Unannounced Care Inspection Report
25 and 26 April 2017

Slieve Dhu

Type of Service: Nursing Home
Address: 43 Bryansford Road, Newcastle, BT33 0DW
Tel no: 028 4372 5118
Inspector: Dermot Walsh

1.0 Summary

An unannounced inspection of Slieve Dhu took place on 25 April 2017 from 09.45 to 16.45 hours and on 26 April 2017 from 09.45 to 13.45 hours.

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

This inspection was underpinned by The Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

For the purposes of this report, the term 'patients' will be used to described 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	4	5*

*The total number of recommendations includes two recommendations which have been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mandy Lacey, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 20 April 2017. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

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 March 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 QIP
- pre inspection assessment audit

During the inspection we met with14 patients individually and others in small groups, five patient representatives, three care staff, two registered nurses and one ancillary staff member.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

Questionnaires were also left in the home to facilitate feedback from patients, their representatives and staff not on duty. Ten patient, 10 staff and eight patient representative questionnaires were left for completion.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- four patient care records
- staff training records
- incidents / accidents records since the last care inspection
- minutes of staff meetings
- a selection of audit documentation
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- duty rota for the period 17 to 30 April 2017

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 20 April 2017

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

4.2 Review of requirements and recommendations from the last care inspection dated 15 September 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 13 (7) **Stated:** Second time	The registered person must ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.	**Met**
	Action taken as confirmed during the inspection: A review of the environment evidenced that compliance with infection prevention and control had been achieved.	
Requirement 2 **Ref:** Regulation 14 (4) **Stated:** First time	The registered provider must ensure that all safeguarding incidents are reported/referred immediately to the adult safeguarding team as per policy and professional guidance.	**Met**
	Action taken as confirmed during the inspection: Discussion with the registered manager and a review of records pertaining to adult safeguarding referrals demonstrated that this requirement has now been met.	
Requirement 3 **Ref:** Regulation 19 (2) Schedule 4 (6) (a) **Stated:** First time	The registered provider must ensure that all staffs NMC registrations within the home are checked and verified prior to the staff member lapsing from the professional register and at minimum the date of expiry.	**Met**
	Action taken as confirmed during the inspection: A monthly check of registered nurses' Nursing and Midwifery Council (NMC) professional registrations had been conducted and maintained since the previous care inspection. All registered nurses were appropriately registered with the NMC.	

Requirement 4 **Ref:** Regulation 13 (1) (a) (b) **Stated:** First time	The registered person must ensure that when a patient is assessed as high risk from the use of bedrails, that this is kept under review and that where close patient monitoring is required that this is reflected in the care records.	**Met**
	Action taken as confirmed during the inspection: Bed rail risk assessments had been reviewed appropriately where the patient had been assessed as at high risk. Monitoring had been stipulated within the patient's care plan and monitoring records had been maintained.	
Requirement 5 **Ref:** Regulation 12 (1) (a) (b) **Stated:** First time	The registered person must ensure that when a MUST risk assessment identifies a high malnutrition risk, appropriate actions are taken and the patients' care records are updated to reflect these actions and the outcome of these actions.	**Met**
	Action taken as confirmed during the inspection: A review of a patient's care records, where the MUST assessment indicated a high risk of malnutrition, evidenced that appropriate actions had been taken in response to the assessment.	
Last care inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref:** Standard 41 **Stated:** Second time	The registered person should ensure that the staff duty rota is maintained in accordance with the DHSSPS Care Standards for Nursing Homes 2015 and best practice guidelines.	**Met**
	Action taken as confirmed during the inspection: The duty rota was reviewed and had been maintained in accordance with the DHSSPS Care Standards for Nursing Homes 2015 and best practice guidelines.	

Recommendation 2 **Ref:** Standard 46 Criteria (1) (2) **Stated:** Second time	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.	**Met**
	Action taken as confirmed during the inspection: A review of the environment had evidenced that compliance with best practice had been achieved. Discussion with the registered manager and a review of auditing documentation demonstrated the systems in place to ensure continued compliance.	
Recommendation 3 **Ref:** Standard 4 Criteria (5) (6) (11) **Stated:** Second time	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.	**Met**
	Action taken as confirmed during the inspection: The registered manager confirmed that an agreement form was now completed on patients' admission and signed/dated by patient/patients' representative and countersigned by the nurse conducting the admission. Any change to the plan of care is discussed with the patient/patients' representative and recorded.	
Recommendation 4 **Ref:** Standard 41 **Stated:** First time	The registered person should ensure that minutes taken from staff meetings are made available for all staff to review in a timely manner following the meeting.	**Met**
	Action taken as confirmed during the inspection: A review of the minutes from staff meetings and discussion with staff and the registered manager confirmed that the minutes were now made available in a timely manner.	

Recommendation 5 **Ref:** Standard 17 **Stated:** Second time	The registered person should ensure a system is in place to manage urgent communications, safety alerts and notifications.	**Met**
	Action taken as confirmed during the inspection: Discussion with staff and the registered manager confirmed that a system was in place to manage urgent communications, safety alerts and notifications.	
Recommendation 6 **Ref:** Standard 41 **Stated:** First time	The registered person should ensure that the staffing arrangements in the home are determined by patient dependency levels and that records are maintained of the dependency checks.	**Met**
	Action taken as confirmed during the inspection: Discussion with the registered manager and a review of records evidenced that dependency level checks had been conducted regularly and records of these checks had been maintained. There was evidence that staffing had been planned accordingly.	
Recommendation 7 **Ref:** Standard 46 criterion (4) **Stated:** First time	The registered person should ensure that infection prevention and control training provided to staff is embedded into practice.	**Met**
	Action taken as confirmed during the inspection: A review of the environment and observation of practices employed by staff evidenced that training on infection prevention and control had been embedded into practice.	
Recommendation 8 **Ref:** Standard 39 Criteria (4) **Stated:** First time	The registered person should ensure that training on incident management and notifications is provided to relevant staff to ensure that the staff member can manage these safely and effectively.	**Met**
	Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that two in-house training sessions had been conducted in August 2016 and March 2017. The registered manager also confirmed that all appropriate staff have now completed the training. Notifications had been submitted appropriately.	

Recommendation 9 **Ref:** Standard 18 **Stated:** First time	The registered person should ensure that all relevant staff have received training on restraint and restrictive practice and when restraint and/or restrictive practice are used, they are managed in accordance with legislative, professional and best practice guidance.	**Met**
	Action taken as confirmed during the inspection: Discussion with the registered manager and a review of training records evidenced that the majority of staff had completed training on restraint and restrictive practice. A review of one patient's care record evidenced that the appropriate people had been consulted where restrictive practice had been used.	
Recommendation 10 **Ref:** Standard 44 Criteria (1) **Stated:** First time	The registered person should ensure that the malodour in the identified room is managed effectively.	**Met**
	Action taken as confirmed during the inspection: On review of the environment there was no malodour detected in the identified room or throughout the home.	
Recommendation 11 **Ref:** Standard 16 **Stated:** First time	The registered manager should urgently review patients' satisfaction levels with the call bell response times. This review should include response times at or nearing change of shifts. The review should clearly record outcomes and any follow up action required for improvement.	**Met**
	Action taken as confirmed during the inspection: A review of auditing documentation and discussion with the registered manager evidenced that call bell response times were audited on a weekly basis. The activities coordinator had discussed call bell response times at the monthly residents' meetings.	

Recommendation 12 **Ref:** Standard 4 **Stated:** First time	The registered person should ensure care plans are written in a format which specifically directs individualised patient care and avoids the use of general terminology and abbreviations in accordance with professional guidance.	**Not Met**
	Action taken as confirmed during the inspection: A review of four patients' care records evidenced that this recommendation had not been met and has been stated for the second time. Please see section 4.4 for further information.	
Recommendation 13 **Ref:** Standard 12 Criteria (4) **Stated:** First time	The registered person should ensure that nutritional screening for all patients is carried out monthly or more frequently depending on individual assessment.	**Met**
	Action taken as confirmed during the inspection: A review of four patient care records evidenced that nutritional screening had been carried out monthly or more frequently as required.	
Recommendation 14 **Ref:** Standard 7 **Stated:** First time	The registered person should ensure areas of dissatisfaction within any patient surveys conducted are identified and an action plan developed to address the identified issues where appropriate.	**Met**
	Action taken as confirmed during the inspection: Plans were in place to launch the annual satisfaction survey for 2017 in October this year. Areas of dissatisfaction from the survey conducted in 2016 had been identified and an action plan to address these areas had been created. Findings from the 2016 survey had been included within the Annual Quality Report.	

Recommendation 15 **Ref:** Standard 12 **Stated:** First time	The registered manager should review the management of mealtimes for patients; This review should include the dependencies of patients and the level of support and assistance required to ensure that patients receive their meals in a timely manner and ensure adequate 'gaps' between meals.	**Not Met**
	Action taken as confirmed during the inspection: A review of the patient mealtime experience evidenced that this recommendation had not been met has been stated for the second time. See section 4.5 for further information.	

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 from 17 to 30 April 2017 evidenced that the planned staffing levels were adhered to. Discussion with staff and patients evidenced that there was no concerns regarding staffing levels. Two respondents in relative's questionnaires indicated that they did not feel there were enough staff on duty to meet the needs of patients at all times. These concerns were forwarded to the registered manager for review.

Discussion with the registered manager and review of training records evidenced that a system was in place to monitor staff attendance at mandatory training. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Staff consulted confirmed that they had received appropriate training to assist them in meeting their roles and responsibilities. The majority of staff had now completed training on restraint and restrictive practices. Registered nursing staff had received training on the submission of notifications.

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

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Bedrooms and communal areas were clean and spacious. Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were well maintained. However, damage to patients' tables was observed in identified bedrooms which meant the tables could not be effectively cleaned. This was discussed with the registered manager and a recommendation was made.

Procedures within the laundry room were reviewed. The laundry room was found to be clean. The home employed laundry staff to manage the laundry. However, clean clothes were observed hanging over dirty linen baskets containing patients' clothing which had not been laundered. There were no cleaning records maintained in the laundry room. This was discussed with the registered manager and a recommendation was made.

The entrance to the home was observed to have a mechanical keypad, which required a code in order to enter and exit the building. This was discussed with the registered manager and it was requested that this arrangement was reviewed to ensure that patients within the home were not subject to de-facto detention. A requirement was made to review the use of this keypad lock to exit the building.

Areas for improvement

It is recommended that patients' tables in bedrooms are reviewed and repaired/replaced as appropriate to ensure that they can be effectively cleaned.

It is recommended that practices within the laundry room are reviewed to ensure that there is no risk of cross contamination and that cleaning records are maintained.

A requirement was made to review the use of this keypad in conjunction with guidance from the department of Health (DoH) on human rights and the deprivation of liberty (DoLs) and the home's registration categories.

Number of requirements	**1**	**Number of recommendations**:	**2**

4.4 Is care effective?

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Care plans had not always been personalised to meet the individual needs of the patients. For example, a care plan reviewed on continence, where the patient required catheter management, was recorded as, 'ensure … receives appropriate catheter care' and 'change catheter regularly' without stipulating the actual care/frequency required. A recommendation made in this regard in the previous inspection has been stated for the second time.

Patients' supplementary care records were observed outside of patients' bedrooms and accessible by any persons walking in the corridor. A recommendation was made to ensure that the appropriate storage of records was managed in accordance with professional best practice guidance and legislative requirements to ensure confidentiality.

A review of bowel management records, fluid balance charts and repositioning charts evidenced these had not been completed in accordance with best practice guidelines. Bowel management records made reference to the Bristol Stool Chart although these were not always reflected within the patient's daily evaluation notes. Long gaps between bowel movements were observed in the daily evaluation records. One patient had a gap of 21 days between recorded bowel movements and a second patient had a gap of 12 days observed. Daily evaluation records referred to 'continence care given' which did not reflect actual bowel management.

Repositioning charts were recorded inconsistently with regards to frequency. One patient was assessed as requiring two hourly repositioning when up to sit. There was no frequency stated to direct repositioning whilst in bed. Gaps between repositioning of up to eight hours were identified within the records.

A review of fluid balance records for two patients evidenced a regular daily negative balance where the amount of fluids the patient drank during the day was less than the patients' output of fluids. The management of supplementary documentation was discussed with the registered manager and a requirement was made to ensure accurate recording of contemporaneous care provision. A further requirement was made to ensure that registered nurses have an oversight of completed supplementary documentation and where areas of concern are identified, such as the examples above, the response to these areas are recorded within the patient care records.

Review of records pertaining to the management of wounds evidenced that registered nurses were not adhering to regional guidelines and the care planning process. For example, one wound care plan did not identify the location of the wound. A second wound care plan had two wounds on the same care plan and did not comply with the tissue viability nurse's recommended dressing regime. Wound observation charts were not completed to review the progress of the dressing regime. A requirement was made.

Discussion with the registered manager and staff confirmed that staff meetings were conducted regularly. Minutes of the meetings were available and included details of attendees, dates, topics discussed and decisions made.

The registered manager confirmed that they operate an 'open door policy' and are available to discuss any issues with staff, patients and/or relatives. The registered manager also confirmed that they would undertake a daily walk around the home and would avail of the opportunity to engage with patients and relatives at this time.

Staff consulted 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. Patients and representatives were also confident in raising any concerns they may have with the staff and/or management.

Areas for improvement

It is recommended that supplementary care records are stored in accordance with professional guidance in patient confidentiality.

It is required that contemporaneous care provision is recorded accurately and in a timely manner.

It is required that registered nurses have an oversight of completed supplementary documentation and where areas of concern are identified, the responses to these areas are recorded within the patient care records.

It is required that records in relation to wound management are maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.

Number of requirements	**3**	**Number of recommendations**:	**1**

4.5 Is care compassionate?

Two registered nurses, three carers and one ancillary staff member was consulted to ascertain their views of life in Slieve Dhu. Ten staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Two of the questionnaires were returned within the timescale for inclusion in the report.

Some staff comments were as follows:
"It's really good working here."
"This is a very rewarding place to work."
"We work well together here."

Fourteen patients were consulted. 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. Ten patient questionnaires were left in the home for completion. Nine patient questionnaires were returned.

Some patient comments were as follows:
"The staff are wonderful here."
"It's not too bad here."
"We are well taken care of."
"Staff are marvellous."
"I think the home is lovely."
"I'm very happy here."

Five patient representatives were consulted with on the day of inspection. Eight relative questionnaires were left in the home for completion. Three relative questionnaires were returned. The respondents indicated that they were satisfied or very satisfied with the care provided in the home.

Some relatives' comments were as follows:
"The staff are all lovely."
"Staff are very busy and do their best."
"All in all the care is very good."
"Sometimes … has to buzz a couple of times to get attention."
"Staff couldn't do enough for me. They are really brilliant and the communication between the home and me is brilliant."

All comments received in questionnaires were passed to the registered manager following the inspection for review.

Staff interactions with patients were observed to be compassionate, caring and timely.

The serving of lunch was observed in the main dining room downstairs. Lunchtime commenced at 12.00 hours. Patients were seated around tables which had been appropriately laid out for the meal. Food was plated in the kitchen and served when patients were ready to eat or be assisted with their meals. Plate lids were labelled with the patients' names and dietary requirements. Food appeared nutritious and appetising. A menu was on display on the wall of the dining room reflecting the food served. The mealtime was well supervised. Staff were observed to encourage patients with their meals. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required.

Patients were observed to be assisted in an unhurried manner. Condiments were available on tables and a range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience.

Staff confirmed that breakfast commenced at 08.00 hours. Breakfast had been served from the kitchen up to 10.45 hours. As previously stated, the lunchtime had commenced from 12.00 hours. Discussion with staff confirmed that the evening meal commenced around 17.00 hours and supper was served between 19.00 and 22.00 hours. This was discussed with the registered manager and given the close proximity between breakfast and lunch a recommendation regarding the timing of meals made in the previous inspection was stated for a second time to ensure that there were adequate gaps between mealtimes.

Areas for improvement

No new areas for improvement were identified during the inspection under the compassionate domain.

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

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 records evidenced that systems were in place to monitor and report on the quality of nursing in regard to care records and infection prevention and control. Care plan audits had been completed electronically. The registered manager confirmed that they had conducted the audits and corrected any shortfalls identified immediately when detected. The registered manager also confirmed that all shortfalls corrected were identified with the associated registered nurse.

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately. Issues surrounding the accurate completion of notification records had been identified with the registered manager prior to the inspection. The registered manager confirmed that the completion of notifications was part of staffs' induction and that all relevant staff had now received updated training on the completion of notifications. A recommendation made in this regard had been met.

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.

Areas for improvement have been identified in the safe, effective and compassionate domains with regard to the recording and management of supplementary documentation, wound management, laundry practices, storage of records and damage to patients' tables.

Recommendations made in the previous inspection on the timing of meals and the use of general terminology in care planning have been stated for a second time. Compliance with these requirements and recommendations will further drive improvements in these domains.

Areas for improvement

No new areas for improvement were identified during the inspection under the well led domain.

Number of requirements	0	Number of recommendations:	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mandy Lacey, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The 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 provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment 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 provider 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 provider 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 (1) **Stated:** First time **To be completed by:** 15 May 2017.	The registered provider must review the use of the front door exit keypad in conjunction with guidance from the Department of Health on human rights and the deprivation of liberty (DoLs); and the home's registration categories. **Ref: Section 4.3**
	Response by registered provider detailing the actions taken: One of Slieve Dhu's primary aims is to ensure the security (as per Article 5 of the Human Rights Act) and safety of our residents. The NMC Code For Nurses and Midwives states that 'nurses should make caring and safety of residents their main concern'. The DHSSPS Minimum Care Standards for Nursing Homes Standard 17 (1) states that 'residents receive safe and appropriate care'. The Mental Health Act does not prevent restrictive practice from being used and states that 'locking doors to prevent people from harm does not amount to deprivation of liberty'. However, the Act does state that it is a form of restraint and its use be carefully considered and advises that each individual case should be evaluated. The DoLs Code of Practice states that 'Restraint is appropriate when it is used to prevent harm to the person who lacks capacity and it is a proportionate response to the likelihood and seriousness of harm. Appropriate use of restraint falls short of deprivation of liberty' The Registered Manager has undertaken a comprehensive consultation with the home's residents and their next of kin who are supportive of the current system of entry and exit to the home. This system has been in place since the home was registered in 1990 and which has been subject to both care and estates inspections throughout those years. Additionally the home has no residents who have been assessed as having a primary diagnosis of dementia or who are currently under the direction of the Dementia team. The management would reassure the RQIA inspector that residents have full access to all external areas of the home and are free to exit the home when they wish to do so.
	Following a review of all legislation, and in consultation with the residents and relatives, the Registered Manager & Registered Provider feel that the current entry/exit system arrangements in place are appropriate and will remain in-situ. However, as reassurance to the RQIA, the Registered Manager has had, and will continue to have, discussions with all relevant care managers and will arrange 'Best Interest' meetings as required, with all relevant persons so that everybody is aware and compliant with all legislation.
Requirement 2 **Ref:** Regulation 19 (1)	The registered person must ensure that supplementary care records are completed in full, in a timely manner and a system is put in place to monitor this. Particular attention should focus on the accurate

(a), schedule 3, (3) (k) **Stated:** First time	completion of repositioning, bowel management and food/fluid records. **Ref: Section 4.4**
To be completed by: 7 May 2017	**Response by registered provider detailing the actions taken:** Meetings were held with care staff following the last inspection and staff were informed that fluid balance charts, reposition charts, nutrition charts, etc should be implemented as soon as the resident is assessed as requiring them. Systems are now in place to ensure that all charts are completed regularly, accurately and appropriately
Requirement 3 **Ref:** Regulation 13 (1) (a) (b) **Stated:** First time	The registered person must ensure that completed supplementary care records are reviewed on a daily basis and actions taken in response to address any areas of concern are clearly indicated within the patients' care records. **Ref: Section 4.4**
To be completed by: 30 April 2017	**Response by registered provider detailing the actions taken:** Following a meeting with the nursing staff, it was decided that at 7am and 7pm, all charts will be collected by the Senior Care Assistant on duty and passed to the nursing staff who will then check and sign the charts, ensuring that any areas of concern are addressed as required.

Requirement 4 **Ref:** Regulation 12 (1) (a) (b) **Stated:** First time **To be completed by:** 30 April 2017	The registered person must ensure that records in relation to wound management are maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance. **Ref: Section 4.4**
	Response by registered provider detailing the actions taken: Following a staff nurse meeting, the system for documenting wound care was reviewed and systems are now in place to ensure that wound care is provided in line with all requirements, standards and guidelines.
Recommendations	
Recommendation 1 **Ref:** Standard 4 **Stated:** Second time **To be completed by:** 10 May 2017	The registered person should ensure care plans are written in a format which specifically directs individualised patient care and avoids the use of general terminology and abbreviations in accordance with professional guidance. **Ref: Section 4.2, 4.4**
	Response by registered provider detailing the actions taken: Following a staff nurse meeting, staff were informed that all generic terms and abbreviations are to be removed from care plans and personalised details implemented.
Recommendation 2 **Ref:** Standard 12 **Stated:** Second time **To be completed by:** 10 May 2017	The registered manager should review the management of mealtimes for patients; This review should include the dependencies of patients and the level of support and assistance required to ensure that patients receive their meals in a timely manner and ensure adequate 'gaps' between meals. **Ref: Section 4.2, 4.5**
	Response by registered provider detailing the actions taken: Following the inspection, a revised system was implemented and lunch-time has been moved to ensure there is an adequate period of time between meals. Staffing levels at meal times reflect the dependency levels of our residents.
Recommendation 3 **Ref:** Standard 44 Criteria (1) **Stated:** First time **To be completed by:** 31 May 2017	The registered person should ensure that tables provided in patients' bedrooms are repaired/replaced where appropriate. **Ref: Section 4.3**
	Response by registered provider detailing the actions taken: All identified tables have been replaced.

Recommendation 4 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 30 April 2017	The registered person should review practices in the laundry room to ensure that cleaning records are maintained and that any risk of cross contamination is identified and managed appropriately. **Ref: Section 4.3**
	Response by registered provider detailing the actions taken: A cleaning recording system has been implemented in the laundry. The laundry room has also been reviewed and amendments made to remove cross contamination risks.
Recommendation 5 **Ref:** Standard 37 Criteria (5) **Stated:** First time **To be completed by:** 27 April 2017	The registered person should ensure that supplementary care records are stored in accordance with professional guidance in patient confidentiality. **Ref: Section 4.4**
	Response by registered provider detailing the actions taken: All charts are in the residents rooms.

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address

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