

Unannounced Care Inspection Report 9 May 2016



Pond Park Care Home

Address: 2 Derrriaghy Road, Lisburn, BT28 3SF

Tel No: 02892672911

Inspector: Karen Scarlett

1.0 Summary

An unannounced inspection of Pond Park took place on 9 May 2016 from 09.20 until 16.00 hours.

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?

There was evidence of competent delivery of safe care. Systems were in place to ensure safe recruitment, registration of nursing and care staff, mandatory training for staff and adult safeguarding procedures were being followed. Issues regarding notification of incidents were discussed with the registered manager. A recommendation regarding the deployment of staff was made in order to ensure compliance and drive improvement.

Is care effective?

There was evidence that risk assessments and care plans were in place to guide and direct the care of patients. Systems were in place to ensure effective communication amongst staff. One recommendation was made in relation to record keeping in order to drive improvement.

Is care compassionate?

The care in the home was found to be compassionate and good relationships were evident between patients and staff. There were opportunities for patients, staff and patients' representatives to comment on the services provided. The comments of patients and their representatives were mainly positive although one patient raised concerns about the timing of the evening meal and the choices available. It was also noted that the menu was not on display in an accessible format. Two recommendations were made.

Is the service well led?

The home had systems in place to ensure competent delivery of effective care. Three recommendations were made in relation to complaints management, auditing and the suitability of the placement of one patient.

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.

For the purposes of this report, the term "patients" will be used to describe those living in Pond Park which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	10

Details of the QIP within this report were discussed with Suzanne Scott, registered manager, and Nicola McErlane, nurse in charge, following Ms Scott's departure at 15.40 hours, 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 announced follow up inspection conducted by the estates support officer. Actions as a result of this inspection are being addressed by the estates inspector. 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. One ongoing safeguarding issue was being managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures.

2.0 Service details

Registered organisation/registered person: Maureen Claire Royston	Registered manager: Suzanne Scott
Person in charge of the home at the time of inspection: Suzanne Scott until 15.40 hours and Nicola McErlane (registered nurse) from 15.40 until 16.00 hours.	Date manager registered: 19 May 2014
Categories of care: RC-I, RC-MAX, NH-DE, RC-MAX, RC-I, NH-TI, NHPH(E), NH-PH, NH-MAX, NH-I, MAX A maximum of 11 patients in category NH-DE accommodated in the Wallace Suite. Of the residents in category RC-I, a maximum of 4 residents shall be accommodated in single occupancy bedrooms 21, 22, 24 and 25 and a maximum of 3 residents in the Pond Park 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 returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report
- questionnaires issued to staff and patients' representatives
- pre-inspection audit

During the inspection we met with seven patients individually and with the majority of others in groups, five care staff, three registered nurses and one patient's visitor/representative.

The following information was examined during the inspection:

- three patient care records
- staff duty rotas from 2 to 15 May 2016
- staff training records
- a random sample of incident and accident records from March 2016 to the present
- complaints records from January 2016 to the present
- a sample of audits
- monthly quality monitoring reports
- minutes of staff meetings
- minutes of patients/relatives meetings
- one recent recruitment file
- a selection of policies
- a selection of guidelines for staff regarding palliative care.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 15 January 2016.

The most recent inspection of the home was an announced follow up inspection conducted by the estates support officer. Actions as a result of this inspection are being addressed by the estates inspector. No issues were required to be followed up at this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 22 September 2015

Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 26.6</p> <p>Stated: Second time</p>	<p>The following specified policies must be reviewed and updated as required and ratified by the responsible person:</p> <ul style="list-style-type: none"> • continence management • colostomy and ileostomy management • catheter care and management • bowel continence <p>Action taken as confirmed during the inspection: The policies listed above had all been reviewed and updated in October 2015. This recommendation has been met.</p>	Met
<p>Recommendation 2</p> <p>Ref: Standard 25.11</p> <p>Stated: Second time</p>	<p>Care records should be regularly audited to ensure they are consistent with the home's policies and procedures and appropriate actions taken to enhance the quality of care.</p> <p>Action taken as confirmed during the inspection: One patient care record was being audited each week. All registered nurses in the home were involved in this process. Areas for action were highlighted with the named nurse and action taken as appropriate. This recommendation has been met.</p>	Met
<p>Recommendation 3</p> <p>Ref: Standard 19</p> <p>Stated: First time</p>	<p>Staff should receive training/ supervision on the content of the new palliative care and end of life manual once completed to ensure they are knowledgeable regarding best practice in this aspect of care.</p> <p>Action taken as confirmed during the inspection: The palliative care manual had been completed; however, there was no evidence that staff had received any training or supervision regarding the content of this manual. This recommendation has not been met and has been stated for a second time.</p>	Not Met

<p>Recommendation 4</p> <p>Ref: Standards 19 and 32</p> <p>Stated: First time</p>	<p>Best practice guidelines including the regional guidelines on breaking bad news (2003) and the GAIN palliative care guidelines, should be made available to staff for reference.</p>	<p>Not Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>These guidelines were not available for staff to reference. This recommendation has not been met and has been stated for a second time.</p>		
<p>Recommendation 5</p> <p>Ref: Standard 32 Criterion 8</p> <p>Stated: First time</p>	<p>The cultural, religious and spiritual needs of patients should be discussed and incorporated into the care plans for the end of life.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>One out of three patient care records reviewed evidenced discussion regarding cultural, religious and spiritual needs in care plans for end of life. This recommendation has been partially met and has been stated for a second time.</p>		
<p>Recommendation 6</p> <p>Ref: Standard 18</p> <p>Stated: First time</p>	<p>Any patient subject to a form of restrictive practice should be appropriately assessed in consultation with the patient, multi-disciplinary team and family and the decision documented in a care plan and reviewed regularly.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>No inappropriate restrictive practices were observed on the day of inspection. Care records evidenced that risk assessment had taken place in consultation with the patient and/or their representatives as appropriate. Registered nurses demonstrated their knowledge regarding the use of restrictive practices. This recommendation has been met.</p>		

Recommendation 7 Ref: Standard 4 Criterion 9	All registered nurses should keep contemporaneous nursing records of all nursing interventions, activities and procedures for each resident in accordance with NMC guidelines.	Met
Stated: First time	Action taken as confirmed during the inspection: This recommendation had been made in relation to the practice of agency registered nurses who were not updating care plans appropriately. A review of care records and discussion with the registered manager evidenced that care plans were kept up to date, were reflective of the patient's condition and were regularly reviewed. Agency registered nurses were contributing to this process. This recommendation has been met.	

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 for week commencing 2 to 15 May 2016 evidenced that the planned staffing levels were adhered to. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff in Pond Park unit were noted to be supervising the lounge at all times. In discussion they confirmed that a number of patients required supervision in an effort to prevent falls and other incidents. However, they stated that they had difficulty supervising the lounge when staff numbers reduced to three after 20.00 hours, as many patients required the assistance of two staff and the registered nurse was engaged in the medicine round. This was discussed with the registered manager and she suggested the possibility of introducing a "twilight" shift to enable adequate supervision. In addition, it was noted that in Wallace suite the care assistants were frequently required to take meal and tea trolleys up and down to the kitchen leaving only two staff to supervise patients. A recommendation has been made in this regard.

Discussion with staff and review of one recent recruitment record evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. 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. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. One ongoing safeguarding issue was being managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures.

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.

Records pertaining to accidents, incidents and notifications forwarded to RQIA since March 2016 were reviewed. Records indicated that two patients had sustained fractures as the result of falls but only one was reported to RQIA. Following discussion, the manager was to confirm by email the details of the incident and ensure that a notification was forwarded to RQIA in relation to this incident in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005. The email confirmation and the notification were sent to RQIA on 10 May 2016. There was evidence that RQIA had been appropriately notified regarding other notifiable events in the home. This will continue to be monitored as part of ongoing inspection activity.

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, fresh smelling and clean throughout. It was noted that the carpet in Millennium was stained. This had been identified at the previous inspection on 22 September 2015. The manager stated that this was to be replaced by vinyl flooring. The registered manager sent written confirmation of the commencement of these works to RQIA by email on 10 May 2016. Renovations of the kitchen were underway on the day of inspection and a temporary kitchen had been set up in millennium suite's dining room. Alternative, temporary dining arrangements had been made for patients, who stated that they were satisfied with these. The works were planned to be completed within the week.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

Areas for improvement

A recommendation has been made that the registered persons ensure that the staff on duty at all times needs of the patients. The roles and responsibilities of staff should be reviewed in relation to the transport of tea trolleys to and from Wallace unit. The deployment of staff in pond park unit should also be reviewed to ensure that patients receive adequate supervision at all times.

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

Review of 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. Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. Review of patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

However, issues with record keeping practice were noted upon review of one specified patient's care record. It was noted that the pre-admission assessment had not been fully completed and was not dated or signed by the person who undertook the assessment. A section of the care review had been cut out and this would not be in accordance with best practice in record keeping. The language used throughout this patient's care plans and progress notes, in regards to management of distressed reactions, was found to be inappropriate and not person-centred. The manager agreed to address this urgently with the staff member concerned. A recommendation has been made regarding record keeping.

Supplementary care charts, such as personal care charts and repositioning records, evidenced that these were maintained in accordance with best practice guidance, care standards and legislative requirements.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. A separate handover was held for each unit. In addition, a communication book was available for care assistants and a registered nurses' diary was kept in each unit in order to aid effective communication. 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.

Discussion with the registered manager and notices posted on the notice board confirmed that registered nurse staff meetings were held on a monthly basis and care assistants meetings quarterly. In addition, heads of department and health, safety and governance meetings were also held regularly. Records of these meetings were maintained.

Discussion with the registered manager and review of records evidenced that patient and/or relatives meetings were held and minutes were available. One patient representative confirmed that members of their family attended these. They also confirmed that they knew the registered manager and felt confident that they could raise any concerns.

Areas for improvement

A recommendation has been made that the registered person ensures that entries in care records are meaningful, contemporaneous, dated, timed and signed and accompanied by the name and designation of the signatory. The language used should reflect person-centred principles. Action should be taken to address any staff management issues in this regard.

Number of requirements	0	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. Patients were being assisted to the hairdressers on the day of inspection. Staff in Wallace unit were observed to be singing along with patients in the lounge. One couple in the home were celebrating their wedding anniversary and staff had arranged for a party and a cake to mark the occasion. Good relationships between patients and staff were observed. 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.

The lunchtime meal service was observed in Wallace unit. The table was attractively set and fluids were readily available. Staff were noted to be offering a choice of drinks, meals and clothing protection. Assistance and encouragement was offered as required. Music was playing and patients were observed to be enjoying their meals. Sachets of different sauces and condiments were available to patients but staff had to assist patients to open these. This was discussed with the registered manager who stated that the use of sachets enabled a wide variety of sauces and condiments to be made available but acknowledged that these were difficult to open. She agreed to discuss this further with the regional manager. It was noted that there was no menu on display in any of the dining rooms. A recommendation has been made.

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.

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.

Those patients spoken with were positive regarding the care in the home and the staff. Those patients spoken with confirmed that they knew the manager and would be able to raise a concern should they need to. One patient was of the opinion that the evening meal was served too early, at 16.30 hours, leaving an insufficient gap from lunch time. They were also of the opinion that salads and fresh fruit were not regularly on offer. This was discussed with the registered manager and a recommendation has been made.

One patient's representative was consulted at the inspection and they were complimentary regarding the care, the staff and the manager. Ten questionnaires were given to the registered manager to distribute to patient's representatives and one was returned. The respondent raised a number of issues in relation to cleanliness of the home, missing laundry, the food and with the attitude of one staff member. The respondent confirmed that the manager had addressed these issues once raised. The comments were discussed with the registered manager for her information and she agreed to discuss these issues at the next staff meeting.

Ten questionnaires were left for staff who were not on duty on the day of inspection to complete and none were returned.

Areas for improvement

The registered person should ensure that the menu is displayed in a suitable format and in a suitable location to show what is available at each mealtime.

The registered person should address the concerns raised regarding the timing of the evening meal and the choices available. Patients' level of satisfaction should be assessed and any concerns addressed accordingly.

Number of requirements	0	Number of recommendations:	2
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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 patients 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 but was not up to date. The manager stated that an updated certificate had not been received following approval of a variation to the registration in December 2015. Following the inspection RQIA was able to confirm that the certificate has been posted and signed for. The registered manager confirmed in an email to RQIA on 10 May 2016 that this could not be located. RQIA agreed to reissue an updated certificate of registration. A certificate of public liability insurance was current and displayed.

Discussion with the registered manager and observations at the inspection evidenced that the home was operating within its registered categories of care. However, the appropriateness of the placement of one patient was discussed with the registered manager who agreed to arrange a care review with a representative of the commissioning Trust to discuss this. A recommendation has been made in this regard.

The registered manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis. These were indexed, dated and approved by the registered person.

Discussion with the registered manager and review of the home's complaints' audit, from January 2016 until the present, evidenced that one complaint had been received. However, no record had been maintained of the details of the complaint or the outcome in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005. The audit stated that the response was to come from the Chief Executive of Four Seasons Healthcare. The manager explained that the complaint was made verbally to the regional manager and the chief executive of Four Seasons Healthcare had decided to respond. It was agreed that a record of the complaint and the response would be sent to RQIA by 16 May 2016. A copy of this response was received by RQIA on 17 May 2016. A recommendation has been made.

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. However, an issue was identified with notification of one incident. Please refer to section 4.3 for further information.

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 accordance with best practice guidance in relation to falls, care records, infection prevention and control, environment, medicines and complaints. These were carried out according to an audit schedule.

The falls in the home were analysed on a monthly basis to include the number of falls, their location, outcome and time of day on which they occurred. However, no themes or trends had been identified from the audit to enable learning. There was also no facility to identify patients who were falling frequently, in order to prompt further action or appropriate referral. Similarly, regular infection prevention and control audits had been carried out but there was insufficient evidence to demonstrate that appropriate action had been taken in response to the audit findings. A recommendation has been made.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and review of records evidenced that monthly quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes (2015). 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.

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

Areas for improvement

A recommendation has been made that the registered person should ensure that when audits identify any shortfalls there is clear evidence of the action taken to address these.

A recommendation has been made that the registered person arrange a care review to discuss the suitability of the placement of one specified patient and how best their needs can be met in accordance with the home's statement of purpose. Confirmation of the date of this meeting is to be sent to RQIA with the return of the QIP.

A recommendation has been made that the registered persons should keep records of complaints to include details of the complaint, the result of any investigation, the action taken; whether or not the complainant was satisfied with the outcome and how this level of satisfaction was determined.

Number of requirements	0	Number of recommendations:	3
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Suzanne Scott, registered manager, and Nicola McErlane, nurse in charge, following Ms Scott's departure at 15.40 hours, as part of the inspection process. The timescales commence from the date of inspection.

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

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

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s 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 person may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements – no requirements resulted from the findings of this inspection

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 19</p> <p>Stated: Second time</p> <p>To be completed by: 9 August 2016</p>	<p>Staff should receive training/ supervision on the content of the new palliative care and end of life manual once completed to ensure they are knowledgeable regarding best practice in this aspect of care.</p> <p>Ref: Section 4.2</p> <p>Response by registered person detailing the actions taken: Palliative Care and End Of Life manuals are now available for staff. Training has commenced and supervisions will be completed to ensure knowledge is embedded into practice.</p>
<p>Recommendation 2</p> <p>Ref: Standards 19 and 32</p> <p>Stated: Second time</p> <p>To be completed by: 9 June 2016</p>	<p>Best practice guidelines including the regional guidelines on breaking bad news (2003) and the GAIN palliative care guidelines, should be made available to staff for reference.</p> <p>Ref: Section 4.2</p> <p>Response by registered person detailing the actions taken: GAIN Palliative care guidelines are available on the units for staff to reference</p>
<p>Recommendation 3</p> <p>Ref: Standard 32 criterion 8</p> <p>Stated: Second time</p> <p>To be completed by: 9 August 2016</p>	<p>The cultural, religious and spiritual needs of patients should be discussed and incorporated into the care plans for the end of life.</p> <p>Ref: Section 4.2</p> <p>Response by registered person detailing the actions taken: Cultural, religious and spiritual needs for residents are now incorporated into the care plans. This will be monitored by the Home Manager and Deputy Manager through care file audits on an on-going basis</p>
<p>Recommendation 4</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 9 June 2016</p>	<p>The registered persons should ensure that the staff on duty at all times needs of the patients. The roles and responsibilities of staff should be reviewed in relation to the transport of tea trolleys to and from Wallace unit. The deployment of staff in pond park unit should also be reviewed to ensure that patients receive adequate supervision at all times.</p> <p>Ref: Section 4.3</p> <p>Response by registered person detailing the actions taken: Following a review of roles the Catering assistants now bring food trolleys to and from Wallace suite. The deployment of staff in the Pond Park unit has been reviewed and has been assessed as adequately meeting the needs of the residents, however this will be kept under continual review/monitoring.</p>

<p>Recommendation 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 9 June 2016</p>	<p>The registered person should ensure that entries in care records are meaningful, contemporaneous, dated, timed and signed and accompanied by the name and designation of the signatory. The language used should reflect person-centred principles. Action should be taken to address any staff management issues in this regard.</p> <p>Ref: Section 4.4</p>
	<p>Response by registered person detailing the actions taken: The care file relating to this recommendation has been rewritten. Supervision has been completed with identified staff regarding care entries and this will be monitored by the Home Manager and Deputy Manager through care file audits.</p>
<p>Recommendation 6</p> <p>Ref: Standard 34</p> <p>Stated: First time</p> <p>To be completed by: With the return of the QIP</p>	<p>The registered person should arrange a care review to discuss the suitability of the placement of one specified patient and how best their needs can be met in accordance with the home's statement of purpose. Confirmation of the date of this meeting is to be sent to RQIA with the return of the QIP.</p> <p>Ref: Section 4.6</p>
	<p>Response by registered person detailing the actions taken: The specified resident has now been transferred to the Dementia unit which is a more suitable placement following a review with the designated officer.</p>
<p>Recommendation 7</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 9 August 2016</p>	<p>The registered person should ensure that the menu is displayed in a suitable format and in a suitable location to show what is available at each mealtime.</p> <p>Ref: Section 4.5</p>
	<p>Response by registered person detailing the actions taken: The Menus are now on display in each dining room, and this will be monitored on a daily basis by the Chef manager</p>
<p>Recommendation 8</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 9 August 2016</p>	<p>The registered person should address the concerns raised regarding the timing of the evening meal and the choices available. Patients' level of satisfaction should be assessed and any concerns addressed accordingly.</p> <p>Ref: Section 4.5</p>
	<p>Response by registered person detailing the actions taken: The evening meal is usually served between 4.45pm and 5pm. The resident who raised this concern has her lunch one hour later than everyone else and therefore is not ready for her meal at this time. Arrangements will be made to accommodate the residents individual requests and these are recorded in the appropriate care plan so all staff are aware. The kitchen staff have been made aware to ensure meals are retained/held appropriately.</p>

<p>Recommendation 9</p> <p>Ref: Standard 16</p> <p>Stated: First time</p> <p>To be completed by: 9 June 2016</p>	<p>The registered persons should ensure that records of complaints are maintained to include details of the complaint, the result of any investigation, the action taken; whether or not the complainant was satisfied with the outcome and how this level of satisfaction was determined.</p> <p>Ref: Section 4.6</p>
<p>Recommendation 10</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 9 August 2016</p>	<p>Response by registered person detailing the actions taken: The complaint viewed by the Inspector has now been closed and the complainant satisfied with the outcome. Records maintained at home level in the complaints file.</p> <p>The registered person should ensure that when audits identify any shortfalls there is clear evidence of the action taken to address these.</p> <p>Ref: Section 4.6</p> <p>Response by registered person detailing the actions taken: Following completion of audits action plans and trend analysis reports will be completed and information shared with staff to ensure deficits are addressed and learning shared.</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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