Kingsway
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Dunmurry
Belfast
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Unannounced Care Inspection
of
Kingsway

5 October 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 5 October 2015 from 10.10 to 17.35 hours.

The inspection sought to assess progress with the issues raised during and since the previous inspection.

On the day of the inspection, concerns and areas of improvement were identified and are required to be addressed to ensure that care in the home is safe, effective and compassionate. These areas are set out in the Quality Improvement Plan (QIP) within this report. Refer also to section 1.2 below.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Following the last care inspection on 16 April 2015 a number of issues were identified in relation to staffing, completion of daily charts, the management of complaints and the management of restrictive practices. An urgent actions letter was issued on the day of inspection and the registered provider attended a meeting at RQIA on 29 April 2015 to discuss these concerns. An action plan was presented following the meeting and it was agreed that a follow up inspection would be carried out to assess compliance with the legislative requirements and care standards.

1.2 Actions/Enforcement Resulting from this Inspection

As a result of the inspection, RQIA were concerned that the quality of care and service within Kingsway was below the minimum standard expected. Following the inspection the findings were discussed with senior management in RQIA and further enforcement action was considered. On review of the inspection findings it was acknowledged that some progress had been made to address the concerns raised at the last inspection. It was also acknowledged that the recent changes to the management of the home had further impeded efforts to embed the improvements in to practice and that the home had only recently secured the services of an experienced acting manager. Options were considered and a decision was made to allow the registered person a limited period of time to improve. A follow up inspection will be carried out to assess the level of compliance with the legislative requirements and care standards. This was communicated to the regional manager on the day following the inspection and it was made clear that continued failure to meet the required standard may result in further enforcement action.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	**9**	**8**

The details of the Quality Improvement Plan (QIP) within this report were discussed with the acting manager, Mrs Maria Gillespie as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Care Circle Limited	**Registered Manager:** See below
Person in Charge of the Home at the Time of Inspection: Mrs Maria Gillespie	**Date Manager Registered:** Mrs Maria Gillespie – temporary acting manager
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI	**Number of Registered Places:** 69
Number of Patients Accommodated on Day of Inspection: 56	**Weekly Tariff at Time of Inspection:** £593 - £884

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

4. Methods/Process

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

- discussion with the acting manager
- discussion with the regional manager
- discussion with patients
- discussion with staff
- observation during an inspection of the premises
- review of care records
- evaluation and feedback.

The inspector met with eight patients individually and with the majority of others in groups, three care staff, two registered nurses staff and four patient's visitors/representatives.

Prior to inspection the following records were analysed:

- notifiable events submitted since the last care inspection
- the registration status of the home
- written and verbal communication received since the last inspection
- the returned quality improvement plan from the last care inspection
- the previous care inspection report
- the action plan submitted following the last inspection.

The following records were examined during the inspection:

- staff duty rotas
- complaints records
- four care records and a selection of daily charts
- records of staff meetings
- monthly quality monitoring reports
- a selection of care audits
- incident and accident records
- a selection of policies and procedures
- the restraint register.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection on16 April 2015. The completed QIP was returned and approved by the nursing inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Quality Improvement Plan		
Last Care Inspection Statutory Requirements		**Validation of compliance**
Requirement 1 **Ref**: Regulation 14 (2) (c) **Stated:** Second time **To be Completed by:** 16 July 2015	It is required that at the time of each patient's admission to the home, the following information should be completed on the day of admission to the home. • a validated nursing assessment such as Roper, Logan and Tierney • a validated bedrail assessment • a validated pressure risk assessment such as Braden Pressure Ulcer risk • a validated nutritional risk assessment such as MUST • a validated falls risk assessment • a validated safe moving and handling assessment • an assessment of the patient's skin integrity or body map assessment record.	**Met**
	Action taken as confirmed during the inspection: A review of the care records evidenced that the risk assessments had been completed as required.	

Requirement 2 **Ref:** Regulation 13 (1) (b) **Stated:** Second time **To be Completed by:** 16 July 2015	It is required that the registered person shall ensure that the nursing home is conducted so as to make proper provision for the nursing and where appropriate, treatment and supervision of patients. Wound care must be delivered as prescribed and records maintained to evidence delivery. **Action taken as confirmed during the inspection**: A review of care records could not evidence that wound care was being delivered as prescribed. A review of open wound charts found that wounds were not being dressed with the prescribed frequency. There were no care plans in place to direct the care and management of wounds. This requirement has not been met. Given that this requirement is being stated for a third time, enforcement action was considered in discussion with the Head of Nursing, Pharmacy and Independent Healthcare Regulation. It was concluded that enforcement action would not be taken at present. This requirement has been stated for a third and final time.	**Not Met**
Requirement 3 **Ref:** Regulation 19 (1) (a) Schedule 3, 2 (k) **Stated:** Second time **To be Completed by:** 16 July 2015	The registered person must maintain contemporaneous notes of all nursing provided to the patient. Repositioning charts and daily fluid charts must be accurately maintained to evidence care delivered. **Action taken as confirmed during the inspection**: A number of fluid balance and repositioning charts were reviewed. Although there was some improvement noted to the format of the documentation the records were found to be inconsistently completed. There were long gaps noted between repositioning particularly between day and night shifts and between the morning and late afternoon periods. Fluid intake was also inconsistently recorded, with long gaps between entries and in some instances they were incorrectly totalled. This requirement has not been met. Given that this requirement is being stated for a third time, enforcement action was considered in discussion with the Head of Nursing, Pharmacy and Independent Healthcare Regulation. It was concluded that enforcement action would not be taken at present.	**Not Met**

	This requirement has been stated for a third and final time.	
Requirement 4 **Ref:** Regulation 20 (1) (a) (b) **Stated:** First time **To be Completed by:** 16 July 2015	The registered persons must review staffing to ensure that suitably qualified, competent and experienced person are working at the nursing home in such numbers as are appropriate for the health and welfare of patients. The registered persons must also ensure that the employment of any persons on a temporary basis will not prevent patients from receiving such continuity of nursing as is reasonable to meet their needs.	**Not Met**
	Action taken as confirmed during the inspection: In discussion, patients and staff commented on the high turnover of staff and the continued use of agency staff. Since the last inspection a number of experienced staff had left and this was confirmed in discussion with the manager. There are ongoing issues with the recruitment of registered nurses but the acting manager stated that they hope to employ three registered nurses in the next few weeks. The normal staffing ratio, as confirmed by the manager, in the main nursing unit was three registered nurses and eight care assistants. An examination of the duty rotas found that staffing levels fell below this level on a number of occasions. In addition to the care assistants the home employs hospitality staff. Observation of the lunch time meal and discussion with staff evidenced that the roles and responsibilities of the hospitality staff was unclear. Refer to section 5.3.5 for further information. It was observed that nursing staff were not effectively leading and directing care to patients. Care staff were observed to be poorly directed by nursing staff at mealtimes. Wound dressings were observed to be in a poor condition and documentation was not being appropriately completed. RQIA were not fully assured that the needs of patients were being appropriately and consistently met. This requirement has not been met and has been stated for a second time.	

Requirement 5 **Ref:** Regulation 14 (5) & (6) **Stated:** First time **To be Completed by:** 16 July 2015	The registered persons must review the use of lap belts and tilted chairs for individual patients to ensure this is the only practicable means of securing the patients welfare. In addition the circumstances/ decision making process for the use of restraint and the type of restraint used must be recorded including the nature of the restraint. **Action taken as confirmed during the inspection**: Care practices were observed at the inspection and no lap belts were found to be in use. Two patients were observed to be using tilting chairs. Care records were reviewed in relation to forms of restrictive practice and the risk assessments were inconsistently completed and consent/discussion forms had not been completed with the patient and/or next of kin. The restrictive practice register was examined and this had not been updated since July 2015. This requirement has been partially met and has been stated for the second time.	**Partially Met**
Requirement 6 **Ref:** Regulation 24 (1) (2) (3) & (4) **Stated:** First time **To be Completed by:** 16 July 2015	The registered persons must have robust procedures in place for the management of complaints. **Action taken as confirmed during the inspection:** A complaints book was in use in the home and a significant number had been recorded. These were mainly in relation to care practices, standards of personal care and staffing. However, the complaints were not recorded in sufficient detail to enable the reader to ascertain the nature of the complaint or who was documenting the complaint. There was no evidence that complaints had been investigated. There was no statement regarding the outcome of the complaint or the level of satisfaction of the complainant. The policy on complaints management was reviewed and it was evident that staff were not acting in accordance with their own policy in this regard. The quality improvement plan returned following the last inspection stated that a monthly audit of complaints would be completed but there was no evidence presented to support this. This requirement has been partially met and has been stated for the second time.	**Partially Met**

	In addition, a separate recommendation is made that the acting manager urgently reviews the complaints record and ensures that complaints have been effectively addressed. This must be confirmed with the return of the QIP.	

Last Care Inspection Recommendations		**Validation of compliance**
Carried forward from last inspection **Ref:** Standard 25.13 **Stated:** First time	A summative report of the home's patient satisfaction consultation process and learning outcomes should be developed and made available to patients and their representatives.	**Not Met**
	Action taken as confirmed during the inspection: There was evidence within the monthly quality monitoring reports that patient satisfaction surveys had been given out. However, there was no evidence that issues raised in the questionnaires had been appropriately addressed and no report had been produced of the outcomes of this consultation. This recommendation has not been met and has been stated for the second time.	
Carried forward from last inspection **Ref:** Standard 11.7 **Stated:** Second time	The registered nurse's competency and capability assessment should include pressure ulcer/wound care management and be reviewed annually by the registered manager.	**Not Met**
	Action taken as confirmed during the inspection: A recently completed competency and capability assessment for one registered nurse was reviewed and this did not include pressure ulcer or wound care. This was disappointing given the improvements required in wound care delivery and documentation. This recommendation has not been met and has been stated for the third and final time.	
Recommendation 1 **Ref:** Standard 5.2 **Stated:** Third **To be Completed by:** 16 July 2015	The registered manager should ensure the evidence based Bristol Stool chart is consistently referred to and recorded in the assessment and care planning care records for each patient.	**Met**
	Action taken as confirmed during the inspection: The Bristol stool chart was consistently referred to in the assessment and care planning records reviewed.	

Recommendation 2 **Ref:** Standard 5.6 **Stated:** Second time **To be Completed by:** 16 July 2015	It is recommended that bowel function, reflective of the British Stool Chart is recorded on admission as a baseline measurement and thereafter in patients' daily progress records. **Action taken as confirmed during the inspection**: The Bristol stool chart was used to record bowel function on admission to the home in the records reviewed.	**Met**
Recommendation 3 **Ref:** Standard 5.6 **Stated:** Second time **To be Completed by:** 16 July 2015	It is recommended that all drinks offered are recorded as either consumed or refused. **Action taken as confirmed during the inspection**: A review of fluid balance charts could not evidence that drinks had been offered or refused. This recommendation has not been met and has been stated for a third and final time.	**Not Met**
Recommendation 4 **Ref**: Standard 4.8 **Stated:** First time **To be Completed by:** 16 May 2015	It is recommended that additional guidelines relating to the management of continence/incontinence are made available to staff; for example: • RCN continence care guidelines • British Geriatrics Society Continence Care in Residential and Nursing Homes • NICE guidelines on the management of urinary incontinence. **Action taken as confirmed during the inspection**: Continence guidelines were available for staff to reference.	**Met**
Recommendation 5 **Ref:** Standard 21.6 **Stated:** First time **To be Completed by:** 16 July 2015	Continence assessments should be completed at the time of admission to the home for each patient. **Action taken as confirmed during the inspection**: A review of care records confirmed that continence assessments had been completed.	**Met**

5.3 Areas Examined

5.3.1. Comments of patients, patient representatives and staff

Comments of patients

Those patients we spoke with stated that they generally found the staff to be kind and hard-working. However, they did not always know the staff looking after them as some were agency staff and patients were of the opinion that there were not enough staff. They also commented that there had been a recent loss of experienced care staff. Two patients commented that they felt they had to "watch" the nursing staff to ensure that care was provided and to avoid medication errors. One patient in the main nursing unit complained about the quality of the food provided and the lack of variety at mealtimes.

Comments of patients' representatives

We also met with the representatives of four patients. They commented positively about the kindness of the care staff in the home. One relative stated that the staff always kept her informed about their loved one's condition. Specific concerns raised by one relative in relation to the condition of a wheelchair were relayed to the acting manager. Please also refer to section 5.3.4 for further information on the condition of equipment.

Comments of Staff

From discussion with staff it was evident that morale in the home was generally low. Staff complained about a lack of support from their manager and their inability to secure annual leave. Domestic staff in particular commented that they were often working with reduced staff and were finding it difficult to carry out deep cleaning duties in the home. One care assistant commented that they had found it difficult when they first commenced employment but that some new staff had started and they were less reliant on agency staff. Please refer to section 5.2 for further information on staffing issues.

5.3.2. Management arrangements

Since the last inspection on 16 April 2015 the registered manager had resigned and an acting manager had taken up post. The acting manager retired in August 2015 and a further acting manager, Mrs Maria Gillespie, was appointed on 7 September 2015. Mrs Gillespie's appointment is temporary until the appointment of a permanent manager who is expected to take up post by late December 2015.

During discussions with the acting manager it was evident that she was not fully conversant with the last quality improvement plan and was unaware that the registered person had met with RQIA in April 2015 to discuss serious concerns. This is of concern as RQIA would expect management to be fully aware of regulatory matters to enable then to address these. Furthermore, the hours of the acting manager were not on the duty rota. A recommendation is made in this regard.

The lack of management stability was concerning to RQIA, especially given the findings from the previous inspection.

However assurances were provided by the regional manager that a new manager has now been appointed for the home with an interim manager in place until the new manager commences in post. Given these assurances RQIA have decided to give a further period to allow the required improvements to be made.

5.3.3. Infection Prevention and Control

Observation of the environment and care practices identified concerns regarding infection prevention and control practices in the home. For example, items of soft furnishings were found in the bathrooms, soiled laundry was found on the bedroom floors, staff were not wearing personal protective equipment when handling soiled laundry, tubs of cream were being shared between patients and toothbrushes were found to be in need of cleaning. A malodour was also evident in one patients' bedroom. No infection prevention and control audits were being carried out. A recommendation is made that there is an established system put in place to assure compliance with best practice in infection prevention and control.

5.3.4. Condition of Equipment

It was noted that specialised seating in the home was very worn and torn. These cannot be effectively cleaned in accordance with best practice in infection prevention and control. In addition, wheelchairs were noted to have foot rests which did not belong to the original wheelchair and were ill-fitting or mismatched. A review of incident records and care records found that an ill-fitting wheelchair leg rest was found to have been responsible for a leg injury sustained by a patient. A requirement has been made.

5.3.5. Mealtime Experience

The lunch time meal was observed in the main nursing unit and in "the extension". There were a number of issues identified with the mealtime experience of patients in the main nursing unit in particular. There were a number of care assistants and hospitality staff available to assist with the meal but patients were observed to be waiting for lengthy periods for assistance and encouragement. It was unclear from observation and discussion with staff, the roles and responsibilities of the hospitality staff and what, if anything, differentiated their role from that of the care staff. A recommendation has been made that hospitality staff receive support and supervision to clarify their roles and responsibilities to promote the delivery of quality care and services.

There was also a lack of attention to patients' dignity by ensuring they were assisted to keep clean during and after their meal. Patients had been provided with clothing protectors but no specialist nutritional aids were in evidence which would have maximised some patients' independence with eating and drinking.

Meals were observed being taken to patients' rooms uncovered which may result in their meal being cold. There was no menu on display and neither the patients nor the nursing staff knew what the meal choices were. The presentation of the puree meals requires improvement to ensure that these are as attractive and appetising as possible.

A recommendation has been made that the registered person review the mealtime experience of patients to ensure that patients' nutritional needs are being met in line with current best practice guidance.

5.3.6. Fire Safety

Fire doors were found to be wedged open using various methods. This was brought to the attention of staff and the acting manager and immediate action was taken to address this. This practice is not in accordance with the fire regulations and a requirement has been made.

5.3.7. Medicines management

Medicines trolleys were observed to be left with the keys still in the lock and with medications left unattended on the top of the trolleys. This presented a potential risk to the health and welfare of patients. In addition, medicines were being left with patients without ensuring that the medication had actually been taken. This was brought to the attention of the nursing staff and the acting manager. A requirement has been made.

5.3.8. Continence management

It was noted that incontinence sheets were in use on patients' beds and chairs. This is not in accordance with best practice in continence management. This was discussed with the acting manager and regional manager who agreed that this practice would cease immediately. This will continue to be monitored as part of ongoing inspection activity.

5.3.9. Pain management

A review of one patient's care record found that there were no regular pain assessments being completed despite the use of enhanced measures being in place to manage their pain. In addition there was no care plan in place to address their complex needs in this regard. This was fed back to the nurse in charge and the regional manager who agreed to ensure that the care records were updated urgently. A requirement has been made.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Maria Gillespie, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to the Nursing.Team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that any requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements	
Requirement 1 **Ref:** Regulation 13 (1) (b) **Stated:** Third and final time **To be Completed by:** 5 November 2015	It is required that the registered person shall ensure that the nursing home is conducted so as to make proper provision for the nursing and where appropriate, treatment and supervision of patients. Wound care must be delivered as prescribed and records maintained to evidence delivery. **Ref: Section 5.2**
	Response by Registered Person(s) Detailing the Actions Taken: Staff meeting took place with the nursing and care team to highlight the areas required for improvement. The company will be appointing an internal tissue viability link nurse to coordinate and support the manager with areas in regard to wound care. Additional training will be made available for this nurse. Training has been sourced for all nursing staff to attend training in regard to wound care management.- This is to be arranged with HSC Senior TVN. We are seeking to introduce new pain assessment tools into the home. Oversight of wound care has been implemented by Home Manager from date of inspection. Home Manager will begin a tissue viability round in the Home with associated documentation from Tuesday 24th November 2015. The company has sourced additional resources from sister homes to provide a review of all wound care documentation to date. This was carried out Thursday and Friday 19th and 20th November. The company has ordered new documentation in relation to nutritional screening that will support good wound management. This order has been received in the Home.
Requirement 2 **Ref:** Regulation 19 (1) (a) Schedule 3, 2 (k) **Stated:** Third and final time **To be Completed by:** 5 November 2015	The registered person must maintain contemporaneous notes of all nursing provided to the patient. Repositioning charts and daily fluid charts must be accurately maintained to evidence care delivered. **Ref: Section 5.2**
	Response by Registered Person(s) Detailing the Actions Taken: 2 care staff meetings were conducted with staff to highlight this area to them. Other care staff are receiving supervisions in regard to documentation. The home is now conducting two "safety briefings" between the nurse in charge and the care staff before 12 midday and 4 pm to discuss repositioning needs of residents and fluid intake. 24 hour intake is reported from night duty staff to day duty staff to

	highlight residents with lower intake in previous 24 hours for prioritisation of fluid management. These daily care areas are being monitored by the Home Manager.
Requirement 3 **Ref:** Regulation 20 (1) (a) (b) **Stated:** Second time **To be Completed by:** 5 November 2015	The registered persons must review staffing to ensure that suitably qualified, competent and experienced person are working at the nursing home in such numbers as are appropriate for the health and welfare of patients. The registered persons must also ensure that the employment of any persons on a temporary basis will not prevent patients from receiving such continuity of nursing as is reasonable to meet their needs. **Ref: Section 5.2**
	Response by Registered Person(s) Detailing the Actions Taken: The Home has secured new pre-regsitered staff nurses and they will be arriving in Belfast w/c 16/11/15. All avenues are being explored for recruitment of registered nursing and care staff. The deployment of staff within the home is being facilitated by the company training facilitator to ensure that appropriate skill mix of staff is maintained. 10 new care staff have been appointed and are working through their induction. The home has an induction checklist for use with agency staff nurses and the home ensures that care staff employed from agencies are supported by regular staff with knowledge of resident needs.
Requirement 4 **Ref:** Regulation 14 (5) & (6) **Stated:** Second time **To be Completed by:** 5 November 2015	The registered persons must review the use of lap belts and tilted chairs for individual patients to ensure this is the only practicable means of securing the patients welfare. In addition the circumstances/ decision making process for the use of restraint and the type of restraint used must be recorded including the nature of the restraint. **Ref: Section 5.2**
	Response by Registered Person(s) Detailing the Actions Taken: Two residents remain in the home with the assessed nursing need to be supported in tilting chairs with lapstraps. For these residents there is a consultation document with NOK, a care plan in place and the Home is seeking MDT involvement for the use of these devices. The home has a restraint register which is maintained by the Home Manager and is now up to date. Those residents who wear lapbelts have a "release schdeule" which is to be completed by care staff who monitor when the strap is applied and released.
Requirement 5 **Ref:** Regulation 24 (1) (2) (3) & (4)	The registered persons must have robust procedures in place for the management of complaints. **Ref: Section 5.2**

Stated: Second time **To be Completed by:** 5 November 2015	**Response by Registered Person(s) Detailing the Actions Taken:** All complaints recorded since May 2015 have been revisited and reviewed by the Home Manager and addressed appropriately. There is a new policy in place with associated documentation.
Requirement 6 **Ref:** Regulation 27 (c) **Stated:** First time **To be Completed by:** 5 November 2015	The registered person must ensure that equipment provided at the nursing home for use by patients is in good working order, properly maintained in accordance with the manufacturer's guidance, and suitable for the purpose for which it is to be used. **Ref: Section 5.3.4**
	Response by Registered Person(s) Detailing the Actions Taken: The maintenance staff immediately reviewed all wheelchairs and labelled them for clear identification. Maintenance checks will take place on 1/3 chairs in the home on a rolling monthly basis with all chairs checked each 3 months. Any chairs not fit for purpose will be removed. The Home engages external contractors to perform the annual check on all wheelchairs.
Requirement 7 **Ref:** Regulation 27 (4) (b) & (d) (v) **Stated:** First time **To be Completed by:** Urgently from date of inspection	The registered person must ensure that adequate precautions against the risk of fire are in place and that robust systems are in place to review the adherence to these precautions. **Ref: Section 5.3.6**
	Response by Registered Person(s) Detailing the Actions Taken: Door wedges have been removed from use in the Home, however the home continues to try and engage with residents and their families to discourage the holding open of doors with chairs or furniture. Care staff have been instructed that doors must not be wedged open. An immediate supply of automatic door closures was accessed for installation on the rooms of wheelchair users and mobile residents. An additional 14 door closures have been purchased and will be installed in rooms were residents prefer to have the door open during day or night. Update training for fire is booked for staff in November/Deecember 2015. Weekly fire drills take place in the building.
Requirement 8 **Ref:** Regulation 13 (4) (a); (5) (a) **Stated:** Second time **To be Completed by:** Urgently from date of inspection	The registered person must ensure that robust systems are in place and enforced to ensure that medicine is securely stored at all times and in such a way that others are prevented from using it. **Ref: Section 5.3.7**
	Response by Registered Person(s) Detailing the Actions Taken: Nursing staff were addressed at 2 staff meetings and one of the areas for action was the secure storage of medication in the home. All agency staff are reminded of their responsibiliies in this regard.

Requirement 9 **Ref:** Regulation 16 (1); 16 (2) (b) **Stated:** First time **To be Completed by:** 5 November 2015	In relation to pain management the registered person shall ensure that a written nursing plan is prepared by a nurse in consultation with the patient or patient's representative as to how the patient's needs in respect of his health and welfare are to be met. The patient's plan must be kept under review. **Ref: 5.3.9**
	Response by Registered Person(s) Detailing the Actions Taken: The referenced resident was to have pain assessment updated by the clinical lead nurse. All residents with assessed needs for pain relief will have appropriate care plans put in place and kept under review.

Recommendations	
Recommendation 1 **Ref**: Standard 25.13 **Stated:** Second time **To be Completed by:** 27 November 2015	A summative report of the home's patient satisfaction consultation process and learning outcomes should be developed and made available to patients and their representatives. **Ref: Section 5.2**
	Response by Registered Person(s) Detailing the Actions Taken: The Home has moved quickly to engage with relatives of residents in the home at two relatives meetings. The action plans for these are to be completed and posted in the home. The resident/relative questionnaire has been redesigned to enusre thoroughness with ease of completion and the outcome of this will be made available for all residents and relatives as well as actions planned.
Recommendation 2 **Ref**: Standard 11.7 **Stated:** Third and final time **To be Completed by:** 16 November 2015	The registered nurse's competency and capability assessment should include pressure ulcer/wound care management and be reviewed annually by the registered manager. **Ref: Section 5.2**
	Response by Registered Person(s) Detailing the Actions Taken: The Business Support Manager undertook 2 days meeting with staff for nurse in charge competencies. This along with competencies undertaken by the clincial lead nurses totals 6 and these include the assessment, planning and implementation of wound care. In addition there is training planned for Tissue Viability Care by an external Senior TVN.
Recommendation 3 **Ref**: Standard 5.6 **Stated:** Third and final time	It is recommended that all drinks offered are recorded as either consumed or refused. **Ref: Section 5.2**
	Response by Registered Person(s) Detailing the Actions Taken:

To be Completed by: 5 November 2015	Care staff have been reminded at the staff meetings of the importance of recording fluids accurately and this is checked at the safety briefings twice daily.
Recommendation 4 **Ref**: Standard 41 **Stated:** First time **To be Completed by:** 12 October 2015	The rota should clearly identify the hours worked by the manager and the capacity in which the manager is working. **Ref: Section 5.3.2**
	Response by Registered Person(s) Detailing the Actions Taken: The Registered Manager has included her hours on the Home's off duty.

Recommendation 5 **Ref**: Standard 46, criterion 2 **Stated:** First time **To be Completed by:** 5 November 2015	There should be an established system to assure compliance with best practice in infection prevention and control. **Ref: Section 5.3.3** **Response by Registered Person(s) Detailing the Actions Taken:** The Home Manager undertakes a weekly audit in the home on hand hygeine, utilisation of PEE and food standards. There is a training day for IPC 24th November 2015. Staff were reminded of their responsibilities at the staff meetings.
Recommendation 6 **Ref**: Standard 12 **Stated:** First time **To be Completed by:** 5 November 2015	The mealtime experience of patients should be reviewed to ensure that patients' nutritional needs are met in line with current best practice guidance. **Ref: Section 5.3.5** **Response by Registered Person(s) Detailing the Actions Taken:** A meeting has taken place with kitchen staff and the Home Management. A breakfast station is to be arranged for the upper floor of the Home to ensure that breakfasts are served fresh and warm. A new menu has been arranged and there are new table cloths and new dipensers. The dining room has been repainted. There are plans to display the menu of the Home on each table within the dining room.
Recommendation 7 **Ref**: Standard 16 **Stated:** First time **To be Completed by:** With the return of the QIP	The complaints record should be urgently reviewed to ensure that these have been effectively addressed. This must be confirmed with the return of the QIP. **Ref: Section 5.2** **Response by Registered Person(s) Detailing the Actions Taken:** This review has taken place and family have signed off on resolutions. This will be returned separately to the Home Inspector.
Recommendation 8 **Ref**: Standard 40 **Stated:** First time **To be Completed by:** 5 November 2015	Hospitality staff should receive support and supervision to clarify their roles and responsibilities in order to promote the delivery of quality care and services. **Ref: Section 5.3.5** **Response by Registered Person(s) Detailing the Actions Taken:** A meeting took place with the kitchen and hospitality staff in the Home on 3rd November 2015. The hospitality staff were facilitated to discuss the benefits and areas for development within their roles. Their primary role is the mealtime experience of residents and this is arranged around the other care priorities for the Home. At breakfast hospitality staff are responsible for supporting direct nutritional needs and it was agreed that this would be augmented with a member of the care staff team. In the afternoon and evening the hospitality staff responsibilities are the

	serving of the meals in the dining room and indivdiual rooms of the Home. There were areas for development discussed and the Home will seek to develop greater union between the roles of hopsitality staff and the kitchen staff.

Registered Manager Completing QIP	Maria Gillespie	**Date Completed**	23/11/15
Registered Person Approving QIP	Chris Walsh	**Date Approved**	23/11/15
RQIA Inspector Assessing Response	Karen Scarlett	**Date Approved**	24/11/15

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address

Please provide any additional comments or observations you may wish to make below: