



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 10 June 2019



The Somme

Type of Service: Nursing Home
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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 is registered to provide nursing care for up to 50 persons. The home is divided into five distinct wings, namely: Wilson, Liddell, Bates, Eakin and Rogers.

3.0 Service details

Organisation/Registered Provider: Board of Directors Responsible Individual: Charles Jonathon Kitson	Registered Manager and date registered: Leigh Patience 29 June 2017
Person in charge at the time of inspection: Leigh Patience	Number of registered places: 50
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 48

4.0 Inspection summary

An unannounced care inspection took place on 10 June 2019 from 09.50 hours to 17.40 hours. Following this, an announced finance inspection also took place on 11 June 2019 from 10.30 hours to 16.00 hours.

These inspections were undertaken by the care and finance inspectors and the findings are contained in this report.

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.

An area for improvement in respect of the last pharmacy inspection has also been reviewed and validated as required.

Evidence of good practice was found in relation to the cleanliness of the internal environment, monitoring the professional registration of staff, the management of restrictive practices and distressed reactions. Further areas of good practice were also noted in regard to the dining experience of patients, complaints management and staff communication.

With regard to care delivery, areas requiring improvement were identified in relation to adult safeguarding, falls management, staff supervision records, monthly monitoring visits, staff recruitment and care record audits.

Areas requiring improvement with respect to the management of patients' monies and valuables included the following:

- ensuring that there is evidence patients have been provided with an individual written agreement
- ensuring a record is made of the furniture and personal possessions which each patient has brought into their room (these records should be checked quarterly by two people)
- transferring patients' monies out of a bank account used in the running of the home; reviewing previous charges to patients for toiletries purchased by the home and provided to patients
- ensuring that a policy and procedure is in place to guide the administration of the patients' comfort fund and ensuring that expenditure from the fund benefits the body of the patients in the home
- ensuring there is a quarterly, double signed reconciliation of any monies or valuables held on behalf of patients
- ensuring staff do not use their personal store loyalty cards when making purchases on behalf of patients
- ensuring that hairdressing, chiropody and other treatment records are maintained in line with the relevant standard
- ensuring that the home administrator participates in adult safeguarding training

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

Comments received from patients, people who visit them, and staff during 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	12

Details of the Quality Improvement Plan (QIP) were discussed with Leigh Patience, 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 7 November 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 7 November 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, 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. No staff questionnaires were returned with the timescale for inclusion in this report.

The following records/areas were examined and/or discussed during the inspection:

- staff training records for the period 2018/19
- accident and incident records
- five patients' care records including supplementary wound, nutritional & repositioning records
- a selection of governance audits
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- staff selection and recruitment records
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- a sample of patients' agreements
- a sample of patients' income and expenditure records including deposit and purchase receipts
- a sample of banking records
- a sample of financial policies
- a sample of patients' comfort fund records
- a sample of patients' property records
- a sample of medicines records

Areas for improvement identified at the last care, medicines management and finance inspections were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the registered manager 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 previous care inspection have been reviewed. Of the total number of areas for improvement all were met.

An area of improvement identified at previous medicines management inspection has been reviewed. Of the total number of areas for improvement all were met.

There were no areas for improvement identified as a result of the last estates inspection.

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.

Staffing levels within the home were discussed and reviewed with the manager. The manager confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. Staff were consistently visible throughout the inspection and were observed to respond to patients in a compassionate and timely manner.

Feedback from staff evidenced that they received regular support and guidance through the process of both supervision and appraisal. One staff member told the inspector "Leigh has been an absolute breath of fresh air ... anything I need, I get." However, it was highlighted that governance records relating to staffs' supervisions were not available for review. An area for improvement was made. Appraisal records were submitted to RQIA following the inspection and noted to be satisfactory.

Staff also confirmed that they received regular mandatory training to ensure they knew how to provide the right care. Additional face to face training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients.

Discussion with the registered manager 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. However, some shortfalls were noted in regards to falls management and these are discussed further in section 6.4.

Discussion with the registered manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home. The registered manager advised that the ASC position report would be compiled within expected timescales. Feedback from staff who were spoken with provided assurances that they knew how to recognise and respond to any potential incidents of abuse. Upon review of the monthly monitoring report, which is referenced further in section 6.6, it was noted that a potential safeguarding incident had been inadequately managed. This was immediately discussed with the registered manager who provided assurances following the inspection that the matter was thoroughly investigated at the request of the inspector – no safeguarding concerns were identified as a result. An area for improvement was made.

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) as required.

Discussion with the registered manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. A high standard of cleanliness was noted throughout the home and featured a range of memorabilia which appealed to many patients within the home. The upkeep of garden areas was also to a high standard and appeared to be actively used by patients. This is commended. Maintenance staff were observed to be engaged in ongoing refurbishment within the home and also noted to engage in a friendly and appropriate manner with patients. This also is commended.

Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of staff further evidenced that fire training had been effectively embedded into their practice.

The registered manager advised that an external contractor was used for the provision of catering, cleaning and laundry services. It was observed that cleaning chemicals were not securely maintained in four areas and was also noted that domestic staff inconsistently monitored domestic trolleys while in use. The need to ensure that all hazardous substances are maintained in keeping with Control of Substances Hazardous to Health (COSHH) regulations was agreed with the registered manager who immediately addressed the issue. An area for improvement was identified.

The need to ensure that the treatment room is maintained in a secure manner at all times was also highlighted.

A sample of three patients' medicines records in relation to injectable medicines were reviewed. Due to the unavailability of some of these records on the day of inspection, some were submitted to RQIA following the inspection and reviewed by the pharmacist inspector. These provided assurance that the injectable medicines reviewed were being managed appropriately. The need to ensure that all medicines records should be archived in chronological order and easily retrievable was highlighted.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the cleanliness of the internal environment and monitoring the professional registration of staff.

Areas for improvement

Areas for improvement were identified in regard to adult safeguarding, the availability of supervision records and COSHH compliance.

	Regulations	Standards
Total number of areas for improvement	2	1

6.4 Is care effective?

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

Feedback from staff indicated that there was effective communication concerning the assessed needs of patients. Staff stated that they had to attend a handover meeting at the start of each shift and were able to contribute to this meeting or ask questions, as needed. All grades of staff consulted with clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals.

There was evidence of multi-disciplinary working and collaboration with professionals such as GPs, tissue viability nurses (TVN), dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found.

Feedback from the registered manager highlighted that the home operates a system in which each patient is allocated a 'Named Nurse' and 'Associate Nurse', the latter being a member of the care staff team. The registered manager acknowledged that some signage within patients' bedrooms advising of who their named/associate nurses were, required updating. The registered manager stated that this was currently being actioned.

The provision of care to patients requiring a modified diet was reviewed. Comprehensive and person centred care plans were in place and relevant risk assessments were accurately and consistently reviewed by nursing staff. The dining experience of patients is referenced further in section 6.5.

Wound care for patients was also considered. The care records for one patient requiring regular wound care provided assurance that the patient's wound was being appropriately and proactively managed by nursing staff. Nursing staff who were spoken with concerning the patient's wound care displayed a highly proficient understanding of the patient's needs and wound care principles in general. This is commended.

The management of patients who are at risk of falling was also examined. Review of the care records for two such patients provided assurances that the patients' needs were adequately met. However, discussion with nursing staff highlighted an inconsistent and contradictory knowledge of the home's falls policy as it related to post fall neurological monitoring. An area for improvement was identified.

In addition, the management of those patients who required regular assistance with repositioning was also considered. Care records for one patient who was being cared for in bed on the day of the inspection were examined. While feedback from staff confirmed that the patient's skin state was healthy, supplementary repositioning records were inadequate and did not clearly indicate how frequently the patient was being repositioned. An area for improvement was identified.

The care records for one patient who required the use of bedrails and who was also at risk of developing a Healthcare Acquired Infection (HCAI) evidenced that person centred, detailed and comprehensive care plans were in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of restrictive practices and HCAIs.

Areas for improvement

Two areas for improvement were noted in relation to falls management and the repositioning of patients.

	Regulations	Standards
Total number of areas for improvement	0	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.

Staff interactions with patients were observed to be compassionate and caring. Several patients who were spoken with were positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the registered manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

Feedback from both patients and relatives was very positive in relation to the provision of safe, effective and compassionate care. Comments included:

Patients' comments:

- "Staff are very helpful ... food is very acceptable."
- "Life in the Somme is first class."
- "I'm very impressed with the Somme."
- "On the whole ... very good."

Relatives' comments:

- "The staff are brilliant."

The provision of lunch was observed during the inspection. Feedback from the registered manager highlighted that, at the request of patients, the main dining area had been refurbished and was used by a larger proportion of patients at mealtimes. It was also noted that some patients still preferred to eat in smaller communal areas or their own bedrooms. The atmosphere throughout lunch was friendly and welcoming while staff interacted with patients in a focused, discreet and efficient manner. Patients were served their meals in a very organised and timely manner while kitchen staff provided a suitable level of supervision and support. It was also noted that staff managed one patient who became slightly agitated within the dining area in a compassionate and patient manner. This is commended. The need to ensure that staff consistently use compassionate terminology at all times was discussed with the registered manager.

Throughout the inspection, patients could be seen seated in various parts of the home relaxing and socialising. This observation, in addition to feedback from individual patient provided a sense of homeliness in which patients felt relaxed and safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of distressed reactions and the dining experience of patients.

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.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management were responsive to any suggestions or concerns raised. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registration certificate was up to date and displayed appropriately. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

Staff recruitment information was available for inspection and records for one staff member were reviewed. While no concerns were identified in relation to the staff member, it was noted that not all pre-employment checks were robustly carried out, specifically the obtaining of suitable references. An area for improvement was made.

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. Records confirmed that all complaints were reviewed on a monthly basis by the registered manager.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. Robust audits had been completed by the registered manager in relation to infection prevention and control; medication management and accidents/incidents. However, review of the care records audit dated 4 February 2019 highlighted that it lacked a suitable time bound action plan. It was also noted no other care records audits were available for review. An area for improvement was made.

Review of available monthly monitoring reports highlighted that action plans were not sufficiently robust. It was also noted that a potential safeguarding matter which had been identified during the monthly monitoring visit on 28 May 2019 had not been sufficiently managed; this is discussed further in section 6.3. An area for improvement relating to monthly monitoring visits was made.

The registered manager also advised that the home's responsible individual has stepped down from this role effective from 10 June 2019. At the inspector's request, the registered manager provided written confirmation of this before completion of the inspection. It was agreed that the required statutory notification and application would be submitted to RQIA following the inspection. Both of these were subsequently received and the application is being progressed by RQIA at present.

A range of patients' financial records were reviewed including the following: individual agreements, income and expenditure records including deposit and purchase receipts, banking information, personal property records, patients' comfort fund records and financial policies. There were controls in place to maintain documentation including income and expenditure records and the associated receipts. Up to date records were available to identify the amount of monies held by the home in respect of each patient.

However, there were a number of areas for improvement identified. These included two significant findings in respect of patients' monies being held within a bank account used in the running of the home; and the operation of a "shop" arrangement whereby the home purchased toiletries for patients which were subsequently recharged to patients. A bank account used in the running of the business should not include any patients' monies other than fees. In respect of the operation of the "shop" arrangement, the mechanism for making purchases and recharging these at a set price to patients had the potential to disadvantage patients, as evidence was available which confirmed that some items were purchased by the home for less than they were charged to individual patients.

RQIA engaged with the registered manager and confirmation was received that patients' monies were no longer held in the identified bank account. In addition, the registered manager confirmed that a review of previous toiletries charges had been performed and amounts to be refunded to patients or their representatives identified and a plan was in place to make the repayments.

Areas for improvement in relation to patients' monies and property were discussed with the registered manager at the conclusion of the inspection. A further finance inspection of the home will be carried out to validate these areas for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to complaints management and staff communication.

Areas for improvement

Areas for improvement were identified in regards to monthly monitoring visits and care record audits. Further areas for improvement were also highlighted in relation to the management of patients' monies and valuables included the following: ensuring that there is evidence patients have been provided with an individual written agreement; ensuring a record is made of the furniture and personal possessions which each patient has brought into their room (these records should be checked quarterly by two people); transferring patients' monies out of a bank account used in the running of the home; reviewing previous charges to patients for toiletries purchased by the home and provided to patients; ensuring that a policy and procedure is in place to guide the administration of the patients' comfort fund and ensuring that expenditure from the fund benefits the body of the patients in the home; ensuring there is a quarterly, double signed reconciliation of any monies or valuables held on behalf of patients; ensuring staff do not use their personal store loyalty cards when making purchases on behalf of patients; ensuring that hairdressing, chiropody and other treatment records are maintained in line with the relevant standard and ensuring that the home administrator participates in adult safeguarding training.

	Regulations	Standards
Total number of areas for improvement	6	9

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Leigh Patience, 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	
Area for improvement 1 Ref: Regulation 14 (4) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that all potential or actual safeguarding incidents are managed in keeping with regional safeguarding guidance and best practice standards at all times.</p> <p>Ref: 4.0 & 6.3</p> <p>Response by registered person detailing the actions taken: All potential and actual incidents are managed strictly within required guidance and regulation at all times. The above mentioned had been incorrect wording and interpretation from the person conducting and documenting the situation.</p>
Area for improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: With immediate effect	<p>The registered persons must ensure that all cleaning chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times.</p> <p>Ref: 4.0 & 6.3</p> <p>Response by registered person detailing the actions taken: Several meetings have been held with the contractor supplying the domestic services and action plans implemented on their part.</p>
Area for improvement 3 Ref: Regulation 29 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that monthly monitoring visits are conducted and recorded in a robust and thorough manner at all times so as to effectively quality assure care delivery throughout the home. All identified deficits (including any current RQIA QIPs) shall also be appropriately addressed within specific and time bound actions plans and kept under review at each subsequent monthly visit.</p> <p>Ref: 4.0 & 6.6</p> <p>Response by registered person detailing the actions taken: Further training needs have been identified for all personnel carrying out monthly monitoring visits and the registered manager will oversee this.</p>
Area for improvement 4 Ref: Regulation 29 Stated: First time	<p>The registered persons must ensure that all appropriate pre-employment selection and recruitment checks are robustly carried out in a timely manner.</p> <p>Ref: 4.0 & 6.6</p>

<p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: Supervision has been carried out with the home administrator and the relevant training reinforced.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 5 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that evidence is in place to confirm that patients (or their representatives) have been provided with an individual written agreement detailing the terms and conditions of their stay in the home.</p> <p>Ref: 4.0 & 6.6</p>
<p>To be completed by: 6 August 2019</p>	<p>Response by registered person detailing the actions taken: This was evidenced to the inspector on the day of inspection</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 19 (2) Schedule 4 (10)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that there is a record of the furniture and personal possessions brought by a patient into the room occupied by him/her.</p> <p>Ref: 4.0 & 6.6</p>
<p>To be completed by: 11 August 2019</p>	<p>Response by registered person detailing the actions taken: This was evidenced to the inspector on the day of the inspection and this document has since been updated with further detailed information to be included.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 22 (1) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that money belonging to a patient is not paid into a bank account used by the registered person in connection with the carrying on or management of the nursing home.</p> <p>Ref: 4.0 & 6.6</p>
<p>To be completed by: 6 July 2019</p>	<p>Response by registered person detailing the actions taken: This was resolved 2 days after the inspection and can be evidenced via clear documentation and revised systems.</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a review of all previous charges to patients for toiletries supplied by the home is performed and any amounts overcharged to patients for these items identified. Evidence of restitution to current/former patients or their representatives should be available.</p> <p>Ref: 4.0 & 6.6</p>
<p>To be completed by: 31 July 2019</p>	<p>Response by registered person detailing the actions taken: This was resolved 2 days after the inspection and evidence sent to the regulators of new systems in place and methods taken to address the identified issue.</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 40</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that robust governance arrangements are in place to ensure that staff receive formal supervision in keeping with best practice standards and that such records readily available for inspection at all times.</p> <p>Ref: 4.0 & 6.3</p> <p>Response by registered person detailing the actions taken: This was partially evidenced during the inspection and further documents are now completed for all staff supervision</p>
<p>Area for improvement 2</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 8 July 2019</p>	<p>The registered person shall ensure that appropriate training is provided for nursing staff in relation to post fall neurological observation of patients.</p> <p>Ref: 4.0 & 6.4</p> <p>Response by registered person detailing the actions taken: Staff were up to date for all areas of training but felt under pressure during the inspection. All staff have the relevant training and are able to respond accordingly and refer to the relevant best practice guidance.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in relation to the repositioning of patients:</p> <ul style="list-style-type: none"> • that a comprehensive and person centred care plan is in place • that supplementary repositioning records are accurately, legibly and contemporaneously maintained • that staff reposition patients in keeping with their assessed needs <p>Ref: 4.0 & 6.4</p> <p>Response by registered person detailing the actions taken: Care plans were reflective of care on the day of the inspection and one chart not fully completed was updated on the day of the inspection - all charts are thoroughly reviewed over each 24 hour period.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that care record audits are carried out in a thorough, robust and comprehensive manner.</p> <p>Ref: 4.0 & 6.6</p> <p>Response by registered person detailing the actions taken: Some audits could not be located during the inspection and some were evidenced at the time. All audits have since been located and further robust audits with action plans have been completed.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 14.30</p> <p>Stated: First time</p> <p>To be completed by: 6 July 2019</p>	<p>The registered person shall ensure that a policy and procedure is in place addressing the aims and objectives of the comfort fund and providing guidance for staff on the ethos and operation of the fund. The policy and procedure should include reference to and inclusion of the patient and/or relative forum in the decision making process for expenditure from the comfort fund.</p> <p>Ref: 4.0 & 6.6</p> <p>Response by registered person detailing the actions taken: In place the day after the inspection.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 14.25</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2019 and at least quarterly thereafter</p>	<p>The registered person shall ensure that a reconciliation of money and valuables held and accounts managed on behalf of patients is carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 4.0 & 6.6</p> <p>Response by registered person detailing the actions taken: In place with documented evidence</p>
<p>Area for improvement 7</p> <p>Ref: Standard 14.6</p> <p>Stated: First time</p> <p>To be completed by: 6 August 2019</p>	<p>The registered person shall ensure that where a home is responsible for managing a patient's finances, the arrangements and records to be kept are specified in the individual agreement. Written authorisation is obtained from each patient or their representative to spend the patient's personal monies to pre-agreed expenditure limits.</p> <p>Ref: 4.0 & 6.6</p> <p>Response by registered person detailing the actions taken: Implemented that day after inspection for each individual resident - documented evidence available</p>
<p>Area for improvement 8</p> <p>Ref: Standard 14.16</p> <p>Stated: First time</p> <p>To be completed by: 7 June 2019</p>	<p>The registered person shall ensure that where staff purchase items on behalf of patients, any store loyalty points earned are owned by the patient and this is documented on the receipt. Where a patient is not a member of a loyalty scheme, staff do not benefit from the transaction by using their personal loyalty cards. Receipts for such purchases are returned to the patient for their own records.</p> <p>Ref: 4.0 & 6.6</p> <p>Response by registered person detailing the actions taken: One staff member had done this unknowingly and has since been advised of the inappropriateness. This practice has stopped and all staff aware</p>

<p>Area for improvement 9</p> <p>Ref: Standard 14.29</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2019</p>	<p>The registered person shall ensure that there is evidence that any expenditure paid from the patients' comfort fund is used for the benefit of the body of patients at the home and does not fund any items which should be paid for by the home or by individual patients.</p> <p>Ref: 4.0 & 6.6</p> <p>Response by registered person detailing the actions taken: This relates to comfort fund money being used to fund the Barber for male residents. This has since stopped and all residents are now individually billed for their hair.</p>
<p>Area for improvement 10</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p> <p>To be completed by: 7 June 2019</p>	<p>The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the patient or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each patient.</p> <p>Ref: 4.0 & 6.6</p> <p>Response by registered person detailing the actions taken: These are available in full from all private service providers to the home.</p>
<p>Area for improvement 11</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p> <p>To be completed by: 6 August 2019</p>	<p>The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 4.0 & 6.6</p> <p>Response by registered person detailing the actions taken: These were evidenced during the inspection and have since been revised to include more detail</p>
<p>Area for improvement 12</p> <p>Ref: Standard 13.11</p> <p>Stated: First time</p> <p>To be completed by: 6 July 2019</p>	<p>The registered person shall ensure that the home administrator participates in adult safeguarding training.</p> <p>Ref: 4.0 & 6.6</p> <p>Response by registered person detailing the actions taken: This was completed on the day of the inspection and evidenced at the time.</p>

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



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