



Unannounced Care Inspection Report 1 August 2018



Woodgrove

Type of Service: Nursing Home (NH)
Address: 67 Hillsborough Road, Lisburn, BT28 1JN
Tel No: 02892 607302
Inspector: Lyn Buckley

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 for up to 32 persons.

3.0 Service details

<p>Organisation/Registered Provider: Four Seasons Health Care</p> <p>Responsible Individual: Dr Maureen Claire Royston</p>	<p>Registered Manager: Joanne McConville</p>
<p>Person in charge at the time of inspection: 06:50 to 08:00 hours Jolly Cherian registered nurse 08:00 to 08:30 hours Anna Teslevici registered nurse From 08:00 hours Joanne McConville – registered manager</p>	<p>Date manager registered: 30 April 2018</p>
<p>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.</p>	<p>Number of registered places: 32</p>

4.0 Inspection summary

An unannounced inspection took place on 1 August 2018 from 06:50 to 15:10 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 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 record keeping and auditing of systems and processes. Staff knowledge of their role and function and patients' needs and preferences was also evident.

Areas requiring improvement were identified in relation to staffing levels on night duty, management of complaints, inappropriate storage, infection prevention and control practices, security of medicines, review of specific patient care needs and review of the use of keypad locks on exit doors.

The majority of patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	7	0

Details of the Quality Improvement Plan (QIP) were discussed with Joanne McConville, registered manager and Karen Blair, 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 5 December 2017

The most recent inspection of the home was an unannounced finance inspection undertaken on 5 December 2017. No areas for improvement were identified. 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 13 patients, 10 staff and three patients' relatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster, for display in the staff room, invited staff to give feedback to RQIA on-line. The inspector also provided the registered manager with 'have we missed you cards' which were to be placed in a prominent position to enable patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision, if they so wished.

RQIA involves service users and members of the public as volunteer lay assessors. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. A lay assessor was present during this inspection and their comments are included within this report.

A poster informing visitors to the home that an inspection was being conducted was displayed in the entrance foyer beside the 'sign in book'.

The following records were examined during the inspection:

- duty rota for all staff from 23 July to 5 August 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 including 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 from 1 January to 30 July 2018.

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 5 December 2018

The most recent inspection of the home was an unannounced finance inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 20 November 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 23.1 Stated: Second time	The registered provider should ensure that body maps are completed on admission to the home.	Met
	Action taken as confirmed during the inspection: Review of four patients care records evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Standard 23.2 Stated: Second time	The registered provider should ensure that wound care is accurately and consistently recorded for all grades of wounds. Where there is a change to the dressing regime the care plan should be updated to reflect the change.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and nursing staff; and review of one patient's care records in relation to the management of wounds evidenced that this area for improvement had been met.	
Area for improvement 3 Ref: Standard 45 Stated: First time	The registered person shall ensure that footrests are used with patients when being transported in wheelchairs unless a risk has been identified. Any risk should be recorded in the patient's care records.	Met
	Action taken as confirmed during the inspection: Observations of patients being transported in wheelchairs, during this inspection, evidenced that patients were transported safely using footrests appropriately.	

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 nurses in charge of the night and day duty shifts, each confirmed the staffing levels for their shift. The registered manager also confirmed the planned 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 23 July to 5 August 2018 evidenced that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff; and that the planned staffing levels were generally adhered to. However, the planned twilight shift from 20:00 - 23:00 hours was not covered on at least five night shifts leaving just one registered nurse and one care assistant on duty from 20:00 hours for 21 patients, over two floors; and that after 23:00 hours only two staff would be on duty for the remainder of the night duty shift. This was concerning given that the assessed needs of patients required the attendance of two staff to provide care and that the home had two floors; one of which would be left unattended if the two staff were delivering care to patients on the other floor. An area for improvement was made.

All staff, some of the patients and three relatives spoken with raised concerns regarding the staffing levels within the home and described how these impacted on the delivery of care. For example, one patient's relative told us that their parent had not had their hair washed for 12 days; two relatives stated that they were concerned for their parent's safety "especially at night they're so short staffed"; one patient stated "sometimes they're slow on the call bell and I have to press it at least 10 times before I get a response"; another patient said, "staff are hard pushed at times."

Any patients, relatives or staff who expressed concerns to us were advised regarding our role and how to raise concerns about care or staffing with the registered manager/senior managers for the home and/or the trust. Staff were also advised to raise their concerns with the registered manager and if preferred; through the home's whistleblowing procedures. Staff confirmed they were confident that the registered manager had raised staffing concerns with senior managers and this was also evidenced in a written response/memo to staff regarding staffing from the registered manager dated May 2018.

Details of concerns raised with RQIA in respect of staffing and care delivery, during this inspection, were discussed with the registered manager and the manager during feedback. The manager agreed that she would, as a matter of priority, meet with patients, relatives and staff to enable them to express their views and concerns and she would discuss the inspection findings with her regional manager. An area for improvement was made.

The registered manager and manager were also advised, with the patient's permission, that a concern was referred to the trust by RQIA. Details of the concern were not shared with the registered manager or manager as requested by the patient. The trust was contacted and confirmed they would follow up on the concern referred to them.

Despite concerns raised with us regarding staffing levels and care delivery; observation of the delivery of care, during this inspection, evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' calls for assistance in a reasonable timeframe and in a caring manner.

We also sought staff opinion on staffing via the online survey. One staff member responded before the issuing of this report. The responses and comments made reflected the issues raised by staff during the inspection.

The majority of patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Woodgrove and commented as follows:

"There's nothing wrong with this place."

"I'm here four years...it's alright. Good grub."

"Everything's alright, everything's okay."

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.

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained to enable the registered manager to monitor attendance at and/or completion of electronic learning (e-learning) modules. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. The manager was aware of the regional procedures for adult protection and safeguarding protocols.

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 from 1 July 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered 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 would be devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated and clean throughout. We observed a domestic trolley and a number of chairs, wheelchairs and a hoist to be stored in the hair salon and in one lounge a wardrobe had been installed to store activity items; disposable razors were observed to be left on the top of the fish tank on the first floor and remained there throughout the inspection. Details were discussed during feedback regarding storage and general tidiness of the home. An area for improvement was made.

We also identified that the bathroom on the first floor required the floor surrounding the bath to be thoroughly cleaned and resealed and that nursing staff must not wash and reuse single use syringes to measure out liquid medications concerns. An area for improvement in relation to infection prevention and control practices (IPC) was made.

Fire exits and fire exit routes along corridors were observed to be clear of clutter and obstruction.

The treatment room on the first floor had a keypad lock fitted to the door however, nursing staff propped the door open and left the room unattended. In addition a cupboard on the first floor corridor used to store supplies was also unlocked despite containing prescribed topical medications. An area for improvement was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction and training; and staff knowledge of adult safeguarding procedures.

Areas for improvement

The following areas were identified for improvement in relation to staffing levels on night duty, management of concerns raised by patients, relatives and staff; storage, IPC practices and security of medicines.

	Regulations	Standards
Total number of areas for improvement	5	0

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 early rising preferences, the management of nutrition, management of end of life care, infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT), the tissue viability nurse (TVN) and dieticians. Supplementary care charts such as reposition records evidenced that contemporaneous records were maintained accurately. There was evidence that care plans had been reviewed when the patients’ needs changed.

We observed the handover from the night staff to the day staff. All nursing and care staff attended and details were discussed advising staff of any changes or specific care requirements for each patient. Some staff recorded notes. Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Housekeeping and catering staff confirmed they were kept informed of changes affecting their areas of work. For example, when a patient developed an infection or when the SALT or dieticians recommendations for a patient were changed.

Staff stated that there was effective teamwork because each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns regarding patients’ care needs, they could raise these with the registered manager or the nurse in charge. Concerns regarding staffing levels are discussed in detail in section 6.4.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate.

In discussion with relatives regarding effective communication one relative said they did not feel confident in raising concerns with the registered manager stating “they don’t know my...” As stated previously details of concerns raised with RQIA during this inspection were discussed with the registered manager and the manager during feedback. The manager agreed that she would, as a matter of priority, meet with patients, relatives and staff as soon as possible and discuss the inspection findings with her regional manager. An area for improvement has been made.

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

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 06:50 hours and were greeted by staff who were helpful and attentive. One patient was already up and about and they confirmed this was their usual morning routine. Staff confirmed that only one other patient was awake and up, again in keeping with the patient’s preferred routine.

Two patients awake but still in bed were spoken with. Both raised concerns regarding another patient in a nearby room whom they said had been calling out all night and “every night”. Staff confirmed that the ‘calling out’ was the patient’s usual manner and was associated with their specific needs. During the handover report staff reported that a second patient had raised a complaint with night staff regarding noise from another patient in a different part of the home. Staff confirmed that this was unusual for this particular patient. Details were discussed with the registered manager and manager during feedback. It was agreed that the manager would review the concerns raised by the patients regarding their disturbed sleep.

Breakfast was served either in the dining room or in the patients’ own bedroom in keeping with their assessed needs and/or preference. Patients spoken with said they enjoyed their breakfast and had a choice of cereals, porridge, cooked breakfast, toast, tea and coffee. Staff were observed assisting patients with their breakfast appropriately and were aware of any dietary requirements.

Staff confirmed that the breakfast was ‘running late’ as did one relative. The registered manager and catering manager also discussed recent changes to the menu, following consultation with patients. The main meal of the day was changed to the tea time meal with a lighter meal served at lunchtime. Staff and patients confirmed the trial period had just started. We did observe one patient’s lunchtime meal which consisted of sautéed potatoes cubes with bacon and cheese. The patient said they could not eat it as it was too dry and did not look appetising. We agreed. The patient and their relative agreed to raise their dissatisfaction with the manager. We also brought this concern to the attention of the registered manager and manager during feedback. The registered manager confirmed she was monitoring responses to the menu change as well as the usual monitoring of patients’ weights; and welcomed any comments regarding the quality of the meals or the mealtime experience. RQIA will follow up the mealtime experience during the next care inspection.

Patients had a choice of where to spend their day. Some preferred to be in the lounge and others in their bedroom. 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. Observations confirmed that patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

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.

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. The registered manager and review of records confirmed that there were systems in place to obtain the views of patients and their representatives on the running of the home. However, these systems did not capture the expressions of dissatisfaction expressed to RQIA during this inspection by patients,

relatives and staff. Comments received from patients and relatives in respect of the care received were, in the main, linked to the staffing levels as detailed previously in section 6.4. Areas for improvement were made.

Staff were asked to complete an on line survey, we had one response before the issuing of this report. The staff member did not complete the survey in full and as detailed in section 6.4 raised concerns which echoed those raised, by staff, during the inspection regarding the staffing levels and arrangements affecting the delivery of safe and effective care.

Any comments from patients, patient representatives and staff in returned questionnaires received after the issue of this report will be shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to consultation with patients regarding the changes to the menu and the staff knowledge of their patients' needs and preferences.

Areas for improvement

No new areas for improvement were identified within 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. We discussed two patients whose assessed needs may not fall within the home registered categories of care. It was agreed that the manager would review this matter. An area for improvement was made.

Since the last inspection there has been a change in management arrangements and RQIA were notified of the changes. The registered manager's last working day was the day of this inspection and we had the opportunity to wish her well in her new post and to discuss the inspection findings with both her and the newly appointed manager, Karen Blair. We also discussed the requirements for Ms Blair to register with RQIA and we await the application.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were not recorded. The registered manager confirmed that she worked usual office hours and was not counted in the staffing numbers. It was agreed that the manager would ensure her planned and worked hours were recorded going forward.

The duty rota did identify the nurse in charge of the home in the absence of the registered manager and staff were able to identify the person in charge of the home.

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. However, as stated in section 6.6 these systems did not capture the expressions of dissatisfaction expressed to RQIA during this inspection by patients, relatives and staff. An area for improvement regarding the management of complaints had been made.

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, care records, catering arrangements. In addition measures were also in place to provide the registered manager with an overview of the management of infections and wounds occurring in the home.

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.

We observed that a keypad lock had been fitted to all first floor doors exiting onto a staircase. This was discussed with the registered manager and manager in relation to the defacto detention of patients. It was agreed that the use of the keypad locks on exit doors would be reviewed under the Department of Health's guidance on the Deprivation of Liberty Safeguards and human rights legislation. An area for improvement was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements.

Areas for improvement

An area for improvement was identified in relation to reviewing the placement of two identified patients and review of keypad locks on exit doors.

	Regulations	Standards
Total number of areas for improvement	2	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 Joanne McConville, registered manager, and Karen Blair, 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 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall review the planned staffing levels for the night duty shift in accordance with the assessed needs of the patients accommodated and the home's fire risk assessment.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Staffing levels for night duty have been reviewed in line with Health and Safety and the Homes Fire Risk Assessments, there are now 3 members of staff on duty at night</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 24</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure that any expression of dissatisfaction raised is recorded and investigated as a complaint.</p> <p>Ref: 6.4, 6.6 and 6.7</p> <p>Response by registered person detailing the actions taken: All expressions of dissatisfaction will be reviewed by the Home Manager and managed through the complaints procedure</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (2) (l)</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2018</p>	<p>The registered person shall ensure that patient areas are not used to store patient equipment inappropriately; or that bedroom furniture is not used as storage in patient lounges.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Patient areas are now free of inappropriate items and this has been discussed with staff and will be a rolling point on staff agendas and monitored on the QOL daily walk arounds. A new cupboard has been ordered for the activity items in the lounge</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure that the identified bathroom floor is cleaned, resealed and maintained clean; and that single use syringes are not washed and reused to deliver liquid medicines.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The identified bathroom has been deep cleaned, painted and the bath resealed. Registered Nurses have been reminded of the use of single use syringes and this will be an agenda item for next Nurse meeting.</p>

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<p>Area for improvement 5</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure that any medicine which is kept in the home is stored in a secure place.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All Nurses have been reminded of their responsibility, a notice is in place and will be a point on the agenda for next Nurses meeting.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 12</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2018.</p>	<p>The registered person shall review the ability of the home to safely and effectively meet the assessed needs of two identified patients in accordance with the home’s registered categories of care and statement of purpose.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The identified residents needs have been assessed and are constantly under review to ensure the Home can effectively and safely meet their needs</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 13 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall review the use of keypad locks on exit doors within the nursing home in conjunction with guidance from the Department of Health the deprivation of liberty safeguards (DoLs), human rights legislation and the home’s registration categories.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Following a Health and Safety review on exit doors and stairwells, it was deemed appropriate to fit the doors with keypads to maintain safety, residents are permitted the key codes this is deemed appropriate and safe. A Risk Assessment and action plan are in place.</p>

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



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