



Unannounced Care Inspection Report

11 June 2018



Redburn Clinic

Type of Service: Nursing Home (NH)
Address: 89 Belfast Road, Ballynahinch, BT24 8EB
Tel No: 028 9756 3554
Inspector: James Lavery

www.rqia.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 care for up to 27 persons.

3.0 Service details

Organisation/Registered Provider: Spa Nursing Homes Ltd Responsible Individual(s): Christopher Philip Arnold	Registered Manager: See box below
Person in charge at the time of inspection: Linda Graham, regional manager, upon arrival. Linda Parkes, manager arrived following this.	Date manager registered: Linda Parkes – Registration withdrawn
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 ill.	Number of registered places: 26 comprising: NH-I, NH-PH, NH-PH(E), NH-TI, In addition: there shall be a maximum of 1 named resident receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 11 June 2018 from 09.00 to 17.00 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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement which had been identified during and since the care inspection which was conducted on 5 March 2018 and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the management of accidents and incidents, wound management and governance processes focusing on quality assurance and service delivery.

Two areas for improvement under regulation were identified in relation to managing the hydration needs of patients and care records relating to healthcare acquired infections (HCAI).

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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	2	0

Details of the Quality Improvement Plan (QIP) were discussed with Linda Parkes, manager, and Linda Graham, regional manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 5 March 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 5 March 2018. 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 the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- 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 previous care inspection report
- the returned QIP from the previous care inspection
- pre-inspection audit

During the inspection the inspector met with 13 patients, one patient's relative and four staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA directly. The inspector provided the manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

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

The following records were examined during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2018/19
- accident and incident records
- one staff recruitment and induction file
- minutes of staff and relatives' meetings
- five patients' care records
- a selection of governance audits
- complaints records
- maintenance records
- a selection of governance risk assessments
- adult safeguarding records
- notifiable incidents to RQIA
- personal emergency evacuation records
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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 manager and regional manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 5 March 2018

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

6.2 Review of areas for improvement from the last care inspection dated 5 March 2018

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 17 (1) Stated: Third and final time	<p>Quality audits should be a conducted in order to drive improvement in the overall management of care records.</p> <p>An action plan should be generated and presented to the person completing the plan of care to amend.</p> <p>A record should be maintained of the action taken alongside the date and verification by the auditor that the record is maintained in keeping with best practice. The results of audits should be analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and regional manager in addition to reviewing a sample of governance audits, provided assurance that this area for improvement was met. The use of such audits is discussed further in section 6.7.</p>	
Area for improvement 2 Ref: Regulation 20 (1) (a) Stated: First time	<p>The registered person shall ensure that that the manager works sufficient hours in a management capacity as agreed with RQIA until such times as the governance systems within the home are sufficiently and consistently robust.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and regional manager alongside a review of the staff rota confirmed that the manager does not routinely work more than 12 hours per week in the capacity of a staff nurse.</p>	

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all medicines are stored safely and securely at all times.</p> <hr/> <p>Action taken as confirmed during the inspection: Observation of the environment confirmed that medicines stored within a fridge located in the ground floor nursing station were stored safely and securely. The storage of medicines is discussed further in section 6.4.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that wound care is delivered in accordance with best practice guidelines and care plans are reflective of patients' needs and specialist advice.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of the care record for two patients requiring wound care confirmed that wound care was being delivered in accordance with best practice guidelines and that care plans were reflective of patients' needs and specialist advice. Governance records reviewed also highlighted that all wounds within the home were periodically and effectively reviewed by the manager.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard E8</p> <p>Stated: Second time</p>	<p>The registered persons shall ensure that all patients have access to a nurse call system in both communal lounges.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of both lounges confirmed that patients had access to a functioning nurse call system on the day of inspection. No patients who were spoken with expressed any concerns in regards to summoning staff while seated in either communal lounge.</p>	<p>Met</p>

Area for improvement 2 Ref: Standard 40 Stated: First time	The registered person shall ensure that a robust governance system is implemented and monitored which ensures that all staff receive supervision and appraisal in compliance with best practice standards.	Met
	Action taken as confirmed during the inspection: Discussion with the manager/staff and review of governance records confirmed that a robust governance system had been implemented and monitored with the purpose of ensuring that all staff receive supervision and appraisal in compliance with best practice standards.	

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 manager confirmed the planned daily staffing levels for the home and that these levels were subject to a monthly review to ensure that the assessed needs of patients were met. Discussion with the manager also confirmed that contingency measures were in place to manage short notice sick leave when necessary. Discussion with patients, patients' relatives and staff confirmed that they had no concerns regarding staffing levels.

Discussion with the manager and review of governance records evidenced that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through a process of both supervision and appraisal.

Discussion with the manager indicated that training was planned to ensure that mandatory training requirements were met. Additional face to face training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients. Areas of mandatory training for staff included topics such as, manual handling, adult safeguarding, first aid, food hygiene and behavioural distress management. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice. The provision of fire safety training is discussed further below.

Discussion with the manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home. While the manager stated that safeguarding records were kept within patients' care records, as appropriate, it was noted that the manager did not maintain any form of governance records relating to safeguarding matters within the home. It was agreed with the manager that such a record would be commenced thereby assisting the manager to identify any potential trends/patterns relating to adult safeguarding.

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005. Current RQIA guidance relating to statutory notifications was discussed with the manager in order to ensure that unnecessary notifications would be avoided.

A review of the care record for one patient evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices. Care records also confirmed that a best interest decision making process had taken place prior to restrictive practices being implemented. Relevant care plans were in place which reflected this process.

Discussion with the manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Records confirmed that the manager had reviewed the registration status of nursing and care staff on a monthly basis. There were also systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms, were personalised with photographs, pictures and personal items. It was noted that the wash hand basin area within one patient's bedroom was a source of noise suggesting a possible maintenance issue. This was highlighted to the manager who agreed to have maintenance staff address the matter immediately. It was also observed that the bedroom furniture within two patients' bedrooms were in minor disrepair. The manager agreed to ensure that corrective maintenance action was taken. Observation of one communal bathroom evidenced that it remained out of use pending a potential change to the room's function. Discussion with the regional manager confirmed that the matter remains ongoing while discussions continue with patients and patients' relatives concerning the proposed change. No patients expressed any concerns in regards to the bathroom being unavailable.

Fire exits and corridors were observed to be clear of clutter and obstruction. While observation of staff on the day of inspection evidenced that they adhered to safe fire practices it was noted that fire training records for the period 2017/18 were not readily available. The manager confirmed that the staff training period ran from April to March each year and that all staff had attended mandatory fire awareness training for the preceding year. The manager further stated that fire awareness training for all staff was scheduled to occur on 19 June 2018. The need to ensure that all staff attend mandatory fire training and that such training is embedded into practice was stressed. Staff practices observed throughout the inspection did not highlight any fire safety concerns.

Some deficits with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted, namely: one patient's bedroom had an incontinence product inappropriately disposed of by staff and one storage area was found to be cluttered with various items for patients' use sitting on the floor. These deficits consequently impacted the ability of staff to deliver care in compliance with IPC best practice standards and guidance. This was discussed with the manager who confirmed before completion of the inspection, that all such deficits had been addressed. The need to ensure that best practice IPC standards are embedded into practice was stressed.

During a review of the environment it was noted that there was one area in which patients could potentially have had access to harmful chemicals. This was discussed with the manager and it was stressed that the internal environment of the home must be managed to ensure that Control of Substances Harmful to Health (COSHH) regulations are adhered to at all times. The identified substance was secured by the manager and COSHH regulations were observed to be adhered to throughout the duration of the inspection.

It was further noted that while medicines kept within the ground floor nursing station were securely stored, nursing staff had left a first floor storage area containing various medicines and medical equipment briefly unlocked and unattended. This was discussed with both the manager and regional manager and it was agreed that nursing staff must remain vigilant at all times in regards to the safe storage of medicines. This area was checked by the inspector at various times throughout the remainder of the inspection and found to be secure. It was also highlighted to the manager that the storage area highlighted was excessively cluttered and untidy. The manager agreed to ensure that the area was appropriately reviewed and reorganised. This will be reviewed during a future care inspection.

Systems were in place to monitor the incidents of HCAI's and the manager understood the role of the Public Health Authority (PHA) in the management of infectious outbreaks. Care records' relating to HCAI matters is discussed further in section 6.5.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff management and statutory notifications.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	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.

Discussion with staff and the manager evidenced that nursing/care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' conditions and that they were encouraged to contribute to the handover meeting. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals.

Staff who were spoken with stated that if they had any concerns, they could raise these with their line manager and/or the manager. While staff spoke positively about working within the home, several staff spoken with did express concerns in regards to the amount of paperwork which they felt they were expected to complete on a daily basis. Staff comments included the following remarks:

"It's more stressful ... more paperwork now ... we could do with an extra person on in the morning."

"Things are going good ... paperwork is lots ... and food intake/care charts are sometimes not done until the evening ... staff get on well."

"Bit stressful lately ... Linda [manager] is approachable. The increased paperwork is proving stressful."

All staff comments were shared anonymously with the manager and regional manager for their consideration and further action, as necessary. No patients who were spoken with expressed any concerns in relation to staffing.

Supplementary care charts, specifically, fluid balance records, evidenced that they had not been maintained in accordance with best practice guidance, care standards and legislative requirements. Review of such supplementary records for two patients highlighted that they were incomplete on several occasions and had not been completed contemporaneously by care staff. In addition, the fluid intake of these two patients had not been reviewed by nursing staff within their care records in an accurate, meaningful and consistent manner. It was found that deficits relating to fluid balance charts not being completed comprehensively was also noted within the May 2018 monthly monitoring report by the regional manager. Although discussion with nursing staff confirmed that they had no concerns on the day of inspection in regards to the well-being of either patient, these shortfalls were highlighted to the manager and an area for improvement under regulation was made.

There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found. Review of the care record for one patient who had been commenced on a nutritional supplement due to the risk of weight loss confirmed that a relevant and comprehensive care plan was in place. Care records further evidenced that the patient's weight had been obtained and recorded regularly in compliance with existing care plans. While food intake charts had also been completed comprehensively it was noted that the patient's food intake on the day of inspection had not been documented by staff by 15.10 hours. The need to ensure that patients' food intake records are completed in a timely manner was stressed to the manager.

Discussion with the manager confirmed that the incidence of HCAI's within the home was monitored on a monthly basis (see section 6.4). However, review of the care record for one patient who required antibiotic therapy for a urinary tract infection (UTI) highlighted that no care plan had been written by nursing staff in regards to UTI management. It was further noted that while staff stated they had liaised with the patient's family concerning the UTI diagnosis/treatment, there was no documentary evidence to support this. Discussion with two care staff on duty also highlighted that they were unable to confirm for the inspector that this particular patient was currently being treated for a UTI. An area for improvement under regulation was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to multiprofessional collaboration.

Areas for improvement

Two areas for improvement under regulation were made in regards to managing the hydration of patients and the management of HCAIs.

	Regulations	Standards
Total number of areas for improvement	2	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 and caring. All patients were positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

Feedback received from several patients during the inspection included the following comments:

"It's lovely here."

"The girls are lovely."

"I just love it here."

Feedback received from one patient's relative included the following comment:

"The care is very good."

In addition to speaking with patients, patients' relatives and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients' relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report, no questionnaires have been returned within the specified timescales. Questionnaire comments received after specified timescales will be shared with the manager, as necessary.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

There were systems in place to obtain the views of patients and their representatives in relation to the delivery of care and the management of the home. It was encouraging to see that a monthly 'Redburn Newsletter' was also produced for patients and their relatives/representatives. In addition, a notice board for patients and relatives was also on display within the entrance hall and appeared to be tidy and up to date.

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

Observation of the lunch time meal within the main dining area evidenced that patients were given a choice in regards to the meals being served. The dining area appeared to be clean, tidy and appropriately spacious for patients and staff. All patients appeared content and relaxed in their environment. Care staff interactions with patients within the dining area were noted to be enthusiastic and spontaneous. Such practice is commended.

However, some deficits were observed with regards to the dining experience of patients, specifically: the menu on display did not provide any breakfast information for patients and was also presented in a manner which some patients may struggle to read; some meals were also noted to have been transported from the kitchen to the dining area without being appropriately covered; one staff member was overheard using terminology which was not person centred. These shortfalls were discussed with the manager and regional manager who agreed to address them accordingly. These weaknesses will be reviewed during a future care inspection.

It was particularly encouraging to note that one staff member was engaged in rehabilitative activities with a patient during the inspection which focused on promoting their physical and mental well-being. These activities occurred both inside and around the grounds of the home. Such practice is commended.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff interactions with patients.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	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.

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised. 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 manager confirmed that there was a system in place to ensure that policies and procedures for the home were systematically reviewed on a three yearly basis. These policies were not reviewed during this inspection.

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

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. It was also confirmed with the manager that any expression of dissatisfaction should be recorded appropriately as a complaint.

Discussion with the manager and a review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives. However, review of the most recent monthly monitoring visit on 23 May 2018 did highlight that the categories of care, for which the home was registered, were incorrect. This was highlighted to the regional manager who agreed to amend future monthly monitoring reports accordingly.

Staff recruitment information was available for inspection and records for one staff member evidenced that all relevant checks including enhanced AccessNI checks were sought, received and reviewed prior to them commencing work in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The manager confirmed that the equality data collected was managed in line with best practice guidance.

Discussion with the manager confirmed that staff meetings were held on a regular basis and that minutes/records of attendance were maintained. Staff confirmed that such meetings were held and that the minutes were made available. It was noted that there was one occasion when a general staff meeting and registered nurse meeting occurred on the same day. However, minutes for these two meetings indicated the same start time. It was agreed with the manager that the minutes for all meetings should clearly and accurately indicate the start and completion time.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing care and other services provided. Governance audits which focused on issues such as, the use of bedrails, complaints, wound care, patients' weight loss, had been effectively conducted on a monthly basis in order to drive improvement. Discussion with the manager confirmed that a 'Home Manager Audit Planner' was in place for 2018 and provided the manager with an effective structure for planning, conducting and reviewing all quality assurance audits.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance processes focusing on quality assurance and service delivery.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	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 Linda Parkes, manager, and Linda Graham, 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 12 (1) (a)(b)(c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in relation to the management of patients' hydration needs:</p> <ul style="list-style-type: none"> • all supplementary fluid balance records will be completed in a contemporaneous, comprehensive and accurate manner at all times • patients' fluid intake will be referenced by nursing staff in an accurate and meaningful way within daily nursing records (including any corrective interventions prescribed/taken by nursing staff, where appropriate) <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The Manager ensures the following in relation to hydration -a system is in place for the manager to spot check supplementary booklets to ensure they are completed contemporaneously, comprehensively and accurately. Staff have received supervision on recording of supplementary charts and this is continually being monitored in the home. The Manager has addressed with nursing staff the importance of referencing fluid intake records within daily nursing records. This is being closely monitored.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 12 (1) (a)(b)(c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in relation to the management of patients' experiencing an HCAI:</p> <ul style="list-style-type: none"> • an appropriate, comprehensive and person centred care plan will be written by nursing staff in a timely manner and in collaboration with the patient and/or their relative/representative • the patient's assessed nursing/care needs in relation to the ongoing and effective management of the HCAI will be effectively communicated to staff on duty <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The Manager ensures the following in relation to management of residents experiencing an HCAI- Any resident diagnosed with a HCAI has a person centred care plan written by nursing staff in a timely manner and resident and/or relative representative is made aware of the change to care need. The Manager ensures when a resident is diagnosed with a HCAI that this is recorded in the communication book, handover sheets for verbal handover reports and allocated on the notice board in the nursing office in order to ensure this is effectively communicated to staff.</p>

Please ensure this document is completed in full and returned via Web Portal



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