

Unannounced Care Inspection Report 13 April 2017



Fruithill Nursing Home

Type of Service: Nursing Home

Address: 20 Fruithill Park, Andersonstown, Belfast BT11 8GD

Tel No: 02890617717

Inspector: James Laverty

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced care inspection of Fruithill Nursing Home took place on 13 April 2017 from 10.10 to 19.00.

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

Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of the patients were met. All staff spoken with were knowledgeable in relation to their specific roles and responsibilities. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

A number of wheelchairs which were designated to be used in the event of a fire evacuation required mechanical attention. Weaknesses were also observed concerning the cleanliness of commodes and the storage of incontinence products in compliance with best practice in infection prevention and control (IPC). A number of patient's bedrooms were also observed to be in a state of disrepair and requiring remedial maintenance work. One requirement and two recommendations were made to ensure compliance and drive improvement.

Is care effective?

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. There was also evidence of multi-disciplinary working and collaboration with members of the multidisciplinary team such as general practitioners (G.Ps), dieticians and speech and language therapists (SALT).

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. Weaknesses were identified in relation to the delivery of effective care with regards to the provision of barrier nursing and the completion of supplementary care records. One requirement and one recommendation were made.

Is care compassionate?

The interpersonal contact between staff and patients was observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Patients and members of staff spoken with confirmed that patients were listened to, valued and communicated with in an appropriate manner. 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.

Deficits were noted in relation to maintaining an environment which is sensitive to the needs of patients and staff within the dining room. A recommendation was made.

Is the service well led?

There was evidence that systems and processes were generally in place to help promote the delivery of safe, effective and compassionate care. Discussion with staff evidenced that there was a clear organisational structure within the home. However, shortfalls were noted in relation to auditing processes within the home. Weaknesses were also identified in respect of records relating to the competency and capability of the nurse in charge and the implementation of updated/new policies.

Five recommendations were made of which two were stated for the second time.

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
Total number of requirements and recommendations made at this inspection	2	9*

*The total number of requirements and recommendations includes two recommendations which have each been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Veronica Sousa, registered manager, and Ms Orla Sheehan, responsible person, 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 announced premises inspection undertaken on 29 November 2016. There were no further actions required to be taken following the most recent 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.

2.0 Service details

Registered organisation/registered person: Ms Orla Frances Sheehan	Registered manager: Veronica Sousa
Person in charge of the home at the time of inspection: Veronica Sousa	Date manager registered: 24 January 2017
Categories of care: NH-LD, NH-I, NH-PH, NH-PH(E), NH-TI. There shall be a maximum of two patients accommodated in category NH-LD. The home is approved to provide care on a day basis only to 2 persons.	Number of registered places: 35

3.0 Methods/processes

Specific methods/processes used in this inspection include the following:

Prior to inspection we analysed the following information:

- notifiable events submitted 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 premises inspection
- the previous care inspection report and the returned QIP
- pre-inspection audit

During the inspection we met with seven patients, two registered nurses, four care staff, one member of the catering staff and six relatives.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

The following information was examined during the inspection:

- three patient care records
- staff duty rotas for the period 3 April to 16 April 2017
- staff training records
- accident and incident reports
- complaints records
- a sample of audits
- minutes of staff meetings
- selection and recruitment records
- minutes of patients/relatives meetings
- induction and orientation records for agency registered nurses

- competency and capability records for the nurse in charge of the home in the absence of the registered manager
- monthly monitoring reports in keeping with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 29 November 2016

The most recent inspection of the home was an announced premises inspection. There were no issues required to be followed up during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 18 May 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 14 (5) Stated: First time	The registered persons must ensure that separate risk assessments are completed for the use of lap belts, and this information must be included in the patients' care plan, as appropriate. Records must also be available, in respect of signed consent forms and records of regular release and repositioning of restraint must be maintained.	Met
	Action taken as confirmed during the inspection: A review of care records evidenced that risk assessments were in place for the use of lap belts. This information was also evidenced in patient care plans which detailed the repositioning needs of patients as appropriate. A record of consent was observed to be in place as appropriate.	
Requirement 2 Ref: Regulation 17 (1) Stated: First time	The registered persons must ensure that an annual quality audit report is completed, to ensure that the quality of nursing and other service provision is reviewed. This report must also provide for consultation with patients and their representatives.	Met
	Action taken as confirmed during the inspection: The annual quality audit report was available within the home and included feedback from questionnaires which had been sent out to patients and relatives throughout December 2016.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 20 Stated: Second time	The policy for dying and death should be updated to reflect current best practice guidelines and this shared with staff. <u>This policy should be submitted to RQIA with the return of the QIP</u>	Met
	Action taken as confirmed during the inspection: A review of records confirmed that the policy for dying and death had been updated and submitted to RQIA as requested. Discussion with staff also confirmed that they were familiar with the policy and where it could be found. It was noted that the process for staff recording that they had read the amended policy was not sufficiently robust and this matter is discussed further in section 4.6 of this report.	
Recommendation 2 Ref: Standard 40.2 Stated: First time	The registered persons should ensure that a system is implemented to ensure that formal supervisions and appraisals are conducted, to monitor staff performance or to ensure that staff receive support and guidance.	Met
	Action taken as confirmed during the inspection: An examination of records confirmed that a robust system was in place to ensure that staff received formal supervision and appraisal. This was further validated through discussion with staff.	
Recommendation 3 Ref: Standard 33.2 Stated: First time	The registered persons should ensure that patients who have a 'do not attempt resuscitation' (DNAR) directive in place, have care plans developed, to include this information.	Met
	Action taken as confirmed during the inspection: A review of patients' care records evidenced that care plans were in place for those patients who had DNAR directives in place.	

<p>Recommendation 4</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p>	<p>The registered persons should ensure that a process is implemented to monitor the development of patients risk assessments and care plans, to ensure that they are completed within five days of admission to the home.</p> <hr/> <p>Action taken as confirmed during the inspection: An examination of care records confirmed that patient’s care plans and risk assessments were completed in a timely manner following their admission into the home.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 22.10</p> <p>Stated: First time</p>	<p>The registered persons should ensure that the process for auditing patients’ accidents/incidents is further developed and conducted on a monthly basis, to ensure that trends and patterns are identified and appropriate action is taken, to further reduce the risk of falls. An action plan should be developed, to ensure that action is taken in response to identified deficits.</p> <hr/> <p>Action taken as confirmed during the inspection: Following a review of the home’s accident book; audit records and a discussion with the registered manager it was evidenced that while the registered manager conducted a monthly audit of patients’ accidents within the home the record for January 2017 was inaccurate. There was also no audit of patient accidents conducted by the registered manager for March 2017 during which two patient falls had occurred. Please refer to section 4.6 for further detail.</p> <p>This recommendation has not been fully met and is therefore being stated for the second time.</p>	<p>Partially Met</p>

<p>Recommendation 6</p> <p>Ref: Standard 35.4</p> <p>Stated: First time</p>	<p>The registered persons should ensure that a process for auditing patients' care records is further developed to include a review of the supplementary documentation, in addition to the patients' electronic care records.</p> <p>Records of key checks (audits) completed should be maintained and made available for inspection.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of records and discussion with the registered manager evidenced that a system for auditing patients' care records was in place which included supplementary documentation and electronic care records. Nevertheless, it was further evidenced that this weekly audit was not carried out throughout February 2017 or for weeks commencing 19 and 26 March 2017. Please refer to section 4.6 for further detail.</p> <p>This recommendation has not been fully met and is therefore being stated for the second time.</p>		

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of the patients were met. A review of the staffing rota for weeks commencing 3 April 2017 and 10 April 2017 evidenced that the planned staffing levels were adhered to. Observation of the delivery of care provided assurance that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients and staff confirmed that they had no concerns regarding staffing levels.

Review of the training records indicated that training was planned to ensure that training requirements were being met. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding.

There were robust systems in place for the recruitment and selection of staff. Staff stated that they only commenced employment once all the relevant checks had been completed. Records evidenced that appropriate checks were made with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) prior to new staff commencing employment within the home. Records also indicated that the registration status of staff was checked as appropriate on a regular basis in order to validate their ongoing suitability to work. A review of recruitment records also evidenced that enhanced criminal records checks were completed with Access NI and included the reference number and date received.

An inspection of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. However, in a number of patient bedrooms it was observed that internal piping leading to wash hand basins was exposed. This was discussed with the registered manager who stated that the exposed piping was an outstanding maintenance issue. A requirement was made. Please refer to section 4.6 for further detail concerning this matter.

Fire exits and corridors were observed to be clear of clutter and any obstruction.

A number of wheelchairs which were designated for communal use in the event of a potential fire evacuation were observed to be faulty. For example, one wheelchair lacked a suitable foot plate while a second wheelchair had a foot plate incorrectly fitted. A third wheelchair had a damaged left wheel and arm rest. A requirement was made.

A number of weaknesses were observed in relation to IPC as follows:

- incontinence products were observed to be inappropriately stored in a bathroom/toilet
- the underside of a patient's commode was observed to be stained and not effectively cleaned
- a raised toilet seat in a communal bathroom was also noted to be stained and not effectively cleaned following use

A recommendation was made to ensure compliance and drive improvement.

Areas for improvement

The registered provider must ensure that all wheelchairs which are being used within the home are fit for purpose at all times. This includes those wheelchairs which are designated for use in the event of a potential fire evacuation.

The registered provider should ensure that incontinence products are stored appropriately and that patient equipment such as toilet seats and commodes are effectively cleaned in keeping with best practice relating to IPC.

The registered provider should ensure that all patient bedrooms are kept in a good state of repair and that internal piping is appropriately covered.

Number of requirements	1	Number of recommendations	2
-------------------------------	---	----------------------------------	---

4.4 Is care effective?

Staff confirmed that there was effective teamwork; this was also evidenced through discussion and observation of interactions. Each staff member spoken to knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager. All staff stated that they felt well supported by the registered manager.

The home uses an electronic system for assessing, planning and recording patients' care needs. Care records evidenced that a range of validated risk assessments were used and informed the care planning process. There was also evidence of multi-disciplinary working and collaboration with professionals such as G.Ps, dieticians and SALT.

Staff spoken with demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

Discussion with nurses, care staff and the registered manager demonstrated that effective communication relating to infection control practices was lacking. The registered manager and some care staff confirmed that they were unaware of specific patient needs as recorded in a patient's care records. Discussion also took place regarding clear signage and practice deficits. A requirement was made.

Review of repositioning care records for one patient indicated that the patient was not repositioned in accordance with their assessed needs or care plan. For example, gaps of up to 13 hours were evidenced. However, a review of care records and discussion with the registered manager confirmed that this patient had no current concerns relating to their pressure areas. Discussion with care staff subsequently highlighted that they had an inconsistent understanding of how to complete supplementary repositioning records. A number of care staff stated that they would only record the time at which they were completing the repositioning care record rather than the time at which such care was delivered. Other care staff stated that they would document the specific times that patients were given repositioning assistance. This produced a supplementary care record which was inaccurate and misleading. A recommendation was made.

Areas for improvement

A requirement was made that the registered provider must ensure that barrier nursing precautions are clearly communicated to all members of staff and relevant third parties who may come into contact with the patient.

A recommendation was made that supplementary care records are completed contemporaneously and are consolidated at the end of any 24 hour period in keeping with best practice.

Number of requirements	1	Number of recommendations	1
-------------------------------	---	----------------------------------	---

4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were observed to be afforded choice, privacy, dignity and respect. Patients were positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Feedback received from patients during the inspection included the following comments:

- "They look after you."
- "It's lovely."
- The home is "one of the best."

Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans. 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. Feedback received from relatives during the inspection included the following comments:

- "The care is good."
- "We're kept up to date with doctor's appointments."

In addition to speaking with patients, relatives and staff, RQIA provided 10 questionnaires for staff to complete, 10 for relatives and eight for patients. At the time of writing the report six patient questionnaires; four staff questionnaires and seven relative questionnaires were returned. All respondents indicated that they were either 'very satisfied' or 'satisfied' with the delivery of care within the home.

During the provision of the lunch time meal it was observed that 17 patients were seated within the dining room. It was also observed that 11 unused chairs were lined up against one wall. Consequently, staff on several occasions throughout the lunch time meal had limited space in which to assist patients with their meals and had to reposition furniture in order to transport patients into and out of the dining room. The lack of space and cluttered environment was not conducive to patients enjoying their dining experience. A recommendation was made.

Areas for improvement

A recommendation was made that that the dining room is free from clutter and has adequate space to facilitate the needs of both patients and staff.

Number of requirements	0	Number of recommendations	1
-------------------------------	---	----------------------------------	---

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 spoken with were able to describe their roles and responsibilities. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The certificate of registration issued by RQIA and the home's certificate of public liability insurance were appropriately displayed in the home.

Discussion with the registered manager, a review of care records and observations confirmed that the home was operating within its registered categories of care.

The registered manager was able to demonstrate that all complaints had been recorded and managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005; and that complaints were audited on a monthly basis.

Discussion with the registered manager and a review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with the registered manager and a review of records evidenced that monitoring visits were completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 and that copies of the reports were available for patients, their representatives, staff and trust representatives. The monthly monitoring report provided a comprehensive overview of areas that were meeting standards and areas where improvements were required.

As highlighted in section 4.3 the exposed piping in patient bedrooms had not been addressed. During discussion the registered manager confirmed that she did not undertake a maintenance/environment audit. Discussion with nursing and care staff also highlighted that there was conflicting understanding as to how to report maintenance issues. The registered manager confirmed that staff should verbally report maintenance issues to her or the responsible person directly. A number of staff stated that maintenance issues should be reported via the use of the home's maintenance book. A recommendation was made.

An analysis of audit records relating to patients' accidents/incidents also highlighted a discrepancy between the number of falls reported by staff and the number of falls noted within the monthly audit by the registered manager during January 2017. It was further noted that no audit was conducted by the registered manager for March 2017 although two falls had occurred that month. This was discussed with the registered manager and a recommendation made in the previous care inspection has been stated for a second time.

During a review of audit process for care/supplementary care records it was evidenced that the electronic system which highlighted incomplete care records on a weekly basis was in place and actioned by the registered manager. However, these audit records evidenced that the records were incomplete and that the electronic system was not functioning throughout the month of February 2017 or for weeks commencing 19 or 26 March 2017. Consequently no audit was conducted for those periods. This was discussed with the registered manager and a recommendation made in the previous care inspection has been stated for a second time.

Records relating to the competencies and capabilities of nursing staff who are designated as the nurse in charge of the home while the registered manager is absent were noted to be out of date and poorly maintained. A recommendation was made.

Discussion with the registered manager and staff confirmed that they were familiar with where policies and procedures were located and that staff were expected to record their signature after reading an updated or new policy. Nevertheless, it was evident that since the implementation of an amended policy for the provision of palliative care in 2016 only one staff member had recorded their signature to confirm that they had read it. The registered manager stated that there was no audit process in place by which she could ensure that all staff had read and understood updated/new policies. A recommendation was made.

Areas for improvement

The registered provider should develop and implement a robust maintenance audit to ensure the home delivers services effectively in accordance with legislative requirements, minimum standards and current best practice.

The registered persons should ensure that records relating to the competencies and capabilities of the nurse in charge are appropriately maintained.

The registered persons should ensure that a robust audit process is in place to ensure that all staff read and are familiar with updated/new policies thereby helping to ensure a consistent delivery of care.

Number of requirements	0	Number of recommendations	3
-------------------------------	---	----------------------------------	---

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Veronica Sousa, registered manager, and the responsible person 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 web portal 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	
Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 12 (b),</p> <p>Stated: First time</p> <p>To be completed by: 13 April 2017</p>	<p>The registered provider must ensure that all wheelchairs which are being used within the home are fit for purpose at all times. This includes those wheelchairs which are designated for use in the event of a potential fire evacuation.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: The identified fire wheelchairs of concern were immediately reported on the day of inspection, collected for service on 14.04.17 and returned on 19.04.17 and 05.06.16, respectively. Monthly wheelchair audits are in place with a designated member of staff responsible for checking all wheelchairs, including fire chairs. This will be further audited by the nurse manager and monitored as part of Reg. 29 visits by Proprietor.</p>
<p>Requirement 2</p> <p>Ref: Regulation 13, (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 13 April 2017</p>	<p>The registered provider must ensure that barrier nursing precautions are clearly communicated to all members of staff and relevant third parties who may come into contact with the patient.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: All nursing and care staff have full access to patients' electronic care records. A flag alert is being added to the electronic care record system for all patients who require barrier nursing precautions. Monthly audits are undertaken by the Infection Control Link Nurse. All other members of staff and relevant third parties will be provided with necessary information pertaining to specific patients while remaining cognisant of patient confidentiality. Appropriate signage was posted in the identified bedroom on 13.04.17. This practice will be continued, as required. All relevant staff are required to complete annual infection control training.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 13 April 2017</p>	<p>The registered provider should ensure that incontinence products are stored appropriately and that patient equipment such as toilet seats and commodes are effectively cleaned in keeping with best practice relating to IPC.</p> <p>Ref: Section 4.3</p>

	<p>Response by registered provider detailing the actions taken: Incontinence products are now stored in patient's own wardrobes and re-stocked on a weekly basis. An additional storage cupboard is being made for the ground floor of the home.</p> <p>A supervision session was completed on the day of inspection with two members of care staff after two commodes identified as not thoroughly cleaned after use. Regular checks of cleanliness of patient equipment carried out by Nurse Manager and Infection Control Link Nurse. Staff at general staff meeting on 23.05.17 reminded to ensure that all patient equipment is appropriately maintained and cleaned after use. Regular spot checks of commodes are being performed by Nurse Manager during room checks and by Infection Control Link Nurse.</p>
<p>Recommendation 2</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 13 April 2017</p>	<p>The registered provider should ensure that all patient bedrooms are kept in a good state of repair and that internal piping is appropriately covered.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: Internal piping covers were removed for a limited period on the advice of an external agency, as explained on the day of the inspection. Piping covers were replaced in identified bedrooms by 20.04.17. There is a rolling programme of estates maintenance throughout the home as evidenced by the general good state of repair. Bedrooms are also checked on Reg. 29 visits. A dedicated bedroom checklist is now created for auditing purposes.</p>
<p>Recommendation 3</p> <p>Ref: Standard 21</p> <p>Stated: First time</p> <p>To be completed by: 13 April 2017</p>	<p>The registered provider should ensure that supplementary care records are completed contemporaneously and are consolidated at the end of any 24 hour period in keeping with best practice.</p> <p>Ref: Section 4.4</p> <p>Response by registered provider detailing the actions taken: All staff made aware they must record interventions on electronic system at the time that any aspect of care is delivered. Patient handover sheets are being updated to include frequency of repositioning required for patients as per care plans and assessments.</p> <p>In relation to a particular patient, a memo is circulated to all care staff to advise that the hourly checks implemented for this resident are a safety check and not a repositioning record and that repositioning checks must be entered into the care record apart from the bedside hourly safety check.</p> <p>Night staff nurses to consolidate all elements of supplementary care records within the nightly report.</p>

<p>Recommendation 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 13 April 2017</p>	<p>The registered provider should ensure that the dining room is free from clutter and has adequate space to facilitate the needs of both patients and staff.</p> <p>Ref: Section 4.5</p> <hr/> <p>Response by registered provider detailing the actions taken: Alternative storage arranged for dining room chairs not always in use by residents needing specialised OT chairs.</p>
<p>Recommendation 5</p> <p>Ref: Standard 22</p> <p>Stated: Second time</p> <p>To be completed by: 20 April 2017</p>	<p>The registered provider should ensure that the process for auditing patients' accidents/incidents is further developed and conducted on a monthly basis, to ensure that trends and patterns are identified and appropriate action is taken, to further reduce the risk of falls. An action plan should be developed, to ensure that action is taken in response to identified deficits.</p> <p>Ref: Section 4.6</p> <hr/> <p>Response by registered provider detailing the actions taken: Nurse Manager to audit all accidents on monthly basis. This will include an analysis of patterns, themes and trends and the immediate actions taken post incident and complete an action plan where necessary. The Accident Policy has been reviewed and updated.</p>
<p>Recommendation 6</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p> <p>To be completed by: 20 April 2017</p>	<p>The registered provider should ensure that a process for auditing patients' care records is further developed to include a review of the supplementary documentation, in addition to the patients' electronic care records.</p> <p>Records of key checks (audits) completed should be maintained and made available for inspection.</p> <p>Ref: Section 4.6</p> <hr/> <p>Response by registered provider detailing the actions taken: It was identified that some of the weekly key audit checks were not received electronically. This issue was reported, repaired and restored on 07.04.17.</p> <p>Monthly care record audits are carried out by the nurse manager and an action plan completed.</p>

<p>Recommendation 7</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 20 April 2017</p>	<p>The registered provider should develop and implement a robust maintenance audit to ensure the home delivers services effectively in accordance with legislative requirements, minimum standards and current best practice.</p> <p>Ref: Section 4.3 and 4.6</p>
	<p>Response by registered provider detailing the actions taken: There is an existing electronic maintenance recording system already in place. This is maintained by the administrator. In the absence of the maintenance officer, maintenance checks have been delegated to appropriately trained staff. We have interviewed for an additional maintenance officer and appointment is currently pending usual employment checks.</p> <p>Robust maintenance audits will be implemented by the nurse manager together with the home administrator. Again, an action plan will be completed for areas of action identified.</p>
<p>Recommendation 8</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 13 April 2017</p>	<p>The registered provider should ensure that records relating to the competencies and capabilities of the nurse in charge are appropriately maintained.</p> <p>Ref: Section 4.6</p>
	<p>Response by registered provider detailing the actions taken: The Nurse Manager will ensure that all registered nurses have a completed competency and capability assessment. This will be reviewed at a minimum of every 12 months or sooner if required.</p>
<p>Recommendation 9</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 20 April 2017</p>	<p>The registered provider should ensure that a robust audit process is in place to ensure that all staff read and are familiar with updated/new policies thereby helping to ensure a consistent delivery of care.</p> <p>Ref: Section 4.6</p>
	<p>Response by registered provider detailing the actions taken: All new/amended policies are shared with all staff. Staff are expected to read and sign to confirm they have read and understood same. This was re-iterated at a recent general staff meeting on 23.05.1. The Nurse Manager will monitor that staff are fulfilling this responsibility and obligation and take appropriate action when necessary.</p>



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews