



Unannounced Care Inspection Report 10 September 2018



Kingscourt

Type of Service: Nursing Home (NH)
Address: 928 Antrim Road, Templepatrick, BT39 0AT
Tel No: 02894432046
Inspector: Michael Lavelle

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 19 persons.

3.0 Service details

Organisation/Registered Provider: Manor Healthcare Ltd Responsible Individual: Eoghain King	Registered Manager: Brian Campbell
Person in charge at the time of inspection: Lauren McFerran from 09.35 hours until 11.15 hours and Brian Campbell from 11.15 hours.	Date manager registered: 1 April 2005
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of registered places: 19

4.0 Inspection summary

An unannounced inspection took place on 10 September 2018 from 09.35 hours to 16.05 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, training, adult safeguarding, record keeping, communication between residents, staff and other key stakeholders. Further good practice was found in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives, taking account of the views of patients, management of complaints and incidents and maintaining good working relationships.

Areas requiring improvement under regulation were identified in relation to post falls management and infection prevention and control (IPC) practices.

Areas requiring improvement under the care standards were identified in relation to the duty rota.

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	2	*4

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

Details of the Quality Improvement Plan (QIP) were discussed with Brian Campbell, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 20 February 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 20 February 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit.

During the inspection the inspector met with six patients and four staff. No patient relatives were available to speak with during the inspection. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow 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.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from weeks commencing 3 September 2018 and 10 September 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
- a selection of patient care charts including personal care charts and bowels charts
- a sample of governance audits
- complaints record
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met 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 20 February 2018

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

6.2 Review of areas for improvement from the last care inspection dated 18 October 2017

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 38 Stated: First time	The registered person shall ensure that staff personnel files or a summary of recruitment and vetting outcomes for all staff are retained in Kingscourt and are available for inspection.	Not met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of records evidenced that personnel files or a summary of recruitment and vetting outcomes for all staff were not retained in Kingscourt or were not available for inspection. This area for improvement is stated for a second time.	
Area for improvement 2 Ref: Standard 46 Stated: First time	The registered person shall ensure that the infection, prevention and control deficits identified are addressed in that: <ul style="list-style-type: none"> • The chipped and damage paintwork in the corridors and corridor doors should be repainted. • The flooring in the identified bedroom should be replaced. • The red mop bucket used by domestic staff should be cleaned after use. 	Met
	Action taken as confirmed during the inspection: Review of the environment evidenced the above area for improvement has been met.	
Area for improvement 3 Ref: Standard 22 Stated: First time	The registered person shall review the falls risk assessment tool to ensure that the assessment clearly determines the risk of falls.	Not met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of records evidenced that although discussion has taken place between management and nursing staff, the falls risk assessment tool has not been reviewed to ensure the assessment clearly determines the risk of falls. This area for improvement is stated for a second time.	

<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that supplementary care records are completed accurately and contemporaneously at all times.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of care records evidenced that supplementary care records were completed accurately and contemporaneously.</p> <p>This area for improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis and at a minimum quarterly.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of records and discussions with staff evidenced that staff meetings were not held on a quarterly basis. For example, records indicated staff meetings were held in the home since in September 2017 and May 2018. Furthermore, there was an agenda for the September 2018 staff meeting but no minutes or actions.</p> <p>This area for improvement is stated for a second time.</p>	<p>Not met</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.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from weeks commencing 3 September 2018 and 10 September 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Deficits were observed following review of the staffing rota. For example, it did not clearly identify the nurse in charge during each shift, the full name of the staff working, the registered manager's hours, and the capacity in which these were worked. This was discussed with the registered manager and identified as an area for improvement under the care standards.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Kingscourt.

Review of one staff recruitment file evidenced that this was 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. The registered manager was reminded that information pertaining to recruitment, induction, staff supervision and appraisal should be available for inspection. This will be reviewed at a future care inspection.

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 and reviewed staff training records for 2018. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, 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. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

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

Review of accident records and discussion with the registered manager evidenced deficits in relation to the post fall management of patients. Review of one care record evidenced that when the patient had an unwitnessed fall, neurological and clinical observations were not carried out in accordance with best practice guidance and the homes policies. In addition, there was no documented evidence in the care record that the fall had occurred, that the care plan had been updated post fall or that the patient's care manager had been informed of the falls. A post fall risk assessment was not completed within 24 hours in keeping with best practice guidance. This was discussed with the registered manager who confirmed they had carried out clinical supervision

with registered nurses in relation to the management of falls and a new falls policy had been recently introduced to the home. An area for improvement under regulation was made.

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 fresh smelling throughout.

Fire exits and corridors were observed to be clear of clutter and obstruction. One fire door was observed to be locked. This was brought to the attention of the registered manager who advised that this room was being used for storage at present. On examination chemicals were being stored in the room. This was discussed with the estates inspector for the home post inspection who suggested that if this room was to continue to be used for storage a minor variation application should be submitted to RQIA to ensure Kingscourt continue to meet the current minimum floor space standards. The fire exit sign above the locked door was pointing downwards and not to the left. This was discussed with the estates inspector for the home post inspection who advised this should be reviewed by the homes fire risk assessor. This was discussed with the registered manager who agreed to address the above deficits. This will be reviewed at a future care inspection.

Concerns were identified in regards to the management of IPC as follows:

- personal protective equipment (PPE) not readily available throughout the home
- PPE units used in areas at risk of contamination
- inconsistent approach to effective use of PPE
- communal toiletries and creams in identified bathroom
- heavily rusted shower chair with staining underneath – this should be disposed and replaced
- bodily fluids observed on an identified shower chair which was not effectively decontaminated
- no hand towels in an identified bathroom
- staining observed underneath an identified shower chair
- staining observed on a hand towel dispenser in an identified bedroom
- no pedal bins in identified bathrooms and toilets
- heavily rusted pedal bins in identified bathroom – this should be replaced
- no evidence of high dusting in patient bedrooms
- damaged vanity unit door in an identified bedroom and bathroom rendering them unable to be effectively decontaminated – these should be replaced
- multiple storage cupboards containing clutter and debris; old linen and equipment stored there should be disposed of and replaced
- multiple bedrooms with dust and debris observed on surfaces, equipment and on the floor
- chipped paintwork observed throughout the home
- environmental cleaning records evidenced no weekly or monthly enhanced cleaning since July 2018.

Details were discussed with the registered manager who gave assurances that the above deficits would be addressed immediately. An area for improvement under the regulations was made. A refurbishment programme was submitted to RQIA post inspection.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example alarm mats and alarmed doors. There was also evidence of consultation with relevant persons. Care plans were in place for the management of alarm mats.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, training and adult safeguarding.

Areas for improvement

Two areas for improvement under regulation were identified in relation to post fall management and IPC.

One area for improvement under the care standards were identified in relation to the duty rota.

	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 care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition, patients’ weight and management of infection. 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) and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

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

Patient and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

Areas of good practice

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

Areas for improvement

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

	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 09.35 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a late breakfast or a morning cup of tea/coffee in the dining room or in one of the lounges, as was their personal preference. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme 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. During review of the environment it was observed that many of the bathrooms and toilets did not have any signage. This was discussed with the registered manager who agreed to review this and consider implementing other methods to promote orientation within the home, for example photographs, the provision of clocks and prompts for dates. This will be reviewed at a future care inspection.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Consultation with six patients individually, and with others in smaller groups, confirmed that living in Kingscourt was viewed as a positive experience. Some comments received included the following:

"I help out in the kitchen and get to do a bit of work in the shed. The staff are good and Brian keeps me right."

"I like the food. It's a brilliant place. I have all my own wee tapes."

"It's alright."

"It's great. I love the activities."

"Good staff here."

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Ten relative questionnaires were provided; one was returned within the expected timescale for inclusion in this report. The respondent indicated that they were very satisfied with the care provided across the four domains. included the following comments:

"My relative has had excellent care in Kingscourt. The staff go that extra mile for him. He feels safe and cared for at all times. I cannot speak highly enough about Kingscourt."

Four staff members were consulted to determine their views on the quality of care in Dungannon. Staff were asked to complete an on line survey, we had no responses within the timescale specified. Some comments received included:

"It's fantastic. I have no concerns."

"The teamwork is brilliant. Everyone is so helpful."

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were 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 the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

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

Since the last inspection there has been no change in management arrangements. Discussion with staff evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

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. Arrangements are in place to implement the collection of equality data within Kingscourt.

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

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices and care records. A medication audit is also completed although there was no evidence that it generated an action plan. This was discussed with the registered manager who agreed to review current audit arrangements. This will be reviewed at a future are inspection.

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/The Care Standards for Nursing Homes.

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.

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

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection in this 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 Brian Campbell, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall in keeping with best practice guidance, policies and procedures. All such observations/actions taken post fall must be appropriately recorded in the patient's care record, including contact with next of kin and appropriate professionals.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Protocols, policies and procedures are in place to ensure that patients are appropriately and promptly assessed following falls, including reported falls that have not been witnessed, and that clinical / neurological observations are carried out and documented in accordance with best practice guidance.</p>
<p>Area for improvement 2</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 suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.</p> <p>Particular attention should be given to the areas for improvement identified in section 6.4.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Remedial work and arrangements to improve practices to minimise the spread of infection in the home have been significantly met;</p> <ul style="list-style-type: none"> • Additional PPE equipment and dispensing units have been fitted and the units identified at the inspection to be in areas of contamination risk have been relocated. • Toiletries and creams in bathroom identified have been removed. • Two shower chairs and one commode has been replaced. • Pedal bins identified as rusted and open type bins in some toilets have been replaced with pedal bins. • Three storage areas have been cleaned out and obsolete equipment and linen disposed of. Two of these cupboards are no longer being used for storage. • Domestic services hours have been increased to provide improved cleaning of the home and to facilitate more time for the dusting and deep cleaning. This is on going with recruitment for additional domestic hours ongoing. <p>Some issues exist in relation to certain patients giving consent for</p>

	<p>their rooms to be less cluttered and deep cleaned, however, progress is evident with three patients agreeing to having carpet in their rooms replaced with vinyl floor covering. This work should be completed by the end of November. Cleaning schedules have been revised and the manager will carry out audits of cleaning to ensure cleaning schedules are adhered to.</p> <ul style="list-style-type: none"> As part of the refurbishment programme previously submitted three bedrooms have been redecorated to date. Further refurbishment, redecorating and improvement works are on going to enhance office, treatment room, staff facilities and patient's recreational areas. It is anticipated that this phase of refurbishment will be completed by the end of December 2018 together with the repainting of doors and other areas where paintwork is chipped, flaking and worn.
<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 32</p> <p>Stated: Second time</p> <p>To be completed by: 18 November 2017</p>	<p>The registered person shall ensure that staff personnel files or a summary of recruitment and vetting outcomes for all staff are retained in Kingscourt and are available for inspection.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Arrangements for HR records have been revised and personnel files, or a summary of recruitment and vetting outcomes for newly appointed staff will be retained on site in Kingscourt for inspection by the date specified.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 22</p> <p>Stated: Second time</p> <p>To be completed by: 18 November 2017</p>	<p>The registered person shall review the falls risk assessment tool to ensure that the assessment clearly determines the risk of falls.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A falls risk assessment tool has been developed to facilitate the assessment of falls risk for all patients, including those with no previous history of falls.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 41</p> <p>Stated: Second time</p> <p>To be completed by: 18 November 2017</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis and at a minimum quarterly.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A staff meeting was held on 15th October 2018. An additional senior staff meeting was held on 29th October 2018. Henceforth, the registered manager will ensure that staff meetings occur at least quarterly in accordance with the minimum standard.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered person shall ensure the staffing rota is maintained in accordance with this standard.</p> <p>Ref: 6.4</p>
<p>To be completed by: 31 October 2018</p>	<p>Response by registered person detailing the actions taken: The staff rota will be reviewed and amended to display the full name of staff employed in the home and to identify the nurse in charge on each shift. The hours and the capacity of which such hours are worked of the registered manager will also be completed by 14th November 2018.</p>

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



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