



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 22 October 2019



The Glebe Care Centre

Type of Service: Nursing Home

Address: 12 Glebe Road, Carnmoney, Newtownabbey, BT36 6UW

Tel no: 028 9084 8212

Inspector: James Laverty

www.rqia.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.

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 Home 2015.

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 38 persons. Patients are cared for across two floors within the home. The ground floor is also used to accommodate those patients who require care following a brain injury.

3.0 Service details

Organisation/Registered Provider: Larchwood Care Homes (NI) Ltd Responsible Individual: Christopher Walsh	Registered Manager and date registered: Samuel Warren Registration pending
Person in charge at the time of inspection: Upon arrival: Ciaran McArdle, Charge Nurse 8.40am onwards: Samuel Warren	Number of registered places: 38 The home is approved to provide care on a day basis to 1 person. There shall be a maximum of 8 named residents receiving residential care in category RC-I.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory	Number of patients accommodated in the nursing home on the day of this inspection: 26

4.0 Inspection summary

An unannounced care inspection took place on 22 October 2019 from 08.00 to 18.00 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 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. Areas for improvement identified at the previous finance inspection were not reviewed and have been carried forward for review at the next inspection.

Concerns were identified with several areas of management oversight within the home, specifically: the management of adult safeguarding incidents and governance processes. These deficits had the potential to impact negatively on patients.

As a consequence, a meeting was held on 30 October 2019 in RQIA offices to discuss the inspection findings and seek assurances that a robust action plan was in place to address the deficits identified. The meeting was attended by Nuala Green, Managing Director, Christopher Walsh, Responsible Individual and Tina Dobruszek-McGuigan who was appointed as the new manager following this inspection.

Further areas requiring improvement were identified in relation to infection prevention and control (IPC), the dining experience of patients, the storage of thickening agents, the management of ligature risks and the management of patient behaviours which may be challenging.

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	3	*10

*The total number of areas for improvement includes one under the standards which has been stated for a second time and four which have been carried forward to the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Sam Warren, Manager, and Christopher Walsh, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection. The evidence seen during the inspection in relation to several areas of governance and management oversight raised concerns that these aspects of the quality of care were below the standard expected. The registered person and senior management team was invited to attend a meeting in RQIA on 30 October 2019 to discuss the inspection findings and their plans to address the issues identified.

During the meeting, the senior management team provided an action plan and details of the completed/planned actions to drive improvement and ensure that the concerns raised at the inspection were addressed. Following the meeting RQIA decided to allow the registered person a period of time to demonstrate that the improvements had been made and advised that a further inspection would be undertaken to ensure that the concerns had been effectively addressed.

RQIA informed the registered person that further enforcement action may be considered if the issues were not addressed and the improvement sustained. RQIA will continue to monitor progress during subsequent inspections.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

4.2 Action/enforcement taken following the most recent inspection dated 15 April 2019

The most recent inspection of the home was an unannounced care inspection. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspections findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

A lay assessor was present during this inspection and their comments are included within this report. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. Comments received by the lay assessor are included within this report.

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

- staff training records for the period 2019/20
- accident and incident records
- two patients' care records
- a selection of governance audits
- complaints records
- adult safeguarding records
- 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 manager and responsible individual at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a)(c) Stated: First time	<p>The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety and that all unnecessary risks to their health and safety are eliminated as far as is reasonably practicable. This relates specifically to management of the external maintenance store.</p>	Met
Action taken as confirmed during the inspection: Review of the environment evidenced that this area for improvement had been met.		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 39 Stated: Second time	<p>The registered person shall ensure that all newly appointed staff complete a structured orientation and induction programme and that such records are retained and made available for inspection.</p>	Met
Action taken as confirmed during the inspection: Discussion with staff and review of care records provided assurance that this area for improvement had been met. Staff told us that the induction process for staff involved working within the home in a supernumerary capacity for three days and one full days training. One staff member told us that their induction was "very good ... it was very useful."		
Area for improvement 2 Ref: Standard 43 Stated: First time	<p>The registered person shall ensure that the areas relating to the environment identified in the report are addressed.</p> <p>A detailed refurbishment action plan with firm timescales for improvement should be forwarded to RQIA along with completed QIP.</p>	Met

	<p>Action taken as confirmed during the inspection: Review of the environment did evidence that progress had been made against a refurbishment plan previously submitted to RQIA following the previous care inspection. The internal décor of the home is discussed further in section 6.3 of this report.</p>	
<p>Area for improvement 3 Ref: Standard 11 Stated: First time</p>	<p>The registered person shall ensure that there is a structured and person centred programme of activities for patients throughout the home which provides them with positive and meaningful outcomes.</p> <p>Action taken as confirmed during the inspection: The responsible individual informed us that an activity therapist was in post although was not available on the day of inspection. An activities schedule was also on display within the home. While no patients expressed any concerns in regard to the provision of activities, some staff did state that more stimulating activities needed to be provided for patients on the ground floor; this feedback was shared with the manager for further consideration and action as appropriate.</p>	<p>Met</p>
<p>Area for improvement 4 Ref: Standard 12 Stated: First time</p>	<p>The registered person shall ensure that all mealtimes are managed in such a way as to promote a person centred and compassionate dining experience for patients at all times. This relates to those deficits referenced in the body of this report.</p> <p>Action taken as confirmed during the inspection: Observation of the dining experience of patients is outlined in section 6.5 of this report.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	<p>Not met</p>

Areas for improvement from the last finance inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 14.13 Stated: First time	The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the patient or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each patient.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 2 Ref: Standard 14.26 Stated: First time	The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 3 Ref: Standard 14.25 Stated: First time	The registered person shall ensure that a reconciliation of patients' personal monies, the comfort fund and any related bank accounts are carried out and signed and dated by two people at least quarterly.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 4 Ref: Standard 2.8 Stated: First time	The registered person shall ensure that patients or their representatives are advised of the up to date fee arrangements which constitute a change to each patients' individual written agreement with the home. Individual written agreements should be kept up to date with any change to the patient's agreement agreed in writing by the patient or their representative.	Carried forward to the next care inspection

	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
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6.2 Inspection findings

6.3 Is care safe?

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

Upon arrival to the home the majority of patients throughout the home were still asleep or resting within their bedrooms. Day staff who were rostered to work on the ground floor were observed receiving a 'handover' report from night duty staff before commencing their duties. Throughout the morning, staff were observed assisting patients with personal care needs in a friendly and attentive manner. The provision of breakfast to patients on the first floor is considered further in section 6.5.

Staffing levels within the home were discussed and reviewed with the manager who confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met.

We were told by staff that they received regular mandatory training to ensure they knew how to provide the right care. All staff stated that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home.

It was further noted 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).

A review of governance records provided assurance that a system was in place for the reporting of notifiable incidents to the Regulation and Quality Improvement Authority (RQIA) as required. Prior to the inspection, RQIA had been notified of an alleged adult safeguarding incident which had occurred within the home. This was discussed with the manager who advised us that he was co-operating with the relevant Health and Social Care Trust (HSCT) safeguarding team while an investigation remained ongoing.

We spoke to several staff about their understanding in relation to adult safeguarding. During this staff feedback, the inspector was informed of further alleged adult safeguarding incidents. This was immediately brought to the attention of the manager and responsible individual who were asked to inform the appropriate HSCT safeguarding team on the day of inspection. Feedback from staff and the manager did not assure us that all of these incidents had been robustly responded to at the time of reporting by staff. An area for improvement was made.

As stated in sections 4.0 and 4.1, we discussed these findings with the senior management team following the inspection. The responsible individual confirmed with RQIA during this meeting that additional alleged adult safeguarding incidents had come to light since the inspection and were

being investigated by the relevant HSCT safeguarding team. RQIA will continue to work alongside the senior management team and Trust safeguarding staff in regard to these alleged incidents, as appropriate.

During the meeting with RQIA on 30 October 2019, the senior management team reaffirmed their commitment to ensuring a culture within the home which is person centred and promotes the human rights of patients. This will be monitored and reviewed closely by RQIA during future care inspections. The senior management team shared a robust action plan with RQIA following this inspection to address the inspection findings; this action plan includes: the retraining of all staff in the area of adult safeguarding, enhanced oversight within the home by the senior management team, ongoing promotion of the 'FREDA' principles in regard to patients' rights, namely – Fairness, Respect, Equality, Dignity and Autonomy.

An inspection of the home's environment was undertaken and highlighted that while some refurbishment had taken place, the internal décor remained poor and in need of improvement, specifically within the main lounge of the ground floor. An area for improvement was made.

While observing the internal environment, food thickening agents were found to be inappropriately stored and accessible to patients. An area for improvement was made.

Observation of staff compliance with IPC best practice standards was considered. We noted that some commode equipment was either ripped or poorly cleaned following use. Linen areas were also untidy and required further cleaning. An area for improvement was made.

Fire exits and escape routes were observed to be free from clutter throughout the inspection while staff adhered to good fire safety practices. The fire alarm is tested weekly and this was witnessed during the inspection.

We observed a newly furnished kitchenette on the ground floor. Feedback from both patients and staff highlighted that this was well received and enhanced the ability of staff to promote the rehabilitation and autonomy of patients. This is commended.

Areas for improvement

Areas for improvement were made in relation to: adult safeguarding, infection prevention and control, the internal environment and the storage of food thickening agents.

	Regulations	Standards
Total numb of areas for improvement	2	2

6.4 Is care effective?

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

Staff told the inspector that there was effective communication at the commencement of each shift which allowed them to discuss and review the ongoing needs of patients. As stated in section 6.3, staff were observed receiving this information before commencing their day duty shift.

A review of patients' care records evidenced that nursing staff regularly engaged with members of the multi-professional team; this included regular contact with professionals such as GPs, tissue viability nurses (TVN), dieticians and speech and language therapists (SALT). One visiting professional told us "We have a really good relationship with the staff ... they implement our care plans ... staff would notify us ... always approachable." The visiting professional went on to tell the inspector that "resident's hygiene levels are good ... (there is) a very low incidence of pressure sores here."

We looked at the management of restrictive practices for one patient, specifically the provision of continuous and enhanced supervision by staff. While a relevant care plan was in place, it was noted to be inaccurate in part; an older care plan which needed to be archived was also evident in the patient's care records. Staff informed us that there had been a recent "strategy meeting" with HSCT staff to review the patient's care although this was not recorded within the care notes. Supplementary supervision records were also found to be inconsistently completed and lacked necessary detail; language used by staff within these care records also needed to be more patient centred and meaningful, specifically when describing staff approaches which would have the best outcomes for the patient. An area for improvement was made.

The management of one patient who may present with behaviours which staff could find challenging was examined. Feedback from staff highlighted a concern that the patient may require an alternative care setting to better meet their assessed needs; this was highlighted to the manager who confirmed that he was involved in ongoing discussions with the patient's HSCT keyworker and would keep RQIA suitably informed. Review of the patient's care plans highlighted that greater detail was required which would allow the staff to more effectively communicate how best to manage the patient's behaviours. An area for improvement was made.

Areas of good practice

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

Areas for improvement

Two areas for improvement were made in regard to the management of restrictive practices and behaviours which may be challenging.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 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.

Throughout the inspection, staff interactions with patients were observed to be friendly, spontaneous and courteous.

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

Several patients were spoken with throughout the inspection; their responses included the following comments:

- “Staff treat me alright.”
- “Most of them (the staff) I would say (are compassionate)...they’re a bit short in their words.”
- “Staff are ok.”
- “No complaints.”

Two other patients also informed the lay assessor that staff treated them with respect and dignity.

We observed the provision of breakfast to patients on the first floor shortly following our arrival. Initially, four patients were seated across two tables within the dining room at 09.56 before breakfast was served. We noted that while dishes and cutlery were available, neither table had a table cloth. The dining room itself, although spacious and offering a pleasant exterior view, was slightly untidy and no stimulation for patients was offered by staff prior to meals being served. While staff engaged with patients in a friendly manner throughout the serving breakfast, no fluids were offered to patients in a timely manner with their breakfast meal of choice. Although toast was available on the dining trolley used by staff, this was not offered to patients in a timely manner. While patients stated that they had enjoyed their breakfast, the overall dining experience of patients needed to be improved. This was discussed with both the manager and responsible individual who agreed that the breakfast experience of patients as observed by the inspector was poor and required more effort by staff/oversight by the manager. An area for improvement was stated for a second time.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge of patients’ dietary needs.

Areas for improvement

An area for improvement was stated for a second time in regard to the dining experience of patients.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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. All staff spoken with were able to describe their roles and responsibilities. Following the inspection, RQIA were informed by the responsible individual that a new manager had been appointed, namely Tina Dobruszek-McGuigan.

The registration certificate was up to date and displayed appropriately. As referenced in section 6.4, the manager agreed to keep RQIA informed of progress in regard to one identified patient's placement within the home; the need to ensure that the home is compliant with its registered categories of care 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. It was also confirmed with the manager that any expression of dissatisfaction should be recorded appropriately as a complaint.

A review of records evidenced that monthly monitoring reports (MMR) 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. Review of the MMR dated 17 September 2019 highlighted that some governance audits which had been reportedly completed by the manager could not be found. The MMR did not outline how this matter should be effectively addressed. Feedback from the manager and senior management team during and following the inspection also highlighted an ineffective degree of governance oversight in response to this matter. The need to ensure that MMRs provide comprehensive and robust actions plans in order to help drive necessary improvements was highlighted. An area for improvement was made.

The completion of care record audits was discussed with the manager; those that were available for inspection were found to have been completed in an inconsistent and ineffective manner. An area for improvement was made.

Areas for improvement

Areas for improvement were made in regard to monthly monitoring reports and care record audits.

	Regulations	Standards
Total number of areas for improvement	1	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 Sam Warren, Manager, and Christopher Walsh, Responsible Individual, 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.

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 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<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: 6.3</p>
	<p>Response by registered person detailing the actions taken: Staff have been issued with a supervision in relation to the storage of thickening agents and this is monitored by the home manager. Commode audit in place and these are checked monthly by the home manager. All commodes fit for purpose and are cleaned after use. Linen stored cleaned and organised- this will be monitored by the home manager and housekeeper</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that there is a robust system in place which ensures/demonstrates that patients are not placed at risk of harm or abuse. Any alleged safeguarding incidents should also be responded to and managed in a robust and effective manner at all times.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Staff have received training in relation to Protection of Vulnerable adults. Any incidents reported recently have been escalated as needed and relevant APP1 forms submitted and Regulation 30 notifications submitted were appropriate. All incidents have been referred onto the necessary trusts and protection plans implemented were necessary.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person 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. Such visits should include evidence of a robust action plan which comprehensively identifies and reviews all ongoing actions to drive quality improvement and address any deficits identified, including any relevant quality improvement plans as outlined by RQIA.</p> <p>Ref: 6.6</p>

	<p>Response by registered person detailing the actions taken: Regulation 29 Visits completed monthly and action plans in place to identify deficits raised during the visits. These are reviewed, actioned and sent back to the Operations Manager. Necessary information from the visits relayed to staff and measures put in place as needed to address issues identified.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all mealtimes are managed in such a way as to promote a person centred and compassionate dining experience for patients at all times. This relates to those deficits referenced in the body of this report.</p> <p>Ref: 6.1 and 6.5</p> <p>Response by registered person detailing the actions taken: Supervision issued to staff in relation to the dining experience within the home, this outlines what is expected. Discussions have also taken place with staff in relation to this. This is monitored by the home manager and will continue to be reviewed.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that food thickening agents are stored in a secure and safe manner at all times.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Supervision issued to staff in relation to the storage of thickener and risks associated with same. All thickening agents stored in the treatment room. This will be monitored by the home manager.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 17 December 2019</p>	<p>The registered person shall ensure that the areas relating to the environment identified in the report are addressed.</p> <p>A detailed refurbishment action plan with firm timescales for improvement should be forwarded to RQIA along with completed QIP.</p> <p>Ref: 6.1 and 6.3</p> <p>Response by registered person detailing the actions taken: The main lounge on the ground floor has been refurbished and updated. It has been painted with new blinds, curtains and seating purchased for the room.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in regard to the provision of care to patients who require the use of restrictive practices, specifically the use of enhanced and/or 'one to one' supervision by staff:</p> <ul style="list-style-type: none"> • a comprehensive and person centred care plan which clearly outlines the nature, necessity and duration of the intervention, including how the intervention is to be kept under regular review • a contemporaneous record of all relevant meetings/discussions with the multiprofessional team, patient and/or patient representative • accurate and contemporaneous completion of any associated supplementary care records relating to supervision of the patient <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All clients who have one to one observations have a care plan in place. One current client has his one to one covered with an external agency and the necessary supplementary records are completed and maintained by them. All meetings to discuss the need for one to ones etc are logged in the clients notes.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 17</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in regard to the provision of care to patients who may present with behaviours which staff find challenging:</p> <ul style="list-style-type: none"> • a comprehensive and person centred care plan which clearly and meaningfully outlines those interventions which are required to effectively meet the patient's need when presenting with behaviours which challenge <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All distressed reaction care plans where applicable have been reviewed and rewritten to accurately reflect the challenging behaviours individual clients present with and management of same clearly documented.</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 person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice, specifically: care record audits.</p> <p>Ref: 6.6</p>
<p>Area for improvement 7</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2018</p>	<p>Response by registered person detailing the actions taken: All audits in place and action plans implemented were necessary. Care plan audits in place and reviewed at least monthly. Copies of action plans maintained to ensure oversight and copies given to the nursing team to ensure all deficits are addressed accordingly.</p> <p>The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the patient or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each patient.</p> <p>Ref: 6.1</p>
<p>Area for improvement 8</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p> <p>To be completed by: 29 December 2018</p>	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.1</p>
<p>Area for improvement 9</p> <p>Ref: Standard 14.25</p> <p>Stated: First time</p> <p>To be completed by: 29 December 2018</p>	<p>The registered person shall ensure that a reconciliation of patients' personal monies, the comfort fund and any related bank accounts are carried out and signed and dated by two people at least quarterly.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

<p>Area for improvement 10</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p> <p>To be completed by: 15 January 2019</p>	<p>The registered person shall ensure that patients or their representatives are advised of the up to date fee arrangements which constitute a change to each patients' individual written agreement with the home. Individual written agreements should be kept up to date with any change to the patient's agreement agreed in writing by the patient or their representative.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
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Please ensure this document is completed in full and returned via Web Portal



The **Regulation** and
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Assurance, Challenge and Improvement in Health and Social Care