

Unannounced Care Inspection Report 11 August 2016



Somerton

Type of Service: Nursing Home
Address: 77 Somerton Road, Belfast, BT15 4DE
Tel No: 028 9077 6786
Inspector: Heather Sleator

1.0 Summary

An unannounced inspection of Somerton Private Nursing Home took place on 11 August 2016 from 09.40 to 17.00 hours.

The inspection sought to assess progress with issues raised during and since 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 the recruitment and selection procedures, the monitoring of the registration of staff with their professional bodies, induction training, the competency and capability assessment for registered nurses, infection prevention and control procedures and fire safety. These deficits have led to a reduction in positive outcomes for patients. Six requirements and three recommendations have been stated to secure compliance and drive improvement.

Is care effective?

Weaknesses have been identified in the delivery of effective care specifically in relation to the management of care planning, the involvement of patients and representatives in consideration of the quality of nursing and other services provided by the home and the dining experience for patients. One requirement and three recommendations have been made.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients were very praiseworthy of staff and a number of their comments are included in the report. The activities coordinator spends a significant amount of time on one to one activity with patients; this is an appropriate approach in a dementia care setting. Relatives were praiseworthy of staff and the care afforded to patients. One relative commented, "The activities coordinator sold this home to us." There were no requirements or recommendations made in this section.

Is the service well led?

As stated in the sections relating to safe and effective care, this inspection was unable to evidence positive outcomes for patients. The findings of this inspection have led to discussion at a senior level within RQIA and to a subsequent concerns meeting being held with the registered person. Two requirements are made in relation to governance and leadership arrangements.

Following this inspection, the registered persons were required to attend a meeting in RQIA on 22 August 2016, to discuss the inspection findings and to provide RQIA with a detailed and comprehensive action plan which illustrates how the home will return to compliance.

Further inspection will be undertaken to validate that compliance has been achieved and sustained.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	9	6

Details of the Quality Improvement Plan (QIP) within this report were discussed with Lynne Burton, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

As a result of the inspection, RQIA were concerned that the quality of care and service within Somerton Private Nursing Home was below the minimum standard expected. The findings were reported to senior management in RQIA, following which a decision was taken to hold a concerns meeting. The inspection findings were communicated in correspondence to Paul Henry McCambridge, Registered Person, and a meeting took place at RQIA on 22 August 2016. At this meeting an action plan was submitted by the registered person and registered manager as to how and when the concerns raised at the inspection would be addressed.

Further inspection is planned to validate compliance and drive improvements.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced estates inspection undertaken on 14 June 2016. Other than those actions detailed in the previous QIP there were no further actions required. 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. It was confirmed that a referral had been made to the Adult Safeguarding Team in Belfast Health and Social Care Trust in July 2015. An investigation had been undertaken and was not complete at the time of the inspection. All appropriate actions have been undertaken by the home.

2.0 Service details

Registered organisation/registered person: Somerton Private Nursing Home Mr. Paul Henry McCambridge	Registered manager: Lynda Burton (Lynne)
Person in charge of the home at the time of inspection: Lynne Burton	Date manager registered: 17 July 2013
Categories of care: NH-DE	Number of registered places: 26

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 returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with 15 patients, three staff, two registered nurses and two relatives.

Questionnaires for patients (8), relatives (10) and staff (10) to complete and return were left for the home manager to distribute. Please refer to section 4.5 for further comment.

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 inspectors.

The following were examined during the inspection:

- validation evidence linked to the previous QIP
- staff roster
- staff training records
- staff induction records
- staff competency and capability assessments
- staff recruitment records
- staff supervision and appraisal planner
- complaints and compliments records
- incident and accident records
- records of quality audits and
- records of staff, patient and relatives meetings
- three patient care records

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 14 June 2016 - Estates

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

There were no issues required to be followed up during this inspection and any action taken by the registered provider, as recorded in the QIP will be validated at the next estates inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 10 March 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 35.6 Stated: Second time To be Completed by: 9 May 2016	It is recommended that management should ensure that the systems in place to monitor the quality of services provided by the home are effective. Specific attention should be given to the personal care afforded to patients and environmental issues.	Met
	Action taken as confirmed during the inspection: Observation of patient care evidenced that there had been an improvement in the standard of personal care afforded to patients. Patients appeared well groomed. The registered manager stated she was more visible to staff now and had implemented a daily audit in respect of patients' personal care. The issues identified at the previous inspection regarding the environment of the home had been actioned.	
Recommendation 2 Ref: Standard 43.2 Stated: Second time To be Completed by: 9 May 2016	It is recommended that management should implement a system to ensure all aspects of the environment are fit for purpose. For example; curtaining in the home is made good, suitable footstools are available for patients to use, fixtures and fittings are repainted as and when necessary and the dining table placemats are replaced. This recommendation is stated for a second time.	Met
	Action taken as confirmed during the inspection: Observation of the environment on the day of inspection confirmed that the issues previously identified had been addressed. The registered manager had implemented a general environment checklist audit and a room audit. One room is audited per day by the registered manager.	

<p>Recommendation 3</p> <p>Ref: Standard 6.11</p> <p>Stated: Second time</p> <p>To be Completed by: 6 June 2016</p>	<p>It is recommended that the registered manager should write to Trust representatives should there be difficulty in getting personal toiletries and clothing for any patient who does not have access to their personal allowance as agreed.</p> <p>The registered manager should inform RQIA of the outcome of the request.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed further correspondence had been sent to trust representatives regarding patients finance and she had also had discussions with trust staff and relatives. The registered manager stated the situation regarding patients' personal toiletries and clothing had improved.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be Completed by: 9 May 2016</p>	<p>It is recommended that the registered persons ensure that the quality assurance systems in place in respect of infection prevention and control procedures and the cleanliness and hygiene of the home are robust.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed an audit in respect of infection prevention and control procedures was completed on a monthly basis. The registered manager stated she was the identified link nurse for infection prevention and control procedures in the home</p>		
<p>Recommendation 5</p> <p>Ref: Standard 39.7</p> <p>Stated: First time</p> <p>To be Completed by: 6 June 2016</p>	<p>It is recommended that the registered persons implement a system to ensure knowledge gained through training is put into practice regarding infection prevention and control procedures and the cleanliness and hygiene of the home.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>The issues identified at the previous inspection of 10 March 2016 were discussed at a staff meeting and all staff made aware of their responsibilities. The review of staff training records evidenced that all staff had completed training in infection prevention and control procedures. Specific issues were followed up with staff during supervision.</p>		

<p>Recommendation 6</p> <p>Ref: Standard 39.8</p> <p>Stated: First time</p> <p>To be Completed by: 6 June 2016</p>	<p>It is recommended that the registered manager ensures staff are made aware of the correct way to assist patients when mobilising and the correct approach to assisting patients with their meals, in accordance with best practice guidance.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The issues identified at the previous inspection of 10 March 2016 were discussed at a staff meeting and all staff made aware of their responsibilities. Staff were informed that their practice would be monitored on a daily basis by management. As with infection prevention and control procedures the review of staff training records evidenced that all staff had completed training regarding moving and handling from January 2016 to date.</p>		

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 roster from 1 August 2016 to 14 August 2016 evidenced that the planned staffing levels were adhered to. In addition to nursing and care staff staffing rosters it was confirmed that administrative, maintenance, catering, domestic and laundry staff were on duty daily. Staff spoken with were satisfied that there were sufficient staff to meet the needs of the patients. Staff also stated that staffing levels were sufficient as long as the full complement of staff rostered to work were present, as short notice staff sickness could be problematic. On the day of inspection three staff members were unable to report for duty. Relatives commented positively regarding the staffing arrangements. One relative stated, "There is always staff about."

A review of three personnel files evidenced that recruitment processes were not in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff were also not appropriately managed. Requirements have been made in respect of recruitment and selection processes and the monitoring of the registration of staff with their professional bodies. These issues were also discussed with Paul McCambridge, Responsible Person, and Lynne Burton Registered Manager, at a meeting in RQIA on 22 August 2016.

A review of induction training records did not evidence that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Three completed induction records were reviewed. Weaknesses were identified in two of the three induction training records reviewed. There was a six-week time lapse from commencing employment before induction was commenced in one record reviewed and the second record did not evidence the date induction was commenced, rather the final page of the document was signed and dated by the staff member and the registered manager.

There was no evidence within the document to validate that each area of induction had been completed and when. A requirement has been made. Induction training was also discussed with Paul McCambridge, Responsible Person, and Lynne Burton, Registered Manager, at a meeting in RQIA on 22 August 2016.

Review of two competency and capability assessments of registered nurses did not evidence a robust process was in place. The assessments viewed were 'pre populated' and not individualised to the person. This was not best practice and a requirement has been made.

Staff training was available via an e-learning system and staff were made aware of training opportunities provided by the local health and social care trust and the Royal College of Nursing (RCN). The review of staff training records evidenced that 26 of the 26 staff employed at the home had completed mandatory training from 1 January 2016 including for example; safe moving and handling and infection prevention and control procedures. The review of staff training records evidenced that the registered manager had systems in place to monitor staff attendance and compliance with training. In discussion with the inspector, staff stated there were times when it would be of benefit to have face-to-face training, for example, adult safeguarding procedures, as this would give staff the opportunity to discuss issues and gain clarification. A recommendation has been made in this regard. It was also recommended that the home's adult safeguarding policy be revised in accordance with the DHSSPS 'Adult Safeguarding and Protection in Partnership', July 2015 policy document.

An adult safeguarding matter was identified by the home and appropriate actions taken. The registered manager and responsible person were still awaiting the final outcome of the investigation and the investigation remains open at this time.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to the relevant bodies. We were unable to verify that all accidents and incidents had been appropriately notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005 as the accident book for the period April to July 2016 could not be located. A recommendation has been made regarding the safe storage of all required documentation and information that is to be retained in the home.

An inspection of the home was undertaken to examine a random sample of patients' bedrooms, lounges, kitchen, dining room, bathrooms and toilets. Somerton Private Nursing Home is registered to provide care to persons with dementia. Whilst there was evidence of staff trying to enhance the environment for patients for example, there was an orientation board in the dining room, further attention to the environment is required. The use of colour should be reviewed as the main lounge and ground floor corridors were dark, the use of lighting should also be explored. It is recommended a dementia audit in respect of the environment is undertaken and an action plan for enhancing the dementia environment developed and actioned.

We undertook an inspection of the kitchen. The cooker was observed to be in a poor state with a build-up of spillages and debris on the hob. The kitchen cleaning schedules could not be located. Posters were observed to be on the wall; the posters were not laminated and were attached to the wall with sellotape. Posters were yellowish in colour and appeared aged. These practices contravene infection prevention and control procedures. The registered manager is required to ensure that the cooker is thoroughly cleaned, cleaning schedules are established which are robust and monitored and an infection prevention and control audit of the kitchen area, including storerooms is completed.

A fire exit and corridor on the first floor landing were observed to be cluttered and obstructed with boxes from a recent delivery. This was a fire safety hazard and a requirement has been made.

Areas for improvement

Recruitment and selection procedures must be in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2.

A system must be established to monitor staff, on a regular basis, to ensure they are registered with the relevant professional bodies.

A system must be established to ensure all newly appointed staff complete an induction training programme in a timely manner. The induction training programme must evidence all sections of induction have been completed.

The competency and capability assessment for registered nurses in charge of the home, in the absence of the registered manager, must evidence the assessment process to be robust and individualised to each staff member.

All fire exits and corridor must be kept clear of clutter and obstructions at all times.

An infection prevention and control audit of the kitchen area, including storerooms must be completed on a regular basis. Cleaning schedules must be established which are robust and monitored in respect of the kitchen. The cooker must be thoroughly cleaned.

Safe storage guidelines of all required documentation and information that is to be retained in the home should be adhered to.

A dementia audit in respect of the environment should be undertaken and an action plan for enhancing the dementia environment developed and actioned.

Staff should be afforded the opportunity to have face-to-face training regarding adult safeguarding procedures. The adult safeguarding policy should be revised in accordance with DHSSP policy 'Adult Safeguarding and Protection in Partnership, July 2015.

Number of requirements	6	Number of recommendations:	3
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4.4 Is care effective?

A review of three patient care records evidenced that initial plans of care were based on the pre admission assessment and referral information. The review of two of the three patients care records selected evidenced that an initial plan of care based on the pre admission assessment and referral information had not been completed in a timely manner. Also a detailed plan of care for each patient had not been developed within five days of admission. Care plans for one patient had not been developed for seven days and in the second record care plans had not been fully completed eight days post admission. A requirement has been made that registered nurses complete the care planning process with the timescale stated by professional and regulatory bodies. Supplementary care records for example; repositioning charts and food and fluid intake charts were observed to be stored safely however the records were not being maintained in a contemporaneous manner. Records had not been completed

from 10.00 hours on the day of inspection. On this occasion, we accept that there were only two care assistants on duty due to staff sickness and this may account for the delay in recording.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians and palliative care nurse facilitators. Care records were regularly reviewed and updated, as required, in response to patient need.

There was no evidence within two of the three care records reviewed that patients and/or their representatives were involved in the care planning process. This was discussed with the registered manager and it was agreed that a system would be put in place to evidence consultation with patients and/or their representatives in respect of care planning and a recommendation has been made. Registered nurses spoken with confirmed that care management reviews were arranged by the relevant health and social care trust. These reviews were generally held annually

Discussion with the registered manager and staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication. Staff spoken with confirmed that the shift handover provided the necessary information regarding any changes in patients' condition. Staff meetings were held regularly in 2016 and that records of these meetings were maintained. There was evidence that residents meetings took place on a regular basis, these were undertaken by the activities coordinator. The most recent relatives meeting was September 2015, the registered manager stated relatives meetings were generally poorly attended. The registered manager stated a quality questionnaire had been sent to relatives however, she was unaware of the response as the returned questionnaires were sent to Paul McCambridge, Responsible Person.

A notice board displaying information was provided in the hall. The information displayed was in relation to activities and a small number of 'thank you' cards were displayed. We were subsequently informed the 'thank you' cards were over 12 months old. The complaints procedure was also displayed in the entrance hall. The registered manager should consider the communication systems in the home in respect of informing patients, representatives and visitors about the life of the home for example; display information regarding the availability of the monthly monitoring reports, the annual quality reports, what is on in the home, staff on duty and any other relevant information. A recommendation has been made.

The serving of lunch was observed. Tables were set with cutlery, condiments and napkins. In discussion with staff we were informed that patients who require a modified diet do not get a choice of meal. This is not best practice. There were two 'sittings' at mealtimes. We observed the first sitting. Staff were seated appropriately when assisting patients with their meals. However, the noise level in the dining room by staff was noticeable and fluids were not observed to be offered on a frequent basis to patients who were being assisted by staff. A recommendation has been made that the dining experience is audited, from a dementia perspective, to ensure mealtimes are a pleasurable experience for patients.

Areas for improvement

Care plans must be written within the timescale specified by professional and regulatory bodies.

A system should be established to evidence consultation with patients and/or their representatives in respect of care planning and the quality of services provided by the home.

The communication systems in the home in respect of informing patients, representatives and visitors about the life of the home should be reviewed to ensure they are sufficient and effective.

The patients dining experience should be audited, from a dementia perspective, to ensure mealtimes are a pleasurable experience for patients.

Number of requirements	1	Number of recommendations:	3
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4.5 Is care compassionate?

Observations throughout the inspection evidenced that there was a calm atmosphere in the home and staff were quietly attending to the patients' needs.

Patients were observed to be sitting in the lounges, or in their bedroom, as was their personal preference. The activities coordinator spent time with patients in the two lounges. Patients were observed to respond and engage with the activities coordinator positively. Relatives who were visiting at the time were seated in the lounge and were also engaging with the patients. This provided stimulation and activity for the patients. We observed the activities coordinator providing manicures for some of the patients. Whilst patients were observed to be enjoying the one to one time of time and attention, we observed that the activities coordinator was not adequately resourced for the activity. For example, patients did not have a choice regarding nail colour as only one nail polish was available. Discussion took place with the activities coordinator regarding resourcing the activities programme. It was stated that the responsible person does ask what is needed from time to time. Having a more structured approach to resourcing activities in the home may afford for patients to have a programme that is developed to meet the needs of persons with dementia. However, the input of the activities coordinator was observed to be having a positive impact of patients. Relatives spoke highly of the activities coordinator.

Patients spoken with commented positively in regard to the care they received. Those patients who were unable to verbally express their views were observed to be appropriately dressed and were relaxed and comfortable in their surroundings. Observation of care delivery confirmed that patients were assisted appropriately, with dignity and respect, and in a timely manner.

The following are some comments we received from patients:

'Staff are very kind.'

'I'm well looked after.'

'Quite short staffed today but generally good.'

'No complaints, everything's perfect.'

'Just happy to call this my home.'

We met with two relatives during the inspection who stated:

'Can't get over the difference in my relative since they have come here, it's a credit to staff.'

'Staff are very attentive.'

'The attention given to how my relative looks is just brilliant.'

Questionnaires were issued to patients (8), representatives (10) and staff (10) however, none were returned prior to the issue of this report.

Areas for improvement

No areas for improvement were identified in relation to compassionate care during the inspection.

Number of requirements	0	Number of recommendations:	0
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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. In discussion, representatives were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

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 and review of available records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. However, as previously stated in section 4.3 an accident record for the period April to July 2016 could not be located.

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 relation to care records, infection prevention and control, incidents and accidents. However, as has been stated in sections 4.3 and 4.4 weakness were found in aspects of the care planning process and infection prevention and control procedures which had been audited by the registered manager. It is the expectation that any audit completed in the home is robust and shortfalls identified and actioned. It is concerning that the issues identified in this report had not been identified through the quality auditing process. A requirement has been made that the governance arrangements for the home are scrutinised and revised to ensure the efficacy of the process. A requirement has also been made that the registered manager and responsible person ensure their knowledge base is reflective of their regulatory responsibilities, of the DHSSPS Care Standards for Nursing Homes 2015 and professional and best practice guidelines.

Discussion with the registered manager and review of records for April, May and June 2016 evidenced that Regulation 29 monthly quality monitoring visits were completed. An action plan was generated to address any areas for improvement. As previously stated in section 4.4 we did not observe information in the home signposting patients, their representatives, staff and Trust representatives that copies of the reports were available for reading if the so wished.

There was a lack of evidence of robust governance/management and leadership arrangements to ensure the safe and effective delivery of care to patients. As previously stated there were concerns raised about recruitment and selection procedures, the monitoring of the registration of staff with their professional bodies, induction training records, the accurate completion of competency and capability assessments for registered nurses, the care planning process and the quality of audits.

As a result of these concerns, Paul McCambridge, Responsible Person, and Lynda Burton, Registered Manager, were required to attend a meeting in RQIA on 22 August 2016 to discuss the concerns and submit a plan of action to address the issues identified at inspection was submitted to RQIA at the meeting.

Areas for improvement

Two requirements made and they are in relation to the governance and leadership arrangements of the home.

Number of requirements	2	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lynne Burton, 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 may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return 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	
<p>Requirement 1</p> <p>Ref: Regulation 21 Schedule 2</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered provider must ensure that the recruitment and selection procedures are completed in accordance with regulatory requirements and employment legislation.</p> <p>Ref: section 4.4</p> <p>Response by registered provider detailing the actions taken: All future staff to be employed will be interviewed by myself and Registered Provider. A checklist for prospective employees has been drawn up to include completed application form, signed health declaration, employment gaps explained and address of 2 references, one of which must be previous employer. Evidence of NMC/NISCC membership to be obtained and checked with proof of identity</p>
<p>Requirement 2</p> <p>Ref: Regulation 21 Schedule 2 (5)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered provider must ensure that a robust system is established to regularly monitor the registration of staff with their professional bodies.</p> <p>Ref: section 4.4</p> <p>Response by registered provider detailing the actions taken: A system is now in place whereby the Registered Manager will check the registration of staff with their professional bodies on a monthly basis</p>
<p>Requirement 3</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered provider must ensure newly appointed staff complete induction training in a timely manner and evidence is present of the full completion of the induction training programme that has been validated by all relevant parties.</p> <p>Ref: section 4.4</p> <p>Response by registered provider detailing the actions taken: A system has been established to ensure newly appointed staff complete an initial induction within 2 days and a full induction to be completed during first 3 months and validated by all relevant parties</p>
<p>Requirement 4</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered provider must ensure that a competency and capability assessment for registered nurses has been completed, in full, and is personalised to the individual.</p> <p>Ref: section 4.4</p> <p>Response by registered provider detailing the actions taken: Competency and capability assessments will now be personalised by the nurse her/him self by adding their own comments before being signed off by the Registered Manager.</p>

<p>Requirement 5</p> <p>Ref: Regulation 27 (4) (c)</p> <p>Stated: First time</p> <p>To be completed by: 5 September 2016</p>	<p>The registered provider must ensure that fire routes and exits in the home are kept clear and unobstructed at all times.</p> <p>Ref: section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: The identified fire exit at inspection has been cleared, and staff spoken to. Management will ensure exits are kept cleared at all times</p>
<p>Requirement 6</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered provider must ensure that there are robust systems established to monitor infection prevention and control procedures are adhered to in all areas of the home. Cleaning schedules must evidence the cleaning regime of the kitchen area, including the regular cleaning of the cooker.</p> <p>Ref: section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: `Kitchen cleaning schedules are now in place and a deep clean of the cooker has now taken place</p>
<p>Requirement 7</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered provider must ensure that care plans are written, in consultation with the patient and/or representative in a timely manner and in accordance with the DHSSPS Care Standards for Nursing Homes 2015.</p> <p>Ref: section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: Nurses are now fully aware that care plans are to be written in a timely manner which will be followed up by the Registered Manager</p>
<p>Requirement 8</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered provider must ensure that the governance and leadership arrangements in the home are robust and in accordance with regulatory requirements and professional and best practice guidelines.</p> <p>Ref: section 4.6</p> <hr/> <p>Response by registered provider detailing the actions taken: Registered manager will ensure future audits are robust and shortfalls identified and actioned</p>

<p>Requirement 9</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered person and the registered manager must ensure that from time to time, training is undertaken, as appropriate, to ensure the necessary competence and skills for managing the nursing home.</p> <p>Ref: section 4.6</p>
<p>Recommendations</p>	<p>Response by registered provider detailing the actions taken: Further training will be undertaken by the Registered Provider and Manager as appropriate to ensure the necessary competence and skills for managing the nursing home. The Registered Manager has already undertaken training in the past and will continue to do so as necessary</p>
<p>Recommendation 1</p> <p>Ref: Standard 37.3</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered provider should ensure any records required under The Nursing Homes Regulations (Northern Ireland) 2005 are accurate and available for inspection at any time.</p> <p>Ref: section 4.3</p>
<p>Recommendation 2</p>	<p>Response by registered provider detailing the actions taken: The Registered Manager will ensure all records are available for inspection at any time. The identified accident book still hasn't been located, however, copies of all accidents which occur are retained in residents files following notification to care management and Quality Monitoring Team at Belfast Trust.</p>
<p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2016</p>	<p>The registered provider should undertake an audit of the environment to ensure the environment for persons with dementia is in keeping with best practice guidance for dementia care. Where a deficit is identified an action plan, with timescale for completion, should be written to action the deficit.</p> <p>Ref: section 4.3</p>
<p>Response by registered provider detailing the actions taken:</p>	<p>An audit has been undertaken by the Registered Manager to ensure the environment is in keeping with best practice guidance for dementia care. An action plan has been established and timescales discussed with the Registered Provider</p>

<p>Recommendation 3</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2016</p>	<p>The registered provider should provide face to face training for staff in accordance with the Adult Safeguarding and Protection in Partnership 2015 policy and procedural guidance. The home's policy should be reviewed and revised in accordance with the new policy and procedural guidance.</p> <p>Ref: section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: The Homes's policy has been reviewed and revised in accordance with the new policy and procedural guidance. Face to face training for staff has been arranged.</p>
<p>Recommendation 4</p> <p>Ref: Standard 4.2 and 7.1</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2016</p>	<p>The registered provider should ensure a system is established to evidence that the opinions of, and consultation with, patients and/or representatives takes place regarding the quality of nursing and other services provided by the home.</p> <p>Ref: section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: risk assessments, care plans and other nursing interventions are explained to the resident for their opinion and in the event the resident is unable to express his/her opinion, the named nurse will seek to ask the opinion of patient representatives</p>
<p>Recommendation 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2016</p>	<p>The registered provider should ensure that the dining experience for patients is audited on a regular basis, from a dementia perspective, to ensure mealtimes are a pleasurable experience for patients.</p> <p>Ref: section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: Meals are audited on a regular basis to ensure mealtimes are a pleasurable experience. Audit includes observing the atmosphere in the dining room at time of meal, meals served at a reasonable temperature, and any concerns noted by staff.</p>
<p>Recommendation 6</p> <p>Ref: Standard 7</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2016</p>	<p>The registered provider should ensure that systems are established regarding the communication systems in the home to informing patients, representatives and visitors about the life of the home for example.</p> <p>Ref: section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: Information regarding availability of monthly monitoring reports can be viewed on the Residents/Relatives Board along with activities for the day. Staff on duty is displayed on board in dining room.</p>

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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