



Unannounced Care Inspection Report

11 June 2019



47 Somerton Road

Type of Service: Nursing Home

Address: 47 Somerton Road, Belfast, BT15 3LH

Tel No: 028 9077 2483

Inspectors: Gillian Dowds and Raymond Sayers

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.

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 40 patients.

3.0 Service details

Organisation/Registered Provider: Somerton Homes Ltd Responsible Individual: William Trevor Gage	Registered Manager and date registered: Nicola Rodgers Registration pending
Person in charge at the time of inspection: Nicola Rodgers	Number of registered places: 40
Categories of care: Nursing Home (NH) LD – Learning disability	Number of patients accommodated in the nursing home on the day of this inspection: 38

4.0 Inspection summary

An unannounced inspection took place on 11 June 2019 from 07.45 hours to 18.00 hours. The inspection was undertaken by care and estates inspectors.

The inspection assessed progress with all areas for improvement identified in the home 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.

As a result of the care inspection, RQIA were concerned that the quality of care and service delivery within 47 Somerton Road were below the standard expected. An area for improvement in relation to contemporaneous nursing records and reporting of notifiable incidents stated at an inspection on 9 October 2018, continued not to be met. In addition, the governance systems and management oversight of the home was insufficiently robust and did not identify the concerns found during the inspection. Following the inspection a meeting was held with senior management in RQIA and a decision was made to invite the registered person to a meeting at RQIA with the intention of issuing a failure to comply notice in relation to Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005.

This meeting took place on 21 June 2019. During the meeting Nicola Rodgers, manager, Mr Trevor Gage, responsible individual and Brian McDonald, owner, acknowledged the failings and provided a full account of the actions and arrangements made to ensure the necessary improvements. A decision was made not to issue the failure to comply notice and an inspection will be carried out to assess compliance.

Areas requiring improvement were identified as outlined in the quality improvement plan (QIP). Please refer to section 7.0.

Evidence of good practice was found in relation to activities for patients, interaction with staff and patients, recruitment and induction of new staff, training, supervision and appraisal of staff.

Areas requiring improvement were identified through the inspection in relation to infection prevention and control (IPC), patient access to equipment, contemporaneous documentation, care planning, notification of incidents and accidents to RQIA.

Patients described living in the home as being a good experience/ in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others and with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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	*8	3

*The total number of areas for improvement includes one that has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Nicola Rodgers, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection. Following this meeting a decision was made to take no further enforcement action at this time.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

4.2 Action/enforcement taken following the most recent inspection dated 9 October 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 9 October 2018. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates inspection, registration information, and any other written or verbal information received. For example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 10 to 23 June 2019
- 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
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports.
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 outstanding areas for improvement from previous inspection(s)

Areas of improvement identified at the previous care inspection have been reviewed. Of the total number of areas for improvement one in relation to effective communication in handover was met, two in relation to notices to RQIA of the occurrence of any notifiable event and contemporaneous nursing records of all nursing intervention were not met and have been included in the QIP at the back of this report.

Areas of improvement identified at previous estates inspection were reviewed. Of the total number of areas for improvement all seven requirements and two recommendations were met.

6.2 Inspection findings

6.3 Is care safe?

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

We arrived in the home at 07.45 hours and were met by the deputy manager and staff who were helpful and attentive. Patients were mainly in their bedroom and staff were attending to their needs. Some patients were seated in one of the lounges in preparation for breakfast whilst others remained in bed, again in keeping with their personal preference or their assessed needs.

The deputy manager confirmed the planned daily staffing levels for the home and that these levels were subject to monthly review to ensure the assessed needs of the patients were met. A review of the staffing rota from 10 June to 23 June 2019 evidenced that the planned daily staffing levels were adhered to. The manager also confirmed that one patient requiring one to one observation was also included in the staff rota. Discussion with the manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary.

Staff spoken with were satisfied there were sufficient staff on duty to meet the needs of the patients and did not raise any concerns about staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Staff attended to patients' needs in a timely and caring manner, call bells were answered promptly and staff were observed to be helpful and attentive towards patients.

We also sought staff opinion on staffing via the online survey; no responses were received.

No patients' visitors were available but a member of Belfast Trust staff spoke positively about the home:

"Good, enough staff look after them well."

We also sought the opinion of patients and patients' visitors via questionnaires; two were returned within the two week timeframe and both indicated they were either satisfied or very satisfied with the service provided at 47 Somerton Road.

Review of two staff recruitment and induction files evidenced that appropriate pre-employment checks had been completed to ensure staff were suitable to work with patients in the home; enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work.

Discussion with staff and review of records confirmed they had completed a period of induction and that they received regular supervision and a yearly appraisal.

Review of records confirmed there was a system in place to monitor the registration status of nursing and care staff with the NMC and NISCC and this clearly identified the registration status of all staff.

Discussion with staff confirmed they were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding. Review of training records confirmed staff had completed mandatory training in this area and other mandatory training is ongoing.

It was noted that some staff were not adhering to best practice guidelines in infection prevention and control (IPC) and were not 'bare below the elbow'. Some staff were noted to be wearing jackets, bracelets, false nails or nail varnishes. An area for improvement was made.

A review of the environment identified some areas of good practice. For example, the entrance hall was bright and welcoming and colourful art work was displayed as you entered the home stating:

"Our residents do not live in our workplace we work in their home."

The home was warm fresh smelling and some lovely examples of personalisation of bedrooms could be found in the home. An activity planner was displayed and discussion with staff confirmed outings were available to patients. The menu for lunch and dinner options was also clearly displayed.

Fire exits and corridors were observed to be clear of clutter and obstruction; however, two identified storage areas were cluttered and untidy with a variety of items such as coats, hoist slings, chairs and empty sharps bins. The manager agreed to review the storage space. During the meeting with RQIA an action plan was provided detailing those storage areas had been reviewed and tidied.

Pull cords in shower rooms were not appropriately covered. In at least two toilet/bathroom areas unlabelled toiletries were found which had the potential to be shared. Curtains were noted to be hanging off their rails in some of the bedrooms. Loft hatches in the identified bedroom ceilings required to be plastered. In one quiet room hair drying /styling equipment was sitting on a cabinet posing a potential risk to patient safety. Areas for improvement have been made.

RQIA were concerned about the lack of management oversight of the environment, infection control and health and safety. This is discussed further in Section 6.6.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, activities in relation to outings for the patients

Areas for improvement

Areas for improvement have been identified in relation to infection prevention and control, maintenance of the premises and health and safety.

	Regulations	Standards
Total number of areas for improvement	3	0

6.4 Is care effective?

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

Care delivery to patients throughout the inspection was observed and it was obvious staff knew them well and had a good understanding of their care needs. It was observed that patients received the right care at the right time. Staff demonstrated effective communication skills and were seen to attend to patients in a caring and timely manner. Staff were heard reassuring patients who appeared anxious during care interventions.

No visitors were present during the time of inspection and of the ten service user/relative questionnaires left, two were returned indicating satisfaction with the service provided in 47 Somerton Road.

We reviewed four care records and care plans were in place to meet the care needs for the patients. Good practice was seen in a care plan for a patient at risk of choking and under the care of the Speech and Language Therapist (SLT). The care plan was reflective of the International Dysphagia Diet Standardisation Initiative (IDDSI) guidelines.

We reviewed care records for the management of the use of bedrails. These could potentially restrict a patient's choice and control and we found that the appropriate validated risk assessments had been completed. Care plans evidenced a rationale for the use of bedrails and were regularly reviewed, but there was no written evidence of consultation with the patient, and or relative and consent for use had not been obtained.

There was evidence of care planning for restrictive practice for one identified patient requiring the use of a lap belt, when in a chair. There was no written evidence that the decision to use this had been discussed with relevant Trust personnel.

It was also noted that the daily progress notes for individual patients at times were not meaningful and they made generalised statements that did not reflect the information in the supplementary care charts. In one instance, on evaluation of a daily progress, a wound was commented on but no wound chart, body map, care plan or evaluation of the mentioned wound could be found for this identified patient. This was discussed with the manager at the time of inspection, who confirmed the patient did not have an active wound on that day, and a post inspection follow up also confirmed this. The importance of archiving records was emphasised.

One patient who has known behaviour that challenge had various care plans in place referencing about the behaviour but the care plan lacked details of what the actual behaviours were. On discussion with the manager she confirmed the care plans were under review to be restructured and updated. An area for improvement was identified.

The serving of lunch in the dining room was noticed to be relaxed and patients were enjoying their meals and were wearing appropriate PPE. Staff were available to assist patients and two options were available for the patients as well as options /choice of drinks. We observed staff and patients engaging in pleasant conversation and staff had an effective system in place to ensure all patients were catered for.

Patients described their food as:

- “Good.”
- “Nice.”

Discussions with staff were mostly positive with staff confirming that they received adequate training, handover, staff meetings, regular supervisions and annual appraisals.

Staff were also able to verbalise their awareness of adult safeguarding and also how/who to report any concerns to.

Some staff described the home as:

- “Brilliant.”
- “Well run.”
- “Get what we need.”
- “Leave my house in the morning and come to their home.”

One staff expressed concern that others were taking unauthorised smoke breaks and that this had potential to cause lack of supervision for the patients. This was discussed with the manager at the time of the inspection and no concern had been raised with her prior to this. Another member of staff felt that appropriate action may not be taken by manager when staff repeatedly do not fill in paperwork. This was discussed at our meeting with the home management in RQIA. The Manager reported feeling well supported and was assured us she was confident in dealing with issues that she is aware of.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between staff and patients, supervision and appraisal of staff and training of staff.

Areas for improvement

Areas for improvement were identified in relation to the detailing of care planning for patients with behaviours that challenge, wound care, and consent/discussion forms for use of restrictive practices.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 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.

During the inspection six patients were spoken to individually. No visitors were available during the inspection to speak to. Patients who were unable communicate their feelings looked comfortable in their surroundings. Comments from those spoken to included:

“Good. “
 “Like It.”
 “Like it here.”
 “Food Good.”

Staff were observed to treat patients with dignity and respect and to maintain their privacy when providing care. Staff knocked on doors before entering patients’ bedrooms and ensured doors were closed when care was being provided. Staff displayed a welcoming and friendly approach to both patients and visitors and appeared to enjoy working in 47 Somerton Road, they said:

“Love it. “
 “Happy.”
 “Well Run.”

Observation of the daily routine evidenced that staff delivered planned care at the right time; patients were not rushed and were offered choice. Patients were well presented, their clothes had obviously been chosen with care. We observed that care and attention had also been paid to nail and haircare and which jewellery to wear if patients had a preference for this.

Discussion with patients and patients’ visitors about the activities on offer evidenced that these were suitable and enjoyable. There were notices displayed throughout the home to ensure patients knew what was on offer, for example, on the day of the inspection there was various outings on the bus arranged by staff.

A record was kept of cards and compliments received, remarks included:

- “Accept my sincere thanks for the excellent care. “
- “You are all so kind.”
- “Many thanks for all the good work with I appreciate very much what you did for him.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, maintaining patients’ privacy and dignity and activity provided in the home.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 displayed in the entrance hall of the home. Discussions with staff and observations confirmed that the home was operating within the categories of care for which it was registered.

There has been an appointment of a new manager since the last inspection. A review of the duty rota evidenced that the manager's working hours and the capacity in which these were worked was recorded. Discussion with staff, confirmed that the registered manager's working pattern allowed for plenty of opportunities to meet with her if necessary and that she was approachable and accessible.

Discussion with the registered manager and review of a selection of governance audits evidenced that systems were in place to monitor the quality of nursing care and other services provided in the home. Audits were completed to review, for example, accidents/incidents, IPC measures, falls, complaints and care plans. However, it was noted that the audits did not reflect the findings of the inspection and in areas failed to drive improvement in the home. This was discussed in the meeting at RQIA and assurances have been given that audit tools have been reviewed and will include more detail and have been actioned appropriately.

A review of the accident /incident books and audit was done and it identified two events which had not been reported to RQIA. In addition it could not be determined if incident and accidents had been appropriately reported to next of kin or relevant Trust personnel. Following the inspection the manager submitted a detailed audit of incidents and accidents and shortfalls were noted. An area for improvement was identified. At the meeting with RQIA management had made a number of changes to their process and have stated that they will be undertaking a review of their documentation layout to allow sufficient follow up and will continue to liaise with Trust and report notifiable incidents.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis and copies of the report were available for patients, their representatives, staff and trust representatives. It was found that the Regulation 29 monthly monitoring reports also did not identify the findings of this inspection. This was discussed with the manager and the registered individual Mr Trevor Gage during the meeting and he assured deeper scrutiny of the accident and incident reporting would be included in the report.

The review of the care records provided evidence of review, highlighted any shortfalls and was signed by the nurse once completed. There was no follow up to identify if the identified areas been updated to the required standard. The manager did discuss that a system was in place for review of the care records.

The Infection prevention and control audit was reviewed and areas identified on inspection did not appear to be picked up during the audit process. As previously stated, it was noted that staff were not adhering to best practice guidelines in infection control, not adhering to the 'bare below the elbows' guidance, wearing of jewellery and nail varnishes and wearing of 'hoodies' during clinical duties. This did not adhere to the home's own uniform policy. During the meeting it was discussed this has been addressed with staff and ongoing monitoring is now in place.

The complaints procedure was reviewed and it was identified that there was processes in place around the documentation of complaints and the follow up of them recorded.

During the meeting in RQIA assurances were sought with regard to the managerial oversight of the day to day running and leadership in the home due to the findings of the inspection, assurances were provided that the manager will continue to oversee the day to day running of the home and maintain her own professional development. We were assured that she would continue to be supported by the responsible individual.

Assessment of premises

Building services maintenance validation certificates, legionella risk assessment and the fire risk assessment documents were reviewed during the inspection.

The fire risk assessment was completed by an accredited fire risk assessor, and the risk rating listed as `tolerable`. All code `A` action plan recommendations were completed.

Laundry gas appliances gas certificate dated 2 November 2018 recommended the installation of a fire/gas system interlock. An area for improvement has been made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the plan identified to restructure care plans.

Planned maintenance inspections and works were implemented on building services & equipment.

Areas for improvement

Areas for improvement were identified in relation to quality assurance audits and the quality of the regulation 29 reports

The laundry gas appliances safety inspection certificate date 02 November 2018 recommended that an interlock device is installed and linking the fire alarm system and gas supply system.

	Regulations	Standards
Total number of areas for improvement	2	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 Nicola Rodgers, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 30</p> <p>Stated: Second time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall give notice to RQIA without delay of the occurrence of any notifiable event.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The Home will continue to give notice to the RQIA of appropriate notifications under Regulation 30. The Nurse Manager (Acting) has reviewed the mechanism of internal reporting to ensure notifications occur in a timely manner.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (b) and (c)</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure that as far as reasonably practicable unnecessary risks to the health or safety of patients is identified and so far as possible eliminated.</p> <p>This is in relation to the accessibility by patients to the hair dryer and hair straighteners in the quiet room.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Appliances noted during inspection were removed on the day. All staff have been made aware that they should ensure all appliances such as hairdryers/straighteners are locked away in the cabinet provided when not in use.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (b) and (d)</p> <p>Stated: First time</p> <p>To be completed by: 2 August 2019</p>	<p>The registered person shall ensure that a refurbishment plan is implemented to include the repair or replacement of identified curtains and the refurbishment of loft hatches in multiple rooms.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: A maintenance action plan has been submitted to the RQIA and has been implemented and all areas have now been addressed. Loft hatches have been repaired and repainted.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from date of inspection</p>	<p>The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.</p> <p>Ref: 6.3</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 16 (2)</p> <p>Stated: First</p> <p>To be completed by: Immediately from the date of inspection.</p>	<p>Response by registered person detailing the actions taken: Toiletries noted to be in bathrooms have been removed and staff have been informed to ensure each individual's toiletries are stored appropriately in their individual wash bags for personal use only. This is monitored during weekly walk rounds and infection control audits. Staff have also been provided an updated uniform policy, emphasising the 'bare below the elbow' requirement during clinical procedures and compliance is being monitored.</p> <p>The registered person shall ensure contemporaneous nursing records are kept of all nursing interventions and procedures carried out in relation to each patient and the registered nurses have oversight of the supplementary care records.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Contemporaneous nursing records of nursing interventions and procedures are retained. The Registered Nurse on duty during each shift has oversight of documentation completed by care staff and ensures this is completed to an acceptable standard and is further reflected in the nursing records.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 2 August 2019</p>	<p>The registered person shall ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All nurses have been made aware of their responsibility for wound management and the relevant documentation that accompanies the same. The Nurses have also been provided with training dates in relation to wound management to further develop their knowledge and best practice in relation to wound care. Nurses have also been advised to revisit the wound care policy updated in February 2019.</p>

<p>Area for improvement 7</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection.</p>	<p>The registered person shall ensure that reports produced following monthly visits to the home are in sufficient detail to be in accordance with the regulations and care standards and where shortfalls are identified, an action plan is put in place to address these.</p> <p>Ref: 6.6</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 27(2) (q)</p> <p>Stated: First time</p> <p>To be completed by: in accordance with Gas Safe Register engineer recommendations</p>	<p>Response by registered person detailing the actions taken: The Responsible Person provides reports from monthly visits to the Home. The Responsible Person and Nurse Manager (Acting) meet weekly to discuss and evaluate the audits and provision of care within the Home, identifying any areas for improvement and develop strategies to further develop and progress in ensuring oversight to the management of the Home.</p> <p>The registered person shall ensure that the gas safe engineer safety improvement recommendations are implemented.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The engineer has been contacted to assess the laundry area and the best system to be installed to ensure safety in relation to the use of gas equipment within the laundry room and once the system required has been identified the engineer will install same.</p>
<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>	
<p>Area for improvement 1</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be completed by: 2 August 2019</p>	<p>The registered person shall ensure when bedrails or lap belts are in use there is documentation to evidence consultation with patients, relatives and other relevant personnel.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A bedrail discussion form has been devised and named nurses are addressing this with the patient and/or family. The use of restrictive practices are also discussed at care management reviews and named nurses have been advised to document the date of discussion in the appropriate care plan. A restrictive practice review/audit is also in place.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 17</p> <p>Stated: First time</p> <p>To be completed by: 2 August 2019</p>	<p>The registered manager shall review and revise the management of patients whose behaviour challenges others to ensure that care plans are person centred and detailed.</p> <p>Ref: 6.4</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 2 August 2019</p>	<p>Response by registered person detailing the actions taken: All care plans are under review and any residents who display behaviour that challenges have a specific care plan that identifies their specific behaviours and how to manage same.</p> <hr/> <p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.</p> <ul style="list-style-type: none"> • Governance audits in respect of care planning, Infection prevention and control and accident incidents should identify shortfalls and improvement embedded into practice. <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Continue to complete monthly audits and have re designed the audit methods for more robust quality assurance and ensuring all appropriate persons are notified.</p>

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



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