

Unannounced Care Inspection Report 26 September 2017



Pond Park Care Home

Type of Service: Nursing Home (NH)
Address: 2 Derrriaghy Road, Lisburn, BT28 3SF
Tel No: 028 9267 2911
Inspector: Aveen Donnelly

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing and residential care for up to 58 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons (Bamford) Ltd Responsible Individual: Maureen Claire Royston	Registered Manager: Suzanne Scott
Person in charge at the time of inspection: Lorraine Thompson	Date manager registered: 19 May 2014
Categories of care: Nursing Home (NH) I – Old age not falling within any other category PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years TI – Terminally DE – Dementia Residential Care (RC) I – Old age not falling within any other category	Number of registered places: 58 comprising: 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

4.0 Inspection summary

An unannounced inspection took place on 26 September 2017 from 09.45 to 16.00 hours.

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.

The term 'patients' is used to describe those living in the home which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified 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.

It was concerning that one area for improvement previously made under the regulations was partially met and has been stated for the second time; and one area for improvement previously made under the care standards on two previous occasions was not fully met; which has now been made under the regulations. These concerns related to shortfalls in the reporting of notifiable incidents; and the lack of follow up action taken by the registered manager in response to audits completed. New areas for improvement made under the regulations related to the registered nurses' lack of oversight of the patients' food and fluid intake records; and to the completion of the annual quality report. It was also concerning that interim management arrangements had been put in place to support the registered manager in her role.

There were however, examples of good practice found throughout the inspection in relation to staff training and development, adult safeguarding, infection prevention and control, risk management and the home's environment. The care records were generally well maintained and communication between residents, staff and other key stakeholders. The culture and ethos of the home promoted treating patients with dignity and privacy; and mealtimes and activities were well managed.

Patients said they were generally happy living in the home. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*4	0

*The total number of areas for improvement made under the regulations includes one which has been stated for the second time; and one area for improvement made under the care standards, which has now been made under the regulations.

Details of the Quality Improvement Plan (QIP) were discussed with Lorraine Thompson, regional 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.

4.2 Action/enforcement taken following the most recent inspection dated 14 June 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 14 June 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing.
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year

- the previous care inspection report
- pre inspection assessment audit.

During the inspection the inspector met with seven patients, four care staff, one domestic staff, three registered nurses, eight patients' representatives and one visiting professional. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- staffing arrangements in the home
- staff training records for 2016/2017
- accident and incident records
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- emergency evacuation register
- three patient care records
- two patient care charts including food and fluid intake charts and repositioning charts
- patient register
- compliments records
- RQIA registration certificate
- certificate of public liability
- audits in relation to care records and nutrition
- complaints received since the previous care inspection
- minutes of staff', patients' and relatives' meetings held since the previous care inspection
- records of staff alerts for staff who had restrictions imposed upon their registrations by their professional bodies
- monthly quality monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 3 April 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector and will be validated at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 3 April 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) (c) (i) Stated: First time	The registered persons must ensure that staff receive training/supervision on the content of the palliative care and end of life manual to ensure they are knowledgeable regarding best practice in this aspect of care.	Met
	Action taken as confirmed during the inspection: An attendance list was available to evidence staff training in relation to palliative and end of life care. There was also evidence that supervisions had been held with staff to ensure that the learning from the training had been embedded into practice.	
Area for improvement 2 Ref: Regulation 13 (1) (a) Stated: First time	The registered persons must ensure that the settings of pressure relieving mattresses are monitored and recorded, to ensure their effective use.	Met
	Action taken as confirmed during the inspection: The regional manager confirmed that supervision had been undertaken with staff in relation to mattress settings. Discussion with staff and a review of care records also confirmed that mattress settings were checked and recorded every time patients were repositioned and the correct mattress settings were indicated on the front of the patients' repositioning booklet. This is good practice.	
Area for improvement 3 Ref: Regulation 18 (2) (j) Stated: First time	The registered persons must ensure that the floor covering in one identified bedroom is replaced to ensure that the malodours are effectively eliminated.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that this had been addressed.	

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (8) (a)</p> <p>Stated: First time</p>	<p>The registered persons must review the environment to ensure this respects the dignity of patients at all times. Staff must also have an awareness of the potential negative impact this may have on patients' dignity.</p> <p>Action taken as confirmed during the inspection: A review of the environment confirmed that the bedrooms were clean, tidy and well decorated. The bedrooms were well presented and the majority of patients' bedrooms were personalised with photographs, pictures and personal items.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 30 (1) (c)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that RQIA is notified of all notifiable events.</p> <p>Action taken as confirmed during the inspection: During a monthly quality monitoring visit by the regional manager it was identified that a significant number of notifiable events had not been notified to RQIA in a timely manner. All outstanding notifications were submitted to RQIA retrospectively. This area for improvement was partially met and has been stated for the second time. Refer to section 6.4 and 6.7 for further detail.</p>	<p>Partially met</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that the person identified with the responsibility for undertaking the monthly quality monitoring visits, maintains a robust oversight of the audits maintained in the home. Where identified areas for improvement are identified, follow up action must be taken with specified timescales clarified.</p> <p>Action taken as confirmed during the inspection: Although there was oversight of the audits completed in the home, it had been identified that follow up action had not been taken with the specified timescales clarified. The regional manager advised that additional support measures would be put in place, to support the registered manager, in this regard.</p>	<p>Met</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 12 Stated: Second time	The registered persons 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.	Met
	Action taken as confirmed during the inspection: Discussion with staff and patients confirmed that this had been addressed.	
Area for improvement 2 Ref: Standard 16 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: A review of the complaints records confirmed that the complaints records were appropriately maintained.	
Area for improvement 3 Ref: Standard 35 Stated: Second time	The registered person should ensure that when audits identify any shortfalls there is clear evidence of the action taken to address these.	Not met
	Action taken as confirmed during the inspection: The regional manager advised that timely action had not been consistently taken, in response to audits undertaken in the home. This area for improvement was not met and has now been stated as an area for improvement under the regulations.	
Area for improvement 4 Ref: Standard 39 Stated: First time	The registered persons should ensure that a robust system is implemented, to ensure that care staff register with the Northern Ireland and Social Care Council (NISCC), in line with the home's policy and procedure.	Met

	<p>Action taken as confirmed during the inspection: A review of records confirmed that this had been addressed.</p>	
<p>Area for improvement 5 Ref: Standard 22.4 Stated: First time</p>	<p>The registered persons should ensure that risk assessments are completed following patients' falls.</p> <p>Action taken as confirmed during the inspection: A review of care records confirmed that this had been met.</p>	Met
<p>Area for improvement 6 Ref: Standard 7.1 Stated: First time</p>	<p>The registered persons should ensure that the patients' Personal Emergency Egress Plans (PEEPs) are consistently reviewed, to ensure that they reflect current need in terms of mobility and assistance level; and any equipment required for safe evacuation from the home.</p> <p>The location of the PEEPs should be discussed with the home's fire risk assessor and the outcome of this discussion communicated to RQIA with the returned QIP.</p> <p>Action taken as confirmed during the inspection: A review of the care records confirmed that the patients' PEEPs were reflective of their current need.</p>	Met
<p>Area for improvement 7 Ref: Standard 7.1 Stated: First time</p>	<p>The registered persons should review the methods available for engagement with patients and relatives to ensure they are effective.</p> <p>Action taken as confirmed during the inspection: A review of the minutes of patients' and relatives' meetings confirmed that this had been met.</p>	Met
<p>Area for improvement 8 Ref: Standard 41 Stated: First time</p>	<p>The registered persons should ensure that that a permanent record is maintained of the staffing rotas; and the practice of amending duty rotas, as described in section 4.6, should cease.</p>	Met

	Action taken as confirmed during the inspection: A review of the staffing rotas confirmed that they were appropriately maintained.	
Area for improvement 9 Ref: Standard 35.17 Stated: First time	The registered persons should ensure that robust arrangements are put in place to manage alerts received, in relation to staff that have sanctions imposed on their employment by professional bodies. Action taken as confirmed during the inspection: A review of the system for managing staff alerts confirmed that they were appropriately maintained.	Met

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and stated 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 the week commencing 8 September 2017 evidenced that the planned staffing levels were consistently adhered to. Discussion with staff, patients and their representatives evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the number and skill mix of staff on duty.

The planned staffing levels were based on the patients' dependency levels, which were assessed using the Care Home Equation for Safe Staffing (CHESS) assessment tool, developed by Four Seasons Healthcare. The regional manager explained that this was reviewed on a monthly basis and that the staffing levels could be adjusted as required.

The regional manager explained there were currently five registered nurse and one care staff vacancies; these vacancies were being filled by agency staff or permanent staff working additional hours. Recruitment of staff was in progress.

Discussion with staff confirmed that communication was well maintained in the home and that appropriate information was communicated in the shift handover meetings.

Staff spoken with stated that they felt supported in their roles. A review of the training records confirmed that training had been provided in all mandatory areas and records were kept up to date. A review of staff training records confirmed that staff completed e-learning (electronic

learning) modules on basic life support, medicines management, control of substances hazardous to health, fire safety, food safety, health and safety, infection prevention and control, safe moving and handling and adult prevention and protection from harm. Overall compliance with training was monitored by the registered manager and this information informed the responsible persons' monthly monitoring visit in accordance with regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

Staff had also commenced the first module of the Dementia Care Framework; this included training modules on dementia care; activities and engagement; communication; distressed reactions; and dementia and the law.

Staff consulted with, were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding. The staff understood what abuse was and how they should report any concerns that they had. There had been no incidents reported to adult safeguarding from the last inspection.

Review of patient care records evidenced that validated risk assessments were completed as part of the admission process and were reviewed as required. These risk assessments informed the care planning process.

Infection prevention and control measures were adhered to and equipment was stored appropriately. There were processes in place to check that emergency equipment, such as the suction machines, were regularly checked as being in good order and fit for use. This meant that in the event of an emergency the equipment was ready for use.

A review of the home's environment was undertaken which included a number of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout. The majority of patients' bedrooms were personalised with photographs, pictures and personal items.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training and development, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

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.

However, areas for improvement were identified in this domain. For example, a sampling of food and fluid intake charts confirmed that although patients' food and fluid intakes were being recorded, the registered nurses did not have oversight of these records; and there was no evidence of any action taken in response to identified deficits. This has been identified as an area for improvement under the regulations.

Furthermore, although there was evidence that patients who had been identified as being at risk of losing weight had their weight regularly monitored, the nutritional audit undertaken on 19 September 2017 had identified that a number of Malnutrition Universal Screening Tool (MUST) scores had been incorrectly calculated. This was discussed with the regional manager, who advised that supervision was planned to address this with the registered nurses.

Despite this, there were areas of good practice identified. Patients who were prescribed regular analgesia had validated pain assessments completed which were reviewed in line with the care plans. Abbey pain assessment tools were completed for patients who could not verbalise their pain.

Patients who were identified as requiring a modified diet, had the relevant risk assessments completed. As previously discussed, a nutritional audit had recently been undertaken to ensure that the care plans in place were reflective of the recommendations of SALT. There was evidence that corrective action had been taken in response to the audit undertaken.

Personal care records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. For example, a review of repositioning records evidenced that patients were repositioned according to their care plans.

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.

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 patient register. This register provided an accurate overview of the patients residing in the home on the day of the inspection.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and discussions at the handover provided the necessary information regarding any changes in patients' condition. Staff also confirmed that communication between all staff grades was effective.

Staff, patients' and relatives' meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. The registered manager also obtained feedback from patients, their representatives and visiting professionals on a daily basis, to ascertain their views on the home environment and the safety of the care provided. A review of the feedback provided on this system; identified that no concerns had been identified.

A Family and a Residents Charter was also available, which outlined the staff commitment to providing the right care; keeping patients and relatives informed; respecting their rights; and supporting them through end of life care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping; audits and reviews; and communication between residents, staff and other key stakeholders.

Areas for improvement

An area for improvement made under the regulations related to the registered nurses' oversight of the patients' food and fluid intake records.

	Regulations	Standards
Total number of areas for improvement	1	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with seven patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Patients stated that they were involved in decision making about their own care. Patients were consulted with regarding meal choices and their feedback had been listened to and acted on. Patients were offered a choice of meals, snacks and drinks throughout the day. We observed the lunch time meal in two dining rooms. The patients spoken with stated that they were satisfied with the meals provided. The atmosphere was quiet and tranquil and patients were encouraged to eat their food; assistance was provided by staff, as required. .

There was evidence of a variety of activities in the home and discussion with patients confirmed that they were given a choice with regards to what they wanted to participate in. Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. There was evidence that the home had received many compliments in regards to the care provided; and a number of cards were displayed on the noticeboard.

Despite areas of good practice being identified, it was also identified that the annual quality report was not available for inspection and it was unclear as to when the last report had been undertaken. This has been identified as an area for improvement under the regulations.

During the inspection, we met with seven patients, four care staff, one domestic staff, three registered nurses, eight patients' representatives and one visiting professional. Some comments received are detailed below:

Staff

"The patients are getting what they need, 100 percent."
 "It is a great wee home."
 "No concerns, the patients are getting everything they need."
 "I feel good about the patient care."
 "I have no concerns about patient care."
 "I am happy indeed."
 "I love the residents and the staff."
 "I can see the difference in the care here, it makes me happy."

Patients

"It is alright."
 "I could not say a word against them."
 "No problems whatsoever, I am treated the very best."
 "It is very nice, the staff are very pleasant and the food is lovely."
 "It is very good, I get everything I need."
 "Everything is fine."
 "I am very happy, they are very good to me."

Patients' representative

"I am happy enough with everything."
 "Everything is ok, there are a couple of minor things which they are dealing with."
 "I have no concerns, we have a good relationship with the staff and would recommend Pond Park."
 "We are very happy, no concerns."
 "Happy enough, everything is grand."

Visiting Professionals

"I have no concerns."

We also issued ten questionnaires to staff and relatives respectively and eight questionnaires to patients. No patient' questionnaires were returned. One staff and three relatives had returned their questionnaires, within the timeframe for inclusion in this report. Comments and outcomes were as follows:

The staff respondent indicated that they were 'satisfied' that the care in the home was safe, effective and compassionate; and that the home was well-led. No written comment was received.

Relative respondents indicated that they were either 'very satisfied' or 'satisfied' that the care in the home was safe, effective and compassionate; and that the home was well-led. No written comment was received.

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 of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives. Mealtimes and activities were well managed.

Areas for improvement

An area for improvement made under the regulations related to the completion of the annual quality report.

	Regulations	Standards
Total number of areas for improvement	1	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

As previously discussed in section 4.2, there were systems in place to monitor and report on the quality of nursing and other services provided. However, one area for improvement previously made under the regulations was partially met and has been stated for the second time; and one area for improvement previously made under the care standards on two previous occasions was not met; which has now been stated as an area for improvement under the regulations. These areas for improvement related to the reporting of notifiable incidents; and the lack of follow up action taken by the registered manager in response to completed audits. Discussion with the regional manager confirmed that the organisations' internal governance systems had previously identified shortfalls in the follow up action taken by the registered manager in relation to wound audits, reporting of notifiable incidents, the dining audit, and the medication audit; and confirmed that remedial action had been taken, to ensure that all shortfalls had been addressed. It was also concerning that actions arising from the monthly quality monitoring report were not consistently completed; resulting in a number of recommendations being repeated for the third time.

We were advised that the registered manager was on leave; whilst these matters were being investigated. The regional manager advised of the interim management arrangements and stated that increased quality monitoring visits will be undertaken to ensure compliance in relation to the above concerns. The regional manager also confirmed to RQIA by email on 5 October, that additional management support measures will be put in place to support the registered manager on her return. A further inspection will be taken in order to validate compliance and to drive improvement.

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

Staff spoken with stated that there were good working relationships and that management were responsive to any suggestions or concerns raised. All those consulted with described the registered manager in positive terms and stated that they felt well supported.

There was a clear organisational structure within the home and there was a system in place to identify the person in charge of the home, in the absence of the registered manager.

Areas of good practice

There were examples of good practice found in relation to the management of complaints. There were good working relationships within the home.

Areas for improvement

Although no new areas for improvement were identified in this domain, during the inspection, it was concerning that one area for improvement previously made under the regulations was partially met and has been stated for the second time; and one area for improvement previously made under the care standards on two previous occasions was not met; resulting in this area for improvement now being made under the regulations.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lorraine Thompson, regional manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 30 (1) (c)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered persons must ensure that RQIA is notified of all notifiable events.</p> <p>Ref: Section 6.2 and 6.7</p> <p>Response by registered person detailing the actions taken: A review of all incident reports in undertaken daily by the Home Manager to ensure that all notifications are completed as per regulation. This will be monitored by the Regional Manager.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered persons shall ensure that the registered nurses' have oversight of the patients' food and fluid intake records; and that evidence of any action taken in response to identified deficits are recorded in the daily progress notes.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: Registered nurses have been reminded of their responsibility to ensure they have oversight of the food and fluid records and that these records are reflective, with records maintained of any deficits and actions taken.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p> <p>To be completed by: 24 November 2017</p>	<p>The registered persons shall ensure that the annual quality report is completed.</p> <p>Ref Section 6.6</p> <p>Response by registered person detailing the actions taken: The annual quality report has now been completed and is available for viewing</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 17(1)</p> <p>Stated: First time</p> <p>To be completed by: 24 November 2017</p>	<p>The registered person shall ensure that when audits identify any shortfalls, there is clear evidence of the action taken to address these.</p> <p>Ref: Section 6.2 and 6.7</p> <p>Response by registered person detailing the actions taken: Action plans have been devised following the completion of audits, these are then shared with staff with deadlines for addressing actions included. On completion the Home Manager will review the actions taken and verify a sample to ensure accuracy.</p>



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