

Unannounced Care Inspection Report 30 October 2017



Dunanney Care Centre

Type of Service: Nursing Home
Address: 12 Glebe Road, Newtownabbey, BT36 6UW
Tel no: 028 9084 9349
Inspector: James Lavery

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 and residential care for up to 40 persons.

3.0 Service details

Organisation/Registered Provider: Larchwood Care Homes (NI) Ltd Responsible Individual: Mr. Christopher Walsh	Registered Manager: See Box Below
Person in charge at the time of inspection: Christine McGuigan	Date manager registered: Christine McGuigan, Manager - no application received
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. Residential Care (RC) I – Old age not falling within any other category. PH(E) - Physical disability other than sensory impairment – over 65 years. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.	Number of registered places: 40 comprising: NH-I, NH-PH, RC-I, RC-MP(E), RC-PH(E)

4.0 Inspection summary

An unannounced inspection took place on 30 October 2017 from 09.20 to 17.45 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 DSHHSPS 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 the ethos and culture of the home which focused on patient outcomes; monitoring the professional registration of staff and the management of accidents and incidents.

Areas for improvement under regulation were identified in relation to infection prevention and control (IPC) practices; compliance with Control of Substances Hazardous to health (COSHH) regulations; the secure storage of records; the management of wounds and care records relating to oral care.

Areas for improvement under the standards were identified in relation to the interior environment of the home; staff communication; the delivery of care; the dining experience of patients and governance processes relating to quality assurance and the management of staff.

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
Total number of areas for improvement	5	7

Details of the Quality Improvement Plan (QIP) were discussed with Christine McGuigan, 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 October 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 23 October 2017. 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 previous care inspection report
- pre-inspection audit
- the previous medicines management inspection report

During the inspection the inspector met with seven patients, four staff and two patients' relatives.

Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. 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 also displayed.

The following records were examined during the inspection:

- duty rota for all staff from 16 to 29 October 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2016/17
- incident and accident records
- one staff recruitment and induction file
- minutes of staff and relatives' meetings
- three patient care records
- the matrix for staff supervision and appraisal
- a selection of governance audits
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- RQIA registration certificate
- certificate of public liability
- a sample of personal emergency evacuation plans (PEEPS)
- 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 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 October 2017

The most recent inspection of the home was an unannounced medicines management inspection.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 07 February 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 46 Stated: First time	The registered person should ensure that all moving and handling equipment is stored within the home in adherence with best practice guidance on infection prevention and control.	Met
	Action taken as confirmed during the inspection: Review of the environment evidenced that all moving and handling equipment was stored within the home in adherence with best practice guidance on infection prevention and control.	
Area for improvement 2 Ref: Standard 4 Stated: First time	The registered person should ensure that where restraint or restrictive practices are being employed, relevant care plans should reflect this and demonstrate how the intervention(s) being implemented is necessary and proportionate.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and a review of care records evidenced that where restraint or restrictive practices were being employed, relevant care plans reflected this and demonstrated how the intervention(s) being implemented were necessary and proportionate.	

Area for improvement 3 Ref: Standard 18 Stated: First time	The registered person should ensure that where restraint or restrictive practices are being employed by staff, relevant risk assessments which evidence that the intervention is necessary and proportionate, should be in use and regularly reviewed. Patient consent and / or evidence of best interest procedures should also be recorded in patient's care records.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and a review of care records evidenced that where restraint or restrictive practices were being employed by staff, relevant risk assessments which evidenced that the intervention was necessary and proportionate, were in use and regularly reviewed. Patient consent and / or evidence of best interest procedures were also recorded in patient's care records.	

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 manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of patients were met. Discussion with the manager also confirmed that contingency measures were in place to manage short notice sick leave when necessary. A review of the staffing rotas from 16 to 29 October 2017 evidenced that there were four occasions when planned staffing levels were not adhered to. This was discussed with the manager who confirmed that on each occasion this was the result of short notice sick leave and that contingency measures were put in place to ensure that the delivery of care to patients was not impacted negatively.

Review of the training records indicated that training was planned to ensure that mandatory training requirements were met and that staff possessed the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Staff compliance with mandatory training is monitored and reviewed by the manager. However, discussion with the manager and a review of training records evidenced that staff compliance with adult safeguarding, manual handling and fire training had not been fully met. The need to ensure that staff attend mandatory training within expected timescales in order to achieve and maintain competency was stressed.

A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. The manager confirmed that an 'adult safeguarding champion' was identified for the home.

Discussion with the 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 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. Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of staff evidenced that fire safety training had been embedded into practice. Discussion with the manager also evidenced that a simulated fire drill is conducted bi-monthly involving both day and night staff.

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. While some communal areas within the home had signage which would help to promote the orientation and comfort of patients it was observed that signage for two communal bathrooms was absent and signage for two communal toilets was positioned in a manner which was ill suited to the needs of patients. These weaknesses were highlighted to the manager and an area for improvement under the standards was stated.

Deficits observed in relation to infection, prevention and control included the following: a chair within the smoking lounge was observed to be torn and in disrepair; one commode and one shower chair had been poorly cleaned following use; the underside of one paper towel dispenser was stained. It was observed on two occasions during the provision of lunch that uncovered food was transported from the dining area to patients elsewhere within the home. These deficits consequently impacted the ability of staff to deliver care in compliance with infection prevention and control best practice standards and guidance. This was highlighted to the manager and an area for improvement under the regulations was stated.

During a review of the environment the inspector identified four areas within the home where patients could potentially have had access to harmful chemicals. This was discussed with the manager and an area for improvement under regulation was identified to ensure Control of Substances Harmful to Health (COSHH) regulations were adhered to. The substances were safely stored before the conclusion of the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monitoring the professional registration of staff and adult safeguarding.

Areas for improvement

Areas for improvement under regulation were identified in relation to COSHH and infection prevention and control practices.

An area for improvement under the standards was identified in relation to the interior environment of the home.

	Regulations	Standards
Total number of areas for improvement	2	1

6.5 Is care effective?

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

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Staff who were spoken with stated that there was effective teamwork within the home with each staff member knowing 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 manager.

Although the majority of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals it was evidenced that several staff had incomplete or inaccurate awareness of the process for identifying patients requiring to be barrier nursed. The need to ensure effective communication between staff at all times was stressed to the manager and an area for improvement under the standards was stated.

Discussion with the 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. Such meetings included the following:

- Staff nurse meeting conducted on 8 September 2017
- general staff meeting conducted 8 September 2017
- patients' relatives/representatives meeting conducted on 23 October 2017

Review of minutes for staff meetings highlighted that attendee signatures had not been obtained on all occasions. The importance of maintaining such a record was highlighted to the manager.

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. There was also evidence of 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 food and fluid intake records evidenced that these were mostly maintained in accordance with best practice guidance, care standards and legislative requirements. Review of one such record for a patient evidenced that a staff entry relating to the patient's lunch time meal on the day of inspection lacked sufficient detail. This was highlighted to the manager and it was agreed that all food and fluid charts should be completed comprehensively by staff at all times.

Weaknesses were identified within patient care records in relation to wound management. Care records for one patient who required ongoing wound care evidenced that the corresponding care plan was inconsistent and did not accurately reflect the professional recommendations of the TVN. It was further highlighted that the patient’s care records did not provide any information in relation to the required settings of an alternating pressure mattress which was also in use. In addition, supplementary care records also evidenced that some aspects of the TVN’s recommendations were not being adhered to and that staff had not completed a supplementary chart in a contemporaneous manner on the day of inspection. These deficits were discussed with the manager and an area for improvement under regulation was stated.

Weaknesses in relation to records which focused on weight loss and oral care were also highlighted. Review of care records for one patient who had a history of weight loss and reduced appetite evidenced that although a malnutrition assessment had been carried out, the corresponding care plan had not been written in a timely manner. It was further observed that the while nursing staff had written a care plan for oral care, the corresponding oral risk assessment was incomplete. This was also highlighted to the manager and an area for improvement under regulation was stated.

Staff who were spoken with did demonstrate an awareness of the importance of patient confidentiality. However, review of the environment did evidence that some patient records had not been stored securely in accordance with the Nursing Homes Regulations (Northern Ireland) 2005. An area for improvement under regulation was stated.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of staff meetings and communication with patients’ relatives/representatives.

Areas for improvement

Areas for improvement under regulation were identified in relation to wound management and care records.

An area for improvement under the standards was identified in relation to staff communication.

	Regulations	Standards
Total number of areas for improvement	3	1

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 largely observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Patients were very positive in their comments regarding the staffs’ ability to deliver care and respond to their needs and/or requests for assistance.

Feedback received from a number of patients during the inspection included the following comments:

“I like it here.”

“The staff are very nice.”

“The staff look after me well.”

“I’d recommend it here.”

Furthermore, feedback received from patients’ relatives/representative during the inspection included the following comments:

“The manager is lovely.”

“I can’t see anything to complain about.”

Staff demonstrated a good knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plans.

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.

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.

In addition to speaking with patients, patients’ relatives and staff, RQIA provided ten questionnaires for patients and ten questionnaires for patients’ relatives to complete. A poster was also displayed for staff inviting them to provide feedback to RQIA directly.

At the time of writing this report no completed questionnaires were received within the specified timescales. All questionnaire comments received after specified timescales will be shared with the manager as necessary.

Observation of the lunch time meal evidenced that patients were given a choice in regards to the meals being served. The dining area appeared to be clean and tidy and staff demonstrated a good knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plans and associated SALT dietary requirements. The majority of patients appeared content and relaxed in their environment.

However, some weaknesses were observed in regards to the dining experience of patients. The dining area on the ground floor provided limited space for patients and staff. It was also observed that throughout the provision of lunch the entrance to the kitchen area remained open which resulted in ongoing ambient noise which did not promote the comfort of patients. It was further observed that one patient who was assessed as requiring assistance with eating and drinking was served her meal but subsequent assistance from staff was not provided in a timely manner. These shortfalls were discussed with the manager and an area for improvement under the standards was stated.

It was also observed that three patients were assisted into their wheelchairs for a significant period of time prior to the provision of lunch. Discussion with staff indicated that this was to facilitate staff assisting patients to the bathroom. This was highlighted to the manager and it was stressed that all patients should only be assisted into wheelchairs when necessary so as to promote their comfort and dignity at all times. An area for improvement under the standards was stated.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to awareness of and adherence to the dietary requirements and preferences of patients.

Areas for improvement

Two areas for improvement under the standards were identified in relation to the dining experience of patients and the provision of person centred care.

	Regulations	Standards
Total number of areas for improvement	0	2

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 manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

Staff spoke positively about the sense of leadership which exists within the home together with the approachability of the manager. Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

We discussed the process of the manager's registration who confirmed that it was her intention to proceed with the application to become registered with RQIA.

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

The manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis or as required.

Discussion with the manager and review of the home's complaints records evidenced that these had been responded to in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. However, it was highlighted that not all complaints records evidenced whether the complaint had been satisfactorily resolved to the complainant's satisfaction. The need to ensure that all complaints records are maintained comprehensively was stressed. 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.

Discussion with the manager evidenced that there was no current system or process in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to appropriate staff in a timely manner. An area under standards was stated.

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

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to:

- housekeeping,
- medication,
- the use of bedrails,
- the use of restraint,
- handwashing,
- the use of hoists

Review of management 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.

However, some weaknesses were highlighted in relation to the auditing of care records and weight loss. While discussion with the manager and a review of governance records evidenced that these audits were being completed monthly they were not sufficiently robust. For instance, while one audit in relation to weight loss did highlight deficits in regards to the lack of relevant care planning it gave no actions or timescales in regards to redressing this. Care record audits also highlighted that although deficits were found, the auditing process did not evidence how these deficiencies should be actioned within specified timescales. This was discussed with the manager and an area for improvement under the standards was stated.

Staff recruitment information was available for inspection and records for one staff member evidenced that 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.

Deficits were noted however in regards to induction of new staff members. Records for one staff member did not evidence that an induction had been completed within expected timescales. This was highlighted to the manager an area for improvement under the standards was stated.

Discussion with the manager confirmed 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 supervision and appraisal.

Areas of good practice

There were examples of good practice found throughout the inspection in regards to governance arrangements relating to accidents / incidents and monthly monitoring.

Areas for improvement

Areas for improvement under the standards were identified in regards to governance processes relating to quality assurance and staff management.

	Regulations	Standards
Total number of areas for improvement	0	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Christine McGuigan, 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 the web portal for assessment by the inspector.

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a)(c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons must ensure that chemicals are stored in keeping with COSHH regulations.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: All staff dealing with chemicals within the home received a training update on the 8th November in relation to COSHH regulations.</p> <p>All staff had a supervision session in relation to ensuring they do not leave the cleaning trolley unattended and ensuring it is securely locked away when not in use. Activity coordinator is responsible for the nail polish remover which is now stored in a locked cabinet in the quiet room.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 19 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person must ensure that patients' care records are stored securely at all times.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Boxes with residents confidential information were removed from the quiet room and are now in the administrators office awaiting collection from storage contractor.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 12 (1) (a)(b), 16 (2)</p> <p>Stated: First time</p> <p>To be completed by: 28 November 2017</p>	<p>The registered persons must ensure the following in relation to patients receiving wound care:</p> <ul style="list-style-type: none"> • The all patient care plans accurately reflect the prescribed care and treatment which should be delivered in compliance with recommendations made by the multidisciplinary care team, • that care records evidence the use of pressure relieving equipment and specify any required settings, as required, • that the delivery of care complies with the recommendations of the multidisciplinary team and relevant care plans at all times, • that supplementary repositioning charts are completed comprehensively and contemporaneously at all times. <p>Ref: Section 6.5.</p> <p>Response by registered person detailing the actions taken: Staff meeting held on the 23/11/2017, issues outlined above were addressed in the meeting. All staff received a supervision outlining the expectation that all care interventions be recorded in a timely manner- within 10 minutes of the intervention being carried out.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 16 (1) (2)</p> <p>Stated: First time</p> <p>To be completed by: 28 November 2017</p>	<p>The registered persons must ensure that patients' oral care risk assessments are fully completed and that care plans in relation to weight loss are completed fully and in a timely manner.</p> <p>Ref: Section 6.5.</p> <p>Response by registered person detailing the actions taken: Care plan amended for this resident following completion of the oral needs assessment. Nurses spoken to at staff meeting on 23/11/2017 in relation to completing risk assessments and care plans in a timely manner.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 28 November 2017</p>	<p>The registered persons 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: Section 6.4</p> <p>Response by registered person detailing the actions taken: In relation to uncovered food being sent out from the kitchen- all staff received a supervision including catering staff on the 17/11/2017. 2 new chairs have been ordered for the smoking room in the home. New records were devised in relation to the cleaning of the shower chair and commodes. Staff spoken to and advised that they should be thoroughly cleaned after every use.</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 28 November 2017</p>	<p>The registered persons shall ensure that appropriate signage is provided within the home which promotes the orientation and comfort of patients, specifically those areas identified on inspection.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Doors within the home are currently being glossed. On completion of this signs will be put on the doors to direct the residents better.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons shall ensure that there is an embedded system in place with regards to patients requiring barrier nursing and that written information in respect of this process is available for patients, their representatives, staff and visitors.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Daffodils now in place on the doors of those affected residents. There is a notice on the main door of each floor asking visitors to speak to the nurse if they see this sign. Staff received a supervision in relation to the purpose of this and the need for it to be kept confidential amongst the staff team.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons shall ensure that all routines and care practices within the home are patient centred and promote patient wellbeing, specifically, the timely transfer of patients from their wheelchairs throughout the day.</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: All staff spoken to in relation to this and home manager has been monitoring this on the floor. All staff aware that residents should only be transferred when needed and not in advance of a task/intervention.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 28 November 2017</p>	<p>The registered persons shall ensure that there is sufficient space for patients and staff in all communal dining areas and that ambient noise in these areas promote the comfort and dining experience of patients.</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: Meals are now served in 2 sittings to enhance the overall dining experience in the home. All staff received a supervision dated 17th November 2017 in relation to the expectations during meal times. The kitchen door will be closed throughout. All meals will be transported to bedrooms on trays with a lid until they are ready to be served/assisted. Music playing throughout will be appropriate and calming.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 40</p> <p>Stated: First time</p> <p>To be completed by: 28 October 2017</p>	<p>The registered persons shall ensure that a robust auditing system is maintained with regards to quality assurance and the delivery of care, specifically:</p> <ul style="list-style-type: none"> • care records • weight loss <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: Weight loss action plan reviewed and there is now added columns to address deficits in the audit and ensure they are reviewed and followed up on.</p> <p>Care plan will be printed each month and the actions stated in the previous audit will be addressed in the subsequent audit</p>

<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons shall ensure that a robust process is maintained in order to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to appropriate staff in a timely manner.</p> <p>Ref: Section 6.7</p>
<p>Area for improvement 7</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: Folder now in place. Email sent to Gov.uk to change the email address ensuring these are sent directly to the home manager so they can be actioned in a timely manner.</p> <p>The registered persons shall ensure that all newly employed staff within the home completes an induction within expected timescales and that a written record of the induction is kept within the home.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: Staff personnel files will be audited to ensure that all relevant information is maintained in the Home</p>

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



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Assurance, Challenge and Improvement in Health and Social Care