

Unannounced Care Inspection Report 24 January 2018



Cullion House

Type of Service: Nursing Home (NH)
Address: 20 Wheatfield Gardens, Belfast, BT14 7HU
Tel no: 028 9039 1555
Inspectors: Dermot Walsh and Kieran McCormick

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 22 persons.

3.0 Service details

Organisation/Registered Provider: Donnelly Care Group Ltd Responsible Individual: Mr Cathal John Donnelly	Registered Manager: Dora Syatwinda
Person in charge at the time of inspection: Karen Donnelly (Owner) Jomar Tarinay (Nurse in Charge)	Date manager registered: 27 July 2017
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of registered places: 22

4.0 Inspection summary

An unannounced inspection took place on 24 January 2018 from 09:20 to 17:15 hours.

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

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

Evidence of good practice was found in relation to staffing arrangements, recruitment practice, monitoring registration status, accident management, communication between residents, staff and other key stakeholders, governance arrangements on the management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified under regulation in relation to compliance with infection prevention and control, recording of wound care and administration of medications. Areas previously identified under regulation in relation to access to rooms containing hazards and development of care plans in a timely manner from admission has been stated for a second time. Areas for improvement were identified under standards in relation to records pertaining to fire drills and the storage of supplementary records.

Patients were positive in their feedback of the care provided in the home. Patient comments can be reviewed in section 6.6. 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	*5	2

*The total number of areas for improvement includes two under regulations which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Karen Donnelly, owner and Jomar Tarinay, nurse in charge, 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 30 October 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 30 October 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
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspectors met with seven patients and six staff. A poster was displayed at a staffing area in the home inviting staff to respond to an on-line questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and 10 for patients' representatives were left for distribution.

A poster indicating that the inspection was taking place was displayed at the reception desk of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- duty rota for week commencing 21 January 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
- one staff recruitment and induction file
- three patient care records
- three patients' daily care charts including bowel management, food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of minutes from staff meetings
- a selection of governance audits
- records pertaining to safeguarding
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability insurance
- 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 30 October 2017

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

6.2 Review of areas for improvement from the last care inspection dated 23 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 12 (1) (a) (b) Stated: First time	The registered person shall ensure good practice guidance is adhered to with regard to post falls management.	Met
	Action taken as confirmed during the inspection: A review of a patient's accident records evidenced that the fall had been managed in accordance with best practice.	
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time	The registered person shall ensure that doors leading to rooms which have the potential to contain a hazard to patients remain locked at all times when not in official use.	Not met
	Action taken as confirmed during the inspection: During a review of the environment two rooms containing hazards which could be harmful to patients were observed accessible to patients. This area for improvement has not been met and has been stated for a second time.	
Area for improvement 3 Ref: Regulation 16 Stated: First time	The registered person shall ensure that patients' care plans are developed in a timely manner from admission in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 and professional guidance.	Not met
	Action taken as confirmed during the inspection: A review of patient care records of a recently admitted patient evidenced that not all appropriate risk assessments and care plans had been completed from the time of admission This area for improvement has not been met and has been stated for a second time.	

<p>Area for improvement 4</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that recommendations from other health professionals are documented; adhered to and care provided evidenced within the patients' care records.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence within one patient's care records reviewed of actions taken in response to another health professional's recommendations. Records had been fully updated to reflect this area of change.</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 4 Criteria (9)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that supplementary care records in respect of bowel management and evidencing skin checks on repositioning are completed accurately and in a timely manner.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with staff and a review of records evidenced that daily skin bundles had been introduced to record patients' skin condition on patients who were deemed at risk of pressure damage. Patients' bowel management had been recorded consistently.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that action plans are developed to address shortfalls identified during auditing and that the action plans are reviewed to ensure that the actions have been completed.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of restraint and infection prevention and control auditing records evidenced the development and review of action plans created to address identified shortfalls.</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.

Discussion with patients and staff evidenced that there were no concerns regarding staffing levels. Staff consulted confirmed that the current staffing arrangements met the assessed needs of the patients. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

Discussion with the manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Staff consulted clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

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. Staff also confirmed that there was provision made for the induction/orientation of new bank or agency staff to the home.

Discussion with the manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

Care staff consulted clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. A safeguarding file had been sufficiently updated to reflect the current status of an ongoing concern. An adult safeguarding champion had been identified in the home.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. However, records pertaining to wound care had not been managed in accordance with best practice guidance. This will be further discussed in section 6.5.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. This information informed 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 an identified selection of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, fresh smelling and clean throughout. There was evidence of redecorating in progress in a communal room on the ground floor. The owner described plans for future developments to the home.

During the review of the environment, two doors leading to rooms containing hazards were observed accessible to patients. This was discussed with the owner and the nurse in charge and an area for improvement made at the previous care inspection in this regard has been stated for a second time.

The following issues were identified which were not managed in accordance with best practice guidelines in IPC:

- inappropriate storage
- signage not laminated
- use of tape to secure notices to walls/doors
- patients chairs in disrepair
- medicine cups placed on radiator to dry

The above issues were discussed with the owner and nurse in charge and identified as an area for improvement.

Water taps in two patients' bedrooms and in a communal room were observed as loose fitting and/or not functioning as they should. This was discussed with the owner who provided an assurance that they would review this provision as a matter of priority. Information sent to RQIA following the inspection confirmed that this area had been appropriately addressed.

During the review of the environment, five patients' medications were observed to have been pre-dispensed prior to administration. This practice was not in accordance with professional guidance or legislation and can increase the risk of medication errors occurring. This was discussed with the owner and identified as an area for improvement. This information was also shared with the RQIA pharmacist inspector for their information.

Fire exits and corridors were observed to be clear of clutter and obstruction. There were records of recent fire drills which had occurred in the home. However, the records did not include a report of any positive or negative staff responses to the drill or a list of staff attendees. This was discussed with the owner and identified as an area for improvement. A fire risk assessment of the home had been appropriately conducted in August 2017.

Three patients' bedroom wardrobes were observed to have been locked when checked and this had not been referred to within their care records. The practice of locking patients' wardrobes was discussed with the owner for their review and action as appropriate. Two wardrobes were observed to have not been fastened to the wall. The owner provided an assurance that these wardrobes would be fastened to the wall and all wardrobes in the home would be reviewed to ensure that they have been secured to walls.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, recruitment practice, monitoring registration status and accident management.

Areas for improvement

Areas were identified for improvement under regulation in relation to compliance with best practice on infection prevention and control and administration of medications.

Areas were identified for improvement under care standards in relation to records pertaining to fire drills.

An area identified for improvement under regulation in relation to access to rooms containing hazards to patients’ health has been stated for the second time.

	Regulations	Standards
Total number of areas for improvement	2	1

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 a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. However, there were deficits identified within the recording of wound management. Patient care records relating to an identified wound in the home were reviewed. An initial assessment and/or corresponding wound care plan had not been completed. It was unclear from the records reviewed when the wound dressing had last been changed. A wound observation chart had not been completed appropriately to monitor the progress of the wound. This was discussed with the owner and the nurse in charge and identified as an area for improvement.

A recently admitted patient’s care records were reviewed. The records evidenced that all necessary risk assessments had not been completed and that the patient’s care plans required further development. This was discussed with the owner and the nurse in charge and an area for improvement made in this regard at the previous care inspection was stated for a second time.

The review of the third patient’s care records evidenced that these records had been completed in accordance with the nursing process and that the developed care plans had been reviewed and had reflected the recommendations of another healthcare professional.

Supplementary care charts such as repositioning, bowel management and food and fluid intake records evidenced that these records were maintained in accordance with best practice guidance, care standards and legislation. However, three patients’ supplementary care records were stored outside patients’ bedrooms hanging on a wall in the public corridor. All persons passing by would have access to these records. This was discussed with the owner and nurse in charge and identified as an area for improvement as this practice was not in keeping with legislative and professional guidance on the storage of patient care records.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that sufficient information was handed over in order to meet the needs/changing needs of patients in their care.

The registered nurse was aware of the local arrangements and referral process to access other relevant professionals including general practitioner’s, tissue viability nurses, speech and language therapists and dieticians. Patient care records evidenced recommendations made by other health professionals had been adhered to and records had been updated to reflect the change. An area for improvement made in this regard at the previous care inspection has been met.

Staff confirmed that staff meetings were conducted regularly and that the minutes were made available. Staff also confirmed that there was effective teamwork and that if they had any concerns, they could raise these with their line manager and/or the manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patients spoken with expressed their confidence in raising concerns with the home’s staff/management.

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

An area was identified for improvement under regulation in relation to the recording of wound care.

An area was identified for improvement under standards in relation to the storage of supplementary care records.

An area for improvement under regulation in relation to the timely completion of assessments and care plans from admission has been stated for the second time.

	Regulations	Standards
Total number of areas for improvement	1	1

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.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with seven patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed chatting with patients when assisting them. 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.

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

The serving of lunch was observed in the dining room located on the ground floor. Lunch commenced at 12:30 hours. Food was served from a heated trolley when patients were ready to eat or be assisted with their meals and food was covered when transferred from the dining room. The food served appeared nutritious and appetising. Portions were appropriate for the patients to which the food was served. The mealtime was well supervised. Staff were organised to assist patients in the patients' preferred dining area. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience. Staff were knowledgeable in respect of patients' dietary requirements. During the mealtime, the heated trolley was positioned in the centre of the dining room which could cause an obstruction when exiting the room or gaining access to a patient. Condiments were not made available on patients tables. This was discussed with the owner who agreed to review and action these observations as appropriate.

Activity provision was discussed with the owner, patients and staff. An arts and crafts centre was located in a separate building behind the home. Part of this centre now included a facility for beauty treatments including nails, hair and massage. The owner discussed upcoming outings planned for patients. Discussion with the activities person on duty confirmed that patients are consulted in regards to the activity provision on an ongoing basis and that records of all activities conducted within the home were maintained within an activities file.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Six staff members were consulted to determine their views on the quality of care within Cullion House. A poster was displayed at a staffing area inviting staff to respond to an on-line questionnaire. Five responses were received at the time of writing this report.

Some staff comments were as follows:

- "I love it here."
- "Staff and patients are very happy here. Excellent support from owner and management."
- "I like it. There is good teamwork."
- "Excellent nursing home. I love working here. All staff are very compassionate and professional and have a real interest in the wellbeing of the lives of residents."
- "The work can be challenging."
- "It's great here."
- "I love working here. Staff and management work well together to enhance the lives of patients."
- "I'm pretty happy at my job."

Seven patients were consulted during the inspection. Ten patient questionnaires were left in the home for completion. Two of the patient questionnaires were returned.

Some patient comments were as follows:

- “I love it here. There’s always someone to talk to.”
- “It’s alright here.”
- “It’s nice here.”
- “Brilliant home.”
- “I love it here.”

No patient representatives were available for consultation during the inspection. Ten relative questionnaires were left in the home for completion. Three of the relative questionnaires were returned within the timeframe for inclusion in the report.

Some patient representatives’ comments were as follows:

- This is an excellent home. The care provided is exceptional. Would highly recommend.”
- The staff in this home show a lot of care and love for all the patients. They are so well looked after.”
- The staff in the home are so caring and loving. Excellent standard of care. A really happy place.”

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the 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 in relation to dignity and privacy.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussion with the owner and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

There was evidence of a compliment received from a visiting healthcare professional. The compliment included, "Your staff are welcoming and friendly and treated the residents with lovely warmth and respect."

Discussion with the owner evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, regular audits were completed in accordance with best practice guidance in relation to accidents; incidents; restraint; staff training and infection prevention and control. Recent audits on restraint and on infection prevention and control conducted in the home were reviewed. Shortfalls had been identified within the auditing records and action plans had been developed and reviewed in response to the shortfalls found.

Staff consulted confirmed that when they raised a concern, the home's management would take their concerns seriously.

Discussion with the owner 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.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices from Northern Ireland Adverse Incident Centre were reviewed and where appropriate, made available to key staff in a timely manner. A file was maintained.

Governance records verified that a legionella risk assessment had been conducted in the home on 22 June 2017. A report had been completed.

There was documentary evidence available of examination for all hoists and slings in use within the home in accordance with Lifting Operations and Lifting Equipment Regulations (LOLER). Dates of examination, findings, actions taken and dates next due were recorded.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and trust representatives.

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

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Karen Donnelly, owner and Jomar Tarinay, nurse in charge, 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 14 (2) (a)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that doors leading to rooms which have the potential to contain a hazard to patients remain locked at all times when not in official use.</p> <p>Ref: Sections 6.2 and 6.4</p> <p>Response by registered person detailing the actions taken: A key pad lock has been put on the door of the sluice room. All other doors that have the potential to contain a hazard are locked at all times.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16</p> <p>Stated: Second time</p> <p>To be completed by: 31 January 2018</p>	<p>The registered person shall ensure that patients' care plans are developed in a timely manner from admission in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 and professional guidance.</p> <p>Ref: Sections 6.2 and 6.5</p> <p>Response by registered person detailing the actions taken: All staff nurses in the home have been spoken to by the Home Manager and reminded of their responsibilities in ensuring that patients care plans are developed in a timely manner from admission in accordance with The Nursing Home Regulations(Northern Ireland) 2005 and professional guidance.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 7 February 2018</p>	<p>The registered person must ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: The infection prevention and control issues identified on inspection have been examined and are managed to minimise the risk and spread of infection. The home has purchased new urinal bottles and the old ones destroyed. All posters in the home are laminated and adhered to surfaces using blue tack.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 25 January 2018</p>	<p>The registered person shall ensure that medications administered in the home are done so in a safe manner and in accordance with professional guidance.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The staff nurse on duty that day has been met with and the administration of medications as per home policy and NMC have been revised by the Nurse on duty and importance of their responsibilities reinforced. The staff nurse has undergone further administration of medications training and has also completed a medication competency assessment under the supervision of the Home Manager. The staff nurse has also had appraisal and clinical supervision carried out again and remains under the supervision of the Home Manager whilst on duty. All other staff nurses employed in the home have had medication administration assessments completed and reminded of their responsibilities and importance of adhering to the NMC administration of medications procedures.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: All staff nurses in the home have been met with and reminded of the importance of ensuring that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance. The home manager now regularly monitors these records to ensure compliance is maintained.</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 48 Criteria (8)</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2018</p>	<p>The registered person shall ensure that records of fire drills include a report of positive/negative staff responses to the drill and includes a list of staff members who attended the drill to ensure that all staff has participated in one fire drill per year at minimum.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Additional information in relation to the recording of fire drills is now documented in the fire drill book and includes a report of positive/negative staff responses to to the drill and includes a list of staff members who attended the drill which is a guide to ensure that all staff have participated in one fire drill per year at a minimum.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 37</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that good practice is adhered to in accordance with legislative requirements in relation to the storage of patient care records.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The comfort / repositioning charts which were placed outside residents rooms have now been removed and kept in the relevant residents room to comply with the legislative requirements in relation to the storage of patient care records.</p>

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



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