



Unannounced Care Inspection Report 17 October 2019



Wood Lodge

Type of Service: Nursing Home
Address: 50 Mill Hill, Castlewellan BT31 9NB
Tel no: 028 4377 8511
Inspector: Dermot Walsh

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.

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 49 patients.

3.0 Service details

<p>Organisation/Registered Provider: G & M Lodge Care Ltd</p> <p>Responsible Individual: Liam John Lavery</p>	<p>Registered Manager and date registered: Ann Marie Frost – registration pending</p>
<p>Person in charge at the time of inspection: Ann Marie Frost</p>	<p>Number of registered places: 49</p> <p>There shall be a maximum of 14 named residents receiving residential care in category RC-I and 1 named resident receiving residential care in category RC-PH</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 patients accommodated in the nursing home on the day of this inspection: 44</p>

4.0 Inspection summary

An unannounced inspection took place on 17 October 2019 from 09.25 to 17.25 hours.

This inspection was undertaken by the care inspector.

The term 'patient' is used to describe those living in Wood Lodge which provides both nursing and residential care.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led. Areas for improvement from the last finance inspection were not reviewed as part of this inspection and will be carried forward for review to the next care inspection.

Evidence of good practice was found in relation to staffing arrangements, staff recruitment, training, adult safeguarding, monitoring of staff professional registrations, nutrition, teamwork, role clarification and communication between patients, staff and other key stakeholders. Further good practice was found in relation to the provision of dignity and respect for patients when delivering care, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement were identified in relation to completion of competency and capability assessments for registered nurses in charge of the home in the absence of the manager, falls management, compliance with Control of Substances Hazardous to Health (COSHH) legislation, staffs' supervisions, wound care and the recording of repositioning and bowel management. Areas for improvement in relation to updating of care plans and with hydration management have been stated for the second time.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*5	*13

*The total number of areas for improvement includes two which have been stated for a second time. Nine areas for improvement from the previous finance inspection have been carried forward for review to the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Ann Marie Frost, 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 12 September 2019

The most recent inspection of the home was an announced pre-registration care inspection undertaken on 12 September 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including care and estates issues, registration information, and any other written or verbal information received. For example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home and invited visitors to speak with the inspector.

The following records were examined during the inspection:

- duty rota for all staff for week commencing 7 October 2019
- 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
- three patient care records
- a sample of daily patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports from January 2019
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspections

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 3 (1) a, b and c Stated: First time	The registered person shall submit a plan to RQIA detailing the plans for the future delivery of residential care in Wood Lodge in accordance with the options available.	Met
	Action taken as confirmed during the inspection: A plan was submitted to RQIA detailing the future delivery of residential care in Wood Lodge.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 38.3 Stated: First time	The registered person shall ensure that recruitment records include the reasons for staff leaving previously held positions which involved working with children or vulnerable adults.	Met
	Action taken as confirmed during the inspection: A review of two staffs' recruitment records evidenced that this area for improvement has now been met.	
Area for improvement 2 Ref: Standard 4 Stated: First time	The registered person shall ensure that care plans are updated to reflect patients' changing needs.	Partially met
	Action taken as confirmed during the inspection: A review of three patients' care records evidenced that this area for improvement has not been fully met. This will be further discussed in section 6.4. This area for improvement has been partially met and has been stated for a second time.	

Area for improvement 3 Ref: Standard 4.7 Stated: First time	The registered person shall ensure that patients' daily fluid intake is evaluated at the end of each 24 hour period to determine if they have achieved their daily target.	Partially met
	Action taken as confirmed during the inspection: Discussion with staff and a review of hydration records evidenced that this area for improvement has not been fully met. This will be further discussed in section 6.4. This area for improvement has been partially met and has been stated for a second time.	

Areas for improvement from the last finance inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 5 Stated: First time	The registered person shall ensure that there is evidence that each patient or their representative has been provided with an individual written agreement setting out the terms and conditions of their residency in the home.	Carried forward to the next care inspection
	Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 14 Stated: First time	The registered person shall ensure that an up to date written safe contents record is available. The safe contents record should be reconciled and be signed and dated by two people at least quarterly.	Carried forward to the next care inspection
	Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

<p>Area for improvement 2</p> <p>Ref: Standard 14.10</p> <p>Stated: First time</p>	<p>The registered person shall ensure that each transaction in the patients' income and expenditure records are signed by two people.</p> <hr/> <p>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>
<p>Area for improvement 3</p> <p>Ref: Standard 14.9</p> <p>Stated: First time</p>	<p>The registered person shall ensure that (cash) deposit receipts are available in the home. It is best practice for these receipts to be signed by two people.</p> <hr/> <p>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>
<p>Area for improvement 4</p> <p>Ref: Standard 14.9</p> <p>Stated: First time</p>	<p>The registered person shall ensure that expenditure receipts are available to evidence how a patient's money has been spent on their behalf. If monies are withdrawn and provided to individual patients for their own use, the ledgers must detail this specifically.</p> <hr/> <p>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>
<p>Area for improvement 5</p> <p>Ref: Standard 14.25</p> <p>Stated: First time</p>	<p>The registered person shall ensure a reconciliation of patients' personal monies and valuables in the safe place are carried out and signed and dated by two people at least quarterly.</p> <hr/> <p>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>
<p>Area for improvement 6</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p>	<p>The registered person shall ensure that hairdressing and podiatry treatment records are maintained in the home and detail the information required by standard 14.13.</p> <hr/> <p>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>

<p>Area for improvement 7</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p>	<p>The registered person shall ensure that records of patients' furniture and personal possessions which they have brought to their rooms are reconciled and signed and dated by a staff member and countersigned by a senior member of staff at least quarterly.</p>	<p>Carried forward to the next care inspection</p>
<p>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>		
<p>Area for improvement 8</p> <p>Ref: Standard 14.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that each patient is provided with a personal monies authorisation record for signature detailing the authority the home had been provided with to spend each individual patient's money on identified goods and services.</p>	<p>Carried forward to the next care inspection</p>
<p>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>		

6.2 Inspection findings

6.3 Is care safe?

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

The manager confirmed that the number of staff and the skill mix of staff on duty at any given time. A review of the duty rota for week commencing 7 October 2019 confirmed that the planned staffing level and skill mix was adhered too. 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. Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Patients and their visitors consulted spoke positively in relation to the care provision in the home. Staff consulted confirmed that they were satisfied the staffing arrangements in the home were suitable to meet patients' needs.

A review of a recently employed staff member's recruitment records confirmed that the appropriate pre-employment checks had been completed prior to the staff member commencing in post. References had been obtained and records indicated that AccessNI checks had been conducted.

Checks were evidenced to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC). Similar checks were made on care workers to ensure that they were registered on the Northern Ireland Social Care Council (NISCC) register and that no restrictions to their employment had been identified.

A record of any training that staff had completed was maintained in the home. Staff spoke positively in relation to the provision of training in the home and confirmed that electronic training and face to face interactive training was conducted. Staff confirmed that they were encouraged by the home's management to request additional training where they see that this would benefit them in their role in the home. Staff also confirmed that unplanned upcoming training from sources such as the Royal College of Nursing or the trust would be posted on staff noticeboards to advise of dates and locations; staff could then indicate an interest in attending. Compliance with training was monitored monthly on a training matrix. A system was in place to communicate with staff whose training was about to lapse to ensure completion.

Discussion with staff and a review of records evidenced that competency and capability assessments for registered nursing staff, given the responsibility of being in charge of the home in the absence of the manager, had not been completed. This was discussed with the manager and identified as an area for improvement.

Staff consulted confirmed that annual appraisals were conducted with staff. There was also evidence that supervisions had been conducted in the home with staff. However, there was no evidence that a system had been developed to ensure that staff in the home had received two recorded supervisions per year. This was discussed with the manager and identified as an area for improvement.

An adult safeguarding champion had been identified to manage any potential safeguarding incidents. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Falls in the home were monitored on a monthly basis for any patterns and trends. This would be to review the pattern to proactively plan measures to reduce the incidences of falls where possible. However, a review of the management of falls in the home evidenced that these had not been managed appropriately in relation to record keeping and with the monitoring of the patient following the fall. This was discussed with the manager and identified as an area for improvement.

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear. Bedrooms and communal rooms were maintained clean and tidy. There were no malodours detected in the home. Compliance with best practice on infection prevention and control had been well maintained. Isolated issues were managed during the inspection. Externally the grounds had been well maintained and patients commented positively on the views the home offered. However, multiple chemicals were found accessible to patients in an identified room in the home which was not in keeping with COSHH legislation. This was discussed with the manager and identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff recruitment, training, adult safeguarding and monitoring of staff professional registrations.

Areas for improvement

Areas for improvement were identified in relation to completion of competency and capability assessments for registered nurses in charge of the home in the absence of the manager, falls management, compliance with COSHH legislation and with staffs' supervisions.

	Regulations	Standards
Total number of areas for improvement	3	1

6.4 Is care effective?

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

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 them with all necessary information to provide care to patients.

Each staff member was aware of their roles and responsibilities within the team. Staff spoke positively in relation to the teamwork in the home. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. Patients and representatives spoken with also expressed their confidence in raising concerns with the home's staff and/or management.

Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. Patients and staff confirmed that they had 24 hour access to food and fluids. Patients commented positively on the food provision in the home.

Core care plans had been utilised in the home. A review of one patient's care plans evidenced that these had not been updated sufficiently to direct the care needs for the patient. Specific details were missing from the care plans to ensure that they were person centred. This was discussed with the manager and an area for improvement in this regard has been stated for the second time.

We reviewed two patients' hydration records. Records of fluid intake had been recorded; however, fluid targets had not been calculated for patients to aim toward. Care plans did not demonstrate the actions to take should hydration needs not be met. This was discussed with the manager and an area for improvement in this regard has been stated for the second time.

We reviewed the lunchtime meal experience. Lunch commenced at 12.50 hours. Patients dined at their preferred dining area. Food was served when patients were ready to eat their meals or be assisted with their meals. A range of drinks was served with the meal. The food served appeared nutritious and appetising. Staff were knowledgeable in relation to patients' dietary requirements. Patients wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with patients when assisting with meals and patients were assisted in an unhurried manner. The mealtime was well supervised.

Patients' risk of pressure related skin damage was assessed on their admission and reviewed on a monthly basis. When a risk was identified, such as immobility, poor diet or incontinence, a care plan was developed to guide staff in measures to prevent skin breakdown. We reviewed one patient's wound care records. Shortfalls were identified in relation to the recording of wound management. This was discussed with the manager and identified as an area for improvement. We reviewed two patients' repositioning records. Records reviewed did not contain sufficient information in relation to the position the patients were repositioned from and to. This was discussed with the manager and identified as an area for improvement.

We reviewed two patients' bowel management records. Gaps were evident in relation to the recording of bowel management. Records did not consistently reflect the Bristol stool score. This was discussed with the manager and identified as an area for improvement.

When a restrictive practice, such as the use of bedrails had been implemented, there was evidence within the patient's care records of an initial assessment completed to ensure safe use. This assessment informed the patient's care plan. The continued use of restraint was monitored at the evaluation of the patients' care plans.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to nutrition, teamwork, role clarification and communication between patients, staff and other key stakeholders.

Areas for improvement

Areas for improvement were identified in relation to wound care and the recording of repositioning and bowel management. Areas for improvement in relation to updating of care plans and with hydration management have been stated for the second time.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Patients chose where to sit during the day; in their bedroom, the dining room or one of the lounges. Staff knocked on patients' doors before entering and personal care was delivered behind closed doors. Patients were afforded choice, privacy, dignity and respect. Staff interactions with patients were observed to be both caring and timely.

Cards and letters of compliment and thanks were maintained in the home. Some of the comments recorded included:

- "To Ann Marie and all your wonderful staff. My stay at Wood Lodge was exceptional. I cannot express my thanks enough. God bless you all. Keep carrying on the good work."
- "Heartfelt thanks to all the staff of Wood Lodge Nursing Home. You nursed and took great care of our mother"
- "... Can we express our sincere thanks for the excellent care and attention our mother ... received during her time with you."

Consultation with nine patients individually, and with others in smaller groups, confirmed that living in Wood Lodge was a positive experience. Patient questionnaires were left for completion. None were returned.

Patients consulted during the inspection commented:

- "It is good in here. Staff are very nice."
- "It's fine here. I like it."
- "Dinners are very good here."
- "It's alright here."
- "We are very well looked after here."
- "I like living here alright. Staff are very good."

One patient's visitor was consulted during the inspection. The visitor was very complimentary in respect of the care delivery in the home and spoke highly of the staffs' interactions with patients. Patient representatives' questionnaires were left for completion. None were returned.

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from eight staff consulted during the inspection included:

- "I love working with the elderly."
- "I love it here."
- "I absolutely love it here."
- "Love it. I'm part of the furniture."
- "I enjoy it here."
- "Really do love it here."
- "I love this kind of work."
- "I like it in here."

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 provision of dignity and respect for patients when delivering care.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

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

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. This certificate identifies the management arrangements for the home and the maximum number of patients allowed to be accommodated in the home. Since the last care inspection, the management arrangements in the home had not changed. RQIA were processing an application to register the manager of the home.

A system was in place to record any complaints received including details of any investigation and all actions taken in response to the complaint. Patients consulted during the inspection confirmed that they would have no issues in raising any identified concern with the home's staff or management. Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Discussion with the manager and review of auditing records evidenced that a number of monthly audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records, the environment and infection prevention and control. Auditing records evidenced the actions taken in response to any shortfalls that were identified. Given the findings in section 6.4 we discussed increasing the frequency of care record audits.

Monthly monitoring visits to the home were conducted. Reports from the visit were available for review by patients and their visitors, staff, trust staff and other healthcare professionals. Action plans were included within the monthly reports.

Discussion with the 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 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 in the well led domain.

	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 Ann Marie Frost, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 5 Stated: First time To be completed by: 2 May 2019	<p>The registered person shall ensure that there is evidence that each patient or their representative has been provided with an individual written agreement setting out the terms and conditions of their residency in the home.</p> <p>Ref: 6.2</p> <p>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 2 Ref: Regulation 20 (3) Stated: First time To be completed by: 30 November 2019	<p>The registered person shall ensure that any registered nurse, given the responsibility of taking charge of the home in the absence of the manager, must first complete a competency and capability assessment pertinent to this role.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Regulation 20 - Competency and Capability Assessments are completed annually, the two outstanding Assessments have now been completed</p>
Area for improvement 3 Ref: Regulation 12 (1) (a) and (b) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that falls management in the home is maintained in accordance with best practice guidance such as National Institute for Health and Care Excellence guidance.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Regulation 12 (1) (a) and (b) - Unwitnessed falls and those involving a possible head injury are reported to the GP or Out of Hours GP depending on time of day occurring, CNS observations are maintained in these cases for 24 hours and responded too accordingly. A Fall Risk Assessment is already carried out monthly for each Patient, an individual Fall Risk Care Plan will also be in place. Post Fall Assessments will be carried out. These measures are now included in the Monthly Falls Audit</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that harmful chemicals in the home are not accessible to patients in keeping with COSHH legislation.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Chemicals are kept in the Housekeeping store rooms which are accessible by use of a key pad, Patients do not have access to the code required for same</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 12 (1) (a) and (b)</p> <p>Stated: First time</p> <p>To be completed by: 15 November 2019</p>	<p>The registered person shall ensure that wound care management is in accordance with best practice guidance such as National Institute for Health and Care Excellence guidance.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Regulation 12 (1) (a) and (b) - Each wound has an individual Assessment and Evaluation to be completed at each dressing change, to monitor improvement, types of dressings used, TVN involvement etc. Care Plan staying same to be in place. Monthly Wound Auditing to be completed by Nurse Manager</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 14</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2019</p>	<p>The registered person shall ensure that an up to date written safe contents record is available. The safe contents record should be reconciled and be signed and dated by two people at least quarterly.</p> <p>Ref: 6.2</p> <p>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 14.10</p> <p>Stated: First time</p> <p>To be completed by: 22 March 2019</p>	<p>The registered person shall ensure that each transaction in the patients' income and expenditure records are signed by two people.</p> <p>Ref: 6.2</p> <p>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 14.9</p> <p>Stated: First time</p> <p>To be completed by: 22 March 2019</p>	<p>The registered person shall ensure that (cash) deposit receipts are available in the home. It is best practice for these receipts to be signed by two people.</p> <p>Ref: 6.2</p> <p>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 14.9</p> <p>Stated: First time</p> <p>To be completed by: 22 March 2019</p>	<p>The registered person shall ensure that expenditure receipts are available to evidence how a patient's money has been spent on their behalf. If monies are withdrawn and provided to individual patients for their own use, the ledgers must detail this specifically.</p> <p>Ref: 6.2</p> <p>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 14.25</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2019 and at least quarterly thereafter</p>	<p>The registered person shall ensure a reconciliation of patients' personal monies and valuables in the safe place are carried out and signed and dated by two people at least quarterly.</p> <p>Ref: 6.2</p> <p>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p> <p>To be completed by: 22 March 2019</p>	<p>The registered person shall ensure that hairdressing and podiatry treatment records are maintained in the home and detail the information required by standard 14.13.</p> <p>Ref: 6.2</p> <p>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

<p>Area for improvement 7</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p> <p>To be completed by: 2 May 2019</p>	<p>The registered person shall ensure that records of patients' furniture and personal possessions which they have brought to their rooms are reconciled and signed and dated by a staff member and countersigned by a senior member of staff at least quarterly.</p> <p>Ref: 6.2</p> <p>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 14.6</p> <p>Stated: First time</p> <p>To be completed by: 2 May 2019</p>	<p>The registered person shall ensure that each patient is provided with a personal monies authorisation record for signature detailing the authority the home had been provided with to spend each individual patient's money on identified goods and services.</p> <p>Ref: 6.2</p> <p>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 9</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 30 November 2019</p>	<p>The registered person shall ensure that care plans are updated to reflect patients' changing needs.</p> <p>Ref: 6.2 and 6.4</p> <p>Response by registered person detailing the actions taken: Standard 4 - Monthly Auditing of Care plans is carried out by Nurse Manager, new Care Plan Audit with greater detail implemented. Each Patient to have a Care Plan for each ADL reflecting needs , to be amended as and when needs change</p>
<p>Area for improvement 10</p> <p>Ref: Standard 4.7</p> <p>Stated: Second time</p> <p>To be completed by: 30 November 2019</p>	<p>The registered person shall ensure that patients' daily fluid intake is evaluated at the end of each 24 hour period to determine if they have achieved their daily target.</p> <p>Ref: 6.2 and 6.4</p> <p>Response by registered person detailing the actions taken: Care Plans to state each Patients fluid intake target and actions to be implemented if targets not met. Fluid balance records to be maintained for Patients deemed to be at risk of dehydration or who exhibit signs of dehydration, Staff Nurses to monitor same</p>

<p>Area for improvement 11</p> <p>Ref: Standard 40</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2019</p>	<p>The registered person shall ensure that a system is in place to ensure that registered nursing and care staff employed receive two recorded supervisions annually.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: Supervisions of all Staff will be completed 6 monthly. Heads of Departments to complete Supervisions on their Staff. Nurse Manager will Supervise Staff Nurses and Audit all others</p>
<p>Area for improvement 12</p> <p>Ref: Standard 4 Criteria (9)</p> <p>Stated: First time</p> <p>To be completed by: 15 November 2019</p>	<p>The registered person shall ensure that repositioning records are completed in full to include the position the patients have been repositioned from and to.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Standard 4 Criteria (9) - Care Assistants aware that Repositioning Charts must state frequency of repositioning, position Patient is repositioned to and from, must also record if skin blanching/non blanching instead of just `redness` noted so that appropriate interventions can be made. Staff Nurses to monitor same</p>
<p>Area for improvement 13</p> <p>Ref: Standard 21 Criteria (11)</p> <p>Stated: First time</p> <p>To be completed by: 15 November 2019</p>	<p>The registered person shall ensure that bowel function, reflective of the Bristol stool chart is recorded on admission as a baseline measurement and thereafter in the patients' daily progress records.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Standard 21 Criteria (11) - Care Assistants will record bowel movements using Type as per Bristol Stool Chart , same to be monitored daily. Normal bowel motion type to be recorded in Care Plan on admission as baseline measurement</p>

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



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Assurance, Challenge and Improvement in Health and Social Care