

Unannounced Care Inspection Report 16 and 17 June 2016



Oakridge Clinic

Type of Service: Nursing Home
Address: 14 Magheraknock Road, Ballynahinch, BT24 8TJ
Tel No: 028 9756 5322
Inspector: Dermot Walsh

1.0 Summary

An unannounced inspection of Oakridge Clinic took place on 16 June 2016 from 09.25 to 17.00 and 17 June 2016 from 09.25 to 15.30.

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?

Safe systems were in place for recruitment and for monitoring the registration status of nursing and care staff. Accidents and incidents were appropriately managed and RQIA was suitably informed of notifications. One recommendation has been made in this domain in relation to moving and handling practices.

Is care effective?

There was evidence that assessments informed the care planning process. Staff were aware of the local arrangements for referral to other health professionals. Staff meetings were conducted regularly and minutes of meetings were maintained for review. Patients and staff demonstrated confidence and awareness in raising any potential concerns to the relevant people. Two recommendations have been made in this domain in relation to the response to recorded deficits in fluid targets and with recommendations made by other health professionals not being implemented in practice.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients and their representatives were very praiseworthy of staff and a number of their comments are included in the report. The mealtime experience was observed to be well organised and pleasurable for the patients.

Is the service well led?

Audits reviewed, evidenced actions taken to address any shortfalls. This had been verified by the registered manager. Systems were in place to manage urgent communications, safety alerts and notices. Monthly monitoring visits included an overview of governance arrangements within the home and formulated an action plan to address any shortfalls identified. A procedure was in place to manage complaints. One recommendation was made in this domain in relation to the review of policies and procedures. In total three recommendations have been made in the other three domains as detailed above. One recommendation has been stated for a second time from the previous QIP.

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 | 5* |

*The total number of recommendations made includes one recommendation that has been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Kelly Kilpatrick, 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 type e.g. care inspection

The most recent inspection of the home was an announced post registration inspection undertaken on 16 February 2016. Due to the focus of this inspection recommendations made in the previous care inspections were not validated but were carried forward for review at a future inspection.

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

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| Registered organisation/registered provider: Spa Nursing Homes Ltd Christopher Arnold | Registered manager: Kelly Kilpatrick |
| Person in charge of the home at the time of inspection: Kelly Kilpatrick | Date manager registered: 24 June 2016 |
| Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI, NH-DE A maximum of forty (40) patients in the EMI Unit. A maximum of eighteen (18) patients in the General Nursing Unit. | Number of registered places: 58 |

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 previous care inspection report and the returned quality improvement plan (QIP)
- pre inspection assessment audit

During the inspection we met with 13 patients individually and others in small groups, three patient representatives, seven care staff, three registered nurses and one ancillary staff member.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

Questionnaires were also left in the home to facilitate feedback from patients, their representatives and staff not on duty. Nine patient, nine staff and seven patient representative questionnaires were left for completion.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- five patient care records
- staff training records
- staff induction template
- complaints records
- incidents / accidents records since the last care inspection
- minutes of staff meetings
- a selection of audit documentation.
- two recruitment files
- competency and capability assessments for nurse in charge
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- duty rota from 6 – 19 June 2016

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 16 February 2016

The most recent inspection of the home was an announced post registration inspection. There were no requirements or recommendations made during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 16 February 2016

There were no requirements or recommendations made as a result of the last inspection which was a post registration inspection.

As previously stated in section 1.2, the recommendations stated from the previous care inspections were not validated during the most recent inspection to the home. These were carried forward and will be validated during this inspection.

Review of recommendations from the care inspection of the EMI Unit dated 15 June 2015

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| Recommendation 1 Ref: Standard 6.2 Stated: Second time | It is recommended that all entries in care records be dated and signed with the signature accompanied by the designation of the signatory. | Met |
| | Action taken as confirmed during the inspection: Records reviewed had been dated and signed appropriately. | |
| Recommendation 2 Ref: Standard 32.1 Stated: First time | A system should be implemented to evidence and validate staffs' knowledge of the policies and procedures, newly issued by the organisation, in respect of communicating effectively; and palliative and end of life care. | Met |
| | Action taken as confirmed during the inspection: Knowledge of the above named policies and procedures were evidenced through the completion of a 'Palliative Care Workbook' which all staff completed. | |

Review of recommendations from the care inspection of the General Nursing Unit dated 10 November 2015

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| Recommendation 1 Ref: Standard 32.1 Stated: First time | It is recommended that a system should be implemented to evidence and validate staffs' knowledge of the policies and procedures, newly issued by the organisation, in respect of communicating effectively; and palliative and end of life care. | Met |
| | Action taken as confirmed during the inspection: Knowledge of the above named policies and procedures were evidenced through the completion of a 'Palliative Care Workbook' which all staff completed. | |

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| <p>Recommendation 2</p> <p>Ref: Standard 36 Criteria (3)</p> <p>Stated: First time</p> | <p>It is recommended that the policy and guidelines relating to continence management are made available to staff and a system is in place to ensure staff awareness and knowledge of the records.</p> | Met |
| <p>Stated: First time</p> | <p>Action taken as confirmed during the inspection: Policies on the 'promotion of continence' and the 'prevention of constipation' had been reviewed in April 2015. Staff were aware of the policies and guidelines. A continence chart in use made reference to the Royal College of Nursing (RCN) guidelines.</p> | |
| <p>Recommendation 3</p> <p>Ref: Standard 4 Criteria (1) (7)</p> <p>Stated: First time</p> | <p>It is recommended that patients' continence assessments and care plans are fully completed and include the specific continence products required by the patient.</p> | Met |
| <p>Stated: First time</p> | <p>Action taken as confirmed during the inspection: Two continence assessments reviewed in the General Nursing Unit identified the specific continence product required to meet the need of the patient.</p> | |
| <p>Recommendation 4</p> <p>Ref: Standard 46 Criteria (1) (2)</p> <p>Stated: First time</p> | <p>It is recommended that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home.</p> <p>Particular attention should focus on the areas identified on inspection.</p> | Met |
| <p>Stated: First time</p> | <p>Action taken as confirmed during the inspection: Compliance with best practice in infection prevention and control was monitored via daily walk arounds and a monthly infection control audit. A review of the environment evidenced that these systems were effective.</p> | |
| <p>Recommendation 5</p> <p>Ref: Standard 35 Criteria (16)</p> <p>Stated: First time</p> | <p>It is recommended that the call bell response times are audited on a regular basis. The audit should clearly record outcomes and any follow up action required for improvement.</p> | Met |
| <p>Stated: First time</p> | <p>Action taken as confirmed during the inspection: There was evidence within the provider's monthly monitoring reports that call bell response times were reviewed and no concerns had been identified. All call bells were observed to be answered in a timely manner during the inspection.</p> | |

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| <p>Recommendation 6</p> <p>Ref: Standard 18 Criteria (6)</p> <p>Stated: First time</p> | <p>It is recommended that where restrictive practices are used, an assessment and a corresponding care plan are documented in the care record to reflect this. The care plan should include the reason for the restrictive practice and the actions taken to ensure the health and welfare of the patient as a result of the restrictive practice.</p> <p>This is in relation to the removal of call bells from identified patients' rooms.</p> <p>Action taken as confirmed during the inspection: A room was observed with no call bell during a review of the environment. A care plan had been drafted with regards to the lack of access to a call bell. However, the care plan did not specify the actions to be taken to ensure the health and welfare of the patient.</p> | <p>Partially Met</p> |
| <p>Recommendation 7</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> | <p>It is recommended that staffing levels are reviewed to ensure that at all times there are sufficient numbers of staff and skill mix deployed to meet the needs of patients in the home.</p> <p>Action taken as confirmed during the inspection: Evidence was provided of regular dependency level checks. Evidence was also provided of an increase of staffing levels as a result of dependency level checks. Staffing levels are further discussed in section 4.3.</p> | <p>Met</p> |
| <p>Recommendation 8</p> <p>Ref: Standard 4 Criteria (9)</p> <p>Stated: First time</p> | <p>It is recommended that repositioning charts are completed in full and contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning.</p> <p>Action taken as confirmed during the inspection: A review of four repositioning charts evidenced documented skin checks at the time of repositioning.</p> | <p>Met</p> |
| <p>Recommendation 9</p> <p>Ref: Standard 28 Criteria (1)(5)(13)</p> <p>Stated: First time</p> | <p>It is recommended that emollient creams used in the home are disposed of as instructed in manufacturer and best practice guidelines.</p> <p>Action taken as confirmed during the inspection: Emollient creams in use were within manufacturer and best practice guidelines.</p> | <p>Met</p> |

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home. A review of the staffing rota from 6 – 19 June 2016 evidenced that the planned staffing levels were adhered to. Consultation with staff confirmed that three staff were of the opinion that staffing levels were 'too low' to meet the needs of patients due to 'very high dependency levels' and 'things being rushed'. This was discussed with the registered manager who confirmed that staffing levels had been increased following a review of patient dependencies when the home was taken over by Spa Nursing Home Ltd and that these levels were subject to regular review to ensure the assessed needs of the patients were met. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Discussion with staff and review of records confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Information received following the inspection confirmed compliance in the following training: fire (91%); moving and handling (89%) and first aid (89%).

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Although, observation of the delivery of care evidenced that best practice in compliance with moving and handling was not met on two separate occasions when patients were being assisted from a sitting to a standing position. This was discussed with the registered manager and a recommendation was made to ensure that staff training was embedded into practice.

Competency and capability assessments of the nurse in charge of the home in the absence of the manager had been completed appropriately. The completed assessments had been signed by the registered nurses completing and conducting the assessment. This was checked and verified by the registered manager as successfully completed.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) were appropriately managed. NMC and NISCC checks were monitored monthly and evidenced within a file.

A review of the recruitment process evidenced a safe system in practice. Relevant checks and interviews had been conducted prior to the staff member commencing in post.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Discussion with the registered manager confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures.

Review of five patient care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process. Documentation is discussed further in section 4.4.

Review of a random selection of records pertaining to accidents, incidents and notifications forwarded to RQIA since February 2016 confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Rooms and communal areas were clean and spacious. Fire exits and corridors were observed to be clear of clutter and obstruction. The registered manager agreed to review the positioning of patient beds in the home to ensure that no patients were at risk of harm or danger from electrical sockets or wiring from appliances.

Areas for improvement

It is recommended that moving and handling practices are observed to ensure that training has been embedded into practice.

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| Number of requirements | 0 | Number of recommendations: | 1 |
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4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Staff demonstrated an awareness of patient confidentiality in relation to the storage of records. Records were stored securely in lockable cabinets at the nursing stations. A review of fluid balance management records evidenced these had not been completed in accordance with best practice guidelines. Fluid balance charts had been completed, although, the patients' fluid targets were consistently not met. For example, one patient had a fluid target of 1500ml. On six of the previous seven days the patient did not achieve 50 percent of the fluid target. This was not reflected within the patient's daily progress notes. A recommendation was made.

Registered nurses were aware of the local arrangements and referral process to access relevant healthcare professionals, for example General Practitioner's (GP), speech and language therapist (SALT), dietician and tissue viability nurse (TVN). However, two care records reviewed did not reflect recommendations prescribed by other healthcare professionals.

In one patient care record, a dietician had recommended commencing a supplementary drink that was to be added to a glass of full fat milk. This was recorded on a 'Multidisciplinary Team (MDT) Communication Chart.' This was also recorded within the patient's daily evaluation on the day of the review. The patient's care plan did not reflect this recommendation and the prescription on the medicine chart was for the supplement only with no directive to add to milk. As a result the patient was receiving the supplement only.

In a second care record, a TVN had recommended two separate wound care plans on two wounds which were close together. The patient's wound assessment chart only reflected on one of the wounds and not the second. The daily progress notes made reference to one wound. As a result, it is unclear if the recommendation for the second wound had been adhered too. A recommendation was made to ensure that patients' care plans reflect recommendations made from other healthcare professionals and the plans of care are implemented in practice.

A review of three patient care records evidenced that assessed needs in falls; mobility and moving and handling had been combined into one care plan. This was discussed with the registered manager and it was agreed that each assessed need should have a separate care plan developed to meet the need.

Discussion with the registered manager confirmed that staff meetings for registered nurses had occurred on 7 April and 20 May 2016. A general staff meeting was conducted in April 2016 and there was evidence of separate carers; kitchen and domestic staff meetings having been conducted in March, April and June 2016. Minutes were available of all meetings for review. Minutes of meetings included dates; attendees; areas discussed and decisions made. Minutes were made available to staff unable to attend the meeting and there was evidence that these staff signed the minutes when read.

The registered manager confirmed that a 'Quality Assurance Survey' had been sent to all patients' next of kin. The results of this survey would be compiled by the Resident Experience Manager. Results of the survey would be included within a monthly newsletter provided by the home and also included within the 'Annual Quality Report.' Feedback would be discussed at staff meetings and/or through supervision and appraisal. The registered manager also confirmed plans to recommence relatives meetings. A relatives' noticeboard was maintained at the entrance to the home.

Ten food questionnaires had been sent to a random selection of patients in April 2016. Results collated from the responses evidenced satisfaction with the meal provision and an action plan was not required from the feedback.

The registered manager confirmed that they operate an 'open door policy' and are available to discuss any issues with staff, patients and/or relatives. The registered manager also confirmed that they would undertake a daily walk around the home and would avail of the opportunity to engage with patients and relatives at this time.

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 their line 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 'Senior File' had been developed and held by the nurse in charge of the home. It included details of staff and agency contact details; numbers to contact in the event of an emergency and out of hours contact details.

Patients and representatives were confident in raising any concerns they may have with the staff and/or management.

Information leaflets were available to staff, patients and/or representatives at the entrance to the home. These included information on dementia care, bereavement, food poisoning and infection prevention and control issues. Standards for the conduct and practice of social care workers were available at reception.

Areas for improvement

It is recommended that when patients' fluid targets have not been achieved, this is recorded, with the actions taken to address the deficit, in the patients' daily evaluation notes.

It is recommended that recommendations made by other health care professionals are incorporated within the patients' care plan and implemented into practice.

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| Number of requirements | 0 | Number of recommendations: | 2 |
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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. Nine staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Two of the questionnaires were returned within the timescale for inclusion in the report. The two respondents indicated that the care in the home was of a high standard. On inspection three registered nurses, seven carers and one ancillary staff member were consulted to ascertain their views of life in Oakridge Clinic.

Some staff comments are as follows:

- 'It's a very good home.'
- 'I like working here.'
- 'I notice no difference from the takeover.'
- 'I like my job and working here.'
- 'I enjoy it here.'
- 'I'm happy here.'
- 'Overall I'm happy enough here.'

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Consultation with 13 patients individually, and with others in smaller groups, confirmed that, in their opinion, the care was safe, effective, compassionate and well led.

Some patient comments are as follows:

- 'It's great here.'
- 'I am very happy here. I sleep like a baby.'
- 'It's nice and clean here.'
- 'A lot of the nurses change regularly.'
- 'The staff are very nice.'

Nine patient questionnaires were left in the home for completion. No patient questionnaires were returned.

Three patient representatives were consulted on the day of inspection.

Some representative comments are as follows:

- 'We have a great room here. Any issues we have had were dealt with.'
- 'The care is very good. We would have no problem raising any concerns.'

Seven relative questionnaires were left in the home for completion. No relative questionnaires were returned.

The serving of lunch was observed in the main dining room. A pictorial menu was on display identifying meal choice. The mealtime was well supervised. Food was served in an organised manner; when patients were ready to eat or be assisted with their meals. Staff wore appropriate aprons when serving or assisting with meals and patients were provided with dignified clothing protectors. A selection of condiments was on the tables and a range of drinks were offered to the patients. The food appeared nutritious and appetising. A record of dietary requirements for each patient was maintained in the kitchen and available for staff to review prior to serving meals. The mealtime experience was observed to be well organised and pleasurable for the patients.

Areas for improvement

No areas for improvement were identified during the inspection under the compassionate domain.

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

The manager of the home was registered with RQIA on 24 June 2016.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to identify the person in charge of the home in the absence of the registered manager. A senior cover rota identifying the nurse in charge of the home was maintained with the duty roster. Staff were able to describe their roles and responsibilities.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

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. The complaints procedure was displayed at reception and included within the homes' 'Welcome Pack.'

Policies and procedures were maintained in a file and located at the nurses' station. Spa Nursing Homes' policies have now been implemented within the home. A random review of policies evidenced some, including falls and communication, had been reviewed in December 2012. A recommendation was made to ensure a system was in place to ensure a minimum of a three yearly review of policies.

A compliments file was maintained to record and evidence compliments received. Some examples of compliments received are as follows:

'Just a note to say thank you for taking such good care of ... It was heart-warming and comforting to see how happy and content she was.'

'Staff took time to put on mum's makeup and lipstick which mum really appreciated and I love to see her looking so happy and well.'

'We are so grateful for all the loving care provided by all the staff in Oakridge.'

A review of notifications of incidents submitted to RQIA since the last care inspection 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, monthly audits were completed in accordance with best practice guidance in relation to wound analysis, care records, infection prevention and control, environment, medicines management, complaints, bed rails and incidents/accidents. A care record audit was reviewed on inspection. The audit contained an action plan to address identified shortfalls. The registered manager confirmed that this audit tool was new and was in the process of being 'piloted'. If positive feedback was achieved from staff/management on the effectiveness of the tool, then this audit tool would be implemented in full commencing July 2016.

Urgent communications, safety alerts and notices were reviewed by the registered manager on receipt and, where appropriate, were shared with staff. A system was in place to ensure that all relevant staff had read the communication or had been notified about it. A safety alert folder was maintained in the office. A policy on dealing with safety alerts was available for staff to review.

Discussion with the registered manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated within the report to address any areas for improvement and a review of the previous action plan was included within the report. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Areas for improvement

It is recommended that a system is developed to ensure all policies within the home are subject to a three yearly review.

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| Number of requirements | 0 | Number of recommendations: | 1 |
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Kelly Kilpatrick, 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 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 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 may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

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

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| <p>Recommendation 1</p> <p>Ref: Standard 18 Criteria (6)</p> <p>Stated: Second time</p> <p>To be completed by: 24 June 2016</p> | <p>It is recommended that where restrictive practices are used, an assessment and a corresponding care plan are documented in the care record to reflect this. The care plan should include the reason for the restrictive practice and the actions taken to ensure the health and welfare of the patient as a result of the restrictive practice.</p> <p>This is in relation to the removal of call bells from identified patients' rooms.</p> <p>Ref: Section 4.2</p> |
| | <p>Response by registered provider detailing the actions taken: This was actioned on the second day of inspection, an electrician visited the home and all nurse call leads are now in place.</p> |
| <p>Recommendation 2</p> <p>Ref: Standard 47 Criteria (3)</p> <p>Stated: First time</p> <p>To be Completed by: 30 June 2016</p> | <p>The registered manager should observe staffs moving and handling of patients within the home to ensure training is embedded into practice.</p> <p>Ref: Section 4.3</p> |
| | <p>Response by registered provider detailing the actions taken: All staff have received Manual Handling training updtaes. this is monitored by Home Manager and senior nursing staff. Supervisons have also been carried out.</p> |
| <p>Recommendation 3</p> <p>Ref: Standard 4 Criteria (9)</p> <p>Stated: First time</p> <p>To be completed by: 14 July 2016</p> | <p>The registered provider should ensure that where a patient has a fluid target, this target will be met and were there are deficits recorded to the target; these will be documented, along with actions taken to address the deficit, in the patients' daily evaluation.</p> <p>Ref: Section 4.4</p> |
| | <p>Response by registered provider detailing the actions taken: This is reviewed on a daily basis by nursing staff and deficits reported to Home Manager daily.</p> |

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| <p>Recommendation 4</p> <p>Ref: Standard 4 Criteria (4)</p> <p>Stated: First time</p> <p>To be completed by: 14 July 2016</p> | <p>The registered provider should ensure when recommendations are made from other health professionals; these recommendations are recorded within the patients' care plan and implemented.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: Supervisions carried out and this will continue to be monitored by Home Manager and Senior Nursing staff.</p> |
| <p>Recommendation 5</p> <p>Ref: Standard 36</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2016</p> | <p>The registered person should make sure a system is in place to ensure that all policies are subject to a systematic three yearly review.</p> <p>Ref: Section 4.6</p> <hr/> <p>Response by registered provider detailing the actions taken: Currently under review and a system will be implemented to reference when policies have been reviewed and due renewal.</p> |

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
📍 @RQIANews