

Unannounced Care Inspection Report

5 March 2018



Redburn Clinic

Type of Service: Nursing Home

Address: 89 Belfast Road, Ballynahinch, BT24 8EB

Tel no: 028 9756 3554

Inspector: James Lavery

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 care for up to 27 persons.

3.0 Service details

Organisation/Registered Provider: Spa Nursing Homes Ltd Responsible Individual: Mr Christopher Philip Arnold	Registered Manager: See box below
Person in charge at the time of inspection: Linda Parkes	Date manager registered: Linda Parkes – Registration Pending
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. Residential Care (RC) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of registered places: 27 comprising: NH-I, NH-PH, NH-PH(E), NH-TI

4.0 Inspection summary

An unannounced inspection took place on 5 March 2018 from 10.05 to 17.00. A lay assessor accompanied the inspector during the inspection.

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 16 and 17 October 2017 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 monitoring the professional registration of staff; communication between staff and patients, staff training and the management of complaints.

Three areas for improvement under regulation were identified in relation to the manager's working hours, care delivery and the safe storage of medicines. A third area for improvement under regulation was stated for a third and final time in relation to governance processes which focus on quality assurance and service delivery.

An area for improvement under the standards was identified in relation to staff management. A further area for improvement under the standards was stated for a second time in regards to access to the nurse call system.

Patients said that they were well cared for and expressed confidence in the ability and willingness of staff to meet their care needs. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

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	*2

*The total number of areas for improvement includes one under regulation which has been stated for a third and final time and one under the standards which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Linda Parkes, manager, and Linda Kelly, support 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 January 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 5 January 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 returned QIP from the previous care inspection
- the previous care inspection report
- the previous unannounced compliance inspection report

- pre-inspection audit

During the inspection the inspector and lay assessor met with seven patients, two patients' relatives, two staff and one visiting professional. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA directly.

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

The following records were examined during the inspection:

- duty rota for all staff from 19 February to 4 March 2018
- 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 2016/17
- incident and accident records
- one staff recruitment and induction file
- minutes of staff and patient/relatives meetings
- three patients' care records
- the matrix for staff supervision and appraisal
- a selection of governance audits relating to accidents/incidents, complaints, wounds and care records,
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- RQIA registration certificate
- certificate of public liability
- a sample of personal emergency evacuation plans (PEEPS)
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

The findings of the inspection were provided to the manager and support regional manager at the conclusion of the inspection.

Areas for improvement which had been identified during and since the care inspection which was conducted on 16 and 17 October 2017 were reviewed and assessment of compliance recorded as met, partially met, or not met.

6.0 The inspection

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

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

6.2 Review of areas for improvement from the last care inspection dated 16 and 17 October 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: Second time	<p>The registered persons must ensure that quality audits are conducted by a person not completing the care plan in order to ensure transparency.</p>	Partially met
	<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>	
	<p>Action taken as confirmed during the inspection:</p> <p>Review of governance audits which focused on accidents/incidents, complaints and wound care evidenced that these had been conducted on a monthly basis in order to drive improvement. These audits were completed accurately and consistently in keeping with best practice guidance. Although care record audits had been completed by a person not completing the care plan in order to ensure transparency and included an action plan identifying deficits which delegated staff were to address, shortfalls were identified, specifically, three care record audits were noted to be incomplete and therefore ineffective. This is discussed further in section 6.7.</p>	

	This area for improvement has been partially met and has been stated for a third and final time.	
Area for improvement 2 Ref: Regulation 27 (4) (b) Stated: First time	The registered persons must ensure that adequate precautions against the risk of fire are taken and that all designated fire doors are closed and/or locked in adherence with current fire safety risk assessments and best practice guidance.	Met
	Action taken as confirmed during the inspection: Discussion with the manager, review of governance records and observation of staff confirmed that adequate precautions against the risk of fire had been taken and that all designated fire doors were closed and/or locked in adherence with current fire safety risk assessments and best practice guidance.	
Area for improvement 3 Ref: Regulation 14 (2) (a) (c) Stated: First time	The registered persons must ensure that all chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health.	Met
	Action taken as confirmed during the inspection: Observation of the environment confirmed that all chemicals were securely stored in keeping with COSHH legislation, to ensure that patients were protected from hazards to their health.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35 Stated: Second time	<p>The registered persons should ensure that the registered manager is supported in their role to ensure compliance with the requirements and recommendations made following this inspection.</p> <p>Progress in compliance with the requirements and recommendations should be monitored and recorded as part of the Regulation 29 monthly monitoring visits.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and review of monthly monitoring records evidenced that progress in compliance with relevant quality improvement plans (QIP) issued by RQIA were monitored and recorded as part of the Regulation 29 monthly monitoring visits. However, discussion with the manager and review of the staff rota highlighted a shortfall with regards to staffing arrangements, specifically the manager's working hours. This deficit has been subsumed in to a new area for improvement under regulation and is discussed further in section 6.4.</p>	
Area for improvement 2 Ref: Standard 46 Stated: First time	<p>The registered persons shall ensure that the infection prevention and control (IPC) issues identified during this inspection are managed to minimise the risk and spread of infection.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Review of the environment confirmed that the IPC issues identified during the care inspection on 16 and 17 October 2017 had been satisfactorily addressed. Discussion with staff and observation of staff practices confirmed that IPC best practice standards were embedded into practice. Isolated IPC issues identified during this inspection were appropriately managed before the conclusion of the inspection.</p>	

Area for improvement 3 Ref: Standard E8 Stated: First time	The registered persons shall ensure that all patients have access to a nurse call system in both communal lounges.	Not met
	Action taken as confirmed during the inspection: Observation of both ground floor lounges and discussion with the manager confirmed that these communal areas did not provide patients with effective access to the nurse call system. This is discussed further in section 6.4. This area for improvement has not been met and has been stated for a second time.	
Area for improvement 4 Ref: Standard 4 Stated: First time	The registered persons shall ensure that patients' care plans in relation to seating are written in a holistic manner and in collaboration with the patient and/or patients' representative.	Met
	Action taken as confirmed during the inspection: Review of care records for one patient evidenced that their care plan in relation to seating had been written in a holistic manner and in collaboration with the patient.	
Area for improvement 5 Ref: Standard 38 Stated: First time	The registered persons must ensure that staff are not employed within the home until all the legislative requirements as stated in Regulation 21 (1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005 have been met.	Met
	Action taken as confirmed during the inspection: Review of selection and recruitment records confirmed that staff had not been employed within the home until all the legislative requirements as stated in Regulation 21 (1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005 had been 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 manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular 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. A review of the staffing rotas from 19 February to 4 March 2018 evidenced that the planned staffing levels were adhered to. Comments received from patients and relatives in regards to staffing included the following:

“...staff can be scarce.”

“Staff shortage is a concern.”

Discussion with the manager and a review of the staffing rota for the same period also evidenced that the majority of the manager's hours were worked and rostered in the capacity of a registered nurse rather than as the manager. Deficits which were found within governance records also highlighted the importance of the manager being allocated sufficient hours in a management capacity. It was stressed to the manager that sufficient management hours are integral to ensuring that areas for improvement identified during this inspection are addressed and to effectively maintain existing quality assurance monitoring/governance processes. These governance deficits are discussed further below and in section 6.7. The concerns regarding management hours for the manager were discussed with the responsible person following the inspection and it was agreed that the manager would not work in excess of 12 hours per week in the capacity of a registered nurse, with immediate effect. It was further agreed that this arrangement would continue until such time as RQIA are assured that governance systems within the home are sufficiently and consistently robust. An area for improvement under regulation was made.

Discussion with the manager and support regional manager highlighted that the system in place for monitoring staff performance, specifically the supervision and appraisal of staff, was unstructured and therefore ineffective. A review of governance records relating to staff appraisal throughout 2017 evidenced that conflicting records were being maintained. Records further evidenced that the majority of staff had not received supervision or appraisal within expected timescales. Feedback from staff in relation to the provision of supervision and/or appraisal included the following comments:

“...it's been a while.”

“It hasn't happened recently.”

This deficit was discussed with the manager and an area for improvement under the standards was made.

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. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with regional safeguarding protocols and the home's policies and procedures. Discussion with the manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The manager further confirmed that an 'adult safeguarding champion' was identified for the home.

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.

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 staff on a monthly basis.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of staff further confirmed that fire training in relation to fire safety was embedded into practice. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. Patients' bedrooms were personalised with photographs, pictures and personal items.

Observation of staff confirmed that IPC best practice standards were embedded into practice. It was noted that there were two instances of un-laminated signage within the home and it was agreed with the manager that such signage should either be laminated or appropriately covered. The identified signage was appropriately managed before completion of the inspection.

Review of the environment also highlighted that two communal areas lacked the provision of nurse call leads. This was highlighted to the manager and it was stressed that patients must have effective access to the nurse call system, as appropriate. An area for improvement under the standards was stated for a second time. Following this discussion, the support regional manager confirmed that nurse call leads were in place within the areas identified on inspection.

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 substances were secured by the support regional manager before completion of the inspection. Observation of the environment confirmed that no other COSHH deficits were evidenced.

It was further noted that a fridge which was used to store patients' medications within the ground floor nursing station was left unattended and unlocked by staff. This provided access to patients' medications which had not been stored securely. This deficit was highlighted to the manager and 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 monitoring the professional registration of staff, staff training and the notification of incidents.

Areas for improvement

Two areas for improvement under regulation were made in regards to the manager's hours and the safe storage of medicines.

An area for improvement under the standards was made in relation to staff supervision and appraisal. An area for improvement under the standards was stated for a second time in regards to the internal environment of the home.

	Regulations	Standards
Total number of areas for improvement	2	1

6.5 Is care effective?

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

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. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Staff who were spoken with stated that there was effective teamwork within the home with each staff member knowing 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.

Discussion with the manager confirmed that the most recent staff meeting occurred on 16 February 2018 and that such meetings are scheduled on a quarterly basis. Staff also confirmed that such meetings were held and that the minutes were made available. Discussion with the manager further evidenced that a relatives' meeting had also been facilitated on the same date and that these have been scheduled to take place bi-annually.

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. 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.

Weaknesses were identified in relation to the provision of wound care. Review of the care record for one patient highlighted that a relevant care plan had not been reviewed and updated to accurately reflect the patient's changing needs. It was further noted that a body map which was used to describe the patient's skin state had been completed by care staff without the necessary counter signature of nursing staff. Shortfalls were also noted within the care record of a second patient who had developed a wound requiring nursing intervention. Although an appropriate care plan had been written in a timely manner and provided clear direction as to the required dressing regimen, supplementary wound care records were not evident to confirm that the dressing regimen had been adhered to. It was also found that the care plan itself had not been reviewed despite confirmation from the support regional manager that the identified wound had since been healed thus rendering the care plan inaccurate and out of date. In addition, care records for a third patient who required regular wound care as directed by the TVN evidenced that the dressing regimen had not been adhered to. Review of additional supplementary wound care records relating to three patients' wounds, which the manager confirmed as having been healed, evidenced that these records had not been archived and stored securely in a timely manner. This was discussed with the manager and it was agreed that the presence of such records was potentially confusing for nursing staff. 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 teamwork within the home.

Areas for improvement

An area for improvement under regulation was identified in relation to the delivery of care, specifically wound care.

	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. Patients were afforded choice, privacy, dignity and respect. All patients were very 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 person centred care. Observation of staff interactions with patients evidenced the provision of such care and this is commended.

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

“It’s great here.”

“The staff are wonderful.”

“...very well cared for.”

“...night staff have time to chat to me.”

Feedback received from patients’ relatives during the inspection included the following comment:

“Staff have the interests of the residents at heart ... the food is excellent ...the care is excellent.”

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

At the time of writing this report, five patient questionnaires and two relatives’ questionnaires were returned within the specified timescales. All respondents confirmed a high level of satisfaction with the delivery of care. All 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.

Discussion with patients and staff evidenced that arrangements were in place to meet patients’ religious and spiritual needs within the home. Patients and their representatives 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 evidenced that the dining area used was clean, tidy and appropriately spacious for patients and staff. Staff were heard gently encouraging patients with their meals and offering alternative choices if necessary. Staff also demonstrated a good knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plans and associated SALT dietary requirements. All patients appeared content and relaxed during the provision of the lunch time meal.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	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. Staff were able to describe their roles and responsibilities. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. While discussion with staff and patients evidenced that the manager effectively engaged with patients, their representatives and the multi-professional team, review of the manager's working patterns was identified as an area for improvement. This is discussed further in section 6.4.

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

Although the registration certificate was displayed appropriately it was noted to be out of date and did not contain accurate information in relation to the current manager of the home. This was discussed with the manager who agreed to contact the RQIA registration team as soon as possible in order to request an updated certificate. 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.

Discussion with the manager and review of the home's complaints records evidenced that an effective complaints process was in place. Patients' relatives 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. Governance records reviewed also evidenced that all complaints were effectively audited on a monthly basis.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and referenced ongoing progress in compliance with relevant quality improvement plans issued by RQIA. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

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.

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 accidents/incidents, complaints and wound care had been effectively conducted on a monthly basis in order to drive improvement. However, a review of three care record audits evidenced that although the audit tool was robust, the application of the tool by the auditor lacked consistency. This was discussed with the manager and support regional manager and an area for improvement under regulation was stated for a third time.

Discussion with the manager and a review of records evidenced that an up to date fire risk assessment was in place.

Governance records also confirmed that there was an available legionella risk assessment which had been conducted within the last two years. The manager was reminded of the usefulness of periodically reviewing this no less than two yearly in keeping with best practice guidance.

A review of records further demonstrated that all hoists and slings within the home had been examined in adherence with the Lifting Operations and Lifting Equipment Regulations (LOLER) within the last six months. Records evidencing the servicing of such equipment were also available.

Discussion with the manager evidenced that there was a process in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to appropriate staff in a timely manner. Medical device and equipment alerts, which are published by the Northern Ireland Adverse Incident Centre (NIAIC), were reviewed by the manager and shared with all grades of staff as appropriate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to fire safety.

Areas for improvement

An area for improvement under regulation was stated for the third and final time in relation to care record audits.

	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 Kelly, support 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 17 (1)</p> <p>Stated: Third and final time</p> <p>To be completed by: 2 April 2018</p>	<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> <p>Ref: Section 6.7</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: Care plan audit action plan in place and commenced. Robust system in situ. Auditor to sign/date audit. File completion date to be agreed with nurse. When file checked/completed/updated nurse to sign. Manager to check file and sign in agreement that file is complete to ensure quality audits are conducted. Supervision arranged with staff on documentation.</p> <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> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Registered Manager will work a maximum of twelve hours per week on the floor as a nurse to ensure sufficient hours are available for managing the home to ensure that governance systems are robust and consistent.</p>

Area for improvement 3 Ref: Regulation 13 (4) (a) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that all medicines are stored safely and securely at all times.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: All nurses reminded of the importance of ensuring all medicines are securely stored which includes fridge medication. New signage regarding the locking of the medication fridge is displayed on the front of the fridge in clear view.</p>
Area for improvement 4 Ref: Regulation 12 (1) (a) (b) Stated: First time To be completed by: With immediate effect	<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> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: Retraining around wound care has taken place with all nurses to ensure the seriousness of wound care and documentation is recognised. A new robust wound file system is in place. Manager to audit to ensure care plans are reflective of patients' needs and specialist advice. Manager to list documentation checked, sign and date file review. Supervision with staff arranged on documentation.</p>
Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
Area for improvement 1 Ref: Standard E8 Stated: Second time To be completed by: 2 April 2018	<p>The registered persons shall ensure that all patients have access to a nurse call system in both communal lounges.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: There is a working nurse call lead in both communal lounges so that residents can alert staff if they require assistance. Regional Support Manager checked and addressed urgently on day of inspection.</p>
Area for improvement 2 Ref: Standard 40 Stated: First time To be completed by: 2 April 2018	<p>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.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: There is a template for supervisions and appraisal in place to ensure a robust governance system is in place within the home. Staff supervisions and appraisals have been commenced by the new Home Manager.</p>

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



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