



Unannounced Care Inspection Report

3 December 2018



Ben Madigan Care Home

Type of Service: Nursing Home (NH)
Address: 36 Mill Road, Newtownabbey, BT36 7BH
Tel No: 028 9086 0787
Inspector: Lyn Buckley and Julie Palmer

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 64 persons.

3.0 Service details

Organisation/Registered Provider: Amore (Ben Madigan) Limited Responsible Individual: Nicola Cooper	Registered Manager: See Box Below
Person in charge at the time of inspection: Elaine Allen - manager	Date manager registered: Franke Mudie – Acting-No application required
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of registered places: 64 comprising: 34 patients within category NH-DE located within the Dementia Unit.

4.0 Inspection summary

An unannounced inspection took place on 3 December 2018 from 10.10 to 16.25.

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

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

Evidence of good practice was found in relation to staffing arrangements, processes in place to monitor staff registration with their professional bodies and improvements in infection prevention and control practices. There was also evidence of good practice regarding the culture and ethos of the home, the delivery of care during the mealtime and staff knowledge of their role and function in the home and how to report concerns.

Areas requiring improvement were identified regular review of falls occurring in the home, record keeping and methods of communicating patients care needs to staff, storage of patient records and maintaining a copy of Regulation 29 reports in the home.

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 one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with, Frank Mundie, acting manager, Elaine Allen, manager, and Roberta Wilson, regional director, 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 31 May 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 31 May 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with nine patients and with others in smaller groups, three patients' relatives and 11 staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives: 10 patients' questionnaires and 10 patients' relatives/representatives questionnaires. A poster was provided for staff inviting them to provide feedback to RQIA on-line. The inspector also provided the manager with 'Have we missed you' cards which were to be 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 on the front door of the home.

The following records were examined during the inspection:

- duty rota for all staff from 5 November to 3 December 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 from 1 September 2018
- five patient care records
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports, from 1 July 2018, 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 31 May 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. 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 26 March 2018

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 30 Stated: First time	<p>The registered person shall ensure that RQIA are notified of events/incidents, occurring in the home, in accordance with Regulation 30.</p> <p>The events/incidents identified as not being notified should be notified retrospectively.</p>	Met

	<p>Action taken as confirmed during the inspection: Review of accident/incident records in conjunction with notifications received by RQIA, since 1 September 2018, evidenced that this area for improvement had been met.</p>	
<p>Area for improvement 2 Ref: Regulation 13 (7) Stated: First time</p>	<p>The registered person shall ensure that infection prevention and control practices, as listed in the report, are adhered to.</p> <p>Action taken as confirmed during the inspection: Review of the environment, discussion with staff and observation of practice evidenced that improvements had been made. Staff were observed using PPE appropriately despite PPE dispensers not always being restocked. Discussion with the manager provided us with sufficient assurance that this element would be monitored.</p>	Partially met
<p>Area for improvement 3 Ref: Regulation 17 (1) Stated: First time</p>	<p>The registered person shall ensure that the standard of how patients' bedrooms are maintained in terms of tidiness and cleanliness, and presentation is maintained throughout the home.</p> <p>Action taken as confirmed during the inspection: Observations of patients' bedrooms evidenced that improvements had been made. Records reviewed evidenced that management monitored the standard of tidiness and cleanliness of patients' bedrooms and when deficits were identified these were addressed.</p>	Met
<p>Area for improvement 4 Ref: Regulation 27 (2) (c) Stated: First time</p>	<p>The registered person shall ensure that the repair/replacement of equipment is timely to ensure the quality of the patient experience is not compromised.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager and with staff evidenced that this area for improvement had been met.</p>	Met

<p>Area for improvement 5</p> <p>Ref: Regulation 13 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that before patients' bedroom doors are locked that they reconsider this practice to manage behaviour that challenge in conjunction with best practice guidance and the Department of Health's guidance on the deprivation of liberty safeguards.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the manager evidenced that the practice of locking patients' bedroom doors to prevent other patients from entering the bedroom had been reviewed. Observations evidenced that patients' bedroom doors were not locked.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 39.8</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff are aware of their responsibility and accountability regarding their knowledge, skill and practice requirements in relation to safe moving and handling practice.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with management and staff; and observation of practices evidenced that this area for improvement had been met.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4.7</p> <p>Stated: First time</p>	<p>The registered person shall ensure that risk assessments and care plans are reviewed regularly.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of five patients' records evidenced that this area for improvement had not been met. We discussed the inspection findings in detail with the management team during feedback. We acknowledged following discussion that the management team were aware of the deficits regarding care records and had put an action plan in place to address these deficits. We were also assured that the management team were working toward achieving consistency of approach to record keeping. However, this area for improvement is stated for a second time. Further areas of concern regarding record keeping were identified. Refer to section 6.5 for details.</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 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 5 November to 3 December 2018 evidenced that the planned staffing levels were generally adhered to and that a number of nursing shifts were 'covered' by agency staff. The manager confirmed that, when possible, the same staff were 'block booked' to assist in consistency in the delivery of care. 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.

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." Some staff raised concerns regarding the "low number of permanent nursing staff". Staff did acknowledge that management were recruiting for permanent staff and that regionally, across Northern Ireland, the recruitment of nursing staff was difficult. We also sought staff opinion on staffing via the online survey: none were returned before the issue of this report.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Ben Madigan Care Home. We also sought the opinion of patients on staffing via questionnaires. However, none were returned within the timescale specified.

We spoke with three relatives during the inspection who commented positively regarding the care delivered to their loved ones. Some of the relatives did raise concerns regarding the use of agency staff, particularly in the evenings and weekends, but understood that recruitment was difficult and ongoing for permanent staff. We also sought relatives' opinion on staffing via questionnaires. However, none were received within the timescale specified.

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.

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 received email confirmation from the manager to confirm that staff training levels were monitored regularly. 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. This confirmed, along with discussion with the manager and review of training records, that mandatory training compliance was proactively managed. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients and the appropriate use of aprons and gloves (PPE).

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Review of five patients' care records evidenced that a range of validated risk assessments were in place. However, these were not regularly reviewed. An area for improvement was stated for a second time. Refer to section 6.2 for details.

We reviewed accidents/incidents records from 1 September 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 manager confirmed that falls occurring in the home had not been analysed to identify if any patterns or trends were emerging. It was agreed that this audit would be reinstated and that the outcomes from the audit would be reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. An area for improvement 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; generally tidy and clean throughout. Observations of patients' bedrooms evidenced that improvements had been made in relation to the general look and tidiness of the bedrooms viewed and the storage of equipment where there was a toilet had almost been eliminated. It was reassuring to observe a staff member remove a hoist from a patient's ensuite toilet and clean it before taking it to the next patient. Some seating had been provided in corridors on the first floor in keeping with evidenced based practice in dementia care. An further improvements were planned following a dementia care audit that had recently been undertaken by the home. Records reviewed evidenced that management monitored the standard of tidiness and cleanliness of patients' bedrooms and when deficits were identified these were addressed. Two bedrooms were observed to have a detectable malodour; details were provided to the manager during feedback.

Improvements in the environment and in particular with staff awareness of infection prevention and control practices (IPC) were evident. The manager also confirmed that they would ensure staff were reminded to keep PPE stations stocked; to remove malodourous items from bedrooms; and that communal bathrooms would be cleaned and tidied after the patient had used them. The management team confirmed, during feedback, that the home was scheduled for refurbishment to enhance the homeliness of the communal areas and corridors; with a plan to be put in place in January 2019. We will continue to monitor the home's environment during subsequent care inspections.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff knowledge of their patients' care needs, processes in place to monitor staff registration with their professional bodies and infection prevention and control practices.

Areas for improvement

An area for improvement was identified in relation to the regular review of falls occurring in the home.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

We reviewed the management of nutrition, infections, bedrails, falls, pressure area care and wound care within five patients' care records. Care records contained details of the specific care requirements in each of the areas reviewed. However in four of the records reviewed care plans and risk assessments had not been regularly reviewed and some risk assessments had not been fully completed. The manager, deputy manager and regional director said that while it was not an excuse for poor record keeping; the lack of permanent nursing staff had had a direct impact on the consistency of record keeping. The management team also discussed that they had identified concerns with record keeping, prior to this inspection, and that they were working to improve it. This was reassuring, however an area for improvement was made.

Care records did reflect that referrals were made to healthcare professionals such as care managers, GPs, Speech and Language Therapists (SALT) and dieticians. Supplementary care charts such as food and fluid intake records and repositioning charts evidenced that contemporaneous records of the care delivered were generally well maintained. As stated previously patients' care plans were not reflective of the care delivered and areas for improvement have been made.

In relation to patients' therapeutic diets, staff consulted were aware that the descriptors for modified texture diets and fluids were changing and training was to be provided. Care staff also confirmed that records held in the dining room and the menu check list provided them with the details of patients dietary needs. However neither the dining room records or the menu checklist reflected the dietary needs for two patients as detailed within their care plans. Details were discussed with the manager. The manager responded by requesting that the deputy manager commence a review of all patients requiring a therapeutic diet to ensure the diet provided was the diet recommended by healthcare professionals. RQIA were notified by email from the manager on 7 December 2018 that the review of patients requiring a therapeutic diet had been completed and referrals to relevant, healthcare professionals had been made in respect of the named patients.

In addition 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 confirmed that written handover information was currently provided to nursing staff only; and that care staff relied on the verbal handover, other staff knowledge and additional records such as personal care records and records held in the dining room regarding patients' diets. Based on the inspection findings, as detailed above, the manager agreed to review how information in relation to patients' care needs, and any changes to these care needs, was communicated to all staff. An area for improvement was made.

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.

Staff confirmed that they were required to complete their mandatory training. There were records provided to confirm how compliant staff were in completing and attending mandatory training or other training to enable them to fulfil their role in the home. The manager said that she was intending to complete a review of training before she implemented the training plan for 2019.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff and/or the management team.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the delivery of care during the mealtime and staff knowledge of their role and function in the home and how to report concerns.

Areas for improvement

The following areas for improvement were identified in relation to record keeping, review of communication methods for staff regarding changes in patients' care needs.

	Regulations	Standards
Total number of areas for improvement	1	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 10.10 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 and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

An activity board was clearly visible on each floor of the home and discussion with the activity person confirmed that various events and activities were planned over the weeks leading up to Christmas. The range of activities displayed evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

Staff demonstrated a detailed knowledge of patients' wishes and preferences and how to provide comfort if required. Patients' bedrooms were personalised with pictures and ornaments and small items of furniture. Patients could choose to remain in their bedroom or to make use of one of the home's lounges. A café/pub styled room was available on the ground floor to patients and relatives. This area provided a seating area and access to computers/laptops which provided internet access to any patients requiring it. Work had also recommenced on the memory boxes outside bedroom doors on the first floor.

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. However, patients care records such as charts were left unattended in lounges. An area for improvement was made.

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. During the lunchtime meal on the first floor we observed staff managing an emergency situation appropriately and in accordance with best practice. The staff actions were commended by the inspector observing the lunchtime meal.

Consultation with patients individually, and with others in smaller groups, confirmed that living in Ben Madigan Care Home was a good experience. 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 patient questionnaires were provided; none were returned within the timescale specified.

We spoke with three relatives during the inspection who commented positively regarding the care delivered to their loved ones. As stated previously relatives did raise concerns regarding the lack of permanent nursing staff but were aware recruitment was difficult and ongoing. Relatives were confident in how to raise any concerns regarding their loved ones care with the nurse in charge, the manager or their loved one's care manager from the Trust.

Ten relative questionnaires were provided; none were returned within the timescale specified.

Staff were asked to complete an on line survey, we had no responses.

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

Areas of good practice

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

Areas for improvement

The following area was identified for improvement; storage of patients records confidentially.

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

Since the last inspection there has been a change in management arrangements and RQIA were notified appropriately. The new manager was aware of the requirements to make an application for registration with RQIA and the regional director confirmed that the application would be received in due course.

A review of the duty rota evidenced that the manager's and deputy manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and relatives evidenced that the manager's working patterns supported effective engagement with them and visiting healthcare professionals if required. Staff were able to identify the person in charge of the home in the absence of the 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 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 IPC practices, care records, the delivery of dementia care and the quality of the environment. However, as stated previously in section 6.4 a falls audit had not been regularly maintained and an area for improvement was made. The manager also confirmed that she did not have an overview of the number and type of wounds occurring in the home or of the use of equipment such as pressure mats or bedrails. These areas of practice would be reviewed as part of the care record auditing. However, we did discuss and advise on the benefits to having overviews to enable the manager to assure the quality of the care delivered.

Discussion with the manager and regional director 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 monthly reports from 1 July 2018 were requested. The report format incorporated RQIA's guidance on what should be contained within a report and evidenced that actions plans were devised to address any identified deficits. We reviewed the reports for 4 July and 16 and 18 October 2018 as the other reports were not available. Further review of the monthly reports' file confirmed that the reports for January, March, June, August and November 2018 were not available for inspection. An area for improvement was made.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was agreed that the manager would provide RQIA with an update regarding the identified notifications, received by RQIA, since the last care inspection.

We acknowledged during feedback that the manager had just commenced her post in November 2018; and that senior management were aware of the challenges relating to the identified deficits in record keeping and the ongoing recruitment of permanent nurses. It was also reassuring that an action plan had been developed to improve the quality of the home's environment.

Areas of good practice

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

Areas for improvement

The following area was identified for improvement in relation to maintaining of a copy of the monthly monitoring report, undertaken in accordance with Regulation 29, in the home for inspection.

	Regulations	Standards
Total number of areas for improvement	1	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 Frank Mundie, acting manager, Elaine Allen, manager, and Roberta Wilson, regional director, 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)</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2018</p>	<p>The registered person shall ensure that the delivery of safe and effective care is supported by accurate record keeping.</p> <p>This is in accordance with legislative requirements, care standards and professional standards and guidance.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Care Records identified by the RQIA Inspector were reviewed and updated. All care files within the home are in the process of being reviewed and a schedule / action plan has been devised. The Home Manager is being supported in this process by the Quality Improvement Lead, and Deputy Manager</p> <p>All SALT care plans have been reviewed and care plans, held in residents files, records held by catering staff, updated to reflect assessment. A new folder has been introduced to support care staff. Supervision with nursing and care staff conducted by Acting Home Manager.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 29 (5)</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2018</p>	<p>The registered person shall ensure that any report relating to Regulation 29 is maintained in the home and available for inspection.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Copies of Regulation 29 Reports have been requested and are now available in the home.</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>Area for improvement 1</p> <p>Ref: Standard 4.7</p> <p>Stated: Second</p> <p>To be completed by: 31 January 2019</p>	<p>The registered person shall ensure that risk assessments and care plans are reviewed regularly.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Home Manager has allocated specific care plans and risk assessments to identified named nurses who have responsibility to evaluate care plans and risk assessments on a monthly basis.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 22.10</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2018</p>	<p>The registered person shall ensure that falls occurring in the nursing home are reviewed and analysed on a monthly basis to identify any patterns or trends and that appropriate action has been taken.</p> <p>Ref: 6.4</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35.6</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2018</p>	<p>Response by registered person detailing the actions taken: Home Manager will audit, on a monthly basis, falls within the nursing home identifying any patterns and trends. Nursing Staff continue to notify NoK, Care Managers and GP's when a fall occurs. Care Plans and Risk Assessments will be reviewed monthly and updated more often as and when required.</p> <p>The registered person shall ensure that methods currently used to communicate information regarding changes to patients' care needs are reviewed to ensure the delivery of safe and effective care.</p> <p>This includes but is not limited to the verbal and written shift handover reports and written information regarding patients' diets held in dining rooms.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Nursing and Care Staff continue to receive verbal handover. Nursing staff also record on a Daily Report Record any changes in residents' condition. This is available for care staff to read also. Daily allocation of staff (nursing and care assistants) to residents has been reviewed and a new allocation record has been introduced, this has enhanced communication . Communication regarding changes to dietary needs are done via daily flash meetings and by the home manager with the Chef and nurse in charge of each floor</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure that patients' right to privacy and confidentiality is maintained and that patients' care records are not left unattended in communal areas.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Storage of residents supplementary care records have been reviewed and some now stored, when not in use, in the nurses office.</p>

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



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