Unannounced Care Inspection Report
22 & 23 May 2018

Parkview

Type of Service: Nursing Home (NH)
Address: Glencairn Road, Forthriver Road, Belfast, BT13 3PU
Tel No: 028 90 391393
Inspector: Michael Lavelle

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

1.0 What we look for

2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care **Responsible Individual:** Dr Maureen Claire Royston	**Registered Manager:** See below
Person in charge at the time of inspection: Violet Graham, manager	**Date manager registered:** No application received
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	**Number of registered places:** 71 comprising: 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).

4.0 Inspection summary

An unannounced inspection took place on 22 May 2018 from 09.10 hours to 17.55 hours and 23 May 2018 from 09.40 hours to 14.40 hours.

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

The term ‘patient’ is used to describe those living in Parkview which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to staffing, staff recruitment, risk management, management of accidents and incidents, communication between residents, staff and other key stakeholders, respecting patient choices, quality improvement and equality of opportunity for patients.

Areas requiring improvement were identified in relation to recording of lap belt monitoring charts, staff training, post fall management, infection prevention and control practices, eliminating unnecessary risks to the health and welfare of patients, fluid intake records, management of patient records, communication with patients in a manner that is sensitive and understanding of their needs, increasing audit activity in respect of infection prevention and control and management of complaints.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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	5	*4

The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Violet Graham, 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 23 January 2018

The most recent inspection of the home was an announced premises inspection undertaken on 23 January 2018. There were no further actions required to be taken following the most recent inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with 13 patients, 10 staff, one visiting professionals and three patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey and staff not on duty during the inspection.

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

The following records were examined during the inspection:

- duty rota for all staff from weeks beginning 14 May 2018 and 21 May 2018
- 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
- four patient care records
- a selection of patient care charts including food and fluid intake charts, reposition charts, bowel chats and lap belt monitoring charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as partially met.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 January 2018

The most recent inspection of the home was an announced premises type inspection undertaken on 23 January 2018. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 29 and 30 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 18 **Stated:** First time	The registered person should ensure that patients and/or their representatives are involved in decision making prior to restrictive practices being implemented and where possible, consent is obtained. The registered person should also ensure that relevant care plans are in place which reflect the management of restraint including the application and release of lap belts if necessary.	**Partially met**
	Action taken as confirmed during the inspection: Review of records evidenced patients and/or their representatives are involved in decision making prior to restrictive practices being implemented and where possible, consent was obtained. However, inconsistencies were noted in recording of lap belt monitoring charts. This area for improvement is now stated for a second time.	

6.3 Inspection findings

6.4 Is care safe?

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

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from weeks beginning 14 May 2018 and 21 May 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that on occasions staffing levels were affected by short notice leave. However, they also confirmed that this only happened occasionally and that shifts were "covered." We also sought staff opinion on staffing via the online survey although none were returned within the expected timescale.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Parkview. We also sought the opinion of patients on staffing via questionnaires although none were returned within the expected timescale.

Review of one staff recruitment file evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. 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.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with NISCC. Review of records and discussion with the manager evidenced gaps in the supervision and appraisal planners for staff. The manager confirmed that they are currently working to address these. This will be reviewed at a future care inspection.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2017/18. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients. However, deficits were noted in some staffs infection control knowledge, particularly domestic staff. For example, all domestic staff were unaware of the importance of using a full range of personal protective equipment (PPE) and the potential for transmission of infection. Review of training records evidenced 36% of staff did not have up to date infection control training. In addition, only 59% of staff had completed adult safeguarding training. This was discussed with the manager and identified as an area for improvement under the regulations.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

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

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

Discussion with the manager and review of 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. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Review of records and discussion with the manager and staff evidenced deficits in relation to the post fall management of patients. Review of two care records evidenced that on an occasion when the patients had an unwitnessed falls, neurological observations were not carried out consistently in accordance with best practice. This was discussed with the manager who agreed to review the falls policy used by the home and arrange supervision with registered nurses in relation to the management of falls. An area for improvement under regulation was made.

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, well decorated, fresh smelling and clean throughout. Patients, representatives and staff spoken with were complimentary in respect of the home's environment. We did observe that the paths and garden at the rear of the building had some moss, leaves and debris. This was discussed with the manager who agreed to address this.

Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of staff confirmed that fire safety training was embedded into practice. Discussion with the manager confirmed the fire list for the home was current and up to date.

Significant deficits with regards to the delivery of care in compliance with infection, prevention and control (IPC) best practice standards were noted as follows:

- deficit in the knowledge base of some staff in relation to infection prevention and control practices – particularly the use of appropriate PPE
- staff unaware how to complete environmental cleaning in the absence of domestic staff
- limited hand hygiene observed across all grades of staff
- domestic staff not wearing appropriate PPE
- no availability of PPE in identified parts of the home
- faecal staining observed under toilet roll holders
- faeces noted on a sink and rim of a toilet
- urine staining on the rim of a staff toilet
- a sharps box in the clinical room in the dementia unit was not dated or signed by the staff member who assembled it
- all of the sharps boxes in the home did not have the aperture closed when not in use
- adhesive tape securing an emergency pull chord and a frayed light switch chord in an identified bathroom
- no toilet check system in place
- no evidence of high dusting
- staining noted on a number of raised toilet seats
- staining and rust noted on identified shower chairs – these should be replaced
- inappropriate storage in a number of identified bathrooms including communal items and patient equipment
- no domestic trolley available for the dementia unit
- no waste bins in some bedrooms throughout the home, particularly in the dementia unit
- food transferred uncovered to patients preferred dining area

- shelving in an identified cupboard dusty and cluttered
- broken toilet seat and unsecure toilet in room 46 – this should be replaced
- scuffed beside table in room 54 – this should be replaced

These shortfalls were discussed with the manager who provided the inspector with assurances that these deficits would be addressed immediately. An action plan was forwarded to us post inspection. An area for improvement under regulation was made in order to drive improvement relating to IPC practices.

During review of the environment two clinical room doors and a domestic store were observed to be open. In addition, a domestic trolley was observed to be unattended. The potentially serious risk this posed to patients was highlighted to the nurse in charge who immediately arranged for the doors to be locked and trolley secured. This was also discussed with the manager and identified as a risk to patients within the home. An area for improvement under regulation was made.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and lap belts. There was also evidence of consultation with relevant persons. Care plans were in place for the management of bedrails and lap belts.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the last care inspection confirmed that these were appropriately managed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, risk management and management of accidents and incidents.

Areas for improvement

Four areas for improvement under regulation were identified in relation to staff training, post fall management, infection prevention and control practices and eliminating unnecessary risks to the health and welfare of patients.

	Regulations	Standards
Total number of areas for improvement	4	0

6.5 Is care effective?

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

Review of four patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. However, during a review of the Cambridge unit it was noted that 10 of the 14 patients were in their bedroom in the afternoon; with seven of them in bed. Discussion with staff evidenced this was the patients preference however this was not care planned for. This was discussed with the manager who agreed to ensure care plans are in place for afternoon bedrest.

We reviewed the management of nutrition, patients' weight, management of infections and wound care. 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.

Review of supplementary care charts fluid intake records evidenced that contemporaneous records were not maintained. The records evidenced gaps in recording the total fluid intake in 24 hours. This was discussed with the manager and an area for improvement under the standards was made.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), speech and language therapists (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

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

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Review of records evidenced that since the manager has taken up post in April 2018 a number of staff meeting has taken place. However, staff meetings were not held on a quarterly basis. This was discussed with the manager who confirmed they were planning staff meetings for the next year. This will be reviewed at a future care inspection.

During review of the environment the door to the nurses' office which contained patient records was observed to be open. This was discussed with the nurse in charge of the unit who confirmed it should be closed. This was discussed with the manager during feedback and as the records were not secured an area for improvement was made under the care standards.

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.

The manager advised that patient and/or relatives meetings were held on an annual basis although review of records evidenced no meeting had been held since the last care inspection. The manager confirmed a meeting was planned for June 2018.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

We discussed the annual quality report. The manager confirmed that they were relatively new to the home and were unaware what arrangements had been made to prepare this. The manager should liaise with the regional manager to ensure an annual report is written. This will be reviewed at a future care inspection.

There was information available to staff, patients, representatives in relation to advocacy services.

Areas of good practice

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

Areas for improvement

Two areas for improvement under the standards were identified in relation to fluid intake records and management of patient records.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

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

We arrived in the home at 09.10 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a late breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

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 evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. However, discussion with the patient activity lead confirmed that work was ongoing to review the activity programme. Discussion with the manager confirmed that the provision of activities had been highlighted at a recent monthly monitoring visit and they are currently working at developing an activities programme. The manager should review activity provision in accordance with DHSSPS Care Standards for Nursing Homes 2015. This will be reviewed at a future care inspection.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the midday meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. 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. However, concerns were raised following the observation of the midday meal. A registered nurse and care assistant both failed to communicate with a patient in such a way that was sensitive to their needs. This was fed back to the registered nurse and the manager. In order to ensure staff adopt a more person centred care approach and communicate with patients in a manner that is sensitive and understanding of their needs, an area for improvement was made under the care standards.

Cards and letters of compliment and thanks were displayed in the home Some of the comments recorded included:

"Thank you for all your care and support through all the years."
"Our sincere thanks for all the care you gave our relatives during their time in Parkview."

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with 13 patients individually, and with others in smaller groups, confirmed that living in Parkview was viewed as a positive experience. Some comments received included the following:

"I love it here."
"I have been here 10 years. I think the place is better now. There is new carpet and curtains. They done it to make it nice. It's a good place."
"It's alright. They take good care of me. There is food that they give you I have never eaten. I'm not fussed on it and I don't like to say to them."

Two patients commented negatively stating they did not feel involved in their care. They said,

"I feel isolated. Carol is very good. She gives me things to colour in but I don't feel listened to."
"I've no complaints. I have been here three years. The food isn't great; dinner is too close to lunch."

This was discussed with the manager who agreed to speak to the patients.

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.

Ten relative questionnaires were provided; none were returned within the expected timescale. Five relatives were consulted during the inspection. Three relatives were consulted during the inspection. Some of the comments received were as follows:

"The care is very good. If anything goes wrong they get it fixed."
"I don't think there is enough staff at night. People phone in sick and you could be waiting up to 40 minutes to get a nurse or carer. It happens regularly at night"

Staff were asked to complete an on line survey, we had no responses within the timescale specified. Ten staff and one visiting professional were consulted during the inspection. Some of the comments received were as follows:

"Excellent training for dementia care and I enjoy it. Good teamwork in this unit."

"I feel valued. I am happy here."
"Good communication with the team in this home."
"Very good support. You are not alone."

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered 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 respecting patient choices and personalising bedrooms.

Areas for improvement

An area for improvement under the standards was identified in relation to communication with patients in a manner that is sensitive and understanding of their needs.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

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

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

Since the last inspection there has been a change in management arrangements. RQIA were notified appropriately. An application for registration with RQIA has not been received and the need to register was discussed with the manager. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. However, it did not clearly state the first and surname of all staff employed in the home and was not signed by the manager/designated person. This was discussed with the manager who agreed to amend the rota to reflect these requirements. This will be reviewed during a future care inspection.

Discussion with staff, patients and representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure 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. However, discussion with one relative and review of the complaints records evidenced that a complaint made by them had not been recorded and dealt with appropriately. In addition, although complaints were recorded and records retained, there was no evidence that complaints were viewed as a learning experience. This was discussed with the manager who agreed to include complaints as a standing item on the agenda for staff meetings. An area for improvement under the care standards was made.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records, medicines and complaints. In addition robust measures were also in place to provide the manager with an overview of the management of infections and wounds in the home. However, there was no evidence of a recent infection control audit. This was discussed with the manager and due to the significant deficits identified with IPC an area for improvement was made under regulation.

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

Discussion with 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.

Discussion with staff confirmed that occasionally when there are staff shortages working relationships would be strained. However, staff confirmed that this did not impact on patient care stating management were supportive and responsive to any suggestions or concerns raised. This was discussed with the manager who agreed to meet with the staff post inspection to ensure good working relationships are maintained.

Discussion with the manager and a review of records evidenced that an up to date fire risk assessment was in place.

The manager confirmed that there was an available legionella risk assessment which had been conducted within the last two years. The registered manager was reminded of the usefulness of periodically reviewing this no less than two yearly in keeping with best practice guidance.

The manager further confirmed that all hoists and slings within the home had been examined in adherence with the Lifting Operations and Lifting Equipment Regulations (LOLER) within the last six months.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to quality improvement and equality of opportunity for patients.

Areas for improvement

An area for improvement under regulation was identified in relation to increasing audit activity in respect of infection prevention and control.

An area for improvement under the standards was identified in relation to management of complaints.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Violet Graham, 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

Area for improvement 1 **Ref**: Regulation 20 (1) (c) (i) **Stated:** First time **To be completed by:** 1 July 2018	The registered person shall ensure all employees receive training appropriate to the work they are to perform. This area for improvement is made in reference to infection prevention and control and adult safeguarding training. Ref: 6.4
	Response by registered person detailing the actions taken: Face to Face Safeguarding training was held in the Home on 5th and 6th July 2018.Further dates have been arranged for staff to attend.Face to face Infection Control training was held in the Home on 17th and 18th July 2018,again further dates have been arranged to ensure all staff in the Home attend the training.Regional Manager will follow up in the regulation 29 visit in August that staff have completed their Soar e-learning and have attended the face to face training.
Area for improvement 2 **Ref:** Regulation 13 (1) (a) (b) **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record. Ref: 6.4
	Response by registered person detailing the actions taken: FSHC Falls Policy and Procedure was reissued to all trained staff in the Home on 9th July 2018.Covering Home Manager and Regional Manager are checking following a patient falling that appropriate action is being taken by trained staff.
Area for improvement 3 **Ref**: Regulation 13 (7) **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff. This area for improvement is made in reference to the issues highlighted in section 6.4. Ref: 6.4
	Response by registered person detailing the actions taken: The issues highlighted in section 6.4 are being monitored during daily walkabouts around the Home.Any issues are recorded in the report and appropriate action taken.

Area for improvement 4 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** With immediate effect	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. This area for improvement is made in reference to locking treatment rooms, domestic stores and supervision of domestic trolleys. Ref: 6.4
	Response by registered person detailing the actions taken: This is being monitored closely during daily walkabout around the Home.Any issues noted are recorded and addressed.
Area for improvement 5 **Ref:** Regulation 17 (1) **Stated:** First time **To be completed by:** 1 July 2018	The registered person shall ensure systems are in place to monitor and report on the quality of nursing and other services provided. Monthly audits should be completed in accordance with best practice guidance. Any shortfalls identified should generate and action plan to ensure the necessary improvements can be embedded into practice. This area for improvement is made in relation to infection prevention and control. Ref: 6.7
	Response by registered person detailing the actions taken: Covering Home Manager and Regional Manager met with each Unit Manager on 17.07.18 and reviewed care documentation.All care files are currently being reviewed and updated by trained staff.Further audits will be carried out to ensure any identifed actions are being addressed.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 18 **Stated:** Second time **To be completed by:** Immediate action required	The registered person should ensure that patients and/or their representatives are involved in decision making prior to restrictive practices being implemented and where possible, consent is obtained. The registered person should also ensure that relevant care plans are in place which reflects the management of restraint including the application and release of lap belts if necessary. Ref: 6.2
	Response by registered person detailing the actions taken: Covering Home Manager and Regional Manager have carried out a review of restrictive practices in the Home.Care plans have been reviewed and updated to reflect management of restraint.

Area for improvement 2 **Ref**: Standard 4.9 **Stated:** First time **To be completed by:** Immediate action required	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. Ref: 6.5
	Response by registered person detailing the actions taken: Covering Home Manager and Regional Manager carried out a full review of all supplementary care records on 16th July 2018.Daily intake/output records are being recorded and attached on the 24 hour shift report for review by the Covering Manager to ensure that any action required is being addressed.
Area for improvement 3 **Ref**: Standard 37 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure patient records are stored securely within the home. Ref: 6.5
	Response by registered person detailing the actions taken: Patient records are currently being stored securely in the Home.This is being monitored during the daily walkabout around the Home.
Area for improvement 4 **Ref**: Standard 19 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure that staff adopt a person centred care approach, and communicate with patients in a manner that was sensitive and understanding of their needs. Ref: 6.6
	Response by registered person detailing the actions taken: This was discussed with all staff at a full staff meeting held on 4th July 2018.This is being monitored by the Covering Manager,Regional Manager and members of the Resident Experience Team who are also carrying out unannounced visits.

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

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