



Unannounced Care Inspection Report 14 November 2018



Somerton Private Nursing Home

Type of Service: Nursing Home (NH)
Address: 77 Somerton Road, Belfast, BT15 4DE
Tel No: 0289077 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 Responsible Individuals: Henry Enda McCambridge Paul Henry McCambridge | Registered Manager: Dhimi Daniel |
| Person in charge at the time of inspection: Dhimi Daniel from 08.30 hours | Date manager registered: 15 January 2018 |
| Categories of care: Nursing Home (NH) DE – Dementia. | Number of registered places: 26 |

4.0 Inspection summary

An unannounced inspection took place on 14 November 2018 from 07.00 to 15.15 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 staffing, staff recruitment, adult safeguarding and the home's environment. There were examples of good practice found throughout the inspection in relation to record keeping and the communication of patient needs between staff.

Good practice was also observed in relation to the culture and ethos of the home, provision of activities and valuing patients' views. There were systems in place for governance, the management of complaints and incidents and maintaining good working relationships.

Areas for improvement under the care standards were identified in relation to the reporting of accidents to RQIA, evidencing staffs compliance with mandatory training and the Regulation 29 quality monthly monitoring report.

A regulation in respect of moving and handling training and a standard in relation to infection prevention and control/hygiene have been stated for a second time.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients. Refer to 6.6

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 | *1 | *4 |

*The total number of areas for improvement includes one regulation and one standard which have been stated for a second time.

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

4.2 Action/enforcement taken following the most recent inspection dated 13 September 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 13 September 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- 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 10 patients individually, two patients' relatives and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

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 1 to 14 November 2018
- 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
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of 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 or partially 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 13 September 2018

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 20 March 2018

| Areas for improvement from the last care inspection | | |
|---|---|--------------------------|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 14 (3) Stated: First time | The registered person shall review moving and handling practice and provide additional training for staff where needed. | Partially met |
| | Action taken as confirmed during the inspection: A review of the staff training records evidenced that 19 of the 28 staff employed had completed moving and handling electronic training for the year 2018. A system should be in place to verify that staff have completed both the theory and practical component of training. This area for improvement has been partially met and has been stated for a second time. | |
| Area for improvement 2 Ref: Regulation 4 (a) Stated: First time | The registered person shall ensure that medicines are safely and securely stored in compliance with legislative requirements, professional standards and guidelines. | Met |
| | Action taken as confirmed during the inspection: A review of the arrangements for the safe storage of medicines evidenced that medicines were securely stored in accordance with legislative requirements. | |
| Area for improvement 3 Ref: Regulation 13 (7) Stated: First time | The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff, specifically: <ul style="list-style-type: none"> • Sharps boxes to be signed and dated. • Single use syringes should not be reused. • Appropriate disposal of PPE and waste products should be in place. • The straps on the bath chair in an identified bathroom need to be cleaned or replaced. | Met |

| | | |
|--|--|---------------------------------|
| | <p>Action taken as confirmed during the inspection: A review of the areas identified for improvement, as listed above, evidenced all areas were in compliance.</p> | |
| Action required to ensure compliance with The Care Standards for Nursing Homes (2015) | | Validation of compliance |
| <p>Area for improvement 1 Ref: Standard 41 Stated: First time</p> | <p>The registered person shall review staffing levels to provide a more even spread of registered nurses on a day to day basis and ensure that registered nurses are providing adequate supervision to staff.</p> | Met |
| | <p>Action taken as confirmed during the inspection: A review of the duty rota and discussion with staff evidenced that staffing arrangements had been enhanced and staff were satisfied with the current arrangements in place.</p> | |
| <p>Area for improvement 2 Ref: Standard 44 Stated: First time</p> | <p>The registered person shall ensure that the environmental issues identified at this inspection are actioned, specifically:</p> <ul style="list-style-type: none"> • The domestic store and sluice hopper require detailed cleaning. • The store room upstairs should be tidied and decluttered. • Window blinds should be provided for the conservatory area in the dining room. | Partially met |
| | <p>Action taken as confirmed during the inspection: A review of the areas identified for improvement, as listed above, evidenced that the sluice hoppers in the sluice rooms were not sufficiently clean.</p> <p>This area for improvement has been partially met and has been stated for a second time.</p> | |

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|--|---|-------------------|
| <p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> | <p>The registered person shall ensure that daily progress notes are completed contemporaneously for care delivery.</p> | <p>Met</p> |
| | <p>Action taken as confirmed during the inspection:</p> <p>A review of three patient care records evidenced that patients' progress records were being maintained contemporaneously.</p> | |
| <p>Area for improvement 4</p> <p>Ref: Standard 7</p> <p>Stated: First time</p> | <p>The registered person shall ensure that patient and relatives meetings are undertaken on a regular basis.</p> | <p>Met</p> |
| | <p>Action taken as confirmed during the inspection:</p> <p>A relatives meeting was held in May 2018 and five relatives attended. The registered manager stated the home has registered with an online service for relatives to comment on the standard of care afforded in the home. The registered manager stated that an open door policy is in operation and that she is readily available to meet with relatives/visitors.</p> | |
| <p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> | <p>The registered person shall review the times meals are served specifically breakfast to ensure patients can enjoy their midday meal.</p> | <p>Met</p> |
| | <p>Action taken as confirmed during the inspection:</p> <p>The time of serving breakfast has changed so as to provide a 'staggered' approach to the morning meal and patients are served breakfast as soon as they are dressed.</p> | |
| <p>Area for improvement 6</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> | <p>The registered person shall ensure that mealtimes are recognised and promoted as opportunities for social interaction and assistance provided promotes patient dignity.</p> | <p>Met</p> |
| | <p>Action taken as confirmed during the inspection:</p> <p>Staff were observed engaging with patients at both the breakfast and lunch time meal service.</p> | |

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 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 1 to 14 November 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. Five questionnaires completed and returned by staff. There were no issues regarding the staffing arrangements for the home raised by staff. Refer to 6.6

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Somerton. Comments received from patients included; "it's good here" and "I've no complaints".

We met with the relatives of two patients and sought their opinion on the provision of care in the home. The relatives expressed their satisfaction with all aspects of care afforded by staff and commented "feels more family orientated than a clinical environment." We also sought relatives' opinion on staffing via questionnaire, there were four questionnaires completed and returned by relatives. No issues were raised regarding the staffing arrangements of the home. Refer to 6.6.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training was delivered via online modules and through face to face interactive sessions. The training year commenced in January 2018 and a review of training information evidenced that training was still to be completed in all mandatory areas by staff before the end of December 2018. Training records did not evidence that staff had completed the practical component of training, for example, moving and handling

and fire safety training. A more robust system for monitoring staffs compliance with mandatory training should be implemented.

This has been identified as an area for improvement under the care standards.

Completion/refresher training in respect of moving and handling training for staff had been identified as an area for improvement at the previous inspection of March 2018 and has been stated for a second time in this report. The registered manager and staff confirmed that systems were in place to ensure staff received annual appraisal and regular supervision.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records for the period August - October 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation with the exception of accidents when a patient was found on the floor and there was the potential for a suspected head injury. This was discussed with the registered manager and has been identified as an area for improvement under the care standards. Discussion with the registered manager and review of records confirmed that on a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example; bed rails and alarm mats.

Observation of practices evidenced that infection prevention and control (IPC) measures were generally adhered to. Sluice hoppers in both the sluice rooms had not been thoroughly cleaned. This had been identified as an area for improvement at the previous inspection of March 2018 and has been stated for a second time in this report. New trays were required for patients use and a new brush and pan should be purchased for the dining room as these were observed to be showing significant wear and tear. The registered manager agreed to replace the items brought to her attention. We observed that staff appropriately used personal protective equipment (PPE) and that there was sufficient stock of personal protection equipment in the home.

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 and clean throughout. There was evidence that the dining room and main lounge had been decorated and some new furnishings were also in evidence.

Fire exits and corridors were observed to be clear of clutter and obstruction. The registered manager stated the most recent fire risk assessment had been completed on 26 July 2018 and any actions identified had been addressed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction, supervision and appraisal, adult safeguarding and the home's environment.

Areas for improvement

Areas for improvement were identified under the care standards regarding accidents are reported to RQIA in accordance with regulation and the provider guidance issued by RQIA and a more robust system for monitoring staffs compliance with mandatory training.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 2 |

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 that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of falls and wound care. Care records generally contained details of the care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

We discussed the monitoring of patients' weights and were informed that all patients were weighed a minimum of a monthly basis. The registered manager stated that if a patient has a weight loss of between five and 10 percent that they are referred to the patient's General Practitioners (GPs) and to the dietician. We reviewed the management of nutrition for one patient. A nutritional risk assessment was completed monthly; a care plan for nutritional management was in place. Food and fluid intake charts were maintained with fluid intake reconciled on a 24 hour basis.

We reviewed the management of falls for three patients. Falls risk assessments were completed and reviewed regularly. Care plans for falls management were in place and were reviewed for each patient following a fall.

We reviewed the management of wound care for one patient (wound had recently healed and records were still present). Care plans contained a description of the wound, location and the dressing regime. Wound care records evidenced that dressing regimes were adhered to. Wound care management was in accordance with professional and care standards. Records evidenced that patients were assisted to change their position for pressure relief in accordance with their care plans.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician changed.

Discussion with staff evidenced that nursing and care assistants were required to attend a handover meeting at the beginning of each shift. We attended the morning handover meeting between night staff and day staff at which time the wellbeing of each patient was discussed. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to assessment of patient need, the management of nutrition, falls and the delivery of wound care.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.6 Is care compassionate?

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

We arrived in the home at 07:00 hours and were greeted by staff who were helpful and attentive. Five patients were up and dressed at this time, the remaining patients were in bed. Night staff stated that they did not have to have a number of patients up and dressed before the day staff commenced duty and the home had a quiet and calm atmosphere. Night staff provided detailed information as to why the five patients were sitting in the lounge at 07.00 hours; the information provided was satisfactory and reasonable. The use of bedrails in the dementia units was observed and there was no evidence of the inappropriate use of bedrails for persons living with dementia.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with 10 patients individually and with others in smaller groups, confirmed that patients were generally satisfied with the care afforded by staff. Staff were observed to knock on patients’ bedroom doors before entering and kept them closed when providing personal care. Calls bells were observed to be placed in an accessible position for those patients who remained in bed.

Patients said that they were generally happy living in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

We observed the approach of staff and interaction and engagement with patients during the serving of the midday meal. This was a positive experience for patients. Staff were attentive providing assistance and prompts to patients during the meal service, quietly and sensitively. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks. Registered nurses were present in the dining room during the meal service, monitoring and supervising the nutritional intake of patients.

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. We observed that whilst staff were involved in a number of duties they made time to spend and engage with patients as far as possible.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"Thank you to all the staff for your care and consideration in looking after my (relative)."
 "To the wonderful nurses and carers, thank you for your continued care of my (relative)."

Staff commented positively about the home and stated:

"It's a lovely home, very homely."
 "It's just like a family here and patients get to know your face."
 "Good teamwork."

Staff were asked to complete an online survey; we received five responses within the timescale specified. Respondents were either satisfied or very satisfied the care was safe, effective and compassionate and that the service was well led. Additional comments included:

"I'm happy to work in this nursing home; it's a lovely place, nice and clean. Staff are very friendly and helpful."
 "We have very friendly staff and have good organised management."

Relative questionnaires were also provided. Four questionnaires were completed and returned within the timescale specified. Respondents were very satisfied that care was safe, effective and compassionate and that the home was well led.

We spoke with the relatives of two patients, comments included:

"Staff always take the time to ask how we are."
 "Staff are absolutely brilliant"
 "Not one of them (staff) doesn't come and speak to us."
 "We, as a family are thrilled with the home."
 "Couldn't fault the home at all."
 "Staff are wonderful; nothing is too much hassle for them."

Any comments from relatives and staff in returned questionnaires or online responses received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, mealtimes 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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in the management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Staff commented positively on the support and leadership provided to date by the registered manager. Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The registered manager explained that diversity and equality of opportunity for patients was supported by staff; any training required by staff to support patients, would be provided as required.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, care records and hygiene arrangements. In addition measures were also in place to provide the registered manager with an overview of the management of infections and wounds occurring in the home. However, audits did not identify the shortfalls in IPC measures in the home as discussed in 6.4, the registered manager should ensure that any audit taken is robust.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 and The Care

Standards for Nursing Homes. However, the reports could be more robust as on review there was little comment being made on the environment or if any action was needed. It may be of benefit if the sample template provided by RQIA on the website, www.rqia.org.uk was used. This has been identified as an area for improvement under the care standards.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents and maintaining good working relationships.

Areas for improvement

The following area was identified for improvement in relation to ensuring the template used for completing the regulation 29 monthly monitoring reports was fulsome and robust.

| | 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, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

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|---|---|
| <p>Area for improvement 1</p> <p>Ref: Regulation 14 (3)</p> <p>Stated: Second time</p> <p>To be completed by: 31 December 2018</p> | <p>The registered person shall review moving and handling practice and provide additional training for staff where needed.</p> <p>Ref: 6.2</p> |
| | <p>Response by registered person detailing the actions taken: All staff completed the online training for moving and handling and also attended a practical session for moving and handling training in November 2018. Moving and handling practice will be reviewed and monitored on a regular basis.</p> |

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

| | |
|--|---|
| <p>Area for improvement 1</p> <p>Ref: Standard 44</p> <p>Stated: Second time</p> <p>To be completed by: 31 December 2018</p> | <p>The registered person shall ensure that the environmental issues identified at this inspection are actioned, specifically:</p> <ul style="list-style-type: none"> • The domestic store and sluice hopper require detailed cleaning. <p>Ref: 6.2</p> |
| | <p>Response by registered person detailing the actions taken: The environmental issues identified during the inspection have been addressed and actioned appropriately and compliance with the expected standard is being monitored by the registered manager.</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 39.9</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2018</p> | <p>The registered person shall ensure that a robust system for monitoring staffs compliance with mandatory training is established.</p> <p>Ref: 6.4</p> |
| | <p>Response by registered person detailing the actions taken: Staff compliance with mandatory training will be monitored by registered manager.</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 35.9</p> <p>Stated: First time</p> <p>To be completed by: 15 December 2018</p> | <p>The registered person shall ensure that any accident that occurs is reported to RQIA in accordance with legislation and provider guidance as per RQIA's website.</p> <p>Ref: 6.4</p> |
| | <p>Response by registered person detailing the actions taken: Home manager is regularly monitoring and reviewing the accidents in the home and any accidents that occur in the home will be reported to RQIA in accordance with legislation and provider guidance as per RQIA website.</p> |

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|---|---|
| <p>Area for improvement 4</p> <p>Ref: Standard 35.7</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2018</p> | <p>The registered person shall ensure that the completion of the regulation 29 monthly monitoring report is robust and takes account of all required areas. Consideration should be given to using the sample template available on RQIA’s website.</p> <p>Ref: 6.7</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>The regulation 29 monthly reports reviewed by the registered person and amendments made with sufficient details in line with RQIA guidelines.</p> |

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



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