the action plan generated to address any areas for improvement did not evidence that the registered persons had addressed the deficits; nor did it evidence that the actions were followed up during subsequent visits by the person undertaking the visit. A recommendation was made.

There was an effective system in place to ensure nursing staff were registered with the nursing and Midwifery Council; and that care staff were registered with the Northern Ireland Social Care Council (NISCC). New care staff not registered with NISCC were required and supported to register.

The home's registration certificate was up to date and displayed appropriately. A valid certificate of public liability insurance was displayed.

Discussion with the registered manager and observations evidenced that the home was operating within its registered categories of care.

Based on the inspection findings detailed in the preceding domains, review of records, systems and processes; and comments from patients and staff it was evident that Knockagh Rise was generally well led. However, compliance with the requirements and recommendation made will further enhance the quality of care, treatment and services provided.

### Areas for improvement

A requirement was made that reports from visits undertaken on behalf of the responsible individual and in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 – regulation 29 must be available in the home.

A recommendation was made that any actions plan generated following a Regulation 29 visit clearly evidences that identified deficits have been addressed and that the person undertaking subsequent visits validates/reviews the actions taken.

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations</b>	<b>1</b>
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## 4.7 Pre-registration Inspection

RQIA received an application to vary the registration of the home. The purpose of the variation was to provide living, dining and catering within the home's building rather than having the communal spaces accessible only by travelling via two lifts or two staircases.

The pre- registration inspection was undertaken by care and estates inspectors from 14:00 hours to ensure that the addition of the communal and catering areas met with DHSSPS Care Standards for Nursing Homes 2015. The new living, dining and kitchen areas were examined and approved for registration following the receipt of certificates – refer to the premises inspection report for details.

Patients can easily access the communal areas by the main staircase or by the lift adjacent to bedroom corridors. Both the dining and lounge areas have been decorated and furnished to a high standard and offer a choice of seating areas with views over Belfast Lough. Patients can also access a level outside patio area to enjoy the outdoors during periods of good weather.

Management confirmed that staff had received training in relation to fire safety and prevention which included the new areas and confirmed that during handover reports for the next week staff would be reminded regarding fire safety and security of the home included the new rooms.

Discussion with catering staff and review of the catering arrangements evidenced that access to the kitchen areas was not restricted. There was the potential for patients to enter this area of the home. A recommendation was made.

The 'interface' area between the nursing home and the adjacent restaurant was also discussed. The interface doors are maintained locked with access to the restaurant side limited by a coded keypad. It was agreed that access to the nursing home via these doors would continue to be limited to nursing home staff only.

## Areas for improvement

A recommendation was made that access to the kitchen was restricted to staff only and mechanisms put in place to ensure this.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Anne McCracken, Registered Manager, and James Wilson, Responsible Individual, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
<b>Statutory requirements</b>	
<b>Requirement 1</b> <b>Ref:</b> Regulation 30 <b>Stated:</b> First time <b>To be completed by:</b> Immediate action required	<p>The registered provider shall ensure that RQIA are appropriately notified of accidents and/or incidents occurring in the home in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 – regulation 30.</p> <p><b>Ref: Section 4.3</b></p> <p><b>Response by registered provider detailing the actions taken:</b> There has been no further accidents/Incidents to report.</p>
<b>Requirement 2</b> <b>Ref:</b> Regulation 13(1) <b>Stated:</b> First time <b>To be completed by:</b> Immediate action required	<p>The registered provider shall ensure that nursing staff adhere to professional standards for medicines management at all times to ensure patients are not put at risk of harm.</p> <p><b>Ref: Section 4.3</b></p> <p><b>Response by registered provider detailing the actions taken:</b> Thre two staff on duty have under gone a further medication competence.</p>
<b>Requirement 3</b> <b>Ref:</b> Regulation 12(1) <b>Stated:</b> First time <b>To be completed by:</b> 21 November 2016	<p>The registered provider shall ensure that care planning reflects specific care and treatment requirements in relation to specialist seating, the positioning of patients with swallowing difficulties when they are assisted to eat and drink; and pressure relief mattress settings.</p> <p><b>Ref: Section 4.4</b></p> <p><b>Response by registered provider detailing the actions taken:</b> The Seating arrangements have been sorted so patients are best seated at all meal times</p>
<b>Requirement 4</b> <b>Ref:</b> Regulation 29 <b>Stated:</b> First time <b>To be completed by:</b> Immediate action required	<p>The registered provider shall ensure that reports from visits undertaken on behalf of the responsible individual and in accordance with The Nursing Homes Regulations (Northern Ireland)2005 – regulation 29 are available in the home.</p> <p><b>Ref: Section 4.6</b></p> <p><b>Response by registered provider detailing the actions taken:</b> Are now all up to date as Marilyn was off sick.</p>



<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time  <b>To be completed by:</b> 21 November 2016	The registered provider should ensure that the serving of meals is reviewed to ensure adequate time between meals is enabled in line with regional nutritional guidelines.  <b>Ref: Section 4.4</b>
	<b>Response by registered provider detailing the actions taken:</b> All meals are now served in the new dining area, and are on time.
<b>Recommendation 2</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	The registered provider should ensure that any actions plan generated following a Regulation 29 visit clearly evidences that identified deficits have been addressed and that the person undertaking subsequent visits validates/reviews the actions taken.  <b>Ref: Section 4.6</b>
	<b>Response by registered provider detailing the actions taken:</b> All action plans are now in place.
<b>Recommendation 3</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	The registered provider should ensure that access to the kitchen is restricted to staff only and mechanisms are put in place to ensure this.  <b>Ref: Section 4.7</b>
	<b>Response by registered provider detailing the actions taken:</b> All doors in kitchen are locked and can only be accessed via a key pad

*\*Please ensure this document is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\**



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