Unannounced Care Inspection Report
4 and 5 July 2016

Abbeylands

Type of Service: Nursing Home
Address: 441 Shore Road, Whiteabbey, Belfast, BT37 9SE
Tel No: 028 9086 4552
Inspector: Dermot Walsh

1.0 Summary

An unannounced inspection of Abbeylands took place on 4 July 2016 from 09.10 to 17.00 hours and 5 July 2016 from 09.05 to 16.00 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 monitoring the registration status of current nursing and care staff. Accidents and incidents were appropriately managed and RQIA was suitably informed of notifications. Weaknesses were identified in the delivery of safe care, specifically in relation to compliance with best practice in infection prevention and control (IPC). Weaknesses were also identified with the recruitment process and the timely completion of mandatory training and staff induction. Two requirements and two recommendations have been made to secure compliance and drive improvement.

Is care effective?

Staff were aware of the local arrangements for referral to health professionals. Communications between health professionals were recorded within the patients' care records and recommendations were adhered too. Patients and staff demonstrated confidence and awareness in raising any potential concerns to the relevant people. One requirement regarding the management of wound care has been stated for a second time. One recommendation stated for a second time in the previous QIP relating to the accurate completion of repositioning records has now been stated as a requirement following consultation with senior management within RQIA.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients and their representatives were very praiseworthy of staff and a number of their comments are included in the report. One recommendation was made in regards to the mealtime experience of patients.

Is the service well led?

Monthly monitoring visits were conducted consistently and reports were available for review. Many compliments had been received by the home in relation to the care and compassion provided to patients/relatives and some of these comments are contained within this report. Appropriate certificates of registration and public liability insurance were on display. One recommendation has been made in relation to the management of safety alerts.

Four requirements and three recommendations have also been made in the other three domains. In addition, two recommendations have been stated for a second time and two recommendations have been stated as requirements following consultation with senior management in RQIA.

The term 'patients' has been used throughout the report to describe those living in Abbeylands which provides both nursing and residential care.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	5*	6*

*The total number of requirements and recommendations made includes one requirement and two recommendations which have each been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Eleanor Dodson, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 9 March 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

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

2.0 Service details

Registered organisation/registered provider: Four Seasons Healthcare Dr Claire Royston	**Registered manager:** Eleanor Dodson
Person in charge of the home at the time of inspection: Eleanor Dodson	**Date manager registered:** 19 November 2014
Categories of care: RC-A, RC-MP, RC-I, RC-MP(E), RC-PH(E), NH-I, NH-PH, NH-PH(E) 64 Nursing: 19 residential with 3 additional named individuals in category RC-A for the duration of their stay in the home. 2 residents in category RC-MP. 1 resident in category RC-A. The home is also approved to provide care on a day basis to 1 person.	**Number of registered places:** 87

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and the returned quality improvement plan (QIP)
- pre inspection assessment audit.

During the inspection we met with 14 patients individually and others in small groups, five patient representatives, nine care staff, four registered nurses, and two ancillary staff members.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

Questionnaires were also left in the home to facilitate feedback from patients, their representatives and staff not on duty. Nine patient, nine staff and seven patient representative questionnaires were left for completion.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- six patient care records
- staff training records
- staff induction template
- complaints records
- incidents / accidents records since the last care inspection
- minutes of staff meetings
- a selection of audit documentation.
- a staff recruitment file
- competency and capability assessments for nurse in charge
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- duty rota for the period 4 to 10 July 2016.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 9 March 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 9 March 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 18 (2) (j) **Stated:** First time	The registered person must ensure that malodours are managed within the home.	**Met**
	Action taken as confirmed during the inspection: During a review of the environment, no malodours were detected.	

Requirement 2 **Ref:** Regulation 19 (1) (a) Schedule 3 (1) (a) (b) (3) (K) **Stated:** First time	The registered person must ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.	**Not Met**
	Action taken as confirmed during the inspection: Records in relation to wound management for an identified patient had not been maintained appropriately. Please see section 4.4 for further clarification. This requirement has not been met and has been stated for the second time.	
Last care inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref:** Standard 46 Criteria (1) (2) **Stated:** Second time	It is recommended that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home. Particular attention should focus on the areas identified on inspection.	**Not Met**
	Action taken as confirmed during the inspection: During a review of the environment, it was observed that compliance with best practice in infection prevention and control had not been complied with. Please see section 4.3 for further clarification. This recommendation has not been met and has now been stated as a requirement following consultation with senior management in RQIA.	
Recommendation 2 **Ref:** Standard 4 Criteria (9) **Stated:** Second time	It is recommended that repositioning charts contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning.	**Not Met**
	Action taken as confirmed during the inspection: A review of five repositioning charts confirmed poor documented evidence of skin inspection. Please see section 4.4 for further clarification. This recommendation has not been met and has now been stated as a requirement following consultation with senior management in RQIA.	

Recommendation 3 **Ref:** Standard 4 Criteria (7) (9) **Stated:** First time	It is recommended that the registered person ensures risk assessments such as MUST and Braden are calculated at minimum monthly or as required.	**Met**
	Action taken as confirmed during the inspection: A review of six patient care records evidenced that Malnutrition Universal Screening Tool (MUST) and Braden pressure ulcer risk assessments had been calculated appropriately.	
Recommendation 4 **Ref:** Standard 4 Criteria (5) (6) (11) **Stated:** First time	It is recommended that care records should evidence patients and/or their representatives' involvement in the assessment; planning and evaluation of the patients' care to meet their needs. If involvement is not possible, then the reason why should be clearly documented within the patient's care record.	**Met**
	Action taken as confirmed during the inspection: A review of six patient care records included evidence of patient and relative involvement in the assessment and care planning process.	
Recommendation 5 **Ref:** Standard 4.9 **Stated:** First time	The registered person should ensure that charts relating to the management of bowels are recorded accurately and consistently throughout the home. Reference should be made to the Bristol Stool Chart on assessment and throughout in daily evaluations.	**Not Met**
	Action taken as confirmed during the inspection: A review of six patient care records evidenced poor and inconsistent recording of bowel management. Please see section 4.4 for further clarification. This recommendation has not been met and has been stated for a second time.	

Recommendation 6 **Ref:** Standard 30 **Stated:** First time	It is recommended that Oxygen cylinders are stored, when not in use, in compliance with legislative requirements and professional standards and guidelines.	**Not Met**
	Action taken as confirmed during the inspection: During a review of the environment, oxygen cylinders were observed to be inappropriately stored within two separate areas in the home. The storage of the cylinders was not in line with legislative requirements and professional standards and guidelines. Please see section 4.3 for further information. This recommendation has not been met and has been stated for a second time.	

4.3 Is care safe?

The registered 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. Evidence of patient dependency checks was not available for review. A review of the staffing rota from 4 to 10 July 2016 evidenced that the planned staffing levels were adhered to. Discussion with staff evidenced that they had concerns regarding staffing levels and being able to meet patients' needs. However, observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Based on the comments made by staff in relation to staffing levels, the registered manager agreed to continue to monitor staffing throughout the home to ensure patients' needs are met.

Discussion with staff and review of records confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. A review of induction records evidenced an induction, commenced in October 2015, had not been completed. This was discussed with the registered manager and a recommendation was made to ensure timely completion of staff inductions.

Discussion with the registered manager and review of training records evidenced that a system was in place to monitor staff attendance at mandatory training. Overall compliance with mandatory training was at 72 percent. A recommendation was made to ensure that the system is further developed to ensure that staff have completed mandatory training within the required time parameters to prevent a lapse in their training compliance. The majority of training was conducted online. There was evidence of face to face training conducted on person centred care; infection prevention and control; customer care; dementia awareness and patient experience.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of current nursing and care staff with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) were appropriately managed.

A review of the recruitment process evidenced areas for improvement. Relevant checks on Access NI; references and an interview had been conducted prior to the staff member commencing in post. However, an NMC check; exploration of employment gaps; evidence of qualification and a physical and mental health assessment had not been established. A requirement has been made to ensure all relevant information has been obtained and reviewed prior to any staff member commencing in post.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Discussion with the registered manger confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures.

Review of six patient care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process.

Review of a random selection of records pertaining to accidents, incidents and notifications forwarded to RQIA since 9 March 2016 confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Rooms and communal areas were clean and spacious. Fire exits and corridors were observed to be clear of clutter and obstruction.

The following issues were not managed in accordance with best practice guidelines in infection prevention and control (IPC):

- inappropriate storage in identified rooms
- pull cords in use without appropriate covering
- ripped bed rail coverings and pressure relief cushions
- personal protective equipment holders not replenished
- rusted shower chairs in use

The above issues were discussed with the registered manager and an assurance was provided by the registered manager that these areas would be addressed with staff and measures taken to prevent recurrence. A recommendation was made at a previous inspection on 7 October 2015 that management systems are put in place to ensure compliance with best practice in infection prevention and control. This recommendation had been stated for a second time at the most recent inspection on 9 March 2016 and following the findings of this inspection and in consultation with senior management in RQIA this has now been stated as a requirement.

During a review of the environment, four doors leading to patients' bedrooms were observed to be wedged open. This would pose a serious risk to patients should a fire break out. This was discussed with the registered manager and a requirement was made to ensure the safety of patients was maintained within the home. It was also required that the wedging open of doors must cease with immediate effect. The registered manager agreed to monitor this.

During a review of the environment, oxygen cylinders were observed to be inappropriately stored within two separate areas in the home. The storage of the cylinders was not in line with legislative requirements and professional standards and guidelines. This was discussed with the registered manager who agreed to review and monitor storage of the cylinders. The aligned pharmacist inspector was informed following the inspection for their information and action as appropriate.

An ongoing refurbishment programme was in progress. Eight rooms had been refurbished and the registered manager confirmed plans have been approved to refurbish six bath/shower rooms; the lounge and the reception area.

Areas for improvement

It is required that the recruitment process is reviewed to ensure that all necessary information has been obtained and reviewed prior to the staff member commencing in post.

It is required that the home is conducted in a manner which protects the health and welfare of patients within and that the practice of wedging doors open ceases with immediate effect.

It is recommended that staff inductions are completed in a timely manner from the commencement of staffs' employment in the home.

It is recommended that the system to review mandatory training is further developed to ensure that staff have completed mandatory training within the required time parameters.

Number of requirements	**2**	**Number of recommendations**:	**2**

4.4 Is care effective?

Review of six patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Care plans had been personalised to meet the individual needs of the patients and had been reviewed monthly.

Staff demonstrated an awareness of patient confidentiality in relation to the storage of records. Records were stored securely in lockable cabinets at the nursing stations.

A review of bowel management records and repositioning charts evidenced these had not been completed in accordance with best practice guidelines. Records in a 'bowel chart' made reference to the Bristol Stool Chart although these were not always reflected within the patient's daily evaluation notes. A 'bowel chart' had not been completed for all patients. Long gaps between bowel movements were observed in the daily evaluation records. One patient had a gap of 28 days between recorded bowel movements. Daily evaluation records referred to 'incontinence care given' which did not reflect actual bowel management. A recommendation made in the previous inspection has been stated for the second time (see section 4.2).

Repositioning charts were recorded inconsistently with regards to evidencing skin checks at the time of repositioning. One patient had one skin check documented over a period of four days. Another patient had one skin check documented over five days. A requirement has been made (see section 4.2).

Review of records pertaining to the management of wounds evidenced that registered nurses were not adhering to regional guidelines and the care planning process. For example, the wound observation chart and the care plan did not identify the wound dressings required to dress the wound. The care plan specified the need for daily dressings though this was not evident within the daily progress notes or the wound observation chart. A gap of four days was evident within the patient care records with no reference made to the wound and/or wound dressings. A requirement made on the previous QIP regarding the recording of wound management, has been stated for a second time (see section 4.2).

Registered nurses were aware of the local arrangements and referral process to access relevant healthcare professionals, for example General Practitioner's (GP), speech and language therapist (SALT), dietician and tissue viability nurse (TVN).

Discussion with the registered manager confirmed that a general staff meeting was conducted quarterly. There was evidence of a meeting conducted on 6 May 2016. Minutes of the meetings were available and maintained within a file. Minutes included details of attendees; dates; topics discussed and decisions made. The registered manager also confirmed that patient and relatives' meetings were conducted six monthly.

A 'Quality of Life' (QOL) feedback system was available at the entrance to the home. Staff training on QOL had been completed in April 2016. The registered manager confirmed that the home aimed to achieve service feedback from a variety of staff; visiting professionals; patients and patient representatives.

The registered manager confirmed that an annual survey was sent to all patients' families. The registered manager confirmed the results from the survey would be included within the Annual Quality Report and discussed at staff and patient/relatives' meetings.

The registered manager confirmed that they operate an 'open door policy' and are available to discuss any issues with staff, patients and/or relatives. The registered manager also confirmed that they would undertake a daily walk around the home and would avail of the opportunity to engage with patients and relatives at this time.

Staff consulted 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 and representatives were confident in raising any concerns they may have with the staff and/or management.

Areas for improvement

No new areas for improvement were identified during the inspection.

Number of requirements	**0**	**Number of recommendations**:	**0**

4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Nine staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Three of the questionnaires were returned within the timescale for inclusion in the report. The three respondents indicated that the care in the home was of a high standard. On inspection four registered nurses, nine carers and two ancillary staff members were consulted to ascertain their views of life in Abbeylands.

Some staff comments were as follows:
"It's very nice, I like working here."
"It's a good home to work for."
"I love working with the patients."
"I really do like it here."
"It's ok."
"The approachability of all the staff boosts my confidence."
"So far, so good."
"I enjoy working here."

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Consultation with 14 patients individually, and with others in smaller groups, confirmed that, in their opinion, the care was safe, effective, compassionate and well led.

Some patient comments were as follows:
"I really like it. I can enjoy my own space."
"Staff have a heart of gold."
"It's very good here."
"You couldn't get much better."
"It's very pleasant."
"I'm very happy here."

Nine patient questionnaires were left in the home for completion. No patient questionnaires were returned within the timeframe.

Five patient representatives were consulted on the day of inspection.

Some representative comments were as follows:
"It's very good care here."
"They let … bring their own furniture in."
"Staff respond any time they are called."
"It's very good and it's fine but there is a lot of staff turnover."

Seven relative questionnaires were left in the home for completion. No relative questionnaires were returned.

The serving of breakfast was observed in the main dining room. Patients were unsupervised in the dining room from the beginning of the observation period at 09.40 until 09.50 hours when a staff member started serving drinks. The serving of breakfast was not well organised and there did not seem to be a system in place to enable patients to be served their breakfast in a timely manner. In addition toast was observed on a patient's tray for around 15 minutes before the tray was ready to be transferred to the patients' bedroom. Staff, when asked, were unaware of the length of time the toast had been on the tray but did renew it when this was pointed out to them. Two patients had been observed voicing concern at breakfast.

Staff wore appropriate aprons when serving or assisting with meals and patients were provided with dignified clothing protectors. Selections of condiments were on the tables and a range of drinks were offered to the patients. The observation of the breakfast experience finished at 10.30 hours. Eleven patients were observed finishing their breakfast at this time.

It was noted that the assisted tea trolley was available to patients at 11.00 hours and the serving of lunch commenced at 12.30 hours and 13.00 hours. It was concerning that the morning routine did not allow for sufficient 'gaps' between meals times. A recommendation was made that the registered manager reviewed the mealtimes for patients across all meals and to include how staff provide assistance, serve meals in a timely manner and ensure adequate 'gaps' between meals.

Areas for improvement

It is recommended that the registered manager reviewed the mealtimes for patients across all meals and to include how staff provide assistance, serve meals in a timely manner and ensure adequate 'gaps' between meals.

Number of requirements	**0**	**Number of recommendations**:	**1**

4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. The complaints procedure was displayed at reception.

Policies and procedures were maintained electronically on the organisation's intranet. Staff had 24 hour access to these facilities within the home.

A compliments file was maintained to record and evidence compliments received. Some examples of compliments received are as follows:

"Thanks to all the staff at Abbeylands for their kindness and help given to me. Nothing was ever any trouble and done with a smile."
"Thank you all so much for looking after our father. We really appreciate how much you tried to support us and daddy to keep walking."
"The family wish to express our thanks for all the care you gave to mum."

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussion with the registered 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, monthly audits were completed in accordance with best practice guidance in relation to wound analysis, care records, falls, medicines management, complaints, restraint, bed rails, hand hygiene, personal protective equipment, hoists/slings, health and safety and incidents/accidents. However, the infection prevention and control audits were not available for review when requested during the inspection.

Online 'TRaCA' audits were conducted to assess standards in housekeeping, medications management, health and safety, resident care, weight loss and the home's governance arrangements. All TRaCA audits demand an 'actions taken' section to be completed for every audit; even if the audit had achieved 100 percent compliance. For example, 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.

A care record audit was reviewed. The audit had been completed by the registered manager and an action plan to address shortfalls identified within the audit was in place. The registered manager would verify the actions as completed with a signature. The registered manager confirmed that audit results would be discussed at staff meetings. The auditing process was overseen by the regional manager and informed the monthly monitoring visits.

Safety alerts and notices were reviewed by the registered manager on receipt and, where appropriate, were shared with staff. However, a robust system was not in place to ensure that relevant staff had read the communication or had been notified about it. A recommendation has been made that a safe system and procedure is developed to ensure the effective management of safety alerts and notices.

Discussion with the registered 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. Copies of the reports were available for patients, their representatives, staff and trust representatives.

As previously discussed issues were identified with the management of infection prevention and control practices, completion of repositioning records, management of bowel records, recruitment practices, completion of mandatory training within the time parameters, wound management and the management of urgent communications, safety alerts and notices.

Four requirements and three recommendations have also been made in the other three domains. In addition, two recommendations have been stated for a second time and two recommendations have been stated as requirements following consultation with senior management in RQIA.

In considering the findings from this inspection and the requirements and recommendations that have been made/stated for a second time regarding safe, effective and compassionate care, this would indicate the need for more robust management and leadership in the home.

Areas for improvement

It is recommended that the system to manage safety alerts and notices is reviewed to ensure that these are shared with all relevant staff.

Number of requirements	0	Number of recommendations:	1

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Eleanor Dodson, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return the completed QIP to 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	
Requirement 1 **Ref:** Regulation 19 (1) (a) Schedule 3 (1) (a) (b) (3) (K) **Stated:** Second time **To be completed by:** 12 July 2016	The registered person must ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance. **Ref: Section 4.2, 4.4**
	Response by registered provider detailing the actions taken: Wound management files are now in place for both Seapark and Abbeylands Units. They contain: - An initial wound assessment - An ongoing wound assessment - Care Plan detailing the wound and the dressing regieme and Evaluation for each wound - Body Map - BRADEN - Evaluation Sheet that is to be updated at each dressing change - Weekly audits carried out by either the Home Manager, Deputy Manager or Nurse in Charge. Completion of records and audits will be monitored during visits from Senior Managers
Requirement 2 **Ref:** Regulation 13 (7) **Stated:** First time **To be completed by:** 31 July 2016	The registered person must ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. Robust systems must be in place to ensure compliance with best practice in infection prevention and control within the home. **Ref: Section 4.2, 4.3**
	Response by registered provider detailing the actions taken: A full review has been carried out and no items are now stored inappropriately. Staff through supervision and Staff Meetings are now fully aware of the responsibility of the Home to ensure that IPC is adhered to. All pullcords in use within the Home are now covered to allow ease of cleaning. All bedrail bumpers and pressure relieving cushions have been fully examined and any damaged items have been disposed off. Staff through supervisions and staff meetings have now been educated on the importance of replenishing all PPE holders. The rusted shower chair was cleaned and decontamined and was assessed to be fit for purpose. Difficile S is now in use in the home for all cleaning. Monitoring the compliance of infection control will take place through the audit system.

Requirement 3 **Ref:** Regulation 19 (1)(a), schedule 3, (3)(k) **Stated:** First time **To be Completed by:** 12 July 2016	The registered person must ensure contemporaneous records of all nursing provided to the patient are recorded accurately to evidence actual care given and accounts for any concerns or deficits identified. Particular attention should focus on the accurate completion of repositioning charts. **Ref: Section 4.2, 4.4**
	Response by registered provider detailing the actions taken: All nursing and care staff have now received supervisions with regards to how repositioning charts must now be completed. This was also a Focus during recent staff meetings. Compliance will be monitored through regular checks by the Nurse in Charge, Deputy Manager, Home Manager and Regional Manager
Requirement 4 **Ref:** Regulation 21(1) (b) **Stated:** First time **To be completed by:** 31 July 2016	The registered provider must ensure the recruitment process is reviewed to make sure that all relevant information has been obtained and/or reviewed prior to a staff member commencing in post. **Ref: Section 4.3**
	Response by registered provider detailing the actions taken: The Registered Manager will ensure that all relevant information is obtained and reviewed prior to a staff member commences in post. This will be monitored through the completion of internal audits.
Requirement 5 **Ref:** Regulation 27 (4) **Stated:** First time **To be completed by:** 12 July 2016	The registered provider must ensure that the home is conducted in a manner which protects the health and welfare of patients. The practice of wedging open doors must cease with immediate effect and alternate measures sought should the patient wish for their door to remain open. **Ref: Section 4.3**
	Response by registered provider detailing the actions taken: Fire Safety Training was held on 14th July 2016 to reinforce with staff the importance of maintaining the Health and Safety of all residents within the home. This was also discussed during the staff meetings. All identified doors that require to stay open are to have DRUs fitted. Doors that residents request to be kept opened are now done so with the use of DORGARD Fire Door Retainer. Monitoring of compliance will continue through the daily walk around audit and during visits from the Regional Team.

Recommendations	
Recommendation 1 **Ref**: Standard 4 Criteria (9) **Stated:** Second time **To be completed by:** 12 July 2016	The registered person should ensure that charts relating to the management of bowels are recorded accurately and consistently throughout the home. Reference should be made to the Bristol Stool Chart on assessment and throughout in daily evaluations. **Ref: Section 4.2, 4.4** **Response by registered provider detailing the actions taken:** Bowel Management Files with reference to the Bristol Stool Chart is now in place. Staff have also received supervisions on the recording of this charts. Monitoring of this will continue through the auditing system.
Recommendation 2 **Ref**: Standard 30 **Stated:** Second time **To be completed by:** 12 July 2016	It is recommended that Oxygen cylinders are stored, when not in use, in compliance with legislative requirements and professional standards and guidelines. **Ref: Section 4.2** **Response by registered provider detailing the actions taken:** All Oxygen Cylinders are now stored and chained in the treatment rooms. The Registered Manager will audit the number of Oxygen Cylinders required to ensure the appropriate storage with Oxygen within the Home.
Recommendation 3 **Ref**: Standard 39 Criteria (1) **Stated:** First time **To be completed by:** 31 July 2016	The registered provider should ensure staff inductions are completed in a timely manner. **Ref: Section 4.3** **Response by registered provider detailing the actions taken:** Staff Inductions continue to be ongoing. All staff are in the process of completing Inductions that are in keeping with FSHC policies and procedures.
Recommendation 4 **Ref:** Standard 39 **Stated:** First time **To be completed by:** 31 August 2016	The registered person should ensure that the system to review mandatory training is further developed to ensure that staff have completed mandatory training within the required time parameters. **Ref: Section 4.3** **Response by registered provider detailing the actions taken:** The Registered Manager along with The SOAR Champion employed in the home will track all mandatory training to ensure that this has been completed and kept up to date. Staff will be informed via the Careblox System of training that they need to either complete or update. Monitoring of compliance continues at senior level within FSHC

Recommendation 5 **Ref**: Standard 12 **Stated:** First time **To be completed by:** 31 August 2016	The registered manager should review the mealtimes for patients across all meals to include how staff provide assistance, serve meals in a timely manner and ensure adequate 'gaps' between meals. **Ref: Section 4.5**
	Response by registered provider detailing the actions taken: The Dinning experience audits have been carried out by the Cook and other staff. A system will be put in place that will prevent residents being offered main meals and snacks too closely together.
Recommendation 6 **Ref:** Standard 17 **Stated:** First time **To be completed by:** 31 August 2016	The registered person should ensure a system is in place to manage safety alerts and notifications. **Ref: Section 4.6**
	Response by registered provider detailing the actions taken: All safety alerts are now notified to all staff through CareBlox and read and sign MEMO's. These are kept for audit purposes.

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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