



Unannounced Care Inspection Report 24 July 2018



Spa Nursing Home

Type of Service: Nursing Home
Address: 77-79 Grove Road, Ballynahinch, BT24 8PW
Tel no: 028 9756 2579
Inspector: Elizabeth Colgan

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 and residential care for up to 36 persons.

3.0 Service details

Organisation/Registered Provider: Spa Nursing Homes Ltd Responsible Individual: Christopher Arnold	Registered Manager: Jocelyn Leyson-Bagood
Person in charge at the time of inspection: Jocelyn Leyson-Bagood	Date manager registered: 12 August 2009
Categories of care: <ul style="list-style-type: none"> · 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 registered places: <ul style="list-style-type: none"> · 36 comprising: NH-TI, NH-PH, NH-I, NH-PH(E) <p>A maximum of 1 named resident is permissible.</p>

4.0 Inspection summary

An unannounced inspection took place on 24 July 2018 from 09:40 to 16:10 hours.

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

The term 'patient' is used to describe those living in Spa Nursing Homes Ltd which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff induction, training, risk management and effective communication systems. There was also evidence of good practice identified in relation to the governance and management arrangements; management of complaints and incidents, and maintaining good relationships within the home.

Areas requiring improvement were identified, in relation to fire safety, the environment, infection prevention and control, and the safe transport of patients. Other areas for improvement were noted in relation to the secure storage of care records, daily progress notes, supplementary care records and the auditing of care records.

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

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	*4	5

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

Details of the Quality Improvement Plan (QIP) were discussed with Jocelyn Leyson-Bagood, 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 2 August 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 2 August 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

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

During the inspection we met with ten patients, five 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.

The following records were examined during the inspection:

- Duty rota for all staff from 9 July to 30 July 2018
- Records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- Staff training records
- Incident and accident records
- Two staff recruitment and induction files
- Four patient care records
- Three patient care charts including food and fluid intake charts and reposition charts
- A sample of governance audits
- Complaints record
- Compliments received
- RQIA registration certificate
- A sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, 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 2 August 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 2 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a) Stated: First time	The registered persons must ensure that the internal environment of the home is managed so as to ensure the safety and well-being of patients at all times. Visiting contractors should be appropriately orientated to the home with precautions which safeguard patients/staff and visitors being agreed to prior to any maintenance work being commenced.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that a system is in place to ensure that visiting contractors are appropriately orientated to the home with precautions which safeguard patients/staff and visitors being agreed to prior to any maintenance work being commenced.	
Area for improvement 2 Ref: Regulation 13 (1) (a) Stated: First time	The registered persons must ensure that the internal environment of the home is managed so as to ensure the safety and well-being of patients at all times, specifically ensuring that access to all hot water tanks and piping is appropriately restricted at all times.	Met
	Action taken as confirmed during the inspection: Observation confirmed that access to all hot water tanks and piping was appropriately restricted at the time of the inspection.	

<p>Area for improvement 3</p> <p>Ref: Regulation 19 (1) (a)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that contemporaneous care records are maintained. These records should include all discussions with patients and/or their relatives/representatives with respect to being assisted with personal care each morning and when being assisted to back to bed.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of documentation confirmed that the care records reviewed included discussions with patients and/or their representatives with respect to being assisted with personal care each morning and when being assisted to back to bed.</p>		
<p>Area for improvement 4</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that care plans are in place for patients and that they reflect all assessed care needs, specifically patient's assessed sleeping needs and preferences.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of documentation confirmed that one of the care records reviewed did not include the patient's assessed sleeping needs and preferences.</p> <p>This area for improvement has been partially met and has been stated for a second time.</p>		
<p>Area for improvement 5</p> <p>Ref: Regulation 12 (1)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that all staff deliver personal care to patients in compliance with their current risk assessments and as prescribed care plans.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of documentation confirmed that staff delivered personal care to patients in compliance with their current risk assessments and as prescribed care plans.</p>		

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 46 Stated: First time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.	Met
	Action taken as confirmed during the inspection: Observation confirmed that the environmental issues in relation to torn chairs, damaged shelving ,an identified ceiling and doors have been repaired.	
Area for improvement 2 Ref: Standard 35 Stated: First time	The registered persons should ensure that a robust and comprehensive audit is accurately maintained, specifically in relation to the use of bedrails.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that a robust and comprehensive audit is accurately maintained, in relation to the use of bedrails.	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 9 to 30 July 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. No staff questionnaires were returned.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Spa nursing home. We also sought the opinion of patients on staffing via questionnaires.

Five patient questionnaires were returned. All patients indicated that they were very satisfied or satisfied with the care they received.

Two relatives spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. One questionnaire was returned and indicated that they were satisfied that staff had 'enough time to care'.

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

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice. However staff were observed wheeling two patients without the footrests. An area for improvement under the standards was identified.

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

Review of four 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 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. From a review of records, observation of practices and discussion with the registered manager and staff there was evidence of proactive management of falls.

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. 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, and dining room and storage areas. The following areas were identified for improvement regarding the homes environment:

- Identified carpets particularly on the ground floor at the entrance and corridors were badly stained.
- In one identified bedroom the carpet was split right across the room.
- Carpets throughout the home were bubbled
- One identified bathroom was dirty the bath enamel compromised, the washbasin stained , the radiator covered stained and damaged and the window frame cracked and broken.
- One identified shower room required more in-depth cleaning and the shower surround was broken.
- The sluice areas in the home do not meet the standard set out in the appropriate care standards. The sluice areas only have a sluice hopper, there is no equipment sink, or hand washing facilities.
- The bedroom furniture in one identified bedroom was scuffed and in need of polishing or resurfacing.
- Windows in the lounges and entrance were not clean.
- The flooring in the kitchen corridor was badly stained.

As a result of the above areas the need for a refurbishment programme was discussed with the registered and regional manager, who agreed that a detailed action plan with firm timescales for improvement would be forwarded to RQIA. An area for improvement under the regulations has been identified.

Fire exits and corridors were observed to be clear of clutter and obstruction. However a fire door was open on the ground floor to allow patients outside for a smoke. The open door also allowed the smell of smoke to permeate the front area of the home. This was discussed with the registered and regional manager and is required to be addressed without delay to ensure the safety and wellbeing of patients in the home. An area for improvement under the regulations has been identified.

Observation of practices, care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were not consistently adhered to. For example:

- Appropriate personal protective equipment (PPE) was not always use when assisting with patient care delivery
- The aperture of a sharps box in the treatment room was not closed when not in use.

The registered manager had an awareness of the importance to monitor the incidents of HCAI's and/or when antibiotics were prescribed and the manager understood the role of PHA in the management of infectious outbreaks.

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, and risk management.

Areas for improvement

Two areas were identified for improvement under the regulations in relation to, fire doors and the home's environment.

Two areas were identified for improvement under the standards in relation to, the safe transfer of patients and infection prevention and control

	Regulations	Standards
Total number of areas for improvement	2	2

6.5 Is care effective?

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

Review of four patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of infections and wound care. Care records generally 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. However in one care record, details of preferred rising and retiring times were not recorded. This was an area for improvement identified under the regulations at a previous inspection and has been therefore stated for the second time. A review of daily progress notes noted that these were illegible in many instances in addition evidence of action taken in response to a patient who had identified an issue with weight loss did not have any information or interventions recorded in the daily progress notes. An area for improvement has been identified under the standards to ensure that daily progress notes are legible and provide clear direction of care.

Supplementary care records reviewed noted that in two food and fluid intake records reviewed 'gaps' in recording was evidenced and the record did not show evidence of a contemporaneous record over the 24 hour period of the patients food and fluid intake. Re-positioning records did not record the setting required for the pressure relieving mattress and in one instance a mattress had not been set in accordance with the patient's weight. An area for improvement under the standards was identified.

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

Observation, review of documentation and discussion with the registered and regional manager evidenced that care records are not stored securely. A keypad was to be put in place; however this has not been achieved. An area for improvement under the regulations was identified.

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. 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.

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

The registered manager advised that patient and/or relatives meetings were held on a regular basis and minutes were retained. Patients and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management. Patients and representatives knew the registered manager.

Areas of good practice

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

Areas for improvement

Two areas were identified for improvement under the regulations in relation to, care records and the secure storage of care records.

Two areas were identified for improvement under the standards in relation to, the recording in the daily progress notes and supplementary care records

	Regulations	Standards
Total number of areas for improvement	2	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 09.40 hours and were greeted by staff who were helpful and attentive. Some patients were enjoying a late breakfast 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. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. 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.

Cards and letters of compliment and thanks were displayed in the home. There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with ten patients individually, or in smaller groups, confirmed that they liked living in Spa nursing home.

Patient comments:

"I like it here."

"The food's very good."

"The food's brilliant."

"It's nice here, the staff are very kind and the food is lovely."

"It is very good, the staff look after us."

"No complaints."

"It is good, but not home."

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 relative questionnaires were provided; one was returned within the timescale. The relative indicated that they were very satisfied with the care provided across the four domains.

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

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

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

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

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

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

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, falls, wounds, bedrails and first aid equipment. As a result of the findings in relation of care records an area for improvement under the standards has been identified to ensure that audits identify any deficits and the results analysed to ensure that appropriate actions are taken.

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

Discussion with the registered manager 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.

Areas of good practice

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

Areas for improvement

One area for improvement under the standards was identified in relation to the audit of care records.

	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 Jocelyn Leyson-Bagood, 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

<p>Area for improvement 1</p> <p>Ref: Regulation 27</p> <p>Stated: First time</p> <p>To be completed by: 24 August 2018</p>	<p>The registered person shall ensure that the areas relating to the environment identified in the report are addressed.</p> <p>A detailed refurbishment action plan with firm timescales for improvement should be forwarded to RQIA along with completed QIP.</p> <p>Ref: 6.4</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27</p> <p>Stated: First time</p> <p>To be completed by: 24 July 2018</p>	<p>The registered person shall ensure that fire doors are not kept open.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The Registered Manager will ensure that the fire door that leads out to the residents designated smoking area is closed behind each resident and all staff have been reminded to keep this closed in keeping with fire safety policy The Registered Manager will monitor compliance of this area.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 19(1)a</p> <p>Stated: Second time</p> <p>To be completed by: 24 August 2018</p>	<p>The registered persons must ensure that care plans are in place for patients and that they reflect all assessed care needs, specifically patient's assessed sleeping needs and preferences.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The Registered Manager has addressed with nursing staff the importance of development of care plans for residents preferences in relation to rising and retiring to bed. The Registered Manager will ensure that care plans are in place that will reflect these assessed care needs When a resident is newly admitted to the home the staff</p>

	will write a person centred care plan that will reflect their assessed sleeping needs. The Registered Manager will continue to monitor this area.
<p>Area for improvement 4</p> <p>Ref: Regulation 19(1)b</p> <p>Stated: First time</p> <p>To be completed by: 24 August 2018</p>	<p>The registered person shall ensure that care records are stored securely.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: A keppad has been fitted to the nursing office as identified in order to maintain safety of care records in accordance with GDPR.</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 46</p> <p>Stated: First time</p> <p>To be completed by: 24 August 2018</p>	<p>The registered person shall ensure that infection prevention and control practices in relation to the appropriate use of PPE, and sharps are addressed.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: the Registered Manager has addressed with staff the appropriate use of PPE and she will continue to monitor this with staff. The Registered Manager has organised updated infection control training for staff. The Registered Manager has addressed with nursing staff the need to close the aperture on the sharps box after use and the Registered Manager will continue to monitor this with staff.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 24 July 2018</p>	<p>The registered person shall ensure that patients are safely transported using footplates in wheelchairs.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The Registered Manager will ensure staff are transporting residents safely in wheelchairs with the use of footrests and will continue to monitor moving and handling practices within the home. All staff have been spoken to about the use of footrests when transferring residents from one place to another.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4</p>	<p>The registered person shall ensure that daily progress notes are recorded in accordance with Nursing and Midwifery Council (NMC) and supplementary care records</p>

<p>Stated: First time</p> <p>To be completed by: 24 August 2018</p>	<p>Ref: 6.5</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 24 August 2018</p>	<p>Response by registered person detailing the actions taken: The Registered Manager has addressed with nursing staff their accountability with daily progress notes to ensure they are at all times legible in accordance with NMC guidance on record keeping . The Registered Manager will continue to monitor the hand writing in the record. The Registered Manager has addressed with staff the importance that daily progress notes reflect clear care delivery to include details on all assessed needs.</p> <p>The registered person shall ensure that supplementary care records are fully completed.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The Registered Manager has addressed with all staff the importance of supplementary charts being fully completed over a 24 hour period and she continues to audit supplementary charts to ensure no gaps are evident and that the mattress setting is documented on repositioning records. The Registered Manager has carried out supervision with staff in relation to setting of mattress as per weights of residents and she continues to monitor this area.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 24 August 2018</p>	<p>The registered provider shall ensure that a robust system of auditing care records is maintained. Audits should include action plans to address any deficits identified.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The Registered Manager maintains a matrix of care plan audits and action plans are signed of once deficits are addressed.</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews