

Unannounced Care Inspection Report

13 July 2016



Karina Lodge

Type of Service: Nursing Home

Address: 40 Drumsaragh Road, Kilrea BT51 5XN

Tel No: 02829541111

Inspector: Aveen Donnelly

1.0 Summary

An unannounced inspection of Karina Lodge took place on 13 July 2016 from 10.00 to 16.15 hours. The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The planned staffing levels were adhered to and there were no concerns identified regarding staffing levels and/or patients' needs being met. Staff were observed assisting patients in a timely and unhurried way. Newly appointed staff completed a structured orientation and induction programme. Mandatory training was provided to staff and was supported by one to one supervisions; competency and capability assessments; and annual appraisals. Communication was well maintained in the home. However, weaknesses were identified in the recruitment and selection processes; the checking of registered nurses' registrations with the NMC; the staff's knowledge of adult safeguarding protocols; the reporting of incidents to RQIA, in keeping with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005; and the staff's infection, prevention and control practices. Three requirements and two recommendations have been made to secure compliance and drive improvement.

Is care effective?

A range of risk assessments were completed as part of the admission process and reviewed as required. The assessments informed the care planning process. Patients' representatives confirmed that they were informed regarding changes in the patients' condition. Care reviews with the relevant health and social care trust were held on an annual basis or more frequently, if requested. Staff meetings were held on a regular basis and staff expressed that communication was well maintained in the home and that there was effective teamwork. Relatives meetings were not held formally, but patients' and relatives' views were ascertained on a monthly basis and were included in the monthly monitoring report in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. All those consulted with expressed their confidence in raising concerns with the home's staff/management. Weaknesses were identified in regards to: the completion of patient care records within the recommended timeframe; and the development of care plans with the input from patients and/or their representatives, if appropriate. Two recommendations have been made to secure compliance and drive improvement.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Patients stated that they were involved in decision making about their own care and the staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. The midday meal was observed. The dining room was tranquil and patients were encouraged to eat their food. The lunch served appeared very appetising and patients spoken with stated that it was always very nice. Hairdressing services were available and arrangements were in place to meet patients' religious and spiritual needs. There were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided. Patients and their representatives confirmed that when they

raised a concern or query, they were taken seriously and their concern was addressed appropriately. From discussion with the registered manager, staff, relatives and a review of the compliments record, there was evidence that the staff cared for the patients and the relatives in a kindly manner. All those consulted with were very complimentary regarding the care and the attentiveness of staff and a number of comments are included in the report. However, weaknesses were identified in the provision of meaningful activities and a recommendation has been made in this regard. Compliance with this recommendation will further drive improvements in this domain.

Is the service well led?

There was a clear organisational structure within the home. The home was operating within its registered categories of care. Complaints were managed appropriately and all those consulted expressed that the management was responsive to any suggestions or concerns raised. Monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Whilst there was evidence that some systems were in place to monitor and report on the quality of nursing and other services provided we were not assured about the effectiveness of all the audits and action plans undertaken. Weaknesses were identified in the auditing processes; the management of urgent communications; and the maintenance of the staff duty roster.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	8

Details of the Quality Improvement Plan (QIP) within this report were discussed with the 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 22 February 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered provider: Thomas Girvan	Registered manager: Mary A Doherty
Person in charge of the home at the time of inspection: 10.00 – 12.00 hours: Barbara Creelman 12.00 – 16.00 hours: Mary A Doherty	Date manager registered: 1 April 2005
Categories of care: NH-LD(E), NH-I Category NH-LD(E) for 1 identified patient only.	Number of registered places: 15

3.0 Methods/processes

Specific methods/processes used in this inspection include the following:

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. Questionnaires were distributed to patients, relatives and staff. We also met with three patients, two care staff, one registered nurse and two patients' representatives.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- staff training records for 2015/2016
- accident and incident records
- audits in relation to care records and falls
- records relating to adult safeguarding
- one staff recruitment and selection record
- complaints received since the previous care inspection
- staff induction, supervision and appraisal records
- records pertaining to NMC and NISCC registration checks
- minutes of staff, patients' and relatives' meetings held since the previous care inspection
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- a selection of policies and procedures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 22 November 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector. There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 23 November 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 17 (1)(2)(3) Stated: Third and Final time	The registered person must ensure effective systems are implemented for reviewing at least annually the quality of nursing and other services provided by the home.	Met
	A copy of the report must be submitted to RQIA, when completed.	
	Action taken as confirmed during the inspection: A copy of the annual quality report was forwarded to RQIA. Information was also displayed in the foyer of the home regarding the outcome of the report and actions taken.	

Requirement 2 Ref: Regulation 29 Stated: Third and final time	<p>The registered person must ensure that a visit to the home as outlined in Regulation 29 is undertaken at least once a month.</p> <p>A written report of the visit must be completed and retained for inspection. The report should reflect all aspects of quality monitoring in sufficient detail as to the standard of care being provided including the actions to be taken when deficits have been identified.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of records evidenced that monitoring visits were completed on a regular basis.</p>	Met
Requirement 3 Ref: Regulation 15 (2) (a) Stated: Second time	<p>A pain assessment must be maintained in patients' care records, If applicable.</p> <p>Action taken as confirmed during the inspection: A review of care records confirmed that pain assessments were completed for all patients.</p>	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 35.16 Stated: Second time	<p>The responsible person must ensure that any requirements and/or recommendations made by RQIA are included in the regulation 29 monitoring report and evidences progress made by the home, ensuring compliance against the identified matters.</p> <p>Action taken as confirmed during the inspection: A review of records evidenced that monitoring visits included a section to follow up on requirements and recommendations made in the QIP.</p>	Met
Recommendation 2 Ref: Standard 35.4 Stated: First time	<p>The registered manager should ensure that there is a system in place to evidence follow up action on deficits identified on care record audits, to ensure that the identified matters are addressed.</p> <p>Action taken as confirmed during the inspection: A review of care record audits confirmed that follow up action had been taken to ensure that identified deficits were addressed.</p>	

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home. A review of the staffing rota for the week commencing 4 April 2016 evidenced that the planned staffing levels were adhered to. Discussion with patients evidenced that there were no concerns regarding staffing levels. Staff were observed assisting patients in a timely and unhurried way. Further detail regarding the maintenance of the duty roster is discussed under section 4.6.

Discussion with staff confirmed that communication was well maintained in the home and that appropriate information was communicated in the shift handover meetings.

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. One completed induction programme was reviewed. The induction programme included a written record of the areas completed and the signature of the person supporting the new employee. On completion of the induction programme, the employee and the inductor signed the record to confirm completion and to declare understanding and competence.

Discussion with staff and a review of the staff training records confirmed that training had been provided in all mandatory areas and this was kept up to date. A review of staff training records confirmed that staff completed training modules on basic life support, medicines management, control of substances hazardous to health, fire safety, food safety, health and safety, infection prevention and control, safe moving and handling and adult safeguarding.

Discussion with the registered manager and staff confirmed that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through one to one supervision, undertook competency and capability assessments and completed annual appraisals. Competency and capability assessment were completed with all registered nurses who were given the responsibility of being in charge of the home, in the absence of the registered manager.

There were systems in place for the recruitment and selection of staff. Where nurses and carers were employed, their PIN numbers were checked with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC), to ensure that their registrations were valid. Staff consulted stated that they had only commenced employment once all the relevant checks had been completed. The review of recruitment records evidenced that enhanced criminal records checks were completed with AccessNI. Although, two employment references had been received in respect of one applicant, the review identified that the references did not include a reference from the applicant's most recent employer. There were also no records maintained to evidence that a formal interview had been undertaken. A recommendation has been made in this regard.

The records evidenced that the NMC register had not been checked between 30 October 2015 and 4 July 2016. Although all registered nurses' registrations were confirmed on the day of the inspection, a review of the records confirmed that five registered nurses had renewed their registrations during this period. A requirement has been made in this regard.

Although the staff were able to demonstrate knowledge of the indicators of abuse and all those consulted stated that they would report this to the management, the registered nurse and the registered manager were not clear in regards to the procedure for reporting incidences, should they occur out of hours. A review of the policy and procedures in relation to adult safeguarding

evidenced that it had not been updated in line with recent regional safeguarding protocols and did not include information on how to report incidences out of hours or if the management were unavailable to provide guidance. This was discussed with the registered manager. A requirement has been made in this regard.

A range of risk assessments were completed as part of the admission process and were reviewed as required. These risk assessments informed the care planning process. Refer to section 4.4 for further detail. A review of the care records evidenced that falls risk assessments and care plans were updated on a regular basis, care management and patients' representatives were notified appropriately. The review of the accidents records identified that an incident had occurred, wherein a patient had sustained a head injury. Although appropriate action had been taken at the time of the incident, RQIA had not been notified in keeping with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005. A requirement has been made in this regard.

A review of the home's environment was undertaken which included a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. Fire exits and corridors were maintained clear from clutter and obstruction. In general, the areas reviewed were found to be clean, reasonably tidy and warm throughout. However, two commodes which required cleaning were observed in bedrooms on the second floor. Staff provided varied descriptions of how commodes and commode pots were cleaned and it was evident that appropriate rinse water was not consistently used, to clean the commode pots. It was evident that despite training having been provided in infection prevention and control, the staff continued with this practice and were also unclear regarding the use of the disinfectant spray. A recommendation has been made in this regard. Further detail regarding cleaning schedules is discussed under section 4.6.

Areas for improvement

A recommendation has been made that robust recruitment processes are in place, to ensure that references are sought from applicants' most recent employers and that records of formal interviews are maintained and made available for inspection.

A requirement has been made to ensure that registered nurses' registrations are checked on a regular basis with the Nursing and Midwifery Council.

A requirement has been made to ensure that up to date training is provided to staff on adult safeguarding, as relevant to their roles and responsibilities. The policy and procedures must be updated in keeping with regional safeguarding protocols. A flow chart should also be developed to identify the necessary steps and contact numbers required and this should be displayed prominently in the home.

A requirement has been made that all injuries sustained in the home are reported to RQIA, in keeping with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005. This refers specifically to where a head injury is sustained.

A recommendation has been made that the registered manager reviews and implements a system to monitor the cleaning of commodes and commode pots.

Number of requirements	3	Number of recommendations:	2
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4.4 Is care effective?

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. Risk assessments informed the care planning process and both were reviewed as required.

Patients were routinely assessed against the risk of poor nutrition using a community nutritional risk assessment. This included monitoring patients' weights and recording any incidence of weight loss. Where patients had been identified as being at risk of poor nutrition, staff completed daily food and fluid balance charts to record the amount of food and drinks a patient was taking each day. Referrals were made to relevant health care professionals, such as GPs, dieticians and speech and language therapists for advice and guidance to help identify the cause of the patient's poor nutritional intake. Patients who were identified as requiring a modified diet, had the relevant swallowing assessments in place and patients who were prescribed regular analgesia had pain assessments completed which were reviewed in line with the care plans. However, the review of care records evidenced that risk assessments and care plans had not been completed within the required timeframe. This was discussed with the registered manager. A recommendation has been made in this regard.

The review of care records evidenced regular communication with patient representatives regarding changes in the patients' condition. The registered manager confirmed that care management reviews were arranged by the relevant health and social care trust. These reviews were generally held annually but could be requested at any time by the patient, their family or the home. The registered manager stated that the care plans were discussed with the patients and/or their representatives, if appropriate, during the care review process. However, a recommendation has been made to ensure that the care planning process includes input from patients and/or their representatives, if appropriate.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and discussions at the handover provided the necessary information regarding any changes in patients' condition. Staff also confirmed that communication between all staff grades was effective. Discussion with the registered manager confirmed that staff meetings were held on a regular basis. The most recent general staff meeting was held on 15 February 2016. Although the registered manager had rudimentary records maintained and was able to discuss the matters that had been discussed at the staff meeting, formal minutes were not available. The registered manager provided assurances that the minutes of all future meetings would be developed in a timely manner.

Discussion with the registered manager evidenced that patients and/or relatives meetings were not formally held on a regular basis. Comments from patients and their representatives were ascertained on a monthly basis and were included in the monthly monitoring report in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Staff, patients and patients' representatives consulted with expressed their confidence in raising concerns with the home's staff/ management.

Areas for improvement

A recommendation has been made that the patients' care records are developed within the recommended timeframe of 5 days following admission.

A recommendation has been made that the care planning process includes input from patients and/or their representatives, if appropriate.

Number of requirements	0	Number of recommendations:	2
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with three patients individually confirmed that patients were afforded choice, privacy, dignity and respect. Discussion with patients also confirmed that staff consistently spoke to them in a polite manner. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. Patients stated that they were involved in decision making about their own care. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Patients were offered a choice of meals, snacks and drinks throughout the day. Patients were consulted with regarding meal choices and their feedback had been listened to and acted on. The menu was displayed clearly in the dining room and was correct on the day of inspection. The midday meal was observed in the dining room. We saw that the atmosphere was quiet and tranquil and patients were encouraged to eat their food. Tables were set and specialist cutlery was available to help patients who were able to maintain some level of independence as they ate their meal. The lunch served appeared very appetising and patients spoken with stated that it was always very nice.

Hairdressing services were available and arrangements were in place to meet patients' religious and spiritual needs within the home. Patients consulted with also confirmed that they were able to maintain contact with their families and friends.

All the patients accommodated in the home spent their day, seated in the lounge area. Patients who were dependent on staff to mobilise only moved when going to the toilet, or getting up for meals. There was little evidence of meaningful activities and patients were sat around with the television on, but disengaged. The registered manager discussed plans for the patients to attend a day outing to Ballycastle and also provided examples of activities that were provided by external entertainers. However, the day to day provision of activities was provided on an ad hoc basis and there were no records maintained in regards to participation or any level of engagement. A recommendation has been made in this regard.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided. Views and comments recorded were analysed and areas for improvement were acted upon. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. From discussion with the manager, staff, relatives and a review of the compliments record, there was evidence that the staff cared for the patients and the relatives in a kindly manner. We read some recent feedback from patients' representatives. One comment expressed gratitude for the "heartfelt love, care and support" given by staff during a patient's stay.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. At the time of writing this report no questionnaires had been returned. We

also met with three patients, two care staff, one registered nurse and two patients' representatives. All those consulted with spoke positively regarding the care they were receiving and were complementary of the staff and the standard of food served. There were no issues raised during the inspection by patients and/or their representatives. Some comments received are detailed below:

Staff

"We do our best with what we have. I would treat every patient the way I would like my own mother to be treated."

"I would recommend this home. It is very homely and we have a good bond with relatives."

"It is like a little community here, quaint, but very homely."

"Management deals with the problems promptly."

Patients

"It has its moments. The staff are good alright."

"It's alright here."

"They are all very helpful. I couldn't say a word against them."

Patients' representatives

"We are happy with the care. It's very good"

"The care is very good here."

"I have no concerns. The staff keep me well informed."

Areas for improvement

A recommendation has been made to ensure that meaningful activities are provided to patients on a regular basis. Records of participation and the level of patient engagement must be maintained.

Number of requirements	0	Number of recommendations:	1
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4.6 Is the service well led?

There was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities and stated that the registered manager and responsible person were always available to provide support and guidance. Observation of patients evidenced that the home was operating within its registered categories of care. The registration certificate was correct; and the public liability insurance was also current and displayed.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Staff, patients and patients' representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients/representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Patients were aware of who the registered manager was. Discussions with staff confirmed

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

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

Discussion with the registered manager evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, the registered manager outlined how the following audits were completed in accordance with best practice guidance:

- care records
- patient register and staff duty roster
- health and safety audit
- resident hygiene audit
- activities and restraint management
- continence
- falls
- staff training
- housekeeping
- laundry and kitchen
- environmental audit of bedrooms
- maintenance records
- infection prevention and control

However, given the number of requirements and recommendations made during this inspection, we were not assured about the effectiveness of the all audits and action plans undertaken. For example, the infection prevention and control audits did not include the checking of the cleanliness of the commodes and the audit of patients' falls only included actual patient falls and did not include other incidences that were reportable to RQIA in keeping with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005. Weaknesses were also identified in the recruitment and selection processes; the process for checking NMC registrations; the adult safeguarding protocol; infection prevention and control practices; and the lack of meaningful activities. A recommendation has been made that the auditing processes are further developed to ensure that the areas for improvement identified during this inspection are monitored on an ongoing basis.

Other management systems regarding the safe delivery of care were also identified. For example, the registered manager stated that safety alerts were disseminated to the nursing staff, if relevant. However, there were no formal systems in place which could evidence that medication and equipment alerts or alerts regarding staff who had sanctions imposed on their employment by professional bodies had been managed appropriately. A recommendation has been made in this regard.

The duty roster was also evidenced to be completed in pencil. This is not in keeping with the Nursing Midwifery Council's (NMC) best practice guidance on record keeping; or with legislative requirements. A recommendation has been made in this regard.

The home's policies and procedures had been updated in September 2014 and staff confirmed that they had access to the policies folder at all times. The registered manager confirmed that plans were in place to review all the policies in 2017. However, as discussed in section 4.3, the policy and procedure in relation to adult safeguarding was not current and required to be updated. A requirement has been made in the safe domain in this regard.

Areas for improvement

A recommendation has been made that the auditing processes are further developed to ensure that the areas for improvement identified during this inspection are monitored on an ongoing basis.

A recommendation has been made that a system is implemented to evidence that urgent communication alerts are managed appropriately. This refers specifically to medication and equipment alerts or alerts regarding staff who, had sanctions imposed on their employment by professional bodies.

A recommendation has been made that the duty roster is completed in ink, in keeping with the Nursing Midwifery Council's (NMC) best practice guidance on record keeping and legislative requirements.

Number of requirements	0	Number of recommendations:	3
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return the completed QIP to RQIA's office for review by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 10 September 2016</p>	<p>The registered persons must ensure that registered nurses' registrations are checked on a regular basis with the Nursing and Midwifery Council.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken:</p> <p>THE NURSES REGISTRATION IS CHECKED ON A MONTHLY BASIS, CHECKED AND CONFIRMED ON 15/7/16 AND AGAIN ON 15/8/16.</p>
<p>Requirement 2</p> <p>Ref: Regulation 20 (1) (c)(i)</p> <p>Stated: First time</p> <p>To be completed by: 10 September 2016</p>	<p>The registered persons must ensure that staff are provided with up to date training on adult safeguarding, as relevant to their roles and responsibilities. The policy and procedures must be updated in keeping with regional safeguarding protocols and a flow chart must also be developed, to identify the necessary steps and contact numbers required and this should be displayed prominently in the home.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken:</p> <p>STAFF TRAINING ON ADULT SAFEGUARDING IS SCHEDULED TO TAKE PLACE ON 7/9/16. RELEVANT INFORMATION TO BE DISPLAYED POLICY AND PROCEDURES TO BE UPDATED.</p>
<p>Requirement 3</p> <p>Ref: Regulation 30 (1) (c)</p> <p>Stated: First time</p> <p>To be completed by: 10 September 2016</p>	<p>The registered persons must ensure that all injuries sustained in the home are reported to RQIA. This refers specifically to where a head injury is sustained.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken:</p> <p>THE HEAD INJURY SUSTAINED BY THE PATIENT IN THE NURSING HOME HAS BEEN REPORTED TO RQIA AS AN INCIDENT. ON 15/7/16. THE NAMED PATIENT DID NOT REQUIRE ANY MEDICAL INTERVENTION AT THE TIME OF THE INCIDENT.</p>

Recommendations	
Recommendation 1 Ref: Standard 38 Stated: First time To be completed by: 10 September 2016	<p>The registered persons should ensure that robust recruitment processes are in place, to ensure that references are sought from applicants' most recent employers and that records of formal interviews are maintained and made available for inspection.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: A REFERENCE HAS BEEN RECEIVED FROM THE APPLICANTS MOST RECENT EMPLOYER AND IS HELD IN HER NOTES. RECORD OF THE INTERVIEW IS ALSO AVAILABLE</p>
Recommendation 2 Ref: Standard 46.2 Stated: First time To be completed by: 10 September 2016	<p>The registered manager should review and implement a system to monitor the cleaning of commodes and commode pots.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: A SYSTEM FOR CLEANING THE COMMODES AND THE COMMODE POTS IS NOW IN PLACE</p>
Recommendation 3 Ref: Standard 4.1 Stated: First time To be completed by: 10 September 2016	<p>A recommendation has been made that the patients' care records are developed within the recommended timeframe of 5 days following admission.</p> <p>Ref: Section 4.4</p> <p>Response by registered provider detailing the actions taken: THE REGISTERED NURSES IN KARIMA LODGE HAVE BEEN REMINDED THAT CARE RECORDS MUST BE DEVELOPED AND MAINTAINED 5 DAYS FOLLOWING ADMISSION.</p>

<p>Recommendation 4</p> <p>Ref: Standard 4.2</p> <p>Stated: First time</p> <p>To be completed by: 10 September 2016</p>	<p>A recommendation has been made that the care planning process includes input from patients and/or their representatives, if appropriate.</p> <p>Ref: Section 4.4</p> <p>Response by registered provider detailing the actions taken:</p> <p>PATIENTS AND THEIR REPRESENTATIVES ARE NOW INCLUDED IN THE CARE-PLANNING PROCESS</p>
<p>Recommendation 5</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 10 September 2016</p>	<p>The registered persons should ensure that meaningful activities are provided to patients on a regular basis. Records of participation and the level of patient engagement must be maintained.</p> <p>Ref: Section 4.5</p> <p>Response by registered provider detailing the actions taken:</p> <p>ACTIVITIES ARE PROVIDED AND RECORD OF PARTICIPATION ARE MAINTAINED.</p>
<p>Recommendation 6</p> <p>Ref: Standard 35.4</p> <p>Stated: First time</p> <p>To be completed by: 10 September 2016</p>	<p>A recommendation has been made that the auditing processes are further developed to ensure that the areas for improvement identified during this inspection are monitored on an ongoing basis.</p> <p>Ref: Section 4.6</p> <p>Response by registered provider detailing the actions taken:</p> <p>AUDITING PROCESSES HAVE BEEN DEVELOPED.</p>

<p>Recommendation 7</p> <p>Ref: Standard 35.17</p> <p>Stated: First time</p> <p>To be completed by: 10 September 2016</p>	<p>A recommendation has been made that a system is implemented to evidence that urgent communication alerts are managed appropriately. This refers specifically to medication and equipment alerts or alerts regarding staff who, had sanctions imposed on their employment by professional bodies.</p> <p>Ref: Section 4.6</p> <p>Response by registered provider detailing the actions taken:</p> <p>A SYSTEM FOR URGENT COMMUNICATION ALERTS TO BE IMPLEMENTED</p>
<p>Recommendation 8</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 10 September 2016</p>	<p>A recommendation has been made that the duty roster is completed in ink, in keeping with the Nursing Midwifery Council's (NMC) best practice guidance on record keeping and legislative requirements.</p> <p>Ref: Section 4.6</p> <p>Response by registered provider detailing the actions taken:</p> <p>THE OFF-DUTY ROSTER IS NOW COMPLETED IN INK.</p>



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