

Unannounced Care Inspection Report 10 August 2017



Rylands

Type of Service: Nursing Home (NH)
Address: 11 Doagh Road, Kells, Ballymena, BT42 3LZ
Tel No: 028 25892411
Inspector: Aveen Donnelly

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 59 persons.

3.0 Service details

Organisation/Registered Provider: Rylands Responsible Individual(s): Trevor Duncan Karen Duncan	Registered Manager: Valerie Rutherford
Person in charge at the time of inspection: Valerie Rutherford	Date manager registered: 24 March 2014
Categories of care: Nursing Home (NH) I - Old age not falling within any other category. PH - Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years LD - Learning disability. Residential Care (RC) I - Old age not falling within any other category. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of registered places: 59 comprising: 45 Nursing: 14 Residential A maximum of 2 patients in category NH-LD

4.0 Inspection summary

An unannounced inspection took place on 10 August 2017 from 09.15 to 17.15 hours.

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

The term 'patients' is used to describe those living in Rylands which provides both nursing and residential care.

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

There were examples of good practice found throughout the inspection in relation to staff training and development; infection prevention and control, risk management and the home's environment, record keeping and communication between residents, staff and other key stakeholders. There was also good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their

representatives and taking account of the views of patients. There were good governance and management arrangements and there were good working relationships evident between management and staff.

Areas for improvement made under the regulations related to the blocking of fire exits and the intervals of food and fluid provision. Areas for improvement made under the care standards related to the recruitment processes; the arrangements for embedding the new regional operational safeguarding policy and procedure into practice; the updating of the emergency evacuation register; and the accurate completion of wound assessments.

Patients said they were generally happy with the care provided. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	4

Details of the Quality Improvement Plan (QIP) were discussed with Valerie Rutherford, registered manager and Trevor Duncan, responsible person, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 11 October 2016

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 11 October 2016. There were no further actions required to be taken following the most recent inspection.

5.0 How we inspect

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing.
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit.

During the inspection the inspector met with five patients, four care staff, two registered nurses, three kitchen staff, two visiting professionals and three patients' representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

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

The following records were examined during the inspection:

- staffing arrangements in the home
- one staff personnel file to review recruitment and selection
- staff induction, supervision and appraisal records
- staff training records for 2016/2017
- accident and incident records
- records relating to adult safeguarding
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- emergency evacuation register
- six patient care records
- two patient care charts including food and fluid intake charts and repositioning charts
- patient register
- annual quality report
- compliments records
- RQIA registration certificate
- certificate of public liability
- audits in relation to falls
- a selection of policies and procedures
- complaints received since the previous care inspection
- minutes of staff' and relatives' meetings held since the previous care inspection
- monthly quality monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to Valerie Rutherford, registered manager and Trevor Duncan, responsible individual at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 11 October 2016

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 7 July 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 21 Stated: First time	The registered persons should ensure that wound care records are supported by the use of photography in keeping with the home's policies and procedures and the NICE guidelines.	Met
	Action taken as confirmed during the inspection: A review of two wound care records evidenced that wound photography was appropriately used.	

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 stated that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for the week commencing 31 July 2017 evidenced that the planned staffing levels were generally adhered to.

Observation of the delivery of care evidenced that patients' needs were met by the number and skill mix of staff on duty. Discussion with staff, patients and their representatives evidenced that there were no concerns regarding staffing levels.

The registered manager explained that two care staff vacancies had recently been filled and that pre-employment checks were in progress; these vacancies were being filled by relief staff or permanent staff working additional hours.

Discussion with staff confirmed that communication was well maintained in the home and that appropriate information was communicated in the shift handover meetings.

Discussion with the registered manager and a review of one personnel file evidenced that recruitment processes were generally in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. Where nurses and carers were employed,

their registrations were checked with NMC and NISCC, to ensure that they were suitable for employment. The review of recruitment records evidenced that enhanced criminal records checks were completed with Access NI and satisfactory references had been sought and received, prior to the staff member starting their employment.

Although the registered manager had obtained most of the information required, to demonstrate that prospective employees were suitable to work with vulnerable adults, further action was required, to ensure that any gaps in employment were explored prior to employment starting. This has been identified as an area for improvement under the care standards.

A record of staff including their name, address, date commenced and date position was terminated (where applicable) was maintained and provided an overview of all staff employed in the home. This additional detail supplemented the information contained in the staff recruitment files as required in accordance with regulation 19(2), schedule 4(6) of The Nursing Homes Regulations (Northern Ireland) 2005.

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. One completed induction programme was reviewed. The induction programme included a written record of the areas completed and the signature of the person supporting the new employee. On completion of the induction programme, the employee and the inductor signed the record to confirm completion and to declare understanding and competence. Discussion with staff also confirmed that the induction period could be lengthened, if the new employee did not feel confident to begin work.

Discussion with the registered manager and staff confirmed that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. The majority of staff were coached and mentored through one to one supervision and completed annual appraisals; however the planned programme of supervision did not include all staff who were not directly involved in the delivery of patient care. Despite this, all staff consulted with stated that they felt supported in their practice. The registered manager agreed to address this matter and will be followed up at future inspection.

Discussion with staff and a review of the staff training records confirmed that training had been provided in all mandatory areas and records were kept up to date. A review of staff training records confirmed that staff completed face to face training modules on basic life support, medicines management, control of substances hazardous to health, fire safety, food safety, health and safety, infection prevention and control, safe moving and handling and adult prevention and protection from harm. Overall compliance with training was monitored by the registered manager and this information informed the responsible persons' monthly quality monitoring visit in accordance with regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing staff were appropriately managed in accordance with the NMC. Similar arrangements were in place to ensure that care staff were registered with the NISCC.

Staff consulted with, were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding. Although the staff understood what abuse was and how they should report any concerns that they had, the relevant contact details were not readily available

for all staff to access. In addition, discussion with the registered manager confirmed that the arrangements were not fully in place to embed the new regional operational safeguarding policy and procedure into practice. Although the registered manager confirmed that they were the identified safeguarding champion, they were not clear about the specific roles and responsibilities of the safeguarding champion and training had yet to be arranged for specific training in this area; this has been identified as an area for improvement under the care standards.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. Where any shortcomings were identified safeguards were put in place.

Review of patient care records evidenced that validated risk assessments were generally completed as part of the admission process and were reviewed as required. These risk assessments informed the care planning process.

A review of the accident and incident records confirmed that the falls risk assessments and care plans were consistently completed following each incident and that care management and patients' representatives were notified appropriately. A falls safety calendar was in use, to alert staff as to the patients who had a high risk of falling; however this was not up to date and discussion with staff evidenced that many of the care staff were unaware of the function of the calendar. This was raised with the registered manager, to address.

Infection prevention and control measures were adhered to and equipment was stored appropriately.

A review of the home's environment was undertaken which included a number of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout. The majority of patients' bedrooms were personalised with photographs, pictures and personal items.

Works to build an extension to the entrance of the home were ongoing during the inspection and all those consulted with stated that disruption to the running of the home had been kept to a minimum.

Although the majority of fire exits and corridors were observed to be clear of clutter and obstruction; one fire exit was obstructed by furniture. The registered manager explained that this was placed there temporarily, due to the ongoing refurbishment of the home; and ensured that the furniture was immediately removed. This has been identified as an area for improvement under the regulations.

Furthermore, the emergency evacuation folder was not up to date and contained the details of patients who were no longer residing in the home; incorrect information regarding patients room numbers; and the level of assistance required should the patient require to be evacuated from the building in the event of an emergency. This has been identified as an area for improvement under the standards.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training and development; infection prevention and control, risk management and the home's environment.

Areas for improvement

An area for improvement made under the regulations related to the blocking of fire exits. Areas for improvement made under the standards related to the recruitment processes; the arrangements for embedding the new regional operational safeguarding policy and procedure into practice; and the updating of the emergency evacuation register.

	Regulations	Standards
Total number of areas for improvement	1	3

6.5 Is care effective?

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

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.

There were some areas of good practice found throughout the inspection in this domain. For example, registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), speech and language therapist (SALT), dietician and Tissue Viability Nurse specialists (TVN). Discussion with registered nurses and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Where patients were prescribed antibiotic therapy for the treatment of acute infections, care plans had been developed in relation to this.

Patients who were prescribed regular analgesia had validated pain assessments completed which were reviewed in line with the care plans. Abbey pain assessment tools were completed for patients who could not verbalise their pain. Advice was given to the registered manager in relation to using a different pain assessment tool, where patients were able to verbalise their pain levels.

Despite this, there were areas for improvement identified during the inspection. For example, although there was a system in place, which enabled the registered nurses to have an overview of the patients' daily fluid intake over the previous weeks, the review of two patients' fluid intake records indicated that there were long gaps between the patients' last fluid intake of the day,

until breakfast the next morning at 09.00 hours. Discussion with staff confirmed that patients were offered supper at 19.00 hours. There should not be a time period exceeding 12 hours whereby food and fluids are not available. An area for improvement has been identified under the regulations.

A review of two patient care records evidenced that wound care was managed effectively. As discussed in section 6.2, wound care records were supported by the use of photography in keeping with the home's policies and procedures and the National Institute of Clinical Excellence (NICE) guidelines. The review of progress notes evidenced that wound dressings had been changed according to the care plan. Although wound assessments were completed every time the wound dressings were changed, the measurements of wounds were not consistently recorded. This was discussed with the registered manager and has been identified as an area for improvement under the care standards.

A record of patients including their name, address, date of birth, marital status, religion, date of admission and discharge (where applicable) to the home, next of kin and contact details and the name of the health and social care trust personnel responsible for arranging each patients admission was held in a patient register. The registered manager confirmed that they checked this on a regular basis, to ensure that it provided an accurate overview of the patients residing in the home on the day.

Discussion with staff confirmed 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. There was also a detailed handover sheet in use, which supported staff in the delivery of patient care.

Staff meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. The most recent staff meetings were held on 21 and 25 April 2017. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities.

All those consulted with confirmed that if they had any concerns, they could raise these with the staff and/or the registered manager. A relatives' meeting had been held on 17 May 2017 and records were available.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping and communication between residents, staff and other key stakeholders

Areas for improvement

An area for improvement made under the regulations related to the appropriate intervals of food and fluid provision. An area for improvement made under the care standards related to the need for wound assessments to accurately reflect the wound measurements.

	Regulations	Standards
Total number of areas for improvement	1	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with five patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Discussion with patients also confirmed that staff consistently used their preferred name and that staff spoke to them in a polite manner. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care.

Information was also displayed on the relatives' notice board in relation to what dignity in care means, specifically in relation to 'privacy' and 'personal hygiene'.

Patients stated that they were involved in decision making about their own care. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

We observed the lunch time meal in the dining rooms. The lunch served appeared appetising and patients spoken with stated that they were satisfied with the meals provided. The atmosphere was quiet and tranquil and patients were encouraged to eat their food; assistance was provided by staff, as required. Tables were set with tablecloths and plate guards were available to help patients who were able to maintain some level of independence as they ate their meal. We also observed that menus were displayed in pictorial format to assist in making choices and to provide an awareness of the meal to be served.

Patients consulted with also confirmed that they were able to maintain contact with their families and friends. There was evidence of regular church services to suit different denominations. Two staff members were designated to provide activities in the home every day. Patients consulted with stated that there were different activities they could participate in. There was evidence of a variety of activities in the home and discussion with patients confirmed that they were given a choice with regards to what they wanted to participate in; however the activities provided on the day of the inspection were not reflective of the displayed activities planner. This was raised with the registered manager to address.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided. An annual quality audit had been undertaken in 31 December 2016; views and comments recorded were analysed and areas for improvement had been acted upon.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

From discussion with the registered manager, staff, relatives and a review of the compliments record, there was evidence that the staff cared for the patients and their relatives in a kindly manner. We read some recent feedback from patients' representatives. One comment included praise for the care and attention given to a patient, when receiving end of life care, including that the home should be re-named 'angel home' because they felt that the home was run by angels.

During the inspection, we met with five patients, four care staff, two registered nurses, three kitchen staff, two visiting professionals and three patients' representatives. Some comments received are detailed below:

Staff

"The care is really good, the care is given according to the patients' needs".

"I have no concerns".

"The care is good and the staff really do care".

"It is really great here, good teamwork and the care staff are reliable".

"There is a high standard of care here".

"I am happy enough".

"Everything goes great, there are high standards here".

Patients

"The care is really good".

"I have no concerns".

"The care is good, the staff take their time with the patients".

"It is really great, there is good teamwork".

"There is a high standard of care".

"Everything goes great".

"We have a tight team here".

Patients' representative

"The staff here are very cooperative and patient with my (relative)".

"There is nothing of any consequence to report, it is very good".

"Everything is very good".

Visiting Professionals

"I have no concerns".

"They are all very reasonable in their actions and refer concerns appropriately".

We also issued ten questionnaires to staff and relatives respectively and eight questionnaires to patients. Nine staff, seven patients and five relatives had returned their questionnaires, within the timeframe for inclusion in this report. Comments and outcomes were as follows:

Patients: respondents indicated that they were either 'satisfied' or 'very satisfied' that the care in the home was safe, effective and compassionate; and that the home was well-led. No written comments were provided.

Relatives: respondents indicated that they were 'very satisfied' that the care in the home was safe, effective and compassionate; and that the home was well-led. No written comments were received.

Staff: respondents indicated that they were either 'satisfied' or 'very satisfied' that the care in the home was safe, effective and compassionate; and that the home was well-led. One written comment related to the staffing levels. Given that no concerns were identified in relation to the staffing arrangements during the inspection, this comment was relayed to the registered manager, following the inspection.

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

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 observation of patients evidenced that the home was operating within its' registered categories of care. 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 and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. There was a system in place to identify the person in charge of the home, in the absence of the registered manager.

Discussions with the staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. All those consulted with described the registered manager in positive terms; comments included 'she is very approachable and lovely' and 'she is the first boss I have ever been able to speak to'. Staff described how they felt confident that the registered manager would respond positively to any concerns/suggestions raised.

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 Care Standards for Nursing Homes 2015. Staff,

patients and patients' representatives 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. Discussion was undertaken in relation to the complaints procedure; which needed to include the details for contacting the Patient Client Council and the responsible person. The registered manager agreed to address this matter.

A notice was also displayed, inviting relatives to view the latest RQIA inspection reports.

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. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified. A review of the patient falls audit evidenced that this was analysed to identify patterns and trends, on a monthly basis. An action plan was in place to address any deficits identified. This information informed the responsible individual's monthly quality monitoring visit in accordance with regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection, confirmed that these were appropriately managed.

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. These included medication and equipment alerts and alerts regarding staff that had sanctions imposed on their employment by professional bodies.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005, and copies of the reports were available for patients, their representatives, staff and trust representatives. An action plan was generated to address any areas for improvement; discussion with the registered manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

Areas of good practice

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

Areas for improvement

There were no areas for improvement identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Valerie Rutherford, registered manager and Trevor Duncan, responsible person, 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered persons shall put in place measures that minimise the risk of fire and protect patients, staff and visitors in the event of a fire.</p> <p>This refers specifically to the observed practice of fire escape routes being obstructed.</p> <p>Ref: Section 6.3</p>
	<p>Response by registered person detailing the actions taken: Fire Escapes are clear of all obstructions and checked daily.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 12 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the provision of food and fluids to patients is available at appropriate intervals and the lack of this provision does not exceed 12 hours.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: The provision of food and fluids is available to residents at appropriate times and the lack of this provision does not exceed 12 hours.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)

<p>Area for improvement 1</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p> <p>To be completed by: 7 October 2017</p>	<p>The registered person shall ensure that recruitment processes are further developed to ensure that any gaps in an employment record are explored and explanations recorded.</p> <p>Ref: Section 6.3</p>
	<p>Response by registered person detailing the actions taken: All gaps of employment are explored and explanations recorded prior to interview.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 7 October 2017</p>	<p>The registered person shall ensure that arrangements are in place to embed the new regional operational safeguarding policy and procedure into practice. This shall include ensuring that all staff have access to the relevant safeguarding contact details.</p> <p>Ref: Section 6.3</p>
	<p>Response by registered person detailing the actions taken: The New Regional Operational Safeguarding Policy and Procedures are currently being embedded into practice and staff have access to</p>

	the relevant safeguarding contact details for each trust.
Area for improvement 3 Ref: Standard 48 Stated: First time To be completed by: 7 October 2017	The registered person shall ensure that the emergency evacuation register is accurate, in terms of the patients accommodated within the home, the correct bedroom and the level of assistance required to evacuate the home, in the event of an emergency. Ref: Section 6.3
	Response by registered person detailing the actions taken: The Emergency Evacuation Folder is checked and updated when any changes occur within the home.
Area for improvement 4 Ref: Standard 23 Stated: First time To be completed by: 7 October 2017	The registered person shall ensure that wound assessments are completed in line with the NICE guidance on management and prevention of pressure ulcers. Ref: Section 6.4
	Response by registered person detailing the actions taken: The Open Wound Observation Chart is completed and measurements recorded on the first dressing of each week or if any significant changes occur.

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



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