



# Unannounced Care Inspection Report 6 August 2018



## Antrim Care Home

**Type of Service: Nursing Home**  
**Address: 88 Milltown Road, Antrim, BT41 2JJ**  
**Tel No: 028 9442 8717**  
**Inspector: James Laverty**

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Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 51 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Hutchinson Homes Ltd  <b>Responsible Individual:</b> Janet Montgomery	<b>Registered Manager:</b> Sharon Smyth
<b>Person in charge at the time of inspection:</b> Sharon Smyth	<b>Date manager registered:</b> 10 June 2016
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of registered places:</b> 51

### 4.0 Inspection summary

An unannounced inspection took place on 6 August 2018 from 09.15 to 17.50.

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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last 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 monitoring the professional registration of staff, managing statutory notifications, collaboration with the multiprofessional team, staff communication and listening to/valuing feedback from patients and/or their representatives.

Four areas for improvement under regulation were identified in regards to: infection, prevention and control (IPC) standards; Control of Substances Hazardous to Health (COSHH) compliance; the secure storage of medicines and fire safety practices.

Nine areas for improvement under the standards were made in relation to: access/egress from the building, the internal environment, interior signage, the dining experience of patients, care delivery, care records and monthly monitoring reports.

Patients said that they were well cared for and expressed confidence in the ability and willingness of staff to meet their care needs. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

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
<b>Total number of areas for improvement</b>	4	9

Details of the Quality Improvement Plan (QIP) were discussed with Sharon Smyth, registered manager, and Eddy Kerr, group operations 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 23 January 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 23 January 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection the inspector met with nine patients and four patients' relatives. In addition, the inspector also met with seven staff and two visiting professionals. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA directly.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined/discussed during and/or following the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff duty rota for the period 23 July 2018 to 5 August 2018
- staff training records for the period 2018/19
- incident and accident records
- one staff recruitment and induction file
- three patients' care records;
- one patient's repositioning supplementary care records
- the matrix for staff supervision and appraisal
- a selection of governance audits relating to infection control; supplementary care charts and care records
- complaints records
- adult safeguarding records and notifiable incidents to RQIA
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

The findings of the inspection were provided to the registered manager and the group operations manager at the conclusion of the inspection.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 23 January 2018**

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.

## 6.2 Review of areas for improvement from the last care inspection dated 23 January 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
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 12 (1) (a) and (b)  <b>Stated:</b> Second time	The registered persons shall ensure that registered nurses have oversight of the bowel records, to ensure that indicators of constipation are identified and acted upon; this information should be included in the daily progress notes.	<b>Met</b>
	Review of the care record for one patient who was assessed as being at risk of constipation and required the use of prescribed laxatives evidenced that nursing staff regularly reviewed and commented upon the patient's bowel function within daily progress notes. A relevant care plan was also in place and had been kept under review by nursing staff.	

## 6.3 Inspection findings

### 6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to a monthly review to ensure that the assessed needs of patients were met. Discussion with the registered manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. The registered manager advised that from 23 July 2018 to 5 August 2018 there were no occasions when planned staffing levels were not fully adhered to. Discussion with patients and staff provided assurances that they had no concerns regarding staffing levels.

Discussion with the registered manager and review of governance records evidenced that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through a process of both bi-annual supervision and annual appraisal.

Discussion with the registered manager indicated that training was planned to ensure that mandatory training requirements were met. Additional face to face training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Staff awareness in relation to adult safeguarding is discussed further below.

Review of governance audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified.

Discussion with the registered manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home. Several staff who were spoken with demonstrated a good awareness of their roles and responsibilities in relation to adult safeguarding. However, one staff member's response evidenced an inadequate understanding in this area. This was discussed with the registered manager and the need to ensure that the principles of adult safeguarding are effectively understood by all staff was stressed. It was confirmed that adult safeguarding training remains an integral part of mandatory training for staff and includes refresher training.

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Records confirmed that the registered manager had reviewed the registration status of staff on a monthly basis.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms, were personalised with photographs, pictures and personal items. Observation of the environment highlighted that egress from the building via the front entrance was restricted by means of an electronic keypad. This was discussed with both the registered manager and group operations manager who stated that the required keypad number to activate the door was generally known by those patients, relatives and visiting professionals who regularly used the main entrance. However, the need to ensure that patients' freedom of movement was suitably promoted and not inappropriately restricted was stressed. An area for improvement under the standards was made. It was also noted that a ceiling tile was missing within one patient's bedroom and interior signage for a storage area was incorrect. The registered manager was made aware of these observations and agreed to address them. During further review of the environment, two areas in which patients were receiving oxygen therapy were found to lack appropriate signage which would alert others to the use of oxygen. An area for improvement under the standards was made. The use of liquid wax air fresheners was also observed in two areas. It was recommended to the registered manager that the use of such equipment be appropriately risk assessed so as to ensure patient safety at all times.

The interior décor of the Riverside suite, in which patients with dementia are cared for, was also reviewed. Discussion with the registered manager evidenced that it was recognised that the internal environment of the unit required further improvement in order to promote the well-being of those patients who live there. Signage was noted in the unit which stated that the unit “will be transformed into an environment which provides comfort and stimulation and encourages meaningful interaction between the residents, staff and families.” While the Riverside suite was appropriately clean and spacious, it was observed that it lacked adequate environmental stimulation/orientation for patients. For instance, a minority of patients’ bedroom doors lacked appropriate signage. These shortfalls were also discussed with the activity therapist who agreed that personalised door signage would be beneficial to patients. Although it was recognised that further improvements to the décor of the unit were required, feedback from the registered manager highlighted that there was no established action plan to address this. An area for improvement under the standards was made. Patients living within the unit appeared to be comfortable during the inspection and spoke positively about the care they received.

Deficits with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted, namely: one foot rest used by a patient was torn, one identified sluice area was in poor repair and had been ineffectively cleaned, the panelling around one wash hand basin pedestal was in poor repair and unlaminated signage was observed in several areas. These deficits consequently impacted the ability of staff to deliver care in compliance with IPC best practice standards and guidance. An area for improvement under regulation was made.

Observation of the environment highlighted deficits with regards to fire safety practices, specifically, three doorways had been inappropriately wedged open and an emergency fire exit within a communal lounge area was blocked by furniture. These shortfalls were immediately identified with the registered manager and remedial action was taken. The need to ensure that fire safety training was adhered to and consistently embedded into practice was stressed. An area for improvement under regulation was made. These findings were shared with the RQIA estates team following the inspection.

Observation of the environment and staff practices highlighted four areas in which chemicals were not stored securely in compliance with COSHH regulations. This was discussed with the registered manager and it was stressed that the internal environment of the home must be managed to ensure that COSHH regulations are adhered to at all times. An area for improvement under regulation was made.

Observation of the environment further identified five areas in which medicines had not been stored securely, specifically topical creams or thickening agents. This was highlighted to the registered manager and the need to ensure that all medicines are stored securely at all times was emphasised. An area for improvement under regulation was made.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to monitoring the professional registration of staff and managing statutory notifications.



## Areas for improvement

Four areas for improvement under regulation were identified in relation to: infection, prevention and control standards; COSHH compliance; the secure storage of medicines and fire safety practices.

Three areas for improvement under the standards were made in relation to: access/egress from the building, the internal environment and oxygen therapy signage.

	Regulations	Standards
<b>Total number of areas for improvement</b>	4	3

### 6.5 Is care effective?

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

Discussion with staff and the registered manager evidenced that nursing/care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' conditions and that they were encouraged to contribute to the handover meeting.

Staff who were spoken with stated that that if they had any concerns, they could raise these with their line manager and/or the registered manager. Staff spoke positively about working within the home.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. Review of care records evidenced multi-disciplinary working and collaboration with professionals such as GPs, tissue viability nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found.

Review of the care record for one patient who required assistance with repositioning evidenced that an appropriate risk assessment had been completed by nursing staff. Daily records also referred to pressure area care being delivered to the patient while supplementary repositioning records confirmed this. However, the supplementary repositioning charts did not indicate the position of the patient following each intervention and there was no relevant care plan in place to direct the pressure area care which was required. It was also noted that the use of a pressure relieving mattress was not referenced within the patient's care record. These shortfalls were highlighted to the registered manager and an area for improvement under the standards was made.

Deficits with regards to the nutritional care of patients were also noted. While an accurate and person centred nutritional care plan was in place, the patient’s nutritional assessment had not been completed. Although discussion with kitchen staff confirmed that they had an accurate awareness of the patient’s nutritional needs, it was noted that kitchen records concerning the patient’s nutritional requirements were absent. An area for improvement under the standards was made. It was further noted that the patient’s care plans had been written ten days following admission and not within expected timescales. A further area for improvement under the standards was also made in this regard. Discussion with staff confirmed that the patient was receiving meals which complied with their assessed nutritional needs.

The implementation of restrictive practice was also reviewed. The care record for one patient who required the use of an alarmed pressure mat confirmed that an appropriate and comprehensive care plan was in place. However, while nursing staff stated that collaboration with the patient and their relative had occurred prior to the use of such equipment, there was no written record of such engagement. An area for improvement under the standards was made.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff communication during hand over meetings.

**Areas for improvement**

Four areas for improvement under the standards were identified in regards to pressure area care, nutritional care, the use of restrictive practice and the timeliness of care plans.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	4

**6.6 Is care compassionate?**

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

Staff interactions with patients were observed to be compassionate and caring. All patients were positive in their comments regarding the staffs’ ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the registered manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

Feedback received from several patients during the inspection included the following comments:

- “The staff are very good.”
- “The staff are excellent.”
- “The girls look after me ... I’ve no complaints.”

Feedback received from patients' relatives/representatives during the inspection included the following comments:

"...very happy with the care."

"... is well looked after."

The home also provides nursing care for a number of patients requiring intermediate care which has a rehabilitative focus. Feedback received from visiting professionals who support such patients included the following comment:

"Generally good in here ... staff follow rehab directions and feedback quickly ... majority of patients go back home."

In addition to speaking with patients, patients' relatives and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients' relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report, no questionnaires have been returned within the specified timescales. Questionnaire comments received after specified timescales will be shared with the registered manager as necessary.

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.

There were systems in place to obtain the views of patients and their representatives in relation to the delivery of care and the management of the home.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Observation of the lunchtime meal evidenced that patients were given a choice in regards to the meals being served. The dining area appeared to be clean, tidy and appropriately spacious for patients and staff. Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. However, some shortfalls were noted, namely: two patients who had been served their meal received inconsistent assistance from staff, one patient was served their meal despite being asleep within the dining area and some staff interactions with patients were limited and insufficiently person centred. It was further observed that supervision of the dining area by the registered nurse was ineffective at times with the result that none of the aforementioned deficits were promptly addressed. These shortfalls, including the effective deployment of staff during the provision of lunch were discussed with the registered manager. The registered manager stated that this was an area requiring improvement which she was aware of. An area for improvement under the standards was made.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to collaboration with the multiprofessional team.

## Areas for improvement

An area for improvement under the standards was made in relation to the dining experience of patients.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff stated that management was responsive to any suggestions or concerns raised. 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 registered manager confirmed that there was a system in place to ensure that policies and procedures for the home were systematically reviewed on a three yearly basis.

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

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. It was also confirmed with the registered manager that any expression of dissatisfaction should be recorded appropriately as a complaint. It was noted however, that there was no system in place to analyse any complaints on a regular basis. The value of such an analysis in helping to identify and then disseminate any learning derived from complaints was highlighted. The registered manager agreed to implement such an analysis. This will be reviewed during a future care inspection.

Discussion with the registered manager and a 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.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives. The June 2018 report was reviewed. While an action plan had been generated to address identified deficits arising from the monthly visit, the action plan was not time bound and did not evidence that any corrective action had been taken. An area for improvement under the standards was made.

Staff recruitment information was available for inspection and records for one staff member evidenced that all relevant checks, including enhanced AccessNI checks, were sought, received and reviewed prior to them commencing work in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Although the induction record was in place within the staff member's file which was examined, the completed induction had not been signed by the registered manager to confirm its validation. The need to ensure that the induction process is completed in a robust manner at all times was emphasised.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. Review of care records confirmed that the equality data collected was managed in line with best practice guidance.

Observation of the environment highlighted one area in which a laptop displaying confidential patient information was within plain sight. The importance of managing patient information in keeping with legislative and best practice guidance at all times was highlighted.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. Discussion with the registered manager highlighted that quality assurance audits which focus on wound care, restrictive practice and healthcare acquired infections (HCAIs) were not routinely conducted. The usefulness of such measures in driving improvement and quality assuring care delivery was emphasised. Review of a recent care record audit which had been conducted on 1 August 2018 highlighted that it had accurately identified the need for a nutritional assessment within one patient's care record. This relates to the same deficit/patient referenced in section 6.5. However, while the nutritional assessment remained incomplete, the audit record stated that nursing staff had completed the assessment. This was discussed with the registered manager and the need to ensure that governance audits are completed in a robust, accurate and effective manner was stressed. The registered manager stated that this matter would be discussed further with the registered nurse who had completed the specific audit.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to listening to/valuing feedback from patients and/or their representatives.

### **Areas for improvement**

An area for improvement under the standards was made in regards to monthly monitoring reports.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sharon Smyth, registered manager, and Eddy Kerr, group operations 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered persons must ensure that all cleaning chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            The air fresheners etc. observed during this inspection are operated appropriately and contribute to a positive environment. All staff have been reminded to manage such items accordingly</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (4)(a)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that all medicines are stored safely and securely within the home at all times. This relates specifically to topical creams and thickening agents.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            The topical creams viewed on this inspection have been safely and securely stored. The explanation of this situation as offered on the day should form part of the report.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> 27 August 2018	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            Where there are any infection control concerns highlighted in sluice areas as per this inspection they have all been attended to.</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 27 (4) (b) (c) (d)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that adequate precautions against the risk of fire are taken and that best practice guidance in relation to fire safety is embedded into practice.</p> <p>Ref: 6.4</p>

	<p><b>Response by registered person detailing the actions taken:</b> A full fire risk safety management tool is in place and embedded in daily practice.</p> <p>There is some ambiguity as to what actually is part of the exit strategy for evacuation and movement in a fire situation. This is being fully addressed and will be corrected to ensure no ambiguity exists in the future.</p>
<p><b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 47</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 20 August 2018</p>	<p>The registered person shall ensure that access to and egress from the home is managed in such a manner as to promote the autonomy and safety of patients at all times. This shall include the completion/regular review of a deprivation of liberty safeguard assessment for the home.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Access and egress to the home is managed appropriately and there is no perceived or actual issue with this at ACH. However, the egress code will be published in a public location close to the exit door.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 43</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 September 2018</p>	<p>The registered person shall ensure that the internal environment of the Riverside suite is maintained in a manner which promotes, orientates and enables those patients who live there. This shall include, but is not limited to person centred signage on bedroom doors.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The consideration of ACH as a 'home' is fully uppermost in the thinking and decoration of all units and suites. Signage can at times be inappropriate and may even become an invasion of a persons rights and GDPR considerations. As a home this suite remains an ongoing 'project' and the environment does and will always consider the client group residing there.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that appropriate signage relating to the use of oxygen therapy is in place throughout the home at, as necessary.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> This will be provided in residents rooms where this is in use.</p>



<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure the following in relation to the pressure area care/repositioning of patients:</p> <ul style="list-style-type: none"> <li>• a comprehensive and patient centred care plan will be in place which clearly outlines the nursing care required. The use of any pressure relieving equipment should also be accurately referenced</li> <li>• supplementary repositioning records shall be completed in a comprehensive and accurate manner, including the position of the patient following each repositioning intervention by staff</li> </ul> <p>Ref: 6.5</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure the following in relation to the nutritional care of patients:</p> <ul style="list-style-type: none"> <li>• a comprehensive and patient centred nutritional risk assessment will be completed/regularly reviewed</li> <li>• patients' assessed nutritional needs will be effectively communicated with kitchen staff who shall retain such records for inspection, as necessary.</li> </ul> <p>Ref: 6.5</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that patients' care plans are completed in a timely manner in keeping with best practice guidelines.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Care plans remain live documents and will be updated accordingly in a timely manner</p>
	<p><b>Response by registered person detailing the actions taken:</b> It is the belief that all aspects highlighted above are satisfied except for a visual positioning record. This will be introduced.</p>
	<p><b>Response by registered person detailing the actions taken:</b> Training and communication re this will be provided accordingly and the communication of such information will be enhanced</p>

<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that nursing staff collaborate with patients, patients’ representatives, as appropriate, before the implementation of any restrictive measures and document such engagement. Relevant care planning and risk assessments should evidence how the restrictive measure being adopted is necessary, proportionate and the least restrictive option available.</p> <p>Ref: 6.5</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p><b>Response by registered person detailing the actions taken:</b> Noted and implemented.</p> <p>There is some confusion around the vocabulary used in relation to the equipment in situ. The equipment referred to is not used to restrict in anyway but is actually there to alert staff and prompt that the patient needs support with a particular task. The equipment referred to is actually known as an alert and not an alarm. These alert devices are only used with patients who are at a high risk of falling and for no other purposes.</p> <p><b>Response by registered person detailing the actions taken:</b> Some of the comments are not giving consideration of the patients observed actual needs and the level of interaction stated is relevant to the individuals personalities etc.</p> <p>Furthermore, staff have indicated how the observation process during the meal time experience unnerved staff and contributed to a more demure and conservative dining experience than is normal. It is quite abnormal for our residents and staff to have someone with a clipboard stand in the dining room and writing about what they observe.</p>

<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered persons must ensure that a robust system of monthly quality monitoring visits is completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes 2015.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> The Reg 29 visits already do provide for this in Section 5 of the reports available.</p> <p>Further Information</p> <p>There is no where available on this document to make additional supporting comments so this final box is being used to make the following comment.</p> <p>As a provider of care services we have some concerns that aspects of this report do not fully reflect the inspection on the day. There are also statements which are clearly untrue and do not relate to this inspection at all. A complaint has been provided via the RQIA process to address this.</p> <p>Where factual inaccuracies exist in the main body of the report the format does not allow us to make changes or even highlight the same so we trust the errors will be ammended as per the complaint submitted.</p>
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***\*Please ensure this document is completed in full and returned via Web Portal\****



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