

Unannounced Care Inspection Report 23 May 2017



Louisville

Type of service: Nursing Home
Address: Glen Road, Belfast, BT11 8BU
Tel no: 028 9060 4316
Inspector: Heather Sleator

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Louisville took place on 23 May 2017 from 09.30 to 16.30 hours.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

The systems to ensure that care was safely delivered were reviewed. We examined staffing levels and the duty rosters, recruitment practices, staff registration status with their professional bodies, staff training and development and the environment. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

The registered manager and staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. A recommendation has been made in relation to assuring that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice.

Concerns were identified in the delivery of safe care, specifically in relation to infection prevention and control procedures. A recommendation of the previous inspection of 13 July 2016 regarding infection prevention and control measures had not been addressed and has been stated for the second time. A further two recommendations were made regarding the establishment of robust infection and prevention procedures in the home and in relation to the inappropriate storage in sluice areas. A recommendation was also made regarding the smoking arrangements in the home.

Is care effective?

Review of patient care records evidenced that care plans were reviewed on a regular basis. We reviewed the management of pressure area care, management of wounds, nutrition and management of weight loss. Care records also reflected, where appropriate, that referrals were made to healthcare professionals such as tissue viability nurse specialist (TVN), SALT and dieticians.

Supplementary care charts such as repositioning, food and fluid intake records evidenced that generally records were maintained in accordance with best practice guidance, care standards and legislative requirements. The exception was in relation to repositioning records. A recommendation has been made that staff report on the condition of a patient's skin following repositioning. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records and patient information.

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.

A recommendation of the previous inspection of 13 July 2016 in respect of the patients dining experience was not fully addressed and has been stated for a second time.

Is care compassionate?

We arrived in the home at 09.30 on the day of the inspection and were greeted by staff who were helpful and attentive. Patients were observed enjoying either their breakfast in the lounge areas or in their bedroom, as was their personal preference.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Discussion with staff and review of the activity programme evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home and that a varied and full activities programme was in place for patients to enjoy.

There were systems in place to obtain the views of patients and their representatives on the running of the home. However there was a lack of evidence as to how the home had actioned, or not, comments and suggestions made by patients or relatives. This was a recommendation of the previous inspection of 13 July 2016 and the recommendation has been stated for a second time.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Discussion with some patients and relatives confirmed that living in Louisville was a positive experience.

Is the service well led?

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

Review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided.

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. Copies of the reports were available for patients, their representatives, staff and Trust representatives

Discussion with staff evidenced that there was a clear organisational structure within the home. In discussion, patients and representatives/relatives were aware of the roles of the staff in the home and to whom they should speak to if they had a concern.

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	0	8*

*Refers to three recommendations stated for a second time

Details of the Quality Improvement Plan (QIP) within this report were discussed with Geetha Rajappan, 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 13 July 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. 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.

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Barry Murphy	Registered manager: Geetha Rajappan
Person in charge of the home at the time of inspection: Geetha Rajappan	Date manager registered: 5 August 2015
Categories of care: NH-PH, NH-PH(E), NH-TI, NH-I	Number of registered places: 48

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report

During the inspection we met with 13 patients individually and with others in small groups; two registered nurses, four care staff, ancillary staff and one relative. Questionnaires for patients, staff and relatives were left in the home for completion and return to RQIA. A poster was displayed informing of the inspection.

The following information was examined during the inspection:

- duty rota for all staff from 8 to 27 May 2017
- 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
- three staff recruitment and induction files
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- consultation with patients, relatives and staff
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 13 July 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. Refer to section 4.2 for further detail.

4.2 Review of requirements and recommendations from the last care inspection dated 13 July 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 21 Schedule 2 Stated: First time	The registered provider must ensure that systems are established to evidence the recruitment and selection process is in accordance with in The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 21, schedule 2.	Met
	Action taken as confirmed during the inspection: The review of three staff recruitment and selection records evidenced that all required information, as stated in The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 21, schedule 2 was present.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 12.13 Stated: Second time	<p>The registered provider should ensure the menu offers either a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an equally nutritious alternative which reflects the patients' food preference is provided. This includes an alternative choice of hot meals and any special dietary requirements.</p>	Partially Met
	<p>Action taken as confirmed during the inspection: The observation of the midday meal confirmed that a choice of main meal was available for patients. The choice was not as nutritionally appealing as the main meal choice. Refer to section 4.4</p>	
Recommendation 2 Ref: Standard 39 Stated: First time	<p>The registered provider should ensure that the induction training records of staff evidence the signatures of the staff member and the supervisor to verify that induction training had been completed. The registered manager should sign induction training records to validate the satisfactory completion of induction training.</p>	Met
	<p>Action taken as confirmed during the inspection: The review of three staff recruitment and selection records evidenced that induction training had been completed signed by both parties and validated by the registered manager.</p>	
Recommendation 3 Ref: Standard 44.1 Stated: First time	<p>The registered provider should ensure the identified bathrooms are upgraded in accordance with infection prevention and control procedures and appropriate storage is made available in the identified patient's bedroom.</p>	Partially Met
	<p>Action taken as confirmed during the inspection: Additional storage had been made available in the patient's bedroom however the upgrading of the identified bathrooms had not taken place.</p>	

Recommendation 4 Ref: Standard 7 Stated: First time	The registered provider should ensure that systems are established to obtain the views of patients and relatives on the quality of nursing and other services provided by the home. Evidence should be present of the action taken by the registered manager in respect of any comments or suggestions made.	Partially Met
	Action taken as confirmed during the inspection: Evidence was present of various mediums whereby staff had sought the views of patients and representatives. However, a summative quality report of the comments received had not been written to evidence the action taken, if any, to comments or suggestions made.	

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. A review of the staffing rota from 8 to 27 May 2017 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily. 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. We also sought staff opinion on staffing via questionnaires; nine were returned following the inspection. All respondents answered 'yes' to the question, "Are there sufficient staff to meet the needs of the patients?"

Patients and relatives spoken with during the inspection commented positively regarding the staff and the care delivered. Patients who were able to communicate indicated that they were satisfied that when they required assistance staff attended to them in timely manner. We also sought relatives' opinions on staffing via questionnaires; two questionnaires was returned indicating that they were very satisfied that staff had enough time to care for their relative.

One relative spoken with commented that they had no concerns and felt assured that their loved one's needs were being met. The relative was complimentary regarding nursing and care staff.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained; and that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that the registered manager had a process in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2016/17. Records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Mandatory training compliance was monitored by the registered manager. Additional training was also available to staff to ensure they were able to meet the assessed needs of patients.

Observation of the delivery of care evidenced that training had been embedded into practice. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. In discussion with the registered manager it was recommended that the adult safeguarding policy should be reviewed and revised, if necessary, in accordance with the DHSSPS Adult Safeguarding: Prevention to Protection in Partnership Policy, 2015. The registered manager was also advised to confirm that there were arrangements in place to embed the new regional operational safeguarding policy and procedures into practice and secure the necessary training.

Review of three patients' care records evidenced that a range of validated risk assessments were completed as part of the admission process and that these assessment informed the care planning process.

Review of accidents/incidents records from 1 January 2017 and notifications forwarded to RQIA confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be tidy, warm, well decorated, fresh smelling, welcoming and clean throughout.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to in respect of personal protective equipment (PPE) such as gloves and aprons which were available throughout the home. Some inappropriate storage of equipment and aids was observed in one sluice area. A recommendation has been made that shelving or drying racks is made available in the sluice areas in accordance with infection prevention and control measures. The sluice was not locked and cleaning substances were clearly visible, to minimise risk to patients the sluice door should always be locked. Issues previously identified at the inspection of 13 July 2016 in relation to the upgrading of a number of identified bathrooms had not been addressed. The recommendation has been stated for a second time. There was evidence of the enamel on baths being chipped and scored, some extensively. There was also evidence of a wall tile missing at one bath and the underside of the seat of the bath hoist in another bathroom was not clean. A number of bedrails and headboards on patients' beds were observed to require repair. These issues contravene infection prevention and control procedures. A recommendation has been made that a robust system is established to evidence the action taken to assure compliance with best practice in infection prevention and control measures within the home. This includes assurance of best practice regarding, for example; the use of and thorough cleaning of equipment.

Discussion took place with the registered manager regarding the arrangements for patients who smoke. There is a designated smoking room in the home for patients to use. The discussion was in relation to those patients who do not wish to or who are unable to access the smoking area. The registered manager was advised that where there are specific situations or circumstances regarding smoking this should be brought to the attention of the registered/certified fire risk assessor for the home. A recommendation has been made that consultation takes place with the fire risk assessor and that RQIA are informed of the outcome of the consultation.

Areas for improvement

Arrangements should be put in place to embed the new regional operational safeguarding policy and procedures into practice and secure the necessary training. The home's policy should reflect the operational procedures.

Appropriate shelving and drying facilities should be in sluice areas so as equipment can be cleaned, dried and not stored on the floor

A robust system should be established to assure compliance with best practice in infection prevention and control measures within the home. This includes assurance of best practice regarding, for example; the use of and thorough cleaning of equipment.

RQIA are to be informed of the outcome of the consultation with the fire risk assessor, regarding the specific situations or circumstances regarding smoking in the home.

Number of requirements	0	Number of recommendations	4
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4.4 Is care effective?

Review of three patient care records evidenced that care plans were in place to direct the care required. Nursing staff spoken with were aware of professional requirements to review and update care plans as the needs of patient changed. Nursing staff also demonstrated an awareness to review and update care plans when the recommendations made by other healthcare professionals such as, the speech and language therapist (SALT) or the tissue viability nurse (TVN) were changed.

We reviewed the management of pressure area care, wound care, nutrition and weight loss. Care records contained details of the specific care requirements in each of the areas reviewed and a contemporaneous record was maintained to evidence the delivery of care. Care records also reflected that, where appropriate, referrals were made to healthcare professionals such as tissue viability nurse specialist (TVN), SALT and dieticians.

Supplementary care charts such as repositioning, food and fluid intake records evidenced that generally records were maintained in accordance with best practice guidance, care standards and legislative requirements. However, a recommendation has been made that when repositioning a patient, staff should report on the condition of the patient's skin, on the repositioning record, following the repositioning of the patient.

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

The registered manager and review of records confirmed that care management reviews were arranged by the relevant health and social care trust. These reviews were generally held annually but could be requested at any time by the patient, their family or the home.

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.

Staff spoken with confirmed that staff meetings were held and records were maintained of the staff who attended, the issues discussed and actions agreed.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the deputy manager and/or the registered manager.

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

A record of patients including their name, address, date of birth, marital status, religion, date of admission and discharge (where applicable) to the home, next of kin and contact details and the name of the health and social care trust personnel responsible for arranging each patients admission was held in a register. This register provided an accurate overview of the patients residing in the home on the day of the inspection.

The serving of the midday meal was observed. Tables were attractively set with cutlery, condiments and napkins. Those patients who had their lunch in the lounge or their own bedroom were served their meal on a tray which was set with cutlery and condiments and the food was covered prior to leaving the dining room. The meals were nicely presented and a choice of meal was available. However, the alternative choice available, sliced processed turkey breast did not appear to have a similar nutritional value as the main meal which was savoury mince. This was discussed with the registered manager who agreed to discuss the alternative menu choices with catering staff. This was a recommendation of the previous inspection of 13 July 2016 and the recommendation has been stated for a second time. The day's menu was displayed in the dining room. Registered nurses were observed supervising and assisting patients with their meals and monitoring patients' nutritional intake.

Areas for improvement

When repositioning a patient staff should report on the condition of the patient's skin, on the repositioning record, each time repositioning of the patient takes place

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

We arrived in the home at 09.30 hours and were greeted by staff who were helpful and attentive. Patients were enjoying either their breakfast of a morning cup of tea/coffee in the dining room 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 depending of which they preferred and staff were observed assisting patient to drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. One patient commented, "Staff are brilliant." Another patient, who was fairly recently admitted to the home, commented, "They (staff) greeted me on return from hospital like I was one of their own."

Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Discussion with patients and staff; and review of the activity programme evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. The activity therapist was not on duty at the time of the inspection however evidence of the many activities patients participated in were displayed throughout the home.

Patients able to communicate their feelings indicated that they enjoyed living in Louisville. 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.

As stated previously one relative spoken with was very complimentary regarding the care their loved one received and the care provided to them as a family.

Discussion with the registered manager and review of records confirmed that there were systems in place to obtain the views of patients and their representatives on the running of the home. However there was a lack of evidence as to how the home had actioned, or not, comments and suggestions made by patients or relatives. This was a recommendation of the previous inspection of 13 July 2016 and the recommendation has been stated for a second time.

Ten relative questionnaires were issued; two were returned within the timescale for inclusion in this report. Both relatives were very satisfied with the care provided across the four domains. There were no additional comments recorded.

Ten questionnaires were issued to staff; nine were returned prior to the issue of this report. Six staff members were very satisfied and three were satisfied with the care provided across the four domains. There were no additional comments recorded.

Eight questionnaires were issued to patients; one was returned prior to the issue of this report. The patient responded that they were satisfied with the care provided across the four domains. The respondent commented on the returned questionnaire "even visitors are made very welcome in Louisville PNH"

In discussion with patients the following comments were received:

"Staff couldn't do enough for you."

"I'm very content."

"Staff are more than good."

"Staff are very kind."

"No problem going to the manager if I needed to."

"Staff make sure you're comfortable."

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

Areas for improvement

No areas for improvement were identified during the inspection.

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

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

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

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with patients and staff evidenced that the registered manager's working patterns provided good opportunity to allow them to have contact as required.

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. A compliments record is also maintained by the home. Comments received included, "Staff always made us feel so welcome and kept me up to date with any issues."

Review of records evidenced that monthly audits were completed to ensure the quality of care and services was maintained. For example, audits were completed for accidents/incidents, complaints, infection prevention and control and care records. The records of audit evidenced that any identified areas for improvement had been addressed and checked for compliance.

Discussion with the registered manager and review of records 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. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately.

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

Discussion with staff evidenced that there was a clear organisational structure within the home. In discussion some patients and the relative spoken with were aware of the roles of the staff in the home and to whom they should speak to if they had a concern.

Areas for improvement

No areas for improvement were identified during the inspection.

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 Geetha Rajappan, 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 web portal for assessment by the inspector.

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

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 12.13</p> <p>Stated: Second time</p> <p>To be completed by: 17 July 2017</p>	<p>The registered provider should ensure the menu offers either a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an equally nutritious alternative which reflects the patients' food preference is provided. This includes an alternative choice of hot meals and any special dietary requirements.</p> <p>Ref: section 4.2</p>
	<p>Response by registered provider detailing the actions taken: A choice of meal at each mealtime with an equally nutritious alternative are in place. This includes an alternative choice of hot meals and any special dietary requirementst.</p> <p>The Home is in the process of appointing a new Cook.</p>
<p>Recommendation 2</p> <p>Ref: Standard 44.1</p> <p>Stated: Second time</p> <p>To be completed by: 17 July 2017</p>	<p>The registered provider should ensure the identified bathrooms are upgraded in accordance with infection prevention and control procedures.</p> <p>Ref: section 4.2</p>
	<p>Response by registered provider detailing the actions taken: We are in the process of upgrading the bathrooms in the Home to include renewal/replacement baths and generally enhance the decor.</p>
<p>Recommendation 3</p> <p>Ref: Standard 7</p> <p>Stated: Second time</p> <p>To be completed by: 17 July 2017</p>	<p>The registered provider should ensure that systems are established to obtain the views of patients and relatives on the quality of nursing and other services provided by the home. Evidence should be present of the action taken by the registered manager in respect of any comments or suggestions made.</p> <p>Ref: section 4.2</p>
	<p>Response by registered provider detailing the actions taken: New questionnaires have been issued to relatives of patients to establish views on the quality of care, food, activities, management and environment of the Home. It is our intention to respond positively to any relevant suggestions or recommendations received.</p> <p>An annual relatives meeting has been scheduled for September '17.</p>

<p>Recommendation 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2017</p>	<p>The registered provider should ensure arrangements are put in place to embed the new regional operational safeguarding policy and procedures into practice and secure the necessary training. The home's policy should reflect the operational procedures.</p> <p>Ref: section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: The Home has updated its safeguarding policy and procedures that embed new regional requirements. The new policy reflects all operational procedures.</p>
<p>Recommendation 5</p> <p>Ref: Standard 47.3</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2017</p>	<p>The registered provider should ensure that appropriate shelving and drying facilities are in the sluice areas so as equipment can be cleaned, dried and not stored on the floor.</p> <p>Ref: section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: We are in the process of upgrading the sluice rooms so that any equipment can be cleaned, dried and stored appropriately and ensure best practice.</p>
<p>Recommendation 6</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2017</p>	<p>The registered provider should ensure that a robust system is established to assure compliance with best practice in infection prevention and control measures within the home. This includes assurance of best practice regarding, for example; the use of and thorough cleaning of equipment.</p> <p>Ref: section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: A schedule has been put in place regarding the hoist to which you refer to ensure best practice in infection prevention. Bed rails, foot board and identified wall tile have also been replaced.</p>
<p>Recommendation 7</p> <p>Ref: Standard 48</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2017</p>	<p>The registered provider should ensure that consultation has taken place with the home's fire risk assessor in relation to the smoking arrangements in the home. A copy of the report of the fire risk assessor should be submitted to RQIA.</p> <p>Ref: section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: Fire Risk Assessor visited the premises on 22.06.17 and carried out an updated assessment. A copy of the report has been submitted to RQIA. Smoking is permitted in a designated room on the ground floor and in an outside area at the front of the building only.</p>

<p>Recommendation 8</p> <p>Ref: Standard 4.8</p> <p>Stated: First time</p>	<p>The registered provider should ensure that when repositioning a patient staff should report on the condition of the patient's skin, on the repositioning record, each time repositioning of the patient takes place</p> <p>Ref: section 4.4</p>
<p>To be completed by: 30 June 2017</p>	<p>Response by registered provider detailing the actions taken: Detailed charts have been put in place to report on the condition of the patient's skin and that repositioning records are maintained recording each time the patient is repositioned.</p>

Please ensure this document is completed in full and returned via web portal



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