

Unannounced Care Inspection Report 2 August 2017



Ravenhill

Type of Service: Nursing Home
Address: 79-81 Shore Road, Greenisland, BT38 8TZ
Tel no: 028 9086 2169
Inspector: Lyn Buckley

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 38 persons.

3.0 Service details

Organisation/Registered Provider: Ravenhill Private Nursing Home Responsible Individual: Mr William Trevor Gage	Registered Manager: Mrs Isabella Christine Kim
Person in charge at the time of inspection: Registered Nurse M McGuigan Mrs Isabella Christine Kim from 10:55 until 13:30 hours.	Date manager registered: 1 November 2007
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. Residential Care (RC) I – Old age not falling within any other category.	Number of registered places: 38 comprising: 6 RC – I 2 named persons in RC- I

4.0 Inspection summary

An unannounced inspection took place on 2 August 2017 from 09:50 to 17:00 hours. The inspector was accompanied by a final year student nurse from The Open University.

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

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

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

Evidence of good practice was found in relation to staff recruitment, training and adult safeguarding; care delivery and effective communication and the culture and ethos of the home. Housekeeping staff were commended for their efforts.

Areas requiring improvement were identified in relation to; nursing assessment, care planning, and contemporaneous record keeping, infection prevention and control practices and monitoring arrangements, governance arrangements, the use of keypads to exit the building and fire safety practices.

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

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*4	*4

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

Details of the Quality Improvement Plan (QIP) were discussed with Christine Kim, Registered Manager, up to 13:30 on the day of the inspection and by telephone on 4 August 2017, 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 3 May 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 3 May 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

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

During the inspection the inspector met with nine patients, one relative and seven staff. Questionnaires were provided to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

The following records were examined during the inspection:

- duty rota for all staff from 24 July to 6 August 2017
- 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 from 1 April 2017
- one staff recruitment and induction file
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 3 May 2017

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

6.2 Review of areas for improvement from the last care inspection dated 30 November 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	<p>The registered provider must ensure that suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infections between patients and staff are in place and effective.</p> <p>This includes the implementation of robust monitoring processes and evidence of actions taken, by the registered persons to address identified deficits.</p>	Not met
	<p>Action taken as confirmed during the inspection: Review of the environment and records; and discussion with the registered manager evidenced that this regulation had not been met. Refer to section 6.4 for details.</p> <p>This regulation is stated for a second time.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35.3 Stated: First time	<p>The registered provider should ensure that the records for cleaning accurately reflect the cleaning undertaken on a daily, weekly and monthly basis and that anyone analysing the records can easily identify patterns or trends of practice.</p>	Met
	<p>Action taken as confirmed during the inspection: Discussion with the registered manager and staff confirmed that this standard had been met.</p>	

Area for improvement 2 Ref: Standard 37 Stated: First time	The registered provider should ensure that when a record requires certain information to be recorded that staff record this information accurately and consistently.	Not met
	Action taken as confirmed during the inspection: Review of patient records pertaining to repositioning evidenced that this standard had not been met. As identified during the last inspection staff did not complete the 'required' skin checks indicated on the form. This standard is stated for a second time.	
Area for improvement 3 Ref: Standard 6 Stated: First time	The registered provider should ensure that patient information and records are maintained in a confidential manner to ensure the privacy and dignity of patients is upheld at all times.	Met
	Action taken as confirmed during the inspection: Observations confirmed that this standard had been met.	

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 nurse in charge 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 24 July to 6 August 2017 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily. 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. Staff said that on occasions staffing levels were affected by short notice leave. However, they also confirmed that this only happened occasionally and that shifts were "covered." We also sought staff opinion on staffing via questionnaires. Five staff questionnaires were returned. All five staff indicated that there "are sufficient staff 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 Ravenhill Nursing Home. We also sought the opinion of patients on staffing via questionnaires. Seven patient questionnaires were returned. While overall patient indicated that they were very satisfied or satisfied with the care they received and three patient indicated there was “enough staff available to care,” four indicated there was not enough staff and commented as follows:

“Not enough staff.”

“Staff seem to go up and down...”

“There is not enough staff available.”

One relative spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives’ opinion on staffing via questionnaires. Six questionnaires were returned and all six relatives indicated that they were satisfied that staff had ‘enough time to care’.

One of the relatives’ included the following comment:

“I do not feel buzzers are responded to quickly enough nor requests for toileting.”

As staffed previously, 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. Details of comments made/received via questionnaires in relation to staffing were discussed with the registered manager prior to the issuing of this report.

Review of one 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.

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 2017. 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 there were arrangements in place to embed the new regional operational safeguarding policy and procedures into practice. A safeguarding champion had been identified and training had been undertaken.

Review of three patients’ care records evidenced that for two patients a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process. However, for one patient the assessment and care planning process was incomplete. Details were discussed with nursing staff and the registered manager. An area for improvement was identified under the standards.

Review of accidents/incidents records from 1 April 2017 and notifications were forwarded to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls/serious incidents occurring in the home were analysed to identify if any patterns or trends were emerging. 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 a number of bedrooms, bathrooms, sluice rooms, lounges, the dining room and storage areas. The home was found to be tidy, warm, fresh smelling and clean throughout. Housekeeping staff were commended for their efforts. However, it was evident from a review of the environment, records and discussion with the registered manager that the environmental and practice issues impacting on infection prevention and control measures, identified in November 2016, had not been addressed.

Discussion with the registered manager confirmed that the inspection findings had been forwarded to the responsible individual and review of the report from the quality monitoring visit undertaken on 10 July 2017 confirmed this. We also reviewed how the registered manager monitored the quality and delivery of infection prevention and control measures throughout the home. It was disappointing that the only recorded evidence of audit or monitoring, relating to infection prevention and control practices was a hand hygiene audit.

Based on the evidence; the area for improvement, identified during the previous care inspection, had not been addressed and is now stated for a second time.

At 10:55 hours the rear fire exit route from the first and ground floors; and fire exit door were obstructed by a metal trolley containing clean linen and several boxes of incontinence pads and other items delivered that morning. The delivery boxes were stacked in front and to the side of the staircase. Staff confirmed that the linen trolley positioned at the foot of the stairs "always sat there" and that the delivery had just come in. This was brought to the attention of the registered manager at the time. However, the obstruction was not removed until RQIA asked the nurse in charge to remove the items at 15:20 hours. This was concerning and we advised the nurse in charge of the seriousness of this matter and to ensure all staff were made aware of the need to maintain fire exit routes and fire exit doors free from obstruction at all times. This was again a discussed with the registered manager by telephone on 4 August 2017. An area for improvement was made under the regulations. This finding has also been shared with the aligned estates inspector for the home.

In two bedrooms it was observed that the wardrobe was not secured to the wall. This was discussed with the registered manager who confirmed that the maintenance person had been informed of this safety matter and was to address it that day.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training and adult safeguarding. Housekeeping staff were commended for their efforts.

Areas for improvement

The following areas were identified for improvement in relation to nursing assessment and care planning, infection prevention and control practices and monitoring arrangements; and fire safety practices.

	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 in two out of the three; care plans were in place to direct the care required. An area for improvement was identified as detailed in the previous section regarding the nursing process. Nursing staff demonstrated awareness of the need to review and update care plans when the recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician changed.

We reviewed the management of nutrition, patients' weight and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a record was maintained to evidence the delivery of care. However, as stated in section 6.2 an area for improvement regarding the completion of charts was stated for a second time. In three of the repositioning charts reviewed 'gaps' in recording the delivery of care was evidenced and the recording of dates and time was inconsistent. An area for improvement under the standards was made.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained.

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. The registered manager confirmed that she attended the morning handover report to engage with night staff and to discuss the changes to patients needs with day staff. However, in three of the returned staff questionnaires; staff indicated that the handover report did not provide enough detail. This was discussed with the registered manager prior to the issue of this report, it was agreed that she would raise this with all staff during handovers to seek clarity and if improvements were needed.

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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care delivery; and effective communication with patients, other key stakeholders and the home's staff team.

Areas for improvement

The following area was identified for improvement: contemporaneous record keeping.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

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

We arrived in the home at 09:50 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, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice depending on which they preferred 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. This was commended.

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

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

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 the nurse in charge was in the dining room to oversee the delivery of care. Patients able to communicate indicated that they enjoyed their meal and that it was what they had chosen to eat. 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.

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.

Observation and discussion with staff evidenced that net pants used for patient requiring incontinence pads were unnamed, laundered and used communally. This practice does not promote individualised care or dignity. An area for improvement under the standards was made.

Cards and letters of compliment and thanks were displayed in the foyer. Some of the comments recorded included:

“We would like to thank you all for the care you gave our...It put our minds at rest knowing he was in such good hands.”

“Please give our sincere thanks to all your staff for the wonderful, loving care given to our...”

“[patient’s name] adopted Ravenhill as ...home...and was very happy and content.”

“Thank you so very much – you are fantastic.”

There were systems in place to obtain the views of patients and their representatives on the running of the home. A survey of patients and relatives views regarding the day to day running of the home and the quality of care received was undertaken in April 2017. The outcomes were available to the inspector and it was good to note that areas for improvement had been identified by the registered persons.

Ten relative questionnaires were provided; six were returned within the timescale. All indicated that they were very satisfied or satisfied with the care provided across the four domains. Additional comments regarding staffing were detailed previously in section 6.4. Other comments included concerns regarding the refurbishment of the home and the management of the laundry. These comments were shared with the registered manager prior to the issue of this report.

Ten questionnaires were issued to staff; five were returned prior to the issue of this report. Four staff members were either very satisfied or satisfied with the care provided across the four domains. One staff member indicated that they were unsure regarding the service being well led but did not comment. Comments regarding handover reports from three staff were discussed with the registered manager.

Eight questionnaires were issued to patients; seven were returned prior to the issue of this report. Patients responded that they were very satisfied or satisfied with their care across the four domains. Comments recorded regarding staffing were discussed in section 6.4.

Areas of good practice

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

Areas for improvement

The following areas were identified for improvement in relation to the management of net pants to ensure individualised care and dignity.

	Regulations	Standards
Total number of areas for improvement	0	1

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. A certificate of public liability insurance was current and displayed.

Discussion with staff, a review of records and observations confirmed that the home was operating within the categories of care registered.

A review of the duty rota evidenced that staff hours, and the capacity in which these were worked, were recorded in accordance with standards. Staff were able to identify the person in charge of the home in the absence of the registered manager.

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 ensure the quality of care and services. For example, audits were completed regarding accidents/incidents, kitchen hygiene audit. However, as discussed previously an area for improvement, which included the robust monitoring of infection prevention and control practices, was stated for a second time. In addition the review of care records and review of the audit schedule indicated that care records/charts were not formally audited to ensure the delivery of care and adherence to DHSSPS care standards or professional standards. An area for improvement under the regulations was made.

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.

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

At the commencement of the inspection it was observed that to exit the nursing home a code was required for a key pad situated in the front hall. Staff spoken with advised that the purpose of the locking of the front door was to ensure patient safety. We discussed the purpose and use of the keypad locking systems to exit the home with the registered manager in conjunction with the home's registered categories of care and DHSSPSNI advice and guidance on human rights and the deprivation of liberty safeguards (DoLs). The registered manager confirmed that she had raised this matter recently with the responsible individual and that they would be reviewing it. Based on the home's registered categories of care an area for improvement under the regulations was made to review the use of keypad locks and in particular the lock on the front door of the home.

Areas of good practice

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

Areas for improvement

The following areas were identified for improvement in relation to governance arrangements and the review of the key padded lock to exit the building on the front door in conjunction with the Department of Health's guidance on human rights and DoLs.

	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 Christine Kim, 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 (7)</p> <p>Stated: Second time</p> <p>To be completed by: 30 September 2017</p>	<p>The registered provider must ensure that suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infections between patients and staff are in place and effective.</p> <p>This includes the implementation of robust monitoring processes and evidence of actions taken, by the registered persons to address identified deficits.</p> <p>Ref: Section 6.2</p>
	<p>Response by registered person detailing the actions taken: Regular audits have been initiated by our Infection Control Link Nurse to monitor practices, identify deficits and minimise the risk of infection.</p> <p>A programme of ongoing necessary refurbishment, to minimize the risk of infection, has been commenced some of which has already been completed</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure that all fire exit routes and fire doors are maintained free from obstruction at all times and that staff are aware of these requirements.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: The laundry trolley has been removed and action has been taken to re-arrange delivery of pads to another area of the building to ensure that fire exits are free from obstruction at all times</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 17</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2017</p>	<p>The registered person shall ensure that a robust governance system is in place to monitor and report on the delivery of nursing and other services provided, in accordance with legislative requirements, DHSSPS minimum standards and other related standards for nursing homes.</p> <p>Ref: Section 6.7</p>
	<p>Response by registered person detailing the actions taken: Auditing of care charts will be routinely carried out to monitor and report on the delivery of care to ensure adherence to DHSSPS and professional standards</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 17</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2017</p>	<p>The registered person shall ensure the the use of keypad locks within the nursing home is reviewed in conjunction with guidance from the Department of Health on human rights and the deprivation of liberty safeguards (DoLs); and the home's registration categories.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: The use of keypads has been addressed and the code required for exit has been placed where it is is clearly visible above the door</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 37</p> <p>Stated: Second time</p> <p>To be completed by: 31 August 2017</p>	<p>The registered provider should ensure that when a record requires certain information to be recorded that staff record this information accurately and consistently.</p> <p>Ref: Section 6.2</p> <p>Response by registered person detailing the actions taken: A memo has been issued and brought to the attention of all staff and due diligence will given to accurate completion of records as required</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2017</p>	<p>The registered person shall ensure that care records demonstrate that:</p> <ul style="list-style-type: none"> • nursing staff have undertaken a nursing assessment of the patients nursing needs when they are admitted to the nursing home • that a care plan is developed based on the assessment of need • that the care plan is reviewed at regular intervals or when care needs change <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: A robust new monitoring system has been introduced by which the registered manager ensures that patients are reassessed within 5 days of admission to the home, the care plan is developed based on assessment, and the care plan is reviewed monthly or updated when needs change.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2017</p>	<p>The registered person shall ensure that care charts such as re-positioning records are accurately maintained to evidence the delivery of care. This includes the consistent and accurate recording of dates and times on records.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: A memo has been issued and brought to the attention of all staff and due diligence will given to accurate completion of records as required</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2017</p>	<p>The registered person shall ensure that the practise of laundered net pants being used communally ceases and a system put in place to ensure net pants are personalised and for individual use only.</p> <p>Ref: Section 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: Net pants will now be issued for individual use and labelled as with all other clothing</p>

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



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