

Unannounced Care Inspection Report

31 August 2016



Loughview

Type of Service: Nursing Home
Address: 66 Fortwilliam Park, Belfast, BT15 4AS
Tel No: 028 9077 1930
Inspector: Heather Sleator

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Loughview took place on 31 August 2016 from 09.30 to 15.30. Feedback on the findings of the inspection was discussed with the registered manager by telephone on 2 September 2016. On this occasion, the inspector was accompanied by a lay assessor.

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

Is care safe?

Weaknesses were identified in the delivery of safe care, specifically in relation to the recruitment and selection procedures, the monitoring of the registration of staff with their professional bodies, competency and capability assessments for the nurse in charge of the home, the adult safeguarding policy and infection prevention and control procedures. These deficits have led to a reduction in positive outcomes for patients. Two requirements and five recommendations have been stated to secure compliance and drive improvement

Is care effective?

All staff demonstrated a high level of commitment to ensuring patients received the right care at the right time. Each staff member understood their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the nurse in charge or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, with their colleagues and with other healthcare professionals.

Weaknesses were identified in the assessment and care planning process of and a requirement has been made. A recommendation has been made that systems are established to evidence consultation with the patient/representative regarding the planning of care.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

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.

There were no requirements or recommendations made.

Is the service well led?

There was evidence of systems and processes in place to monitor the delivery of care and services within the home. However, requirements and recommendations have been stated regarding safe and effective care, as detailed within sections 4.3 and 4.4.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	6

Details of the Quality Improvement Plan (QIP) within this report were discussed with Margaret Lakehal, Registered 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 3 November 2015. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

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

2.0 Service details

Registered organisation/registered person: Loughview Homes Ltd Mr Paul Steele	Registered manager: Mrs. Margaret Lakehal
Person in charge of the home at the time of inspection: Margaret Lakehal	Date manager registered: 1 April 2005
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of registered places: 32

3.0 Methods/processes

Prior to inspection, we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with 15 patients, six staff and two registered nurses and two relatives.

Questionnaires for patients (8), relatives (10) and staff (10) to complete and return were left for the home manager to distribute. Please refer to section 4.5 for further comment.

The following were examined during the inspection:

- validation evidence linked to the previous QIP
- staff roster
- staff training records
- staff induction records
- staff competency and capability assessments
- staff recruitment records
- staff supervision and appraisal planner
- complaints and compliments records
- incident and accident records
- records of quality audits and meetings
- records of staff, patient and relatives meetings
- patient care records

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 3 November 2015

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

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

4.2 Review of requirements and recommendations from the last care inspection dated 3 November 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27 (2) (b) & (p) Stated: Second time To be Completed by: 3 January 2015	The registered person shall ensure that the premises are kept in a good state of repair externally and internally. This relates to damaged doors, architraves and walls throughout the home.	Met
	Action taken as confirmed during the inspection: We observed the internal décor of the home during the inspection. All areas of work previously identified had been repaired or replaced.	
Requirement 2 Ref: Regulation 27 (2) (b) & (d) Stated: First time To be Completed by: 3 January 2015	The registered persons shall ensure the premises are kept in a good state of repair externally and internally and that all parts of the nursing home are kept clean and reasonably decorated. This relates to a specified shower room on the first floor.	Met
	Action taken as confirmed during the inspection: We observed the shower room on the first floor which had previously been identified. The shower room was observed to be in a good state of repair.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 6.1 and 6.11 Stated: Second time To be Completed by: 3 December 2015	In the interests of privacy and dignity, residents personal care, specifically hair drying, should not be carried out in the corridors. In addition, each patient should have continence pants supplied solely for their personal use.	Met
	Action taken as confirmed during the inspection: Staff confirmed that they no longer dry patients' hair in the corridor areas of the home and that this is done in the individual's bedroom. Continence pants are no longer communal.	

<p>Recommendation 2</p> <p>Ref: Standard 43.10</p> <p>Stated: Second time</p> <p>To be Completed by: 30 December 2015</p>	<p>The registered persons should review the lighting levels in the home, particularly in the corridor outside the ground floor lounge and the bathroom adjacent to the dining room, to ensure patient safety.</p> <p>Action taken as confirmed during the inspection: Lighting in the home had been upgraded and there were no areas of the home observed to be poorly lit at the time of the inspection.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 46, criterion 2</p> <p>Stated: First time</p> <p>To be Completed by: 30 December 2015</p>	<p>It is recommended that there is an established system in place to assure compliance with best practice in infection prevention and control, to include regular audits and any deficits addressed.</p> <p>Action taken as confirmed during the inspection: The registered manager completes an audit in respect of infection prevention and control procedures in the home on a monthly basis. However, aspects of infection prevention and control measures were observed during the inspection, which had not been previously identified on the completed audits reviewed at the time of the inspection, therefore a requirement has been made.</p>	<p>Partially Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 44, criterion 11</p> <p>Stated: First time</p> <p>To be Completed by: 7 December 2015</p>	<p>A variation application should be submitted to RQIA in relation to the addition of three en-suite bathrooms.</p> <p>Action taken as confirmed during the inspection: A variation application was submitted to RQIA to reduce the total number of patients accommodated in the home from 36 to 32. The variation was approved in February 2016. Refer to section 4.6 for further information.</p>	<p>Met</p>

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home, and that these levels were subject to regular review to ensure the assessed needs of the patients were met. Review of the staffing rota from 29 August 2016 to 4 September 2016, evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

A review of three personnel files evidenced that recruitment processes were generally in keeping with The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 21, schedule 2. The exception was in relation to the completion of the application form. The review of two application forms did not evidence that the applicants employment history and reason for leaving their previous positions, was detailed and one personnel record was incomplete regarding the required documentation. It is the registered manager's responsibility to ensure that any staff member working in the home has had all relevant recruitment and selection requirements met. A recommendation has been made.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC). The review of the arrangements for monitoring the registration status of care staff with Northern Ireland Social Care Council (NISCC) was not as robust and the registration status of five care staff was unclear. The registered manager was advised to clarify the registration status with the staff members and/or NISCC immediately. A recommendation has been made that a robust system to monitor the registration status of care staff with NISCC is established.

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. Staff were mentored by an experienced member of staff during their induction. Records of three staff members were reviewed and found to be completed in full and dated and signed appropriately. The registered manager had signed the induction records to validate the satisfactory completion of the induction of the staff members.

Review of the competency and capability assessments of registered nurses did not evidence a robust process was in place. Five of the assessments viewed and not been reviewed on an annual basis by the registered manager and the registered nurse. This was not good practice and a recommendation has been made.

Staff training was available via an e-learning system and staff were made aware of training opportunities provided by the local health and social care trust and the Royal College of Nursing (RCN). The review of staff training records evidenced that 36 of the 40 staff employed at the home had completed mandatory training from 1 January 2016 including for example; infection prevention and control procedures. The review of staff training records evidenced that the registered manager had systems in place to monitor staff attendance and compliance with training. In discussion with the inspector, staff stated there were times when it would be of benefit to have face-to-face training, for example, adult safeguarding procedures, as this would give staff the opportunity to discuss issues and gain clarification. A recommendation has been made in this regard. It was also recommended that the home's adult safeguarding policy be revised in accordance with the DHSSPS 'Adult Safeguarding and Protection in Partnership', July 2015 policy document.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were also notified appropriately.

Staff confirmed that they received an annual appraisal and individual supervision. However, the review of documentation evidenced that supervision took place at the same time as the annual appraisal. This was discussed with the registered manager who stated staff receive two individual supervision sessions per year, one was at the time of the annual appraisal and the other is held six months later. The registered manager was satisfied with this arrangement.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of the Nursing Home Regulations (Northern Ireland) 2005. Review of accidents/incidents records confirmed that notifications were forwarded to RQIA appropriately.

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, and clean throughout. Patient and staff spoken to were complimentary in respect of the home's environment. The home had reduced a number of double bedrooms and created spacious single bedrooms with ensuite facilities. This is good practice, however, RQIA had not been informed of the most recent reduction in bed occupancy and therefore the registered number of patients to be accommodated in the home, as per the registration certificate displayed in the entrance hall of the home, was incorrect. A requirement has been made that an application of variation is submitted to RQIA as soon as possible.

There were a number of issues in relation to infection prevention and control procedures in evidence including, for example, the domestic assistant should have a trolley for equipment. The domestic assistant was observed 'carrying' cleaning equipment around in a plastic bag. A raised toilet seat and commode pots were observed being stored on the floor and bins in toilet facilities (including ensuite facilities) should have a lid and pull cords in some toilet/shower facilities did not have a protective covering. Infection prevention and control audits had been completed on a monthly basis and when reviewed the areas detailed above were not identified on the audits. A requirement has been made that robust infection and prevention procedures are established and shortfalls identified on audit and the remedial action taken.

There was evidence of a number of cables across two bedroom floors. Cables should not be placed in a position where a patient may trip on the cabling and fall. This was a health and safety risk and was discussed with the registered manager who agreed to address the issue.

An issue arose in relation to a small number of fire exit doors in the home. This has been referred to the Estates Inspector (RQIA) aligned to the home who will review the issue at the inspection scheduled for the near future.

Areas for improvement

An application of variation must be submitted to RQIA regarding the reduction of the number of double bedrooms in the home and the number of patients that may be accommodated in the home.

Robust infection and prevention procedures must be established and shortfalls identified on audit and the remedial action taken.

All information pertaining to the recruitment and selection of staff should be retained, in full, and in accordance with Regulation 21 Schedule 2, the Nursing Homes Regulations (Northern Ireland) 2005 in the staff members personnel file.

A robust system should be established to monitor the registration status of care staff with the Northern Ireland Social Care Council (NISCC).

The competency and capability assessment for any registered nurse in charge of the home, in the absence of the registered manager should be reviewed, at least annually and be current.

The adult safeguarding policy should be revised in accordance with the DHSSPS 'Adult Safeguarding and Protection in Partnership', July 2015 policy document.

Staff should undertake update training in relation to the 'Adult Safeguarding and Protection in Partnership', July 2015 policy document. Staff would prefer this training afforded an opportunity for discussion.

Number of requirements	2	Number of recommendations	5
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4.4 Is care effective?

A review of three patient care records evidenced that initial plans of care were based on the admission assessment. The review of one of the three patient care records selected did not evidence detailed and sufficient information from which to develop care plans to meet the patient's needs. The care plan index stated there were five care plans in place, the review of the care plans evidenced that only two care plans had been developed. Issues arose during the review of the remaining two care records. It was unclear as to whether a review of patients' needs was completed on a regular basis and at least annually.

We were unable to clarify if a care plan in respect of behaviour management had been developed for one patient and if a care plan in respect of continence management had been developed in a timely manner to respond to patient need. This was discussed with the registered manager who later confirmed, via email, that a behaviour management plan was in place for the identified patient and that a plan of care had been developed regarding continence management when the patient's needs changed. However, a requirement has been made in respect of the care planning process.

Care plans should be developed and maintained in accordance with regulatory requirements, The Nursing Homes regulations (Northern Ireland) 2005 and as defined in the DHSSPS Care Standards for Nursing Homes, 2015.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate at the time the initial care plans were developed following admission. However, there was a lack of evidence that patients and/or representatives had been involved or consulted in the review of care plans. A recommendation has been made that a system is established to evidence that patients and/or representatives are kept informed and consulted regarding the care planning process as and when patient needs change.

Supplementary care charts such as repositioning and food and fluid intake records evidenced that care was delivered and records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to access of the records.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians and palliative care nurse facilitators.

Discussion with the registered manager and 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. Staff spoken with confirmed that the shift handover provided the necessary information regarding any changes in patients' condition. Staff meetings were held at least twice yearly and that records of these meetings were maintained. The registered manager stated that the frequency of staff meetings did not need to increase as she commenced duty at 08.00 hours and was therefore able to communicate with day and night staff.

A stakeholder's survey is completed on an annual basis. The most recent survey was completed in October 2016. The results of the survey were reviewed and discussed with the registered manager. The registered manager stated the outcome of the survey is displayed in the entrance lobby of the home for a period of time for patients and/or representatives to read, if so wished. The review of the survey evidenced that action points were stated. The action points did not always have a clear outcome, for example; in response to an area that a representative would like to see in the home, management's response was "speak to the registered manager, director and maintenance staff." A more definitive outcome would have more meaning for those who participated in the survey.

Notices displaying information were positioned throughout the home. The information displayed was in relation to activities, health promotion leaflets, the patients guide, the statement of purpose and the complaints procedure. The registered manager was advised that information should be displayed informing patients and/or representatives that the annual quality report and monthly monitoring reports were also available to read. There were photographs of staff, with their names, in the home, one photograph had been altered. The registered manager was advised to remove the photograph.

The serving of lunch was observed. Tables were set with cutlery, plastic beakers and napkins. Patients were not offered a choice or range of condiments and the dining tables were not attractively set with place mats and or tablecloths. This was discussed with the registered manager who stated placemats are generally used but there can be an issue regarding the placing of condiments on the dining tables as some patients may overuse them i.e. use too much salt, pepper or sugar. This should be managed by staff and patients should not have to ask for condiments. The registered manager stated the blue plastic beakers were more suitable for patients to use due to the weight and colour of the beakers. The registered manager was satisfied with the presentation of the dining tables and the use of the plastic beakers. We advised that any crockery used should be suitable for the needs of patients and be age appropriate and attractive.

Areas for improvement

The care planning process must be in accordance with legislative and professional guidelines. Care plans must reflect the assessed needs of patients, be developed in a timely manner and reviewed and evaluated on a regular basis.

A system should be established to evidence that patients and/or representatives are kept informed and consulted regarding the care planning process as and when patient needs change.

Number of requirements	1	Number of recommendations	1
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

On this occasion the arrangements for the provision of activities was not assessed and will be reviewed at the next inspection.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. Views and comments recorded were analysed and an action plan was developed and shared with staff, patients and representatives as discussed in section 4.4

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Consultation with patients individually, and with others in smaller groups, confirmed that living in Loughview was a happy experience.

Comments include:

'The staff are very friendly and approachable.'

'I feel very safe here.'

'I'm very contented here.'

'Staff are very easy to approach.'

We met with two relatives who expressed their satisfaction with the care afforded by staff to their relatives.

Comment included:

'Staff are brilliant.'

'The girls make you feel very welcome and at home.'

'Can't praise them (staff) enough.'

Staff also commented very positively about working in the home.

Comments included:

'It's good to be able to come to work and know you have the support of your team mates.'

'Rita's (manager) great, you can tell her anything.'

'Rita's door is always open.'

'I feel we are well support by the multidisciplinary team in the Trust.'

Questionnaires

In addition (10) relative/representatives; (eight) patient and (10) staff questionnaires were provided by RQIA to the registered manager for distribution. At the time of issuing this report; 10 staff, five relatives, and five patients returned their questionnaires within the specified timeframe. The responses within the returned questionnaires were positive in respect of the care and attention afforded to patients and the quality of nursing and other services provided by the home.

Areas for improvement

There were no areas for improvement identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion, representatives were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registration certificate was displayed in the entrance lobby, refer to section 4.3 for further comment. A certificate of public liability insurance was current and displayed.

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

Discussion with the registered 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. A review of notifications of incidents to RQIA since the last care inspection in November 2015 confirmed that these were managed appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in relation to care records, infection prevention and control, incidents and accidents. However, as has been stated in sections 4.3 and 4.4 weakness were found in aspects of the care planning process and infection prevention and control procedures which had been audited by staff. It is the expectation that any audit completed in the home is robust and shortfalls identified and actioned. It is concerning that the issues identified in this report had not been identified through the quality auditing process.

Discussion with the registered manager and review of records for May, June and July 2016 evidenced that Regulation 29 monthly quality monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. As previously stated in section 4.4 we did not observe information in the home signposting patients, their representatives, staff and Trust representatives that copies of the reports were available for reading if the so wished.

Areas for improvement

Areas for improvement have been identified in the sections discussing the delivery of safe and effective care. The requirements and recommendations made as a result of the inspection, when addressed, will further enhance the overall quality of nursing and other services provided by the home.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Margaret Lakehal, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

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

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

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 13 (7) Stated: First time To be completed by: 31 October 2016	<p>The registered provider must ensure that there are robust systems established to monitor infection prevention and control procedures are adhered to in all areas of the home</p> <p>Ref: section 4.3</p> <p>Response by registered provider detailing the actions taken: A monthly audit of infection control is carried out . A more detailed action plan will be implemented to remedy any shortfalls.</p>
Requirement 2 Ref: Regulation 27 (2) (f) Stated: First time To be completed by: 31 October 2016	<p>The registered provider must ensure that an application of variation regarding the change of use from a shared bedroom to a single room, with ensuite facilities, is submitted to RQIA.</p> <p>Ref: section 4.3</p> <p>Response by registered provider detailing the actions taken: A variation on the change of use of a room is in process and will be forwarded.</p>
Requirement 3 Ref: Regulation 16 Stated: First time To be completed by: 31 October 2016	<p>The registered provider must ensure that comprehensive plan/s of care are written, following a robust assessment of the patient's needs and in consultation with patient and or representative. The assessment of need and care plans are subject to regular review.</p> <p>Ref: section 4.4</p> <p>Response by registered provider detailing the actions taken: More robust monthly audits of care plans will be carried out and action taken where necessary to ensure that they are evaluated and reviewed monthly or more frequent if necessary.</p>

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 38</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2016</p>	<p>The registered provider should ensure that the recruitment and selection procedures are completed in accordance with regulatory requirements and employment legislation.</p> <p>Ref: section 4.3</p> <p>Response by registered provider detailing the actions taken: The job application form has been adapted to include the reason why the applicant has left previous employment.</p>
<p>Recommendation 2</p> <p>Ref: Standard 35.13</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2016</p>	<p>The registered provider should ensure that a robust system is established to regularly monitor the registration of care staff with their professional body.</p> <p>Ref: section 4.3</p> <p>Response by registered provider detailing the actions taken: The registration of the care staff on the NISCC is checked monthly, any gaps are followed up by the registered manager.</p>
<p>Recommendation 3</p> <p>Ref: Standard 41.7</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2016</p>	<p>The registered provider should ensure that the competency and capability assessment for the nurse in charge of the home, in the absence of the registered manager, is reviewed, at least annually and is current.</p> <p>Ref: section 4.3</p> <p>Response by registered provider detailing the actions taken: All assessments have been reviewed and will be reviewed annually.</p>

<p>Recommendation 4</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2016</p>	<p>The registered provider should provide face to face training for staff in accordance with the Adult Safeguarding and Protection in Partnership 2015 policy and procedural guidance</p> <p>Ref: section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: All the staff had face to face vulnerable adult training in 2015 , then by e-learning in 2016. The management will in the future consider the most appropriate method.</p>
<p>Recommendation 5</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2016</p>	<p>The registered provider should ensure the home's policy in respect of adult safeguarding is reviewed and revised in accordance with the Adult Safeguarding and Protection in Partnership, 2015 policy and procedural guidance.</p> <p>Ref: section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: The Safeguarding policy has been changed accordingly.</p>
<p>Recommendation 6</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2016</p>	<p>The registered provider should ensure that care plans are written, in consultation with the patient and/or representative in a timely manner and in accordance with the DHSSPS Care Standards for Nursing Homes 2015.</p> <p>Ref: section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: The resident and/or representative are informed of any changes in the health and well-being of the resident , the same is documented in the care plans.</p>

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



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