



Unannounced Care Inspection Report 1 August 2018



47 Somerton Road

Type of Service: Nursing Home (NH)
Address: 47 Somerton Road, Belfast, BT15 3LH
Tel No: 02890772483
Inspector: Michael Lavelle

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 up to 40 persons.

3.0 Service details

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| Organisation/Registered Provider: Somerton Homes Ltd Responsible Individual: William Trevor Gage | Registered Manager: Wayne Salvatierra |
| Person in charge at the time of inspection: Malgorzata Lupinska from 07.00 to 08.00 then Tess De Guzman from 08.00. | Date manager registered: 16 December 2015 |
| Categories of care: Nursing Home (NH) LD – Learning disability. | Number of registered places: 40 |

4.0 Inspection summary

An unannounced inspection took place on 1 August 2018 from 07.00 to 13.00.

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 training, personalisation of patient bedrooms, communication between patients, staff and other key stakeholders, the culture and ethos of the home and maintaining good working relationships.

Areas requiring improvement under regulation were identified in relation management hours, supervision of domestic trolleys, limiting access to medications, weight loss management and weight and blood pressure monitoring.

Areas for improvement under the care standards were identified in relation to supplementary care records, shift handover, communicating with patients in a manner that is sensitive and understanding of their needs and the staff duty rota

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.

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 | *7 | *5 |

*The total number of areas for improvement includes one which has been stated for a third time and three which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Trevor Gage, registered person, 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.

Concerns were raised in relation to the areas for improvement identified. The findings were discussed with senior management in RQIA, following which a decision was taken to hold a serious concerns meeting in RQIA on 8 August 2018. At this meeting the registered person acknowledged the failings and provided an action plan as to how the concerns, raised at the inspection, would be addressed by management. RQIA were provided with the appropriate assurances and the decision was made to take no further enforcement action at this time. A further unannounced inspection however, will be scheduled to ensure that compliance achieved will be sustained.

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

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 9 July 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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with six patients, six staff and two patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey and staff not on duty during the inspection.

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 weeks beginning 2 July 2018 to 30 July 2018
- nurse in charge competency records
- incident and accident records
- activity planner and associated records
- three patient care records
- a selection of patient care records including food and fluid intake charts and bowel records
- complaints record
- 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, 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 areas for improvement from the most recent inspection dated 9 July 2018

The most recent inspection of the home was an unannounced medicines management inspection. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 9 April 2018

| Areas for improvement from the last care inspection | | |
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| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| <p>Area for improvement 1</p> <p>Ref: Regulation 3 Schedule 1 (12) & (15)</p> <p>Stated: Second time</p> | <p>The registered person shall ensure the following are included in their Statement of Purpose:</p> <ul style="list-style-type: none"> • fire precautions and associated emergency procedures in the nursing home • the arrangements for dealing with complaints | <p>Met</p> |

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| | <p>Action taken as confirmed during the inspection: Review of the Statement of Purpose evidenced the inclusion of the above omissions. This area for improvement has been met.</p> | |
| <p>Area for improvement 2 Ref: Regulation 29 Stated: Second time</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 that action plans to address any areas for improvement are generated.</p> <p>Action taken as confirmed during the inspection: Review of monthly quality monitoring reports evidenced the reporting template had been modified and reports were available for April 2018 to June 2018. Progress on deficits identified in previous reports were not consistently reviewed. For example, the report for May 2018 identified gaps in the monthly analysis of accidents in April 2018. However, the report for June 2018 did not evidence if this deficit had been addressed.</p> <p>The registered person should ensure action plans are generated which clearly indicate who is responsible to address any identified deficit and in what timeframe. Subsequent reports should evaluate any progress made.</p> <p>This matter was discussed as part of the serious concerns meeting in RQIA.</p> <p>This area for improvement is now stated for a third and final time.</p> | <p>Partially met</p> |
| <p>Area for improvement 3 Ref: Regulation 13 (7) Stated: First time</p> | <p>The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff.</p> <p>Communal bathrooms, sluice areas and storage areas must be maintained, clean and uncluttered.</p> | <p>Partially met</p> |

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| | <p>Action taken as confirmed during the inspection: Although there were improvements noted in the cleanliness of the home, review of the environment evidenced the above areas for improvement had not been satisfactorily addressed. This will be discussed further in 6.4.</p> <p>This matter was discussed as part of the serious concerns meeting in RQIA.</p> <p>This area for improvement is now stated for a second time.</p> | |
| <p>Area for improvement 4 Ref: Regulation 27 (2) (b) Stated: First time</p> | <p>The registered person shall ensure as far as reasonably practicable, that all parts of the home to which the patients have access are free from hazards to their safety and unnecessary risks to the health and safety of patients are identified.</p> <p>This area for improvement is made with particular focus to the estate issues highlighted in section 6.3.1.</p> <p>Action taken as confirmed during the inspection: Review of the environment evidenced the above areas for improvement had been satisfactorily addressed.</p> | <p>Met</p> |

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| <p>Area for improvement 5</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p> | <p>The registered person shall ensure good practice guidance is adhered to with regard to post falls management.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of one identified care record evidenced best practice guidance was not being adhered to with regard to post fall management. For example, no neurological observations were taken following an unwitnessed fall and clinical observations were only taken once. It was appreciated that there are specific circumstances in regards to this situation however once staff identified that a patient may have experienced a potential head injury the appropriate protocol was not wholly followed. A post fall risk assessment was not completed within 24 hours and the care manager was not notified.</p> <p>This matter was discussed as part of the serious concerns meeting in RQIA.</p> <p>This area for improvement is now stated for a second time.</p> | <p>Not met</p> |
| <p>Area for improvement 6</p> <p>Ref: Regulation 24</p> <p>Stated: First time</p> | <p>The registered person shall ensure the complaints procedure is adhered to in keeping with best practice, the regulations and care standards.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of the complaints book evidenced this was in keeping with best practice, the regulations and care standards.</p> | <p>Met</p> |
| <p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p> | | <p>Validation of compliance</p> |
| <p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: Second time</p> | <p>The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of records evidenced that staff meetings are taking place at least quarterly.</p> | <p>Met</p> |

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| <p>Area for improvement 2</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> | <p>The registered person shall develop a programme of activities that reflects the preferences and choices of the residents. This shall be displayed in a suitable format and a record kept of all activities that take place, with the names of the person leading them and the patients who participate.</p> | <p>Partially met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>Review of the activities programme evidenced that a programme had been developed. However, review of records and discussion with staff evidenced there was no involvement of the patients in the development of the programme. In addition, the activities programme that was displayed in the home was for the previous month and was not in a suitable format to meet the needs of all the patients.</p> <p>A record of activities was maintained but deficits were identified. For example, the name of the person leading on the activities was not always recorded and there were gaps in recording on some dates. It was also difficult to read. In addition, review of activity records for one patient evidenced gaps of up to and including 14 days.</p> <p>The home have recently appointed an activities co-ordinator however, discussion with staff evidenced confusion as to who was responsible for the provision of activities in their absence.</p> <p>This area for improvement is now stated for a second time.</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 nurse in charge 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 weeks beginning 2 July 2018 to 30 July 2018 evidenced that the planned staffing levels were not adhered to on at least five occasions. This was discussed with the registered person who confirmed they were actively recruiting staff for the home. The registered person will continue to notify RQIA when there are staff shortages in the home. This will be reviewed at a future care inspection.

Staff duty 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. Staff said that on occasions staffing levels were affected by short notice leave. However, they also confirmed that this only happened occasionally and that efforts were made to have shifts "covered." Other comments received from staff during inspection were discussed with the responsible person post inspection.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in 47 Somerton Road. We also sought the opinion of patients on staffing via questionnaires, although none were submitted within the timeframe for inclusion in this report. Two relatives spoken with did not raise any concerns regarding staff or staffing levels.

Discussion with staff and review of the staff duty rota for the previous month evidenced that the registered manager was on planned extended leave and an acting manager had been identified to work in his absence. There was however no provision of management hours identified within the duty rota allocation and there was also no provision made to cover the workload of the deputy manager who recently left the home. The registered person must ensure that sufficient management capacity is allocated to ensure that the combined registered manager and deputy manager roles are fully fulfilled. This matter was discussed as part of the serious concerns meeting in RQIA and identified as an area for improvement under the regulations.

We discussed the provision of mandatory training with staff. 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. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the safe moving and handling of patients.

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 person 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 from April 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.

Discussion with the registered person and review of records confirmed that on at least a monthly basis, falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be warm, well decorated and fresh smelling. Patients and staff spoken with were complimentary in respect of the home's environment.

On arrival at 07.00 broken drawers were observed causing an obstruction at the fire exit at the front of the home. This was brought to the attention of the nurse in charge who arranged for its removal. This practice was discussed with the registered person and is required to be addressed without delay to ensure the safety and wellbeing of patients in the home. This will be reviewed at a future care inspection.

Concerns were identified in regards to the management of infection, prevention and control (IPC) as follows:

- inadequate cleaning in two identified bathroom areas
- inconsistent approach to effective use of personal protective equipment (PPE) and hand hygiene
- cluttered linen and storage cupboards with some items stored on the floor
- overflowing waste bin in the laundry
- clean towels stored on top of a clinical waste bin

This was discussed with the registered person and had been identified as an area for improvement at the inspection of 9 April 2018. This matter was discussed as part of the serious concerns meeting in RQIA and has been stated for a second time.

During review of the environment a domestic trolley was observed to be left unattended. This contained cleaning products and substances hazardous to health. The potentially serious risk this posed to patients was highlighted to the nurse in charge who immediately arranged for the trolley to be secured. This was also discussed with the registered person and identified as a potential risk to patients within the home. An area for improvement under regulation was made.

Observation of the environment raised concerns in regards to the management of food thickener. This was observed to be unlocked in a lounge which patients had access to. Although prescribed, it did not have any patient identifiable label on it. This was discussed with the registered person and an area for improvement under regulation was made. This matter was also referred to the pharmacist inspector for information purposes.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to training and personalisation of patient bedrooms.

Areas for improvement

Three areas for improvement under regulation were identified in relation to management hours, supervision of domestic trolleys and limiting access to food thickeners.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 3 | 0 |

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 and infections. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, in general, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. Review of one patient care record evidenced that unexplained weight loss had not been appropriately referred to either the dietician or the GP. This was discussed with the registered person and an area for improvement under regulation was made.

Review of supplementary care charts fluid intake records evidenced that contemporaneous records were not consistently maintained. Improvements are required to the recording of bowel function and food intake records. This was discussed with the responsible person and an area for improvement under the standards was made.

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), SALT or the dietician.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted. However, observation of the morning handover evidenced that only five patients were discussed with the registered nurse stating there were no changes with the remaining patients overnight. Due to the high volume of agency staff being used by the home at present and the need for a robust handover for staff unfamiliar with the patients, an area for improvement under the care standards was made.

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 registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patient and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

There was information available to staff, patients, representatives in relation to advocacy services.

Areas of good practice

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

Areas for improvement

One area for improvement under regulation was identified in relation to weight loss management and weight and blood pressure monitoring.

Two areas for improvement under the care standards were identified in relation supplementary care records and shift handover.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of areas for improvement | 1 | 2 |

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 and were greeted by staff who were helpful and attentive. During the morning patients were enjoying breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. However, one member of staff was observed walking into a patient's bedroom without knocking the door and introducing themselves. Another staff member discussed a patient's personal care needs with us in front of the patient but without including him in the conversation. This was discussed with the registered person and identified as an area for improvement under the care standards.

The environment had been adapted to promote positive outcomes for the patients. Many bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

We observed the serving of breakfast. 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, how to modify fluids and how to care for patients during mealtimes.

Consultation with six patients individually, and with others in smaller groups, confirmed that living in 47 Somerton Road was viewed as a positive experience. Some comments received included the following:

"I like it here."

"It's good."

"It's ok."

"I'm happy. I wouldn't change a thing."

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Ten patient and ten relative questionnaires were left in the home for completion. Two were returned within the expected timescale for inclusion in this report although they did not indicate if they were completed by relatives or patients. Both indicated that they were very satisfied or satisfied with the care provided across the four domains.

Two relatives were consulted during the inspection. Some of the comments received were as follows:

"We are happy with the care here. No complaints."

Staff were asked to complete an on line survey, we had no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires 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.

Areas for improvement

One area for improvement under the standards was identified in regards to communicating with patients in a manner that is sensitive and understanding of their needs.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

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 a change in management arrangements with the registered manager on a period of planned leave. An acting manager has been identified to work in his place. RQIA were notified appropriately. A review of the duty rota evidenced that the acting manager's hours, and the capacity in which these were worked, were not clearly recorded. In addition, the duty rota was not reflective of all staff working in the home. This was discussed with the registered person and identified as an area for improvement under the care standards.

Discussion with staff and representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

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. The registered person was reminded that complaints should be viewed as a learning experience and they agreed to include complaints as a standing item on the agenda for future staff meetings. This will be reviewed at a future care inspection.

Discussion with the nurse in charge and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

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 maintaining good working relationships.

Areas for improvement

One area for improvement under the standards was identified in relation to the staff duty rota.

| | 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 Trevor Gage, registered person, 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 29</p> <p>Stated: Third time</p> <p>To be completed by: 1 March 2018</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 that action plans to address any areas for improvement are generated.</p> <p>This matter is stated for a third and final time.</p> |
| | <p>Response by registered person detailing the actions taken: The Regulations 29 monthly reports have been amended and an action plan developed to address where there are areas of improvement required.</p> |
| <p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff.</p> <p>Communal bathrooms, sluice areas and storage areas must be maintained, clean and uncluttered.</p> <p>Ref: 6.3.1</p> |
| | <p>Response by registered person detailing the actions taken: All staff have attended Infection Control training on 23/08/18. Manager completes a weekly Hygiene and Cleanliness audit on each Corridor/Zone, action plan is discussed and signed off with domestic staff. A monthly infection control audit based upon best practice has been implemented. Where there are improvements identified, an action plan will be developed to ensure that they are implemented.</p> |

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| <p>Area for improvement 3</p> <p>Ref: Regulation 14 (2)(c)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall ensure best practice guidance is adhered to with regard to post falls management.</p> <p>Ref: Section 6.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: A robust postfalls procedure is now in place for witnessed and unwitnessed falls . The Manager has introduced a Post Fall Care Pathway initial assessment that will inform practice,actions , body mapping and observations There is a 24hr follow up procedure in our Accident book and on Gold Crest where medical and neurological observations are recorded half hourly , hourly , 6 hourly , 12 hourly and 24hourly , Manager is informed of all falls and is also alerted by e-mail from Gold Crest . Gold Crest have upgraded the recording and management systems for recording falls with risk assessments .There are now improved governance systems in placed with lessons learned from accidents embedded into working and clinical practice.</p> |
| <p>Area for improvement 4</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p> | <p>The registered person shall ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients.</p> <p>This is made with specific reference to sufficient protected management hours being available to ensure the governance arrangements for the nursing home and legislative requirements are met.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Nurse in Charge and In charge of the home competencies are completed have been introduced into the governance systems and all nurses who take charge of the home have these completed. Staffing numbers are calculated using dependency levels Protected Management supernumery hours are maintained to ensure effective governance arrangements are in place for the home to manage the home effectively.</p> |
| <p>Area for improvement 5</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible, eliminated.</p> <p>This area for improvement is made in reference to the supervision of domestic trolleys.</p> <p>Ref: 6.4</p> |

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| | <p>Response by registered person detailing the actions taken: Weekly hygiene and cleanliness audits are being completed in all high risk areas of the home. Where improvements are identified these are actioned and implemented. The relevant staff are now receiving supervision and this includes adherence to COSHH requirements while managing a safe environment for the residents including the supervision of domestic trolleys at all times.</p> |
| <p>Area for improvement 6</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p> | <p>The registered person shall ensure any fluid thickeners kept in the nursing home are ;</p> <ul style="list-style-type: none"> • appropriately labelled and administered as prescribed • are appropriately stored in a secure place <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Supervision completed with all staff re safety for residents ensuring all thickening agents are properly stored. All prescribed supplements and thickening agents are being audited , Dysphasia training is being arranged with our local pharmacy, all relevant staff will attend.</p> |
| <p>Area for improvement 7</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p> | <p>The registered person shall ensure that nursing staff promote and make proper provision for the nursing, health and welfare of patients and where appropriate treatment and supervision of patients.</p> <p>This area for improvement is made in reference to the following:</p> <ul style="list-style-type: none"> • weight loss management • ensuring weekly weights and blood pressures are monitored as directed <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: All residents weights are being monitored and recorded weekly and monthly .Action plan in place for any resident who has lost more than 2kg in a month.</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 11</p> <p>Stated: Second time</p> <p>To be completed by: 9 May 2018</p> | <p>The registered person shall develop a programme of activities that reflects the preferences and choices of the residents. This shall be displayed in a suitable format and a record kept of all activities that take place, with the names of the person leading them and the patients who participate.</p> <p>Ref: 6.3.4</p> |

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| | <p>Response by registered person detailing the actions taken: Lifestyle preference careplans have been developed for each resident and this is being rolled out with the named nurses and keyworkers collecting the information which will be the basis of identifying a person centred programme of activities. It will cover group activities one to one activities and activities that promote health and well being. Records are kept in a daily Activities book and on Gold crest</p> |
| <p>Area for improvement 2 Ref: Standard 4.9 Stated: First time To be completed by: With immediate effect</p> | <p>The registered person shall ensure contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out in relation to each patient, in accordance with NMC guidelines. Registered nurses should have oversight of supplementary care records.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Records are kept up to date by allocating keyworkers to review all recorded charts . A timetable will be set for monthly review and signed off by manager. All staff have received supervision in relation to professional requirements for recording and recordkeeping.</p> |
| <p>Area for improvement 3 Ref: Standard 35 Stated: First time To be completed by: Immediate action required</p> | <p>The registered person shall ensure that robust processes are in place to ensure that effective communication is achieved between staff, specifically during 'handover' meetings.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: A new handover system has been developed that is person centred the handover is called "RAP" handover, Reports ,Actions and Plan that happened during the shift and delegating priorities . Information on the RAP will include Allergies ,Medical History ,diet requirements and mobility . it will include action and events that occurred during the shift , indicate actions to be carried forward and management priorities.</p> |
| <p>Area for improvement 4 Ref: Standard 19 Stated: First time To be completed by: Immediate action required</p> | <p>The registered person shall ensure that staff adopt a person centred care approach and communicate with patients in a manner that is sensitive and understanding of their needs.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Lifestyle preference planning and the handover RAP system will be the basis for effective communication as well as the new improved Gold Crest system. Senior staff will be expected to behave as good role models and coach and mentor other staff.</p> |

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| <p>Area for improvement 5</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2018</p> | <p>The registered person shall ensure that the staffing rota clearly identifies the first and surname of all staff employed in the home.</p> <p>Ref: Section 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: The staffing rota has been reviewed and now meets the requirement. The staffing rota is monitored daily by the person in charge.</p> |
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Please ensure this document is completed in full and returned via Web Portal



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Assurance, Challenge and Improvement in Health and Social Care