Unannounced Care Inspection Report
19 April 2016

Slieve Dhu

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Inspector: Dermot Walsh

1.0 Summary

An unannounced inspection of Slieve Dhu took place on 19 April 2016 from 09.35 to 18.15.

The inspection sought to assess progress with issues raised during the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?
Weaknesses were identified in the delivery of safe care, specifically in relation to nurse call bell provision, compliance with best practice in infection control, compliance with staff training, the management of wardrobes, completion of the staff duty rota and safe use of topical preparations. These deficits have led to a reduction in positive outcomes for patients. Two requirements and five recommendations have been stated to secure compliance and drive improvement.

Is care effective?
There was good evidence on the maintenance of online care records. Validated risk assessments informed the care plans and care plans were reviewed. However, patient/representative involvement of the care planning process was not evident within the care records. Improvement was also required in the management of staff meetings and with actions taken following patients' meetings. Three recommendations have been made in this domain.

Is care compassionate?
There was evidence of good communication between staff and patients. Patients were very complementary about staff and a number of their comments have been included within this report. A recommendation has been made, however, that comments of dissatisfaction made within a patient satisfaction survey completed in December 2015 are identified and actioned accordingly. Compliance with this recommendation will further drive improvements in this domain.

Is the service well led?
One recommendation has been stated in the well led domain. In total two requirements and nine recommendations have been made in the other three domains. Safe systems to ensure compliance with staff training and around compliance with best practice in infection prevention and control require further development to ensure patient and staff safety. Systems of communication within the home such as staff meetings, patient/representative involvement and the management of urgent communications require development to ensure they are effective. Areas of patient/relative/staff concerns should be identified and responded to in a timely manner and documentary evidence of actions taken and outcomes of actions taken should be available for review.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	10

Details of the QIP within this report were discussed with Mandy Lacey, Registered Manager, and Micheal Rodgers, Registered Person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection dated 10 November 2016.

Other than those actions detailed in the previous QIP there were no further actions required.

2.0 Service details

Registered organisation/registered person: Slieve Dhu Ltd. Micheal Rodgers	**Registered manager:** Mandy Lacey
Person in charge of the home at the time of inspection: Mandy Lacey	**Date manager registered:** 11/03/2015
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI, RC-I	**Number of registered places:** 47

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and the returned quality improvement plan (QIP)
- pre inspection assessment audit

During the inspection we met with 10 patients individually and others in small groups, two care staff, three registered nursing staff, one ancillary staff, one visiting professional and two patient representatives.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- staff training records
- staff induction template
- complaints records
- incidents / accidents records since the last care inspection
- minutes of staff meetings
- a selection of audit documentation
- a recruitment file
- competency and capability
- monthly monitoring reports in keeping with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- fire log book
- duty rota from 11 – 24 April 2016

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 10 November 2015

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

4.2 Review of requirements and recommendations from the last care inspection

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 16 (1); 16 (2) (b) **Stated:** Third and final time	The responsible person must ensure that: • when a risk is identified in the risk assessments a corresponding care plan must be prepared as to how the patient's needs in respect of his health and welfare are to be met. • the patient's plan is kept under review	**Met**
	Action taken as confirmed during the inspection: Identified risks noted on the review of three patient care records had a corresponding care plan insitu to meet the need or the risk. There was evidence that the care plans had been reviewed within the care records.	

Requirement 2 **Ref:** Regulation 15 (2) (a) (b) **Stated:** Second time	The registered persons must ensure that risk assessments are carried out and reviewed at least monthly or as the patient's condition changes.	**Met**
	Action taken as confirmed during the inspection: Risk assessments had been completed and reviewed monthly on the three patient care records reviewed.	
Last care inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref:** Standard 32 **Stated:** Second time	The registered persons should include management of palliative care, death and dying in the induction programme for new staff.	**Met**
	Action taken as confirmed during the inspection: A "Palliative and End of Life Care Toolkit" is now included in all registered nurse induction packs.	
Recommendation 2 **Ref:** Standard 12 **Stated:** First time	The mealtime experience of patients should be reviewed to ensure that the mealtime experience is in accordance with the care standards for nursing homes and current best practice guidelines.	**Met**
	Action taken as confirmed during the inspection: The mealtime experience for patients was reviewed at lunchtime in the dining area, day room and the first floor patients' rooms. The mealtime experience was in accordance with the care standards for nursing homes and best practice guidelines.	
Recommendation 3 **Ref:** Standard 48, criterion 8 **Stated:** First time	All staff should participate in a fire evacuation drill at least once a year. This should be organised and the planned date submitted to RQIA with the return of the quality improvement plan.	**Met**
	Action taken as confirmed during the inspection: Evidence was provided in the fire log book of a fire drill conducted on 7 January 2016. Evidence was available that a further fire drill has been scheduled.	

Recommendation 4 **Ref**: Standard 4, criterion 1 **Stated:** First time	An initial plan of care based on the pre-admission assessment and referral information should be in place within 24 hours of admission and the assessment completed within five days of admission to the home.	**Met**
	Action taken as confirmed during the inspection: A review of the patient care records of a recently admitted patient evidenced that appropriate assessments had been completed.	

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 4 and 11 April 2016 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. However, the duty rota did not indicate the nurse in charge of the home in the absence of the registered manager. Office time on the duty rota was indicated using red ink. The duty rota was not signed as verified by the registered manager or designated person.
A recommendation was made.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. All registered nurses in Slieve Dhu have had an appraisal within the last 12 months and all registered nurses have taken part in a supervision session within the past six months. However, 35 percent of carers had received a supervision session within the last six months and 50 percent of carers had received an appraisal within the last 12 months. This was discussed with the registered manager who confirmed that she solely conducts all staffs' supervisions and appraisals. Two registered nurses have recently been promoted to a sister's post. The registered manager confirmed that a meeting had taken place between the registered manager, deputy manager and sisters in the home to address the shortfall in supervision and appraisal. It was agreed that the registered manager would supervise and appraise the deputy manager and sisters. The deputy manager would supervise and appraise the registered nurses and the sisters would supervise and appraise the carers. This will be reviewed on the next inspection.

A mandatory training register was maintained within the home. Discussion with the registered manager confirmed that a system was in place for the delivery of mandatory training. A review of the training register evidenced shortfalls on training compliance. An action plan to address the shortfall was not present. A recommendation was made to ensure that the system is further developed to ensure timely compliance with mandatory training requirements.

Staff clearly 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.

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

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

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

Patient care records within the home were maintained electronically. The online system had recently been updated and the registered manager confirmed staff had found it difficult at times to navigate the system. 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.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since 10 November 2015 confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The rooms and communal areas reviewed were generally clean and spacious. Fire exits and corridors were observed to be clear of clutter and obstruction. However, a range of issues were identified within the homes which were not managed in accordance with infection prevention and control guidelines:

- inappropriate storage in identified rooms
- signage not laminated and adhesive tape used to attach notices to wall/noticeboard
- rusting bin frames, commodes and shower chairs in use
- commodes and shower chairs not effectively cleaned after use
- broken toilet seat observed
- no clinical waste bins in communal toilets or bath/shower rooms reviewed

The above issues were discussed with the registered manager on the day of inspection and a requirement was made. An assurance was provided by the registered manager that these areas would be addressed with staff to prevent recurrence. A recommendation was made that management systems are put in place to ensure compliance with best practice in infection prevention and control.

During the review of bedrooms it was observed that the wardrobes within had not been secured to the wall. A recommendation was made. Two topical preparations were also observed in separate patients' bedrooms. The labels on the preparations did not match the named patient in the rooms. A recommendation was made that topical preparations are only used to treat the patient the preparation was prescribed for.

Whilst reviewing the bedrooms the inspector entered a bedroom and observed a patient sitting on a chair. The patient stated that they were in pain. It was noted that the patient had no way of summoning assistance as the call bell in the room was out of reach from the patient. The call bell cord in use at that time was also not long enough to reach the patient. A longer cord was present in the room. Help was summoned immediately and analgesia was administered as prescribed. A requirement was made to ensure all patients have an accessible call system when in their rooms alone to summon assistance if required unless this is assessed as unsafe and an alternative care plan is in place.

Areas for improvement

It is recommended that the staff duty rota is maintained in accordance with the DoH Care Standards for Nursing Homes 2015 and best practice guidelines.

It is recommended that the system for delivering mandatory training is further developed to ensure timely compliance with mandatory training requirements.

It is required that the registered person ensures the infection control issues identified on inspection are managed to minimise the risk and spread of infection.

It is recommended that a more robust system is put in place to ensure compliance with infection prevention and control procedures.

It is recommended that all wardrobes within the home are secured to the wall.

It is recommended that topical preparations are only used to treat the patient the preparation was prescribed for.

It is required that patients have a means to summon help when required. The identified patient must have access to the call bell system when alone in their room.

Number of requirements	**2**	**Number of recommendations**:	**5**

4.4 Is care effective?

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

Supplementary care charts such as repositioning/food and fluid intake records, evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

A generic statement on patient/representative involvement was included within the care plans reviewed but there was insufficient evidence, within the three patients' care plans reviewed, of actual and meaningful patient/representative input into the care planning process.
A recommendation was made.

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. Discussion with staff confirmed a detailed verbal handover was given during the change of shift.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), SALT, dietician and TVN, for example.

Discussion with the registered manager and staff confirmed that staff meetings have been conducted. A review of the staff meeting minutes confirmed that there were regular registered nurse meetings from April 2015 until March 2016. There was evidence within the records that a meeting for care assistants was conducted on 21 April 2015. There were no minutes of this meeting available and no further evidence of care assistants meetings having taken place in the 2015/2016 annual period. Nine staff questionnaires had been left in the home to allow staff not on duty to feedback their opinion on whether the home had safe, effective, compassionate care and if the home was well led. Three out of four staff questionnaires returned identified that staff meetings were not held regularly. There were no further scheduled dates for any planned staff meetings in the 2016/2017 period. A recommendation was made to ensure staff meetings occur at least quarterly and records of these meetings must include the date, attendees, minutes of discussions and any actions agreed.

Staff consulted on the day of inspection stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and /or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the registered manager and review of records evidenced that patient meetings were held on a monthly basis. These meeting were conducted by the activities therapist and minutes were available. Areas of concern had been documented as, 'have passed concerns on to manager'. Discussion with the registered manager confirmed that the concerns from the patients' meeting are received and immediately responded too on receipt. However, there were no records maintained of any actions taken and/or outcome of actions taken in response to the patients' concerns. A recommendation was made.

There was evidence within the records of meetings that a relatives meeting had been scheduled for 2 April 2016. The registered manager confirmed that apologies had been received from three relatives unable to attend the meeting and on the day of the meeting no relatives attended.

Patients and representatives were confident in raising any concerns they may have with the staff and/or management. Six out of 10 patients consulted on the day of inspection were unsure of the identity of the registered manager. Two of five respondents from patient questionnaires left for completion were unsure of the identity of the registered manager. Three out of three relatives questionnaires returned were aware of the identity of the registered manager and indicated that the manager was approachable and available if they had any concern or complaint.

Information leaflets were available to staff, patients and/or representatives at the entrance to the home. Business cards, brochures and an electronic display was also available giving information on Slieve Dhu and services offered by the home.

Areas for improvement

It is recommended that evidence is clear in patients' care records of patient/representative involvement in the care planning process.

It is recommended that staff meetings occur at minimum quarterly and records of meetings are maintained to include the date, attendees, minutes of discussions and any actions agreed.

It is recommended that concerns identified from patients' meetings have documentary evidence of any actions taken to address the concerns and outcomes of actions taken.

Number of requirements	**0**	**Number of recommendations**:	**3**

4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. As previously stated nine staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Four of the questionnaires were returned to RQIA. One staff member was of the opinion that concerns were not properly addressed by the manager; not enough meetings to talk about concerns and not being asked for opinions and suggestions for improvement. On inspection three registered nurses, two carers and one ancillary staff were consulted to ascertain their views of life in Slieve Dhu.

Some staff comments are as follows:
'We are one big happy family.'
'I love it here.'
'The atmosphere is great.'
'There is really good teamwork here.'

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.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. A suggestion box was located at the entrance to the home and reviewed regularly. There was evidence an annual patient satisfaction survey had been completed in December 2015. However, the analysis of the findings of this survey had been processed identifying the percentage of those surveyed who were very satisfied, satisfied, fairly satisfied, not very satisfied, not at all satisfied and don't know. The survey should allow for a comments section in order to explore in more detail the reasons for dissatisfaction and an action plan developed to address these.
A recommendation has been made.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Consultation with ten patients individually, and with others in smaller groups, confirmed that they were happy and content living in Slieve Dhu. Nine patient questionnaires were left in the home for completion. Four completed and one uncompleted patient questionnaires were returned within the timeframe.

Some patient comments are as follows:
'We get first class treatment here.'
'The staff are brilliant.'
'I really like my room and the food is good.'
'Great staff.'
'Staff are ok but the response is slow sometimes.'

One patient felt the standard of food was terrible. The patient stated they had informed staff of this previously and nothing had changed. This was discussed with the registered manager during feedback and an assurance was given that they would discuss this issue with the patient.

Two patient representatives were consulted on the day of inspection. Seven relative questionnaires were left in the home for completion. Three relative questionnaires were returned within the timeframe. Some patient representative's comments are detailed below:
'We are very happy with the care provided.'
'It's very good here. The boys and girls are great.'
'Staff are always so busy. They don't have time to spend with residents in their room. A ten minute chat with an elderly person means so much.'

Areas for improvement

It is recommended that areas of patient dissatisfaction from surveys conducted by the home are identified in a timely manner and an action plan to address the dissatisfaction is developed.

Number of requirements	**0**	**Number of recommendations**:	**1**

4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

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

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Staff were knowledgeable of the complaints process.

'Thank you' cards had been on display within the home however a compliments file had not been maintained. This was discussed with the registered manager and it was agreed that a compliments file should be maintained to record and evidence compliments received.

A review of notifications of incidents to RQIA during the previous inspection year/or since the last care inspection confirmed that these were managed appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to wound management, care records, infection prevention and control, complaints and incidents/accidents. The monthly care record audit was reviewed on inspection. Risk assessments, care plans and reviews were audited. Shortfalls were identified by way of a letter sent to the registered nurse responsible for the care record. A more in-depth audit was carried out on the care records the following week and all letters that had been sent to staff were reviewed during this audit.

Urgent communications, safety alerts and notices were reviewed by the registered manager on receipt and, where appropriate, were shared with staff. However, a system was not in place to ensure that all relevant staff had read the communication or had been notified about it. A file on alerts received was not maintained within the home. A recommendation has been made for a safe system and procedures to be developed to ensure appropriate management of urgent communications, safety alerts and notices.

Discussion with the registered manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated within the report to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives. However, it was discussed during feedback that the report should include unique identifiers of patients consulted for traceability.

Discussions with staff confirmed that there were good working relationships within the home and that management were responsive to any suggestions or concerns raised. However, staff feedback in two of the four staff questionnaires returned did not feel that concerns were promptly dealt with.

Safe systems for care, as previously stated in section 4.3, around staff training and around compliance with best practice in infection prevention and control, require further development to ensure patient and staff safety. Systems of communication within the home such as staff meetings, nurse call provision, patient/representative involvement and management of urgent communications require development to ensure they are effective. Areas of patient/relative/staff concerns should be identified and responded to in a timely manner and documentary evidence of actions taken and outcomes of action taken should be available for review. These deficits have led to a reduction in positive outcomes for patients and impacts on a well led service.

In considering the findings from this inspection and that two requirements and nine recommendations have been made regarding safe, effective and compassionate care, this would indicate the need for more robust management and leadership in the home.

Areas for improvement

It is recommended that the system to manage urgent communications, safety alerts and notices is reviewed to ensure that these are shared with all relevant staff.

Number of requirements	0	Number of recommendations:	1

5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Registered Manager, Mandy Lacey, and Registered Person, Micheal Rodgers, as part of the inspection process. The timescales commence from the date of inspection.

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

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

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref:** Regulation 13 (7) **Stated:** First time **To be completed by:** 20 April 2016	The registered person must ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. **Ref: Section 4.3** **Response by registered person detailing the actions taken:** All signs are now laminated as required. Rusty bins, commodes and shower chairs have been replaced. There are now more rigorous protocols in place to ensure that commodes and shower chairs are cleaned after use. Clinical bins are in place.
Requirement 2 **Ref:** Regulation 12 (2)(a) **Stated:** First time **To be completed by:** 20 April 2016	The registered person must ensure that patients have a means to summon help when required. The identified patient must have access to the call bell system when alone in their room. **Ref: Section 4.3** **Response by registered person detailing the actions taken:** All staff have been reminded that residents are to have their call bells to hand when they are in their rooms. Spot checks are performed by nursing staff to ensure that this is happening.
Recommendations	
Recommendation 1 **Ref:** Standard 41 **Stated:** First time **To be completed by:** 14 May 2016	The registered person should ensure that the staff duty rota is maintained in accordance with the DoH Care Standards for Nursing Homes 2015 and best practice guidelines. **Ref: Section 4.3** **Response by registered person detailing the actions taken:** The nurse in charge is clearly identifiable, in black pen and the rota is signed.

Recommendation 2 **Ref:** Standard 39 **Stated:** First time **To be completed by:** 31 May 2016	The registered person should ensure a system is in place to ensure mandatory training requirements are met in a timely manner. **Ref: Section 4.3**
	Response by registered person detailing the actions taken: Processes are now in place to ensure that all staff attend mandatory training as required. If staff do not attend mandatory training as it is provided they receive a letter informing them that they are to arrange suitable training themselves or pay towards another session being provided and they are given a time scale to do this. If they do not comply they will be suspended until they have completed their training.
Recommendation 3 **Ref:** Standard 46 Criteria (1) (2) **Stated:** First time **To be Completed by:** 31 May 2016	The registered person should ensure that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home. Particular attention should focus on the areas identified on inspection. **Ref: Section 4.3**
	Response by Registered Person(s) Detailing the Actions Taken: There is an Infection Control Nurse within the home who is tasked with carrying out Infection Control Audits regularly and feeding back to myself any issues. Issues are dealt with appropriately.
Recommendation 4 **Ref:** Standard 44 Criteria (13) (E21) **Stated:** First time **To be Completed by:** 31 May 2016	The registered person should ensure that all wardrobes are secured to the walls unless deemed unnecessary by way of individual risk assessment. **Ref: Section 4.3**
	Response by Registered Person(s) Detailing the Actions Taken: All wardrobes are now fixed to the walls in each residents room.
Recommendation 5 **Ref:** Standard 28 Criteria (1) **Stated:** First time **To be Completed by:** 30 April 2016	The registered person should ensure that topical preparations are only administered to the person for whom they are prescribed. **Ref: Section 4.3**
	Response by Registered Person(s) Detailing the Actions Taken: Staff have been reminded that this all creams/lotions are only to be administered to the resident that they are prescribed for.

Recommendation 6 **Ref:** Standard 4 Criteria (5) (6) (11) **Stated:** First time **To be Completed by:** 31 May 2016	The registered person should ensure that care records evidence patients and/or their representatives' involvement in the care planning of the patients care to meet their needs. If this is not possible the reason should be clearly documented within the care record. **Ref: Section 4.4** **Response by registered person detailing the actions taken:** It is now documented on each care plan that the resident and/or their family have been involved in identifying their needs and ensuring they receive the appropriate care.
Recommendation 7 **Ref:** Standard 41 **Stated:** First time **To be completed by:** 30 June 2016	The registered person should ensure that staff meetings are carried out at minimum quarterly and records are maintained to include detail of date, attendees, minutes of discussions and any actions agreed. **Ref: Section 4.4** **Response by registered person detailing the actions taken:** Meetings will now be held quarterly as required and dates, attendees, minutes of the meetings will be taken, an action plan will be devised and discussed with the staff.
Recommendation 8 **Ref:** Standard 7 **Stated:** First time **To be completed by:** 30 June 2016	The registered person should ensure that the response to concerns raised at patients' meetings and the outcome of such responses are evidenced within records. **Ref: Section 4.4** **Response by registered person detailing the actions taken:** Upon receipt of the minutes of resident meetings, the Registered Manager will draw up an action plan and record the outcomes appropriately.
Recommendation 9 **Ref:** Standard 7 **Stated:** First time **To be completed by:** 30 June 2016	The registered person should ensure areas of dissatisfaction within the reviewed patient survey are identified and an action plan developed to address the identified issues where appropriate. **Ref: Section 4.5** **Response by registered person detailing the actions taken:** The Registered Manager will ensure that going forward, the results of patient survey's are identified and an action plan will be drawn up so that any issues identified can be dealt with appropriately.
Recommendation 10 **Ref:** Standard 17 **Stated:** First time **To be completed by:** 30 June 2016	The registered person should ensure a system is in place to manage urgent communications, safety alerts and notifications. **Ref: Section 4.6** **Response by registered person detailing the actions taken:** A file is now in place containing urgent communications, safety alerts and notifications and nursing staff have been made aware of the existence of such folder and to make sure they read it regularly and sign when appropriate.

The Regulation and Quality Improvement Authority

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