

Unannounced Care Inspection Report

25 October 2017



Somerton Private Nursing Home

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 26 persons.

3.0 Service details

Organisation/Registered Provider: Somerton Private Nursing Home	Registered Manager: See below
Responsible Individuals: Mr Henry McCambridge Mr Paul McCambridge	
Person in charge at the time of inspection: Mrs Dhimi Daniel	Date manager registered: Mrs Dhimi Daniel – acting, no application
Categories of care: Nursing Home (NH) DE – Dementia.	Number of registered places: 26

4.0 Inspection summary

An unannounced inspection took place on 25 October 2017 from 09.30 to 17.00 hours.

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

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to staff recruitment practices; staff induction, training and development; infection prevention and control practices; risk management and effective communication systems. The culture and ethos of the home promoted treating patients with dignity and respect. There was also evidence of good practice identified in relation to the governance and management arrangements; management of complaints and incidents; quality improvement processes and maintaining good relationships within the home. The environment of the home was conducive to the needs of the patients and was attractive and comfortable.

Areas requiring improvement were identified and included ensuring patient care records evidence that they have been maintained in accordance with care standards regarding the comprehensive assessment of need, management of weight loss, completing risk assessment tools accurately and wound care management. Also, training for the safeguarding champion of the home has been completed and that the quality auditing of the patient care records is robust.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. Patients' comments included, "Staff are all very pleasant." Refer to section 6.6 for further comments.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	5

Details of the Quality Improvement Plan (QIP) were discussed with Dhimi Daniel, 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.

4.2 Action/enforcement taken following the most recent inspection dated 7 March 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 7 March 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing.
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 15 patients, six staff and three patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster informing staff of how to submit their comments electronically, if so wished, was given to the manager to display in the staff room.

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

The following records were examined during the inspection:

- duty rota for all staff from 2 to 22 October 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planner
- a selection of governance audits

- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 7 March 2017

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector. Refer to section 6.2 for further information.

6.2 Review of areas for improvement from the last care inspection dated 7 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 10 (1) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Evidence was present of the registered person undertaking training, as appropriate to his role. The registered manager of the home at the time of the last inspection has since taken up employment in a different nursing home.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4.8 Stated: First time	The registered provider should ensure that an accurate record is maintained by staff of patients' continence needs.	Met
	Action taken as confirmed during the inspection: The review of three patient care records and supplementary care records evidenced that accurate and up to date records were being maintained in respect of patients' continence needs.	
Area for improvement 2 Ref: Standard 4.9 Stated: First time	The registered provider should ensure that registered nurses accurately report on the wellbeing of patients. Recording should not be generalised and lacking in information.	Met
	Action taken as confirmed during the inspection: The review of three patient care records and progress records evidenced that the reporting on patients' wellbeing had improved and was more detailed.	
Area for improvement 3 Ref: Standard 12.13 Stated: First time	The registered provider should ensure that the record of patients' menu choice reflects individuals' choice at mealtimes, including those patients who require a modified diet.	Met
	Action taken as confirmed during the inspection: Discussion with the chef and a review of the information retained by catering staff evidenced that patients who required a modified choice at mealtimes were afforded a choice of meal.	

Area for improvement 4 Ref: Standard 12.6 Stated: First time	The registered provider should ensure that up to date information is retained in the kitchen, at all times, for catering staffs reference, regarding the food preferences and likes and dislikes of patients.	Met
	Action taken as confirmed during the inspection: Discussion with the chef and a review of the information retained by catering staff evidenced that the chef had a good knowledge of patients individual likes and dislikes and information relating to patients food preferences was maintained by the catering staff.	
Area for improvement 5 Ref: Standard 35.12 Stated: First time	The registered provider should ensure that communication systems and team working in the home is reviewed and enhanced, as far as possible.	Met
	Action taken as confirmed during the inspection: The review of the minutes of staff meetings evidenced that these were held on a regular basis. In discussion with staff it was stated that there was good communication in the home and that communication between all grades of staff had improved.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed the planned daily staffing levels for the home and that staffing was subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 2 October to 22 October 2017 evidenced that the planned staffing levels were adhered to. The review of the staffing rosters evidenced that there were ancillary staff on duty throughout the seven day period. Observation of the delivery of care and discussion with staff evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff spoken with were satisfied that there were sufficient staff to meet the needs of the patients. We also sought staffs' opinion on staffing arrangements via questionnaires; one was returned prior to the issue of this report. The respondent stated they were "very satisfied" to the question, "Are there sufficient staff to meet the needs of the patients?" Three relatives also responded via questionnaire and two confirmed their satisfaction with the staffing arrangements. One respondent commented, "Not enough staff especially at mealtimes." This was discussed with the manager by telephone prior to the issue of the report. The manager agreed to review the mealtime arrangements and ensure there were sufficient staff on duty to assist patients with their meals.

A review of records evidenced that a competency and capability assessment had been completed with nurses who were given the responsibility of being in charge of the home in the absence of the manager. The assessments were dated June 2016. The manager stated that she was aware of the need to review the assessments individually with the staff members however she had not had time to do so as she had only been in post a matter of weeks. The manager stated the review of the competency and capability assessments would be viewed as a priority.

Discussion with the manager and a review of two staff personnel files evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. Where nurses and carers were employed, their registrations were checked with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC), to ensure that they were suitable for employment. The review of recruitment records evidenced that enhanced criminal records checks were completed with Access NI and satisfactory references had been sought and received, prior to the staff member starting their employment.

The manager confirmed that newly appointed staff commenced a structured orientation and induction programme at the beginning of their employment. A review of two completed induction programmes evidenced that these were completed within a meaningful timeframe

The arrangements in place to confirm and monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC were discussed with the registered manager and reviewed. The review of the records evidenced that a robust system was in place to monitor the registration status of nursing and care staff.

Discussion with staff and a review of the staff training records confirmed that training had been provided in all mandatory areas and records were kept up to date. A review of staff training records confirmed that staff completed electronic training modules on for example; basic life support, medicines management, control of substances hazardous to health, fire safety, food safety, health and safety, infection prevention and control, safe moving and handling and adult prevention and protection from harm. The records reviewed confirmed that the manager had a system in place to ensure staff met their mandatory training requirements and confirmed that face to face training regarding adult safeguarding procedures and moving and handling (practical) was scheduled for 9 November and 13 November 2017.

A review of the supervision and appraisal schedule confirmed that there were systems in place to ensure that staff received supervision and appraisal. In discussion with staff they confirmed they were in receipt of regular supervision and an annual staff appraisal.

The registered manager and staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. The manager stated that she had not, as yet, attended specific safeguarding training which included the role of the safeguarding champion; however this training was being sourced.

When the manager has completed the training it was stated that she would ensure that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. This was identified as an area for improvement under the care standards. The adult safeguarding policy reflected the new regional operational procedures.

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. Care records are further discussed in section 6.5.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since September 2016 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 rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout.

Infection prevention and control measures were adhered to. Sluice rooms and bathroom/toilets were observed to be clutter free and well organised. Personal protective equipment (PPE) such as gloves and aprons were available throughout the home and stored appropriately.

Fire exits and corridors were observed to be clear of clutter and obstruction. The annual fire risk assessment of the home was undertaken on 1 August 2017. Discussion with the manager and the registered person and a review of documentation evidenced that the recommendations of the report had been addressed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management and provision of staffing, recruitment and selection procedures, staff training and development, infection prevention and control and fire safety.

Areas for improvement

The following area identified for improvement was in relation to the manager completing the training for the safeguarding champion and ensuring that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Review of three patient care records evidenced improvements in care planning and review and that care plans were in place to direct the care required. Nursing staff spoken with were aware of professional requirements to review and update care plans as the needs of patients' change. Whilst there was evidence of the regular review of risk assessments and care plans a comprehensive review of patient care needs had not been undertaken. A comprehensive review should be undertaken as and when patient need changes and no less than annually, this review should also be undertaken when patients are re-admitted to the home following hospitalisation. This has been identified as an area for improvement under the care standards.

There were a number of examples of good practice found throughout the inspection in this domain. For example, registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), Speech and Language Therapist (SALT) and Tissue Viability Nurse Specialists (TVN). Discussion with registered nurses and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record

Patients who had been identified as being at risk of losing weight had their weight regularly monitored. This ensured that any weight loss was identified and appropriate action taken in a timely manner. An area for improvement was identified under the care standards regarding the accurate assessment of patients' needs regarding weight management. The review of one patient's care record evidenced that the malnutrition universal screening tool (MUST) had been incorrectly calculated and the patient had not been referred to the appropriate health care professional. Patients who were identified as requiring a modified diet, had the relevant risk assessments completed. Care plans in place were reflective of the recommendations of SALT and care plans were kept under review. A sampling of food and fluid intake charts confirmed that patients' fluid intake was monitored.

The review of wound care management did not evidence that this was being undertaken in accordance with NICE clinical guidance 179. This was discussed with the manager who agreed to ensure the appropriate procedure and documents were commenced and that registered nurses were informed of their responsibilities regarding wound care management. This has been identified as an area for improvement under the care standards.

Patients' bowel movements were monitored by the registered nurses on a daily basis, using the Bristol Stool guidance as a reference, to ensure that any changes from the patients' usual bowel patterns were identified and timely action taken.

Evidence was present that registered nurses regularly reviewed and updated patient care records on a monthly basis, as previously detailed and this has also been identified as an area for improvement.

Personal or supplementary care records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. For example, a review of repositioning records evidenced that patients were repositioned according to their care plans, the frequency of repositioning was recorded on the repositioning record and staff were reporting on the condition of the patient's skin. Staff described their responsibilities regarding the maintenance of the supplementary care records and were knowledgeable regarding the rationale for monitoring patients' weight loss and the referral process to health care professionals where weight loss was evidenced.

Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005; the registered manager confirmed that the patient register was checked on a regular basis.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and discussions at the handover provided the necessary information regarding any changes in patients' condition. Staff also confirmed that communication between all staff grades was effective.

Staff meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. The most recent staff meeting was 4 October 2017. Staff stated that there was effective teamwork with each staff member knew their role, function and responsibilities. Refer to section 6.6 for further staff comment.

The serving of the midday meal was observed. There were two sittings at the midday and evening meal. The two sittings enabled staff more time to assist those patients who required more support and supervision at mealtimes. Patients who required a modified diet were afforded a choice at mealtimes; this was verified when reviewing the patients' meal choice record. Tables were attractively set with cutlery and napkins. The meals were nicely presented, were of good quality and smelt appetising. The day's menu was displayed in the dining room. Registered nurses were observed supervising and assisting patients with their meals and monitoring patients' nutritional intake.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, communication between residents, staff and other key stakeholders and the dining experience.

Areas for improvement

The following areas identified for improvement were in relation to undertaking a comprehensive review of patient need as and when patient need changes and no less than annually, adherence to professional guidelines regarding wound care management and the accurate assessment of patients' needs by registered nurses when reviewing patients risk assessments.

	Regulations	Standards
Total number of areas for improvement	0	3

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09:30. There was a calm atmosphere and staff were busy attending to the needs of the patients. 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.

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. Staff were knowledgeable of patients' non-verbal cues and what they were trying to communicate; the positive non-verbal responses by patients confirmed staffs understanding was correct.

There is a varied and interesting activities programme in place. On the day of the inspection a social activity of music and hand care took place and this appeared to be enjoyed by the patients who attended.

Numerous compliments had been received and were displayed in the home in the form of thank you cards. The following are examples of comments received on thank you cards:

"We would like to thank you for all your care and consideration in looking after our (relative)."
"Thank you for your care and attentiveness to our (relative)."

We spoke to patients who commented:

"Staff are great people."
"Staff work very well in here."
"Staff are all very pleasant."
"I enjoy the meals provided."

We spoke to three patients' representatives who stated they found staff helpful and informative and that they were happy with the standard of care provided by staff. Relatives also confirmed that they were confident that if they were to approach the manager with an issue that they would be listened to. Relatives were aware of the names of staff and of the new manager.

We spoke with staff who commented that they felt there had been an improvement in communication in the home, they felt confident they would be listened to if they brought any issues to management and team work in the home was much better.

Questionnaires

In addition, ten relative/representatives and ten patient questionnaires were provided by RQIA to the manager for distribution. At the time of issuing this report, three relatives returned their questionnaires within the specified timeframe. Two relatives indicated that they were very satisfied that the delivery of care was safe, effective and compassionate and that the service was well led. Additional comments received from these respondents included, "Very happy with the care," and, "I think Somerton Care Home is very well run and has been for the eight years my (relative) has been there." One relative was neither satisfied nor dissatisfied that care was safe, effective and compassionate and that the home was well led. The relative commented, "Not enough staff especially at mealtimes."

One staff member responded to the questionnaire electronically. The staff member was satisfied with all aspects of care and management in the home and commented, "The new manager has made a big difference to morale."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of the patients 'and the provision of activities.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

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

Discussions with the staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Staff described how they felt confident that the management would respond positively to any concerns/suggestions raised.

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. There was a system in place to identify the person in charge of the home, in the absence of the manager.

Discussion with the 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 Care Standards for Nursing Homes 2015. Staff, patients and patients' representatives spoken with and who responded via questionnaire that that were confident that staff/management would manage any concern raised by them appropriately.

Discussion with the 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 falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents and bed rails. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice. However, as areas for improvement were identified during the review of patient care records the manager should ensure that the auditing of care records is a robust and comprehensive process. This has also been identified as an area for improvement under the care standards.

A review of the patient falls audit evidenced that this was analysed to identify patterns and trends, on a monthly basis. An action plan was in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection, confirmed that these were appropriately managed. There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. These included medication and equipment alerts and alerts regarding staff that had sanctions imposed on their employment by professional bodies.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, and copies of the reports were available for patients, their representatives, staff and trust representatives. An action plan was generated to address any areas for improvement; discussion with the registered manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships within the home.

Areas for improvement

An identified area for improvement was in relation to ensuring that the auditing of care records is a robust and comprehensive process.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Dhimi Daniel, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Care Standards for Nursing Homes (2015).

<p>Area for improvement 1</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2018</p>	<p>The registered person shall ensure that the manager undertakes training in respect of being the safeguarding champion of the home and ensures that there are arrangements in place to embed the new regional operational safeguarding policy and procedure into practice.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: The home manager attended the training for adult safeguarding champion on 06/12/17 and will ensure the staff follows the new regional operational safeguarding policy and procedure in to practice.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2017</p>	<p>The registered person shall ensure that wound care management is undertaken in accordance with NICE clinical guidance 179, on the management and prevention of pressure damage.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: All the registered nurses completed the online training for wound management. NICE guidelines on management and prevention of pressure damage 179 issued and nurses competency assessment of wound management completed.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.8</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2017</p>	<p>The registered person shall ensure that the assessment of patients' needs is completed accurately so as timely referrals can be made to the relevant health care professional.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: This will be monitored through audit and in relation to the particular patient is being referred to the relevant health care professional</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35.3</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2017</p>	<p>The registered person shall ensure that a comprehensive review of patient need is completed, as and when patient need changes, and no less than annually and this review should also be undertaken when patients are re-admitted to the home following hospitalisation.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: The home manager completed a supervision session with registered nurses and the summary of care needs of each patient is reviewed and updated.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 35.3</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2017</p>	<p>The registered person shall ensure that the auditing of care records is a robust and comprehensive process.</p> <p>Ref: Section 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: The audit process has been reviewed and monitored continuously to ensure robust system in place.</p>
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