

Unannounced Care Inspection Report

23 June 2016



Craigdun

Nursing Home

Address: 30 Dunminning Road, Cullybackey, BT42 1PE

Tel No: 028 2588 0202

Inspector: Sharon Loane

1.0 Summary

An unannounced inspection of Craigdun took place on 23 June 2016 from 10.00 to 18.00 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?

Safe systems were in place for recruitment and for monitoring the registration status of nursing and care staff. Shortfalls were identified in the delivery of safe care, specifically in relation to staffing arrangements, patient's health and welfare and the safe storage of medicines and requirements have been made. Recommendations were also made in relation to the environment and patient's dignity.

Is care effective?

There was evidence that staff meetings had been held on a regular basis and staff consulted with stated that they felt they could approach management with any concerns. One requirement and one recommendation have been made in this domain. One recommendation has also been stated for a second time. The requirement made was in relation to care records and the recommendation made was in regards to documentation pertaining to the management of pressure damage and/ or wounds. The recommendation stated for a second time was in relation to the contemporaneous recording of care records.

Is care compassionate?

There was evidence of good communication in the home between staff and patients and patients were very praiseworthy of staff. Staff were observed engaging with patients appropriately and were knowledgeable in regards to patient's needs.

Is the service well led?

A recommendation has been made under this domain in relation to developing and implementing a robust system to ensure compliance is achieved within the timescale identified in this and subsequent Quality Improvement Plans (QIP).

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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, 2015.

Throughout the report the term "patients" is used to describe those living in Craigdun which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	9*

*The recommendations made include three recommendations which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Anne O' Kane, Registered Manager of another Four Seasons Health Care Service, 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 a medicines management inspection undertaken on 4 September 2015. 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: Four Seasons Healthcare / Dr Maureen Claire Royston	Registered manager: Mrs Shirley Ann Marshall
Person in charge of the home at the time of inspection: Anne O'Kane	Date manager registered: 1 April 2005
Categories of care: NH-DE, NH-MP, NH-PH, NH-PH(E), NH-I, NH-TI, RC-I, RC-PH, RC-PH(E) 28 Nursing: 5 residential. 2 named patients in category NH-DE, 1 named patient in category NH-MP and a maximum of 3 patients in category NH-TI	Number of registered places: 33

3.0 Methods/processes

Prior to inspection we analysed the following information:

- Notifiable events since the previous care inspection
- The registration status of the home
- Written and verbal communication received since the previous care inspection
- The returned quality improvement plan (QIP) from the previous care inspection
- The previous care inspection report.

During the inspection we met with six patients individually and with the majority of others in smaller groups, one registered nurse, one student nurse, two care staff, and the maintenance officer. Ten questionnaires were also issued to relatives and staff and five to patients with a request that they would be returned within one week of the date of inspection.

The following information was examined during the inspection:

- Validation evidence linked to the previous QIP
- Three patient care records
- Staff duty roster
- Staff recruitment records
- Staff induction records
- Staff training records
- Staff competency and capability assessments
- Complaints record
- Accident and incident records
- A selection of quality audit records
- records of staff, relative and patient meetings
- Reports of monthly monitoring visits undertaken in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 4 September 2015

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and accepted 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 27 May 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27(4) Stated: First time	The registered person must ensure that fire doors are not propped or wedged open. Action taken as confirmed during the inspection: Fire safety arrangements were adhered to during this inspection. This requirement has been met.	Met
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 36 Stated: First time	The registered person must ensure that staff are made aware of policies/procedures, regional guidance and standards that underpin the delivery of care in the home. Action taken as confirmed during the inspection: Discussion with staff and a review of records evidenced that this recommendation was not met.	Not Met
Recommendation 2 Ref: Standard 32.1 Stated: First time	The registered person must ensure that care records for patients identified as requiring palliative care or for patients who are dying are reviewed to ensure that the care plans are relevant and reflect current nursing needs. Action taken as confirmed during the inspection: A review of one care record for a patient in receipt of palliative care evidenced that the care plan was not reflective of their current nursing needs.	Not Met
Recommendation 3 Ref: Standard 44.8 Stated: First time	The registered person must ensure that the loose flooring beneath the carpet outside the bathroom/back staircase on the first floor. Is reviewed and repaired as soon as possible. Action taken as confirmed during the inspection: The area of flooring identified beneath the carpet has been repaired.	Met

<p>Recommendation 4</p> <p>Ref: Standard 44.11</p> <p>Stated: First time</p>	<p>The registered person must ensure that two bedrooms on the first floor used to store equipment are returned to the purpose of bedrooms or if required a variation to change the use of this bedrooms is raised with RQIA.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A variation was received by RQIA in regards to the above matter and was approved by RQIA, March 2016. The two identified bedrooms are now approved storage areas.</p>		
<p>Recommendation 5</p> <p>Ref: Standard 45</p> <p>Stated: First time</p>	<p>The registered person must ensure that equipment is regular audited in line with best practice guidance to ensure it is fit for purpose and any deficits are addressed.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Protective bumpers for bedrails have been replaced and audits completed for infection control and the environment captures an overview of equipment. The maintenance officer also reviews the condition of equipment in monthly checks completed.</p>		
<p>Recommendation 6</p> <p>Ref: Standard 37</p> <p>Stated: First time</p>	<p>The registered person must ensure that notifications submitted to RQIA are accurately recorded and that the content is recorded in keeping with best practice guidance and professional standards.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of notifications submitted to RQIA evidenced that these had been completed in keeping with best practice guidance and professional standards.</p>		

Recommendation 7 Ref: Standard 37.4 Stated: First time	The registered person must ensure that any care records are completed contemporaneously to ensure they accurately reflect the delivery of care.	Not Met
	Action taken as confirmed during the inspection: A sample review of repositioning records evidenced that these had not been completed contemporaneously and did not accurately reflect the delivery of care observed during the time of inspection. This recommendation has been stated for a second time.	

4.3 Is care safe?

The team leader (registered nurse) 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 staff rota for w/c 20 June 2016 evidenced that the planned staffing levels were adhered to. Observation of the delivery of care evidenced that four patients were still in bed and/or being assisted to get up at midday. This observation was discussed with staff on duty who advised that this was normal practice, as it took this length of time to assist patients with care. Staff spoken with did state that for two of the identified patients it was their personal choice to remain in bed. A review of care plans for the identified patients did not evidence this information. This matter was discussed further with the team leader who acknowledged that this practice was not person-centred care and patients' needs were not been appropriately met in this context. A requirement has been made that staffing levels should be reviewed to ensure that patients' needs are met in a timely manner.

A review of two personnel files evidenced that these were managed in accordance with regulation 21, schedule 2. There was evidence that the registered manager reviewed the files to ensure that all the required information was available. Staff consulted stated that they had only commenced employment once all the relevant employment checks had been completed. 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. Discussion with staff and a review of the staff training records confirmed that training had been provided in all mandatory areas. A review of staff training records confirmed that staff completed e-learning (electronic learning) modules for example; basic life support, food safety and safe moving and handling. Overall compliance was managed by the registered manager and this information informed the responsible person's monthly monitoring visit in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. It was noted that there had been an improvement in compliance with training over the recent months with compliance figures of 85 per cent compared to 66 per cent previously recorded.

Discussion with the covering manager and the homes administrator evidenced that arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC). NMC and NISCC checks were monitored monthly and evidenced within a file.

A discussion with the team leader and staff clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. A review of information evidenced that any potential safeguarding concern had been managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures.

A review of records pertaining to accidents, incidents and notifications forwarded to RQIA since May 2015 confirmed that these were appropriately managed and a recommendation previously made had been met.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, and dining room and storage areas. The rooms reviewed were clean and tidy although the décor and condition of the environment was tired and worn and some areas of damage were observed for examples doors, flooring and furniture. Whilst it was acknowledged that the building is "old" efforts should be made to make the necessary improvements that would bring the home up to an acceptable standard. This information has also been shared with the Estates team at RQIA. A recommendation had been made.

Fire exits and corridors were observed to be clear of clutter and obstruction and a requirement made at the last care inspection was met.

Equipment was observed being stored in the dining room; namely a hoist and sit on scales. This matter was brought to the attention of the team leader who advised that the hoist was waiting to be collected by a supplier and agreed to remove the scales. The team leader advised that storage space was limited however acknowledged that the dining room was not the most suitable space in regards to infection prevention and control.

The safe storage of medicines was a concern identified during this inspection in that the monthly drug order was observed being stored in the administrator's office. This issue was discussed with the management team who advised that the office was "always kept locked" when no one was present. This information was not accurate as the office was left open and unsupervised at various times during the inspection process. As previously referred to, staff advised that the reason for this practice was attributed to limited storage space. Post inspection, this concern was discussed with the pharmacy inspector who agreed that this arrangement was unsafe and a requirement has been made in this regard.

Staff were observed transferring an identified patient who was seated in a specialist chair. Staff were observed pulling the chair backwards as the patient could not load their feet on the footplate provided. A review of the patients care records evidenced that the patient had been assessed for the chair however, staff had not identified that the chair was not suitable in this regard and had the potential to impact on the patient's safety. A requirement has been made.

There were a number of patients observed not wearing any footwear including the patient referred to above. Other patients were observed wearing no hosiery and or footwear and one patient was observed walking around in their bare feet. This matter was discussed with staff who advised that they either were unable to locate footwear for the patients or there was no hosiery or footwear available to fit. This observation impacted both on patient's dignity but also had the potential to impact on their safety and was not in keeping with best practice infection and prevention control measures. A recommendation has been made.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process, and reviewed as required. Although there was evidence in regards to one care record reviewed that risk assessments had not been reviewed for one patient following a hospital admission and this has been discussed further in section 4.4.

Areas for improvement

There were three requirements and two recommendations made in this domain. Requirements made related to staffing arrangements, patients health and welfare and the safe storage of medicines. Recommendations were made in relation to the environment and patient's dignity.

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

A review of three patient care records evidenced that registered nurses generally assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Assessments and care plans were completed within the recommended five day period following admission.

Two of the three care records reviewed, reflected that the assessed needs of patients were kept under review and where appropriate adhered to recommendations prescribed by other healthcare professionals such as speech and language therapist (SALT) and /or Tissue Viability Nurses (TVN).

One care record reviewed evidenced a number of shortfalls. Risk assessments had not been reviewed and care plans had not been updated or developed to reflect significant changes and care interventions required following a recent hospital admission. There was also evidence that care plans had not been appropriately evaluated and / or archived. For example; a care plan devised for a wound infection, April 2016 had never been evaluated and a care plan in place for nutrition was not consistent with the information outlined in the discharge letter. Furthermore, there was no care plan in place to meet this patient's needs with regards to IV antibiotic therapy which was being administered. A requirement has been made that care records are reviewed to ensure they are up to date and currently reflect the needs of patients in keeping with best practice.

Another care record reviewed in relation to the management of pressure damage and / or wounds evidenced that in the majority care delivery and records were well maintained. Although a review of wound assessment charts which were completed at time of dressing change were not accurately maintained with five to nine day gaps noted. A review of records confirmed that the dressings had been renewed in accordance with the care plan even though this record had not been accurately maintained. A recommendation has been made.

A review of supplementary care records specifically repositioning records evidenced that these records were not being maintained in accordance with best practice guidance, care standards and legislative requirements. They were not completed contemporaneously and there was no evidence that they were being checked by registered nurses despite a recommendation previously made and also identified as an action in the monthly monitoring reports. The recommendation previously made at the last care inspection has not been met and has been stated for a second time.

Discussion with staff and a review of the duty rota evidenced 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. Discussion with staff and a review of records evidenced that a number of staff meetings had been held since the beginning of 2016. The most recent meeting was 25 April 2016 and records were maintained and made available to those who were unable to attend.

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 their line manager and/ or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patients consulted advised that they also were confident in raising any concerns they may have with the staff and/or management.

Areas for improvement

One requirement and one recommendation have been made in this domain. One recommendation has also been stated for a second time. The requirement made was in relation to care records and the recommendation was in regards to documentation pertaining to the management of pressure damage and/ or wounds. The recommendation stated for a second time was in relation to contemporaneous recording of care records.

Number of requirements	1	Number of recommendations:	1
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate and caring. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were observed interacting with patients appropriately and in a "cheerful" manner and demonstrated an awareness of the requirements regarding patient information, confidentiality and issues relating to consent.

For the majority of patients' care was delivered in a timely and dignified manner apart from the examples discussed in sections 4.3 and 4.4 of the report and both a requirement and recommendation has been made within the "safe" and "effective" care domains.

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 staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. None of the questionnaires were returned within the timescale for inclusion in the report. On inspection, one registered nurse, three care staff, the cook and two ancillary staff were spoken with to ascertain their views of life in Craigdun. All comments received were positive, no concerns were raised.

Discussion with the covering manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. A "Quality of Life" feedback system was available at the reception area. This system provides an iPad which enables patients, relatives/representatives, visiting professional and/or staff provide feedback on their experience of Craigdun. This feedback is ongoing and is shared with the regional manager. Those completing the feedback can remain anonymous if they wish or include their personal details. Management have the option to make contact with those whom have provided their contact details should further clarification be sought.

All feedback reports are acknowledged by the registered manager. Any actions taken as a result of the feedback is submitted to FSHC head office.

As previously referred to in section 4.3 patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Consultation with six patients individually, and with others in smaller groups, confirmed that the care received was safe, effective and compassionate and the home was well led. Five patient questionnaires were left in the home for completion, none of which were returned within the timeframe.

Ten questionnaires were left in the home for relatives to complete and three questionnaires were returned within the identified timeframe. Responses received were positive and comments received in one returned questionnaire were discussed with the registered manager post inspection who gave assurances that the comments made would be reviewed and actioned appropriately.

The patients' mealtime experience was reviewed during the inspection. The mealtime was well supervised. Staff wore the appropriate aprons when serving and/or assisting with meals and patients wore dignified clothing protectors. A selection of condiments were observed on the tables and a range of drinks were offered to the patients. The menu was displayed on a board on the wall of the dining room in a written format. The mealtime experience was observed to be well organised and patients appeared to enjoy their food.

The food appeared nutritious and appetising although there was only one choice available for patients who required a modified diet for example; puree diet. An observation of the mid-morning tea also evidenced that no snacks were available for this patient group. A recommendation has been made in this regard. This matter was discussed at length with the chef and it was apparent from the information received that the reason for this was attributed to a lack of experience and knowledge in this sector of catering. The chef advised that he was to attend a training event and another care home however this had not happened. The chef expressed an interest and enthusiasm to ensure the provision of suitable food choices for the patients in line with their dietary requirements. Given the information received a recommendation has been made that training and other appropriate actions are taken to ensure that staff are suitably trained and knowledgeable in this regard.

A discussion with staff advised that the staff member responsible for providing activities had ceased employment, however the homes administrator confirmed that a new activities co-ordinator had been appointed and was due to commence employment 27 June 2016.

Number of requirements	0	Number of recommendations:	2
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4.6 Is the service well led?

Discussion with the staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the staff evidenced that the home was operating within its registered categories of care. During the inspection, one identified patient was very unsettled and a discussion with staff confirmed that appropriate actions and interventions had been implemented to ensure that the patients' needs were being met within the category of care for which they were placed.

A copy of the complaints procedure was displayed in the home. Patients and staff spoken with confirmed that they were aware of the home's complaints procedure. Patients 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 and advised that they saw her regularly. The record of complaints was not reviewed at this inspection.

Discussion with the team leader 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. As previously discussed a recommendation made at the last care inspection was met.

Discussion with the covering manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents. These audits are completed via a system referred to by FSHS as online "TRaCA" audits. All TRaCA audits demand an "actions taken" section to be completed for every audit even if the audit had achieved 100 per cent compliance. The action taken could be confirmation that the information was shared with staff. All actions taken are documented online by the registered manager. The system would notify the registered manager of any audit that had not been actioned. An in-depth review of audits and analysis was not undertaken during this inspection and this area of practice will be monitored more comprehensively at subsequent inspections.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the covering manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated within the report to address any areas for improvement and a review of the previous action plan was included within the report. Some of the shortfalls identified at this inspection were also identified in the reports reviewed. A sign was displayed advising that copies of the reports were available for patients, their representatives, and staff and Trust representatives.

Given the number of recommendations that have been stated for a second time, a robust system should be developed to ensure compliance is achieved within the timescale identified in this and subsequent Quality Improvement Plans (QIP). A recommendation has been made.

Areas for improvement

Areas for improvements were identified in the safe, effective, compassionate and well led domains. Compliance with the requirements and recommendations stated will drive standards to a satisfactory level.

Number of requirements	0	Number of recommendations:	1
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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 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 nursing.team@rqia.org.uk 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 21</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2016</p>	<p>The registered provider must review and monitor staffing levels in keeping with the dependency levels of patients to ensure patients' needs are being met in a timely and person centred manner.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: Staffing levels have been reviewed and are kept under review . They currently meet the needs of the residents in the Home.</p>
<p>Requirement 2</p> <p>Ref: Regulation 16 (2)(b)</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2016</p>	<p>The registered provider must ensure that patients care records are kept under review and are reflective of patients assessed needs and care interventions required.</p> <p>Ensure that the identified care record is updated to meet the patient's needs and are maintained in keeping with NMC guidelines.</p> <p>Ref: Section 4.4 & 4.5</p> <hr/> <p>Response by registered provider detailing the actions taken: Care records are kept under review using the Resident care Traca and deficits addressed as identified.</p> <p>The identified care record has been reviewed and updated following their return from Hospital.</p>
<p>Requirement 3</p> <p>Ref: Regulation 14(2)(c)</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2016</p>	<p>The registered provider must ensure that unnecessary risks to the health and welfare of patients are identified and so far as possible eliminated. This specifically relates to the risk of foot entrapment when transferring patients in specialised chairs. The patients' feet should be loaded and footwear worn unless otherwise identified and recorded in the plan of care.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: Residents have had appropriate referrals made in relation to specialist foot wear. Residents who are seated in specialist seating have their feet loaded to prevent entrapment. Any resident who chooses not to have foot wear has a care plan in place to evidence this. Staff supervision conducted .</p>

<p>Requirement 4</p> <p>Ref: Regulation 13 (4)(a)</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2016</p>	<p>The registered provider must ensure that all medicines which are kept in the nursing home are stored in a secure place.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: Medications are now stored in a locked room on arrival to the Nursing Home.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 36</p> <p>Stated: Second time</p> <p>To be completed by: 30 August 2016</p>	<p>The registered person must ensure that staff are made aware of policies/procedures, regional guidance and standards that underpin the delivery of care in the home.</p> <p>Ref: Section 4.2</p> <hr/> <p>Response by registered provider detailing the actions taken: Supervisions have been carried out in relation to policies and procedures and guidance is available on their accessibility via e learning terminal</p>
<p>Recommendation 2</p> <p>Ref: Standard 32.1</p> <p>Stated: Second time</p> <p>To be completed by: 30 July 2016</p>	<p>The registered person must ensure that care records for patients identified as requiring palliative care or for patients who are dying are reviewed to ensure that the care plans are relevant and reflect current nursing needs.</p> <p>Ref: Section 4.2 & 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: Care plans are in place for those residents requiring palliative care and are amended accordingly as a residents condition changes to ensure their needs are met.</p>
<p>Recommendation 3</p> <p>Ref: Standard 37.4</p> <p>Stated: Second time</p> <p>To be completed by: 30 July 2016</p>	<p>The registered person must ensure that any care records are completed contemporaneously to ensure they accurately reflect the delivery of care.</p> <p>Ref: Section 4.2 & 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: Records are recorded contemporaneously as residents needs change to reflect the delivery of care. The Home manager will spot check these for compliance.</p>

<p>Recommendation 4</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2016</p>	<p>An environmental audit should be undertaken of the premises to ensure that the condition of the building is well maintained and decorated to a suitable standard. A copy of the audit and action plan should be submitted to RQIA with the returned QIP.</p> <p>Ref: Section 4.2 & 4.3</p> <p>Response by registered provider detailing the actions taken: A refurbishment plan is attached.</p>
<p>Recommendation 5</p> <p>Ref: Standard 27 Criteria 1</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2016</p>	<p>The registered manager should ensure that patients are respected and their dignity is upheld at all times. This recommendation is made specifically in relation to the provision of hosiery and footwear. All efforts should be taken to ensure that this element of care is met and the home should liaise with relevant members of the professional healthcare team to gain guidance and information in this regard.</p> <p>Ref: Section 4.3, 4.5 and 4.6</p> <p>Response by registered provider detailing the actions taken: Residents have had their footwear reviewed and purchased where applicable from a local footwear store. Residents are wearing appropriate footwear, where this is their choice, and this will be monitored daily by the Home Manager</p>
<p>Recommendation 6</p> <p>Ref: Standard 4 Criteria 9</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2016</p>	<p>Contemporaneous nursing records pertaining to the management of pressure care and /or wounds including; wound assessment charts should be completed in line with best practice guidance.</p> <p>Ref: Section 4.4</p> <p>Response by registered provider detailing the actions taken: Wounds are being dressed according to the care plan and assessment charts are being completed in line with best practice. The Home Manager will review the wounds and related records weekly.</p>
<p>Recommendation 7</p> <p>Ref: Standard12 Criteria 13</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2016</p>	<p>A choice of meal and snacks should be provided at each mealtime to ensure choice and that any special dietary requirements are catered for; for example; pureed food.</p> <p>Ref: Section 4.5</p> <p>Response by registered provider detailing the actions taken: The choice of meals and snacks provided within the home has been reviewed and residents with special dietary requirements are having their requirements catered for. The Home Manager will monitor this.</p>

Recommendation 8 Ref: Standard 39 Criteria 4 Stated: First time To be completed by: 30 August 2016	It is recommended that the training needs of catering staff are reviewed and identified and arrangements are in place to meet any identified learning needs to ensure that patients' needs are appropriately met in regards to nutrition, meals and mealtimes. Ref: Section 4.5
	Response by registered provider detailing the actions taken: The training needs of the catering staff have been reviewed and appropriate training has been sourced externally. There is also advice and support being provided by experienced staff from a sister Home.

Recommendation 9 Ref: Standard 35 Criteria Stated: First time To be completed by: 30 August 2016	The organisation has structures and processes in place to ensure that appropriate actions are implemented to ensure compliance is achieved by dates of completion as outlined in the Quality Improvement Plan (QIP) issued by RQIA. Ref: Section 4.6
	Response by registered provider detailing the actions taken: The Homes progress is monitored by the completion of the Regulation 29 visit and separate action plan to ensure compliance

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address



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