



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 21 September 2019



Parkview

Type of Service: Nursing Home

Address: Glencairn Road, Forthriver Road, Belfast, BT13 3PU

Tel No: 02890 391393

Inspector: Michael Lavelle

www.rqia.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 from their responsibility for maintaining compliance with legislation, standards and best practice.

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 71 persons.

3.0 Service details

<p>Organisation/Registered Provider: Four Seasons Health Care</p> <p>Responsible Individual(s): Dr Maureen Claire Royston</p>	<p>Registered Manager and date registered: Rosendo Soriano – registration pending</p>
<p>Person in charge at the time of inspection: Christian Buzduja, registered nurse</p>	<p>Number of registered places: 71</p> <p>A maximum of 15 patients in category NH-DE. There shall be a maximum of 1 named resident receiving residential care in category RC-LD(E).</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill. DE – Dementia.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 59</p>

4.0 Inspection summary

An unannounced inspection took place on 21 September 2019 from 10.30 hours to 18.30 hours.

This inspection was undertaken by the care inspector. The term ‘patient’ is used to describe those living in Parkview which provides both nursing and residential care.

The inspection assessed progress with all areas for improvement identified in the home 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.

Evidence of good practice was found in relation to staff recruitment, training, supervision and appraisal, the home’s environment, management of falls, communication with the multidisciplinary team and staff’s knowledge of the patient’s needs. Further evidence of good practice was found in relation to culture and ethos of the home, dignity and privacy, management of complaints and incidents and maintaining good working relationships.

Areas requiring improvement were identified in relation to notification of accidents/incidents, eliminating unnecessary risks to the health and welfare of patients, developing care plans in a timely manner and reviewing care plans. Further areas for improvement were identified in relation to patient centred evaluation of care, menus and the duty rota.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4	*4

*The total number of areas for improvement includes one under the care standards which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Rosendo Soriano, manager, 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.

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

The most recent inspection of the home was an unannounced care inspection undertaken on 15 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

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

During our inspection we:

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

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- duty rota for all staff from weeks commencing 16 September 2019 and 23 September 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- five patient care records
- a selection patient care charts including food and fluid intake charts, personal care records, behaviour charts and reposition charts
- a sample of governance audits/records
- staff supervision and appraisal planner
- nurse in charge competencies
- complaints record
- compliments received
- a sample of reports of visits by the registered provider
- smoking policy and evidence of fire drills
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection dated 15 January 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.</p> <p>This area for improvement is made in reference to the issues highlighted in section 6.3 of this report.</p>	Met

	<p>Action taken as confirmed during the inspection: Observation of practice and review of the environment evidenced this area for improvement has been met.</p>	
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1 Ref: Standard 4.9 Stated: Second time</p>	<p>The registered person shall ensure that supplementary care records, specifically, fluid intake charts, are completed in an accurate, comprehensive and contemporaneous manner. Records should reflect a full 24 hours and that the total intake/output are collated into the patient's daily progress records.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Examination of records confirmed patient's fluid intake is accurately recorded with further evidence this is reviewed by registered nursing staff.</p>	
<p>Area for improvement 2 Ref: Standard 11 Stated: First time</p>	<p>The registered person shall ensure the programme of activities reflects the preferences and choices of the patients and is evaluated regularly. This shall be displayed in a suitable format throughout the home and a contemporaneous record kept of all activities that take place, with the names of the person leading them and the patients who participate. Arrangements should be made to ensure activities are delivered in the absence of the patient activity leaders.</p>	<p>Partially met</p>
	<p>Action taken as confirmed during the inspection: Examination of records evidenced this area for improvement has been partially met. This is discussed further in 6.5 of this report.</p> <p>This area for improvement has been partially met and has been stated for a second time.</p>	

6.2 Inspection findings

6.3 Is care safe?

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

We arrived at the home at 10.30 hours and were greeted by the nurse in charge who was friendly and welcoming. They confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. The nurse in charge confirmed that one care assistant had phoned in sick and they were unable to get cover at short notice. A review of the staffing rota for weeks commencing 16 September 2019 and 23 September 2019 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patient's needs. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Some staff did express frustration regarding unplanned staff shortages when some staff phone in sick. Comments from one staff member included the following,

"We are short staffed almost every day when care assistants phone in sick at short notice. It is difficult to get cover. Sometimes the medicines are given to patients late."

The nurse in charge confirmed that the medicine round in his unit was 90 minutes late on the day of the inspection. This was discussed with the manager for action as required. This will be reviewed at a future care inspection.

Patients spoken with indicated that the care they received was good and that they felt safe and happy living in Parkview.

Review of one staff recruitment file confirmed staff were recruited in accordance with relevant statutory employment legislation and mandatory requirements. Appropriate pre-employment checks are completed and recruitment processes included the vetting of applicants to ensure they were suitable to work with the patients in the home.

Staff spoken with said they completed a period of induction alongside a mentor and they would actively support new staff during their induction to the home. Review of records confirmed that a comprehensive induction was given to one recently recruited employee. Review of records evidenced the manager had a robust system in place to monitor staffs' registrations with their relevant professional bodies.

Review of records and discussion with staff and the manager confirmed that staff training, supervision and appraisal was well maintained and actively managed. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

We reviewed accidents/incidents records since January 2019 in comparison with the notifications submitted by the home to RQIA. There was evidence that at least three notifications were not submitted in accordance with regulation. This was discussed with the manager who agreed to review the accidents and incidents and submit the outstanding notifications retrospectively. An area for improvement under the regulations was made.

Records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. If required, an action plan was devised to address any identified deficits. This information was also reviewed as part of the monthly monitoring visits.

Observation of practices, discussion with staff and review of records evidenced that infection prevention and control (IPC) measures were generally well adhered to. Most staff were knowledgeable in relation to best practice guidance with regards to hand hygiene and use of personal protective equipment (PPE) and were observed to wash their hands/use alcohol gels and use the correct PPE at appropriate times. We did observe two instances where identified staff did not adhere to IPC best practice guidance. This was discussed with the manager who agreed to arrange formal supervision with the identified staff members. We asked that the manager review current systems regarding segregation of laundry to ensure any risk of cross contamination is minimised. This will be reviewed at a future care inspection. .

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm and well decorated. We observed the laundry door to be open despite having a keypad access to ensure patients could not access this area. There was access to substances hazardous to health with included chemicals. We also observed two cigarette lighters stored in the drawers. This was discussed with the manager and to ensure patient safety an area for improvement under regulation was made.

Most fire exits and corridors were observed to be clear of clutter and obstruction. We observed the fire exit in the laundry to be propped open. This was discussed with the manager who agreed to review this practice. Records evidenced that systems were in place to manage and record fire drills and fire alarm tests within the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, and the home's environment.

Areas for improvement

Two new areas for improvement under the regulations were identified in relation to notification of accidents/incidents and eliminating unnecessary risks to the health and welfare of patients.

	Regulations	Standards
Total numb of areas for improvement	2	0

6.4 Is care effective?

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

Review of five patient care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process. Care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of falls, restrictive practice, skin integrity and records of patient recently admitted to the home. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. However we did identify some deficits regarding elements of care planning and record keeping.

We reviewed care records for a patient recently admitted to home. There were records of assessment of patient need and associated risk assessments. Whilst the care plans were patient centred, the registered nursing staff failed to develop all care plans to guide staff on a daily basis in a timely manner. Some care plans were not completed up to and including 12 days post admission. An area for improvement under the regulations was made.

We reviewed the management of skin integrity. Records for one identified patients confirmed they were at risk of developing pressure damage although the care plan was not in sufficient detail to reflect the assessed needs of the patient. A further record identified a patient as having a skin tear although there was no evidence that the care plan or body map had been updated as required. Review of restrictive practice for one identified patient confirmed that consent for the use of an alarm mat had not been reviewed since June 2018. This was discussed with the manager and an area for improvement under the regulations was made.

It was positive to note that the care record for one patient who had recently experienced an unwitnessed fall evidenced relevant and accurate information concerning the patient's assessed needs in relation to being at risk of falling. The fall was managed in keeping with best practice guidance.

Deficits were identified in review of some care records. We found evidence that some care plans had not been updated to reflect the assessed needs of the patient. In addition some of the daily progress notes were not personalised and patient centred with some containing meaningless statements to evaluate care. The manager must ensure that care records are wholly reflective of care planning directions and completed to demonstrate adherence to the plan as required. An area for improvement was made under the care standards.

Review of supplementary care charts such as food and fluid intake records, behaviour charts and repositioning charts evidenced these were well completed. We did identify some deficits in record keeping with regard to personal care. We asked the manager to review the system currently in use to ensure an accurate record is maintained. Care staff should record when care has been offered but refused and evidence any further attempts that were made for care delivery. This will be reviewed at a future care inspection.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as general practitioners (GPs), dietician, care managers and speech and language therapists (SALT). There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals.

We observed the serving of the mid-morning snacks and midday meal. Patients were assisted to the dining room and staff were observed assisting patients with their meal appropriately. Patients appeared to enjoy the mealtime experience and were offered a choice of meals and drinks. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Discussion with the cook confirmed that planned menu had been adhered to. One staff member was observed modifying fluids for a patient using thickening agent prescribed for another patient. This was discussed with the manager who was reminded that all staff should have appropriate training in the appropriate use, administration and recording of thickening agents. This will be reviewed at a future care inspection.

We observed the plastic cups used by staff to serve tea and coffee in to be heavily stained inside. This was discussed with the staff and brought to the attention of the manager who arranged for them to be disposed of immediately. These were replaced with new ceramic cups.

Review of the dining rooms evidenced no menus were displayed in a suitable format to meet the needs of all the patients. Patient's spoken with were unaware of what meals were planned for that day. This was identified as an area for improvement under the care standards.

We observed a handover meeting. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they would raise these with the manager or the nurse in charge. When we spoke with staff they had a good knowledge of patients' abilities and level of decision making; staff knew how and when to provide comfort to patients because they knew their needs well.

All grades of staff consulted with demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of falls, communication with the multidisciplinary team and staff's knowledge of the patient's needs.

Areas for improvement

Two new areas for improvement under the regulations were identified in relation to developing care plans in a timely manner and reviewing care plans.

Two new areas for improvement under the care standards were identified in relation to patient centred evaluation of care and menus.

	Regulations	Standards
Total number of areas for improvement	2	2

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed in the home evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Some of the patient's comments included:

"A man came in one day and brought us animals. A kestrel landed on my hand. It was lovely."
 "Mr Music man comes in once a month. He entertains everyone. I look forward to him coming."
 "We do a wee arts class and do bingo."
 "We go to church."

Activity boards were displayed in most of the units in the home. The manager confirmed care assistants are allocated in the absence of the activity co-ordinator to lead on activities. However we did not evidence this during the inspection. Review of records confirmed contemporaneous records were kept by the activity co-ordinator of all activities that took place, with the names of the person leading them and the patients who participated. There was no evidence that the programme of activities had been reviewed or reflected the choices of the patients. Activity provision was identified as an area for improvement following the care inspection on 15 January 2019. An area for improvement under the care standards was stated for a second time.

We discussed the activity planners and the need for registered nurses to view activity and meaningful engagement as an integral part of the care process with the manager. We commended the staff that already did this in their daily evaluation and in the quality of some of the activity care plans. The manager agreed to review this with staff and ensure this was integrated in the daily progress records.

The environment in the home had been adapted to promote positive outcomes for the patients. Many of the bedrooms were personalised with possessions that were meaningful to the patients and reflected their life experiences. However, we did observe a number of bedrooms that appeared to be quite sparse. This was discussed with the manager who agreed to discuss this with patients' families with a view to addressing this. This will be reviewed at a future care inspection.

The dining room was attractively set with flowers, napkins and condiments and we saw clocks within the home along with prompts for the date and weather.

We reviewed the compliments file within the home. Some of the comments recorded included:

"Thank you for everything you do and your continuing kindness and care. We really appreciate your efforts."

“For going above and beyond in appreciation and heartfelt thanks to a very special team in Parkview dementia care unit who became family.”

Consultation with nine patients individually, and with others in smaller groups, confirmed they were happy and content living in Three Islands. Some of the patient’s comments included:

- “I love it here. It’s my home.”
- “It’s alright. It can be noisy at night time.”
- “It’s very good. I love watching TV.”
- “I think it is lovely. The girls are very caring and very helpful. I like the food. When it was warm they got us all lollipops.”
- “They treat me well.”
- “It’s alright. Everyone is very good.”

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.

Five relative questionnaires were provided; we had one response within the timescale specified. The respondent was very satisfied with care across all four domains. We spoke with two relatives during the inspection. Some of the comments received included:

- “It is brilliant. We love it. We can’t fault them.”
- “They are very friendly. It is calm. The interaction with our relative is excellent.”

Staff were asked to complete an online survey; we received no responses within the expected timeframe. Six members of staff were spoken with during the inspection. Some of the comments received included the following:

“I like the people I am working with and the staff are helpful. The patients are lovely.”

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. However, the duty rota did not clearly identify the name of the nurse in charge of the home on each shift or contain the first and surname of all staff. It was not signed consistently by the nurse manager or designated representative. This was discussed with the manager and identified as an area for improvement under the care standards.

There was evidence of good management oversight of the day to day working in the home. A number of audits were completed to assure the quality of care and services; areas audited included care records, hand hygiene, infection prevention and control, medications, complaints and accidents and incidents. We reminded the manager to ensure audits generated action plans that highlighted areas for improvement. These in turn should evidence that the deficits identified were actioned as required. This was in particular reference to the infection control audit. We also asked that the care record audit include a focus on the qualitative element of the records as the deficits identified during the inspection had not been identified during the audits completed. This will be reviewed at a future care inspection.

Discussion with the manager and 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. Review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the responsible individual in accordance with the relevant regulations and standards. It was disappointing to note that the deficits in the submission of notifications and care records were not identified as part of the monthly monitoring. This was discussed with the regional manager for the home during a phone call on 3 October 2019 for action as required.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately in line with best practice guidance. Patients spoken with said they would be confident if they raised a complaint that it would be dealt with accordingly. We asked the manager to ensure staff are aware that expressions of dissatisfaction from patients and relatives should be managed as a complaint.

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

Areas of good practice

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

Areas for improvement

One new area for improvement under the care standards was identified in relation to duty rota.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Rosendo Soriano, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 30 (1) (d)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications should be submitted retrospectively with all due haste.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: All relevant notifications have been submitted. The registered Manager will ensure that all notifications are reported as required going forward. Compliance will be monitored by the Regional Manager during the Reg 29 visit to the home.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible, eliminated.</p> <p>This area for improvement is made in reference to control of substances hazardous to health and access to the laundry.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: The laundry is closed at all times and can be accessed using the keypad. No hazardous substances are kept / stored in the laundry. The registered manager/nurse in charge are monitoring the compliance of this during daily walkabout around the home.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that initial care plans are developed for newly admitted patients from day one of admission to guide staff in the immediate delivery of care.</p> <p>The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The risk assessments and care plans are being developed within acceptable frames of admission and reviewed when there is any changes in need and updated as required. Compliance will be monitored by the Regional Manager during the regulation 29 visits to the home.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 16 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure patient care plans are kept under review and accurately reflect the assessed needs of the patient.</p> <p>This area for improvement is made in reference to management of skin integrity and restrictive practices.</p> <p>Ref: 6.4</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 11</p> <p>Stated: Second time</p> <p>To be completed by: 31 October 2019</p>	<p>The registered person shall ensure the programme of activities reflects the preferences and choices of the patients and is evaluated regularly. This shall be displayed in a suitable format throughout the home and a contemporaneous record kept of all activities that take place, with the names of the person leading them and the patients who participate. Arrangements should be made to ensure activities are delivered in the absence of the patient activity leaders.</p> <p>Ref: 6.1 and 6.5</p>
<p>Response by registered person detailing the actions taken: The programme of activities presented reflects the choices and preferences of patients and it is being displayed in the home and accurately recorded and reviewed. Arrangements have been made in the absence of activity leaders to ensure that activities are delivered. Compliance will be monitored through the audit process.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure accurate and contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out in relation to each patient, in accordance with NMC guidelines. Daily records and care plan reviews should be patient centred and meaningful.</p> <p>Ref: 6.4</p>
<p>Response by registered person detailing the actions taken: Accurate and up to date patient nursing records, interventions, procedures, activities in each patient are being recorded in accordance with NMC guidelines. Daily care records and care plan are patient centred. This is being monitored by the registered manager when completing care tracas and addressing any linked actions.</p>	

<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2019</p>	<p>The registered person shall ensure that menus are displayed for patient's information in a suitable format and on a daily basis.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The menus are now being displayed in the dining rooms on a daily basis in a suitable format. Compliance will be monitored via the daily walk around audit and by the Regional Manager during completion of the Reg 29.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2019</p>	<p>The registered person shall ensure that the duty rota clearly identifies the name of the nurse in charge of the home on each shift and include the first and surname of all staff. It must be signed by the nurse manager or designated representative.</p> <p>Ref: 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: The duty rota clearly identifies / highlighted the duty nurse in charge in the home which include full name of all staff and signed by authorised manager / representative. Compliance will be monitored via the Reg 29 audit completed by the Regional Manager.</p>

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



The **Regulation** and
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