



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report

24 April 2019



Ashwood House

Type of Service: Nursing Home
Address: 2-10 Ashgrove Road, Glengormley, BT36 6LJ
Tel No: 028 9083 7270
Inspector: Michael Lavelle

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 36 patients.

3.0 Service details

Organisation/Registered Provider: Ashwood Prop. Investment Ltd Responsible Individual(s): William Trevor Gage	Registered Manager and date registered: Anne Marie Morris 1 April 2005
Person in charge at the time of inspection: Dulce Yanga-Ali, nurse in charge	Number of registered places: 36
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.	Number of patients accommodated in the nursing home on the day of this inspection: 34

4.0 Inspection summary

An unannounced inspection took place on 24 April 2019 from 11.30 hours to 20.50 hours.

The inspection assessed progress with all areas for improvement identified in the home 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, agency staff induction, adult safeguarding, communication between patients, staff and the multi professional team, the culture and ethos of the home, dignity and privacy, management of complaints and incidents and maintaining good working relationships

Areas requiring improvement were identified in relation to staff training, infection prevention and control practices, the safe storage of medications, staff supervision and appraisal, medicine administration and recording and contemporaneous record keeping.

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

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

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*5	*3

*The total number of areas for improvement includes one under the regulations and one under the care standards which have been stated for a second time.

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

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

4.2 Action/enforcement taken following the most recent inspection dated 11 September 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 11 September 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

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

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

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

The following records were examined during the inspection:

- duty rota for all staff from weeks commencing 15 April 2019 and 22 April 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- agency staff induction records
- three patient care records
- a selection of patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received staff supervision and appraisal planner
- minutes of staff meetings
- a sample of reports of visits by the registered provider
- RQIA registration certificate.

Areas for improvement identified at the last 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 last care inspection dated 17 April 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
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff.</p> <p>This area for improvement is made with particular focus to:</p> <ul style="list-style-type: none"> • introduction of a system to ensure slings are laundered • silicone seal around a sink and malodour in an identified bathroom • the use of and availability of PPE in the laundry 	<p>Met</p>

	<ul style="list-style-type: none"> • storage in the open area beside the treatment room and downstairs linen cupboard • availability of alcohol hand gels in communal areas • replacing the chipped vanity unit door 	
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure records of clinical/neurological observations and actions taken post fall are appropriately recorded in the patient care records.</p> <p>Action taken as confirmed during the inspection: Review of the environment, observation of practice and examination of records evidenced the deficits highlighted at the previous care inspection had been addressed.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p>	<p>Action taken as confirmed during the inspection: Review of care records following a witnessed fall where a patient sustained a head injury confirmed that neurological observations were partially recorded and there was no evidence that clinical observations had been taken. This will be discussed further in section 6.4.</p> <p>This area for improvement is partially met and is stated for a second time.</p>	Partially met
<p>Area for improvement 3</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p>	<p>The registered person shall ensure that reports produced following monthly visits to the home are in sufficient detail to be in accordance with the regulations and care standards and that action plans to address any areas for improvement are generated.</p> <p>Action taken as confirmed during the inspection: Review of records evidenced that reports produced following monthly visits to the home are in sufficient detail to be in accordance with the regulations and care standards. An action plan was generated where required and reviewed at subsequent monthly visits.</p>	Met

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 41 Stated: First time	The registered person shall ensure the staffing rota identifies the name of the nurse in charge of the home in each shift. The rota should include the first name and surname of each member of staff and be signed by the registered manager or a designated representative.	Partially met
	Action taken as confirmed during the inspection: Review of the staffing rota evidenced it was signed by the registered manager. However, it did not consistently identify the name of the nurse in charge of the home in each shift or include the first name and surname of each member of staff. This area for improvement is partially met and is stated for a second time.	
Area for improvement 2 Ref: Standard 41 Stated: First time	The registered provider should ensure that staff meetings take place on a regular basis, at a minimum quarterly.	Met
	Action taken as confirmed during the inspection: Review of records and discussion with staff confirmed that staff meetings were taking place at least quarterly.	

6.2 Inspection findings

6.3 Is care safe?

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

We arrived at the home at 11.30 hours and were greeted by the nurse in charge who was friendly and welcoming. They 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 for weeks commencing 15 April 2019 and 22 April 2019 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff.

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

Staff spoken with said they completed a period of induction alongside a mentor and they would actively support new staff during their induction to the home. Review of records confirmed that agency staff receive a comprehensive induction when they start working in the home. Review of records evidenced the registered manager had a robust system in place to monitor staffs' registration with their relevant professional bodies.

Discussion with staff and the registered manager confirmed that systems were in place for staff training, supervision and appraisal. We discussed the low uptake of elements of mandatory training with the registered manager. The registered manager must ensure that mandatory training for all staff has been completed in a timely manner to achieve 100 percent compliance. This was identified as an area for improvement under regulation. Review of staff supervision and appraisal planners evidenced that annual appraisals and twice yearly supervisions were not being completed for all staff. To ensure supervision and appraisal requirements were met, an area for improvement under the care standards was made.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

We reviewed accidents/incidents records since January 2019 in comparison with the notifications submitted by the home to RQIA. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Observation of practice and discussion with staff evidenced deficits in infection prevention and control (IPC) practices; these related to hand hygiene, use of personal protective equipment (PPE), management of waste, environmental cleaning and storage of single use items. This was discussed with the registered manager who agreed to address the deficits identified and review the current IPC/environmental audit currently in use in the home. An area for improvement under the regulations was made.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the monthly monitoring visits.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices including bedrails. We observed the use of keypads in the home which we considered to be restrictive practice. No instructions were adjacent to the keypad at the front door which would assist patients with exiting the home, as appropriate. While maintaining the security of the building, in regards to the safety and security of patients and their property was recognised, the need to ensure that patients' freedom of movement is suitably promoted and not inappropriately restricted was discussed. The registered manager agreed to address this following the inspection by placing appropriate signage beside the identified keypad.

A review of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated and fresh smelling. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear. A number of nurse call bells were observed to be out of patients reach. This was discussed with the registered manager who agreed to monitor the availability of nurse call bells for patients. This will be reviewed at a future care inspection.

Review of records evidenced that fire drills were ongoing and the registered manager confirmed that additional drills were planned for the rest of the year. The registered manager should establish a system to ensure all staff participate in a fire evacuation drill at least once a year. Training was provided by a competent person at the start of employment and was repeated at least twice a year. This will be reviewed at a future care inspection.

During review of the environment the door to the treatment room was observed to be unlocked with access to medication in unlocked cupboards. In addition, topical medications were observed to be stored in an unlocked cupboard in a communal bathroom. We observed further evidence of inappropriate storage of thickening agents within the home. This was discussed with the registered manager and an area for improvement under the regulations was made.

Areas of good practice

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

Areas for improvement

Three areas for improvement under the regulations were identified in relation to staff training, infection prevention and control practices and the safe storage of medications.

One area for improvement under the care standards was identified in relation to staff supervision and appraisal.

	Regulations	Standards
Total numb of areas for improvement	3	1

6.4 Is care effective?

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

Review of three patient care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process. Care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of weight loss, falls and infections. Generally care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

As discussed in section 6.1 deficits were identified in relation to the management of falls. Review of the falls policy evidenced that it was reviewed in April 2018 although it was not in keeping with best practice guidance. This was discussed with the registered manager who confirmed both herself and the deputy manager were due to attend training in relation to falls later in the month. The registered manager agreed to liaise with the Falls Practitioner in the Northern Health and Social Care Trust and update the falls policy within the home. This will be reviewed at a future care inspection. Post fall management was identified as an area for improvement during the previous care inspection on 17 April 2018 and this matter was stated for a second time.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, speech and language therapists (SALT), general practitioners (GPs), dieticians, podiatrists and Parkinson's nurse. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals.

We observed the serving of the mid-afternoon snacks and midday meal. Patients were assisted to the dining room and staff were observed assisting patients with their meal appropriately. Patients appeared to enjoy the mealtime experience and were offered a choice of meal and drinks. 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. One staff member was observed modifying fluids for a patient using thickening agent prescribed for another patient. Review of records evidenced that registered nurses and care assistants were not accurately recording when thickening agents had been administered. Similar deficits were identified in relation to administration of topical medicines. This was discussed with the registered manager who was reminded that all staff should have appropriate training in the appropriate use, administration and recording of thickening agents and topical medicines. An area for improvement under regulation was made.

Review of the menu and discussion with the cook evidenced that planned meals had not been adhered to. A change in the menu on the day of inspection was observed and daily menus reflected the meals for the day although this was not recorded. This was discussed with the registered manager who agreed to ensure there was a system in place to record changes to the planned menu. This will be reviewed at a future care inspection.

Review of supplementary care charts such as food and fluid intake records, lounge supervision charts and repositioning charts evidenced deficits in completion. The registered manager must ensure that supplementary records are wholly reflective of care planning directions and completed to demonstrate adherence to the plan as required. This was discussed with the registered manager and an area for improvement was made under the care standards.

During review of the environment information pertaining to patient care was observed to be easily accessible in two bathrooms within the home. Ensuring patient information is stored securely in the home was discussed with the registered manager who gave assurances that this practice would be reviewed and actioned as required. This will be reviewed at a future care inspection.

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

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they would raise these with the registered manager or the nurse in charge. When we spoke with staff they had a good knowledge of patients' abilities and level of decision making; staff knew how and when to provide comfort to patients due to their knowledge of patients' assessed needs.

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

Discussion with the registered manager and review of records confirmed that staff meetings were held regularly and records maintained. We encouraged the registered manager to ensure staff comments/action points are collated and reviewed at each staff meeting and reflected in the minutes of the staff meetings.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between patients, staff and the multi professional team.

Areas for improvement

One area for improvement under the regulations was identified in relation to medicine administration and recording.

One area for improvement under the care standards was identified in relation to contemporaneous record keeping.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care compassionate?

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

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

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

Discussion with patients and staff and review of the activity programme displayed in the lounge evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Patients spoken with stated they enjoyed the activities provided within the home. However, discussion with staff and the nurse in charge evidenced there was no provision made for activities to be delivered in the absence of the activity co-ordinator. This was discussed with the registered manager and who agreed to review current arrangements. This will be reviewed at a future care inspection.

The environment had been adapted to promote positive outcomes for the patients. Many of the bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

During observation of the midday meal we observed that all patients were served drinks in plastic tumblers and cups. This was discussed with the registered manager who acknowledged there were particular challenges for some patients during meal times that made it difficult to use glasses and ceramic cups although they agreed to review the dining experience within the home. This will be reviewed at a future care inspection.

We reviewed compliments received within the home. Some of the comments recorded included:

“Thank you so much for taking such good care of our mum.”

“We would like to thank you for the care XXX received while he was with you. Also we would like to thank you all for looking after us as a family. It was greatly appreciated.”

Consultation with 12 patients individually, and with others in smaller groups, confirmed they were happy and content living in Ashwood House. Some of the patient’s comments included,

“Everybody is friendly. The food is lovely.”

“The care is good. I’m treated with dignity and respect.”

“They have a laugh with you and have time to have a chat. They are so friendly.”

“The staff couldn’t be better.”

“I love it here I am happy here.”

“The staff are very good and attentive. I couldn’t say a bad word.”

“Some staff say they don’t have time to assist me. I feel the kitchen needs a look at. I had no porridge yesterday morning.”

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.

Five relative questionnaires were provided; we had no responses within the timescale specified. Three relatives were spoken with during the inspection. Some of the comments received included the following,

“It’s excellent. The staff are great. They always check if my relative wants anything to eat.”

“The care is fantastic. We have no problems whatsoever. No matter what we ask for it’s accommodated.”

Staff were asked to complete an online survey; we received two responses within the expected timeframe. The respondents stated they were satisfied and very satisfied when asked if they felt care was effective. Only one respondent stated they were satisfied when asked if they felt care was well led and were very satisfied when asked if they felt service users were treated with compassion. When asked if they felt service users were protected from harm, one respondent stated they were unsatisfied and the other stated they were very satisfied. One respondent commented negatively on staffing. These comments were shared with the registered manager for action as required.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and dignity and privacy.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is 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. Review of the certificate and discussion with staff confirmed it was not reflective of all patients accommodated in the home. This was discussed with the registered manager post inspection who updated RQIA with the appropriate information. An updated certificate of registration was provided to the home.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and visiting professionals evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

There was evidence of good management oversight of the day to day working in the home. A number of audits were completed to assure the quality of care and services. We discussed the need for the registered manager to review audit activity, particularly in relation to care records to ensure all audits generate action plans that highlight areas for improvement where necessary and evidence that deficits identified are actioned as required.

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. Review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the responsible individual in accordance with the relevant regulations and standards.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately in line with best practice guidance. Patients spoken with said they would be confident if they raised a complaint that it would be dealt with accordingly.

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

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Anne Marie Morris, 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 14 (2) (c)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure records of clinical/neurological observations and actions taken post fall are appropriately recorded in the patient care records.</p> <p>Ref: 6.1 and 6.3</p> <p>Response by registered person detailing the actions taken: Management have amended current template to increase observation to 24 hours and to incorporate use of NEWS, all nursing staff are aware to perform CNS observations in relation to unwitnessed falls.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that the persons employed by the registered person to work in the nursing home receive mandatory training appropriate to the work they are to perform. Updates in mandatory training should be delivered in a timely manner.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Infection Control Training was arranged for 22/5/19 and 6/6/19, there had been a slight delay due to norovirus which was prevalent at time in community. To date this year training arranged for Fire Safety 21/2 with another booked for 3/7. Moving & Handling on 25/2 and further arranged for 4/6. First Aid 18/2, Dysphasia 19/3, COSHH 22/1, Palliative Care Masterclass on 20/1, medication Administration 19/3, REACH clinical skills on 4 occasions with further dates arranged. Supervision and VA on 21/3. PEG on 17/4 and 23/1. Awaiting confirmation on dates for Wound Care. Further dates arranged for the deteriorating Patient and clinical skills. We strive to achieve 100% compliance with mandatory training..</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>A more robust system should be in place to ensure compliance with best practice on infection prevention and control.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: We have relocated areas where PPE is stored/available to staff 1 receptacle now in place in dining room - for PPE. Staff supervision in relation to infection control areas highlighted at Inspection. Staff attended Training for Infection control on 22/5 and 6/6.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure any medicine which is kept in the nursing home is stored in a secure place.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Combination padlocks now in use</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (4) (b) (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure thickening agents are administered as prescribed to the patient for whom it is prescribed. A written record for the administration of thickening agents and medicines for topical administration must be accurately maintained.</p> <p>Ref: 6.4</p>
<p>To be completed by: Immediate action required</p>	<p>Response by registered person detailing the actions taken: Individual thickener for each resident is in use and same locked away, template reviewed to prompt staff signage of same and ongoing audits to ensure completion.</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 41</p> <p>Stated: Second time</p> <p>To be completed by: 24 May 2019</p>	<p>The registered person shall ensure the staffing rota identifies the name of the nurse in charge of the home in each shift. The rota should include the first name and surname of each member of staff and be signed by the registered manager or a designated representative.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: A new staff rota book has been implemented and is now operational which has the first and second name of all staff recorded as well as the nurse in charge of each shift. The off duty is signed by the nurse Manager or the delegated person compiling the rota in her absence</p>
<p>Area for improvement 2</p> <p>Ref: Standard 40.2</p> <p>Stated: First time</p> <p>To be completed by: 24 July 2019</p>	<p>The registered person shall ensure all staff have a recorded annual appraisal and supervision no less than every six months. A supervision and appraisal schedule shall be in place, showing completion dates and the name of the appraiser/supervisor.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: At date of inspection there were a total of 35 Supervision sessions completed. All staff to date have received at least 1 supervision and in most cases 2 if not more. At time of Inspection there were 6 annual staff appraisals completed. The remainder had been or were being issued to staff and management awaiting return of same, to date 19 have been completed so far. Administrator creating an excel spread sheet for the purpose of alerting management as to when appraisals/supervision are due. Supervision and appraisals remain ongoing</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure contemporaneous nursing records are kept of all nursing interventions and procedures carried out in relation to each patient, in accordance with NMC guidelines. Registered nurses should evidence review of supplementary care records.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Review of personal care templates with enhanced auditing to ensure staff are documenting all care. Nursing staff are aware of their requirements as per NMC guideline in relation to documenting care</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care