



Unannounced Care Inspection Report 9 April 2019



Moneymore

Type of Service: Nursing Home
Address: Cookstown Road, Moneymore,
Magherafelt, BT45 7QF
Tel No: 028 8674 8118
Inspector: Jane Laird

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 Homes.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 41 patients.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Maureen Claire Royston	Registered Manager and date registered: Ailish Devlin
Person in charge at the time of inspection: Ailish Devlin	Number of registered places: 41
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: 32

4.0 Inspection summary

An unannounced inspection took place on 9 April 2019 from 10.00 hours to 18.30 hours.

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.

Evidence of good practice was found in relation to induction, training, supervision and appraisal, adult safeguarding, communication between patients, staff and other key stakeholders and maintaining good working relationships.

Areas requiring improvement were identified in relation to staff recruitment, accurate documentation of care records, fire safety, patients' privacy, restrictive practice, quality assurance audits and management of complaints and incidents. An area that was identified at the previous care inspection in relation to activities has been stated for a second time.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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	*5

*The total number of areas for improvement includes one under the care standards which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Ailish Devlin, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 28 September 2018

The most recent inspection of the home was an unannounced finance 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 inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, 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.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 1 April 2019 to 14 April 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records

- two staff recruitment and induction files
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- staff supervision and appraisal matrix
- a sample of reports of visits by the registered provider from January 2019
- RQIA registration certificate
- Public liability insurance certificate

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 28 September 2018

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

The completed QIP was returned and approved by the finance inspector.

6.2 Review of areas for improvement from the last care inspection dated 30 August 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time	The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that suitable arrangements were in place to minimise the risk/spread of infection between patients and staff.	

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that nursing staff promote and make proper provision for the nursing, health and welfare of patients and where appropriate treatment and supervision of patients.</p> <p>This area for improvement is made in reference to the following:</p> <ul style="list-style-type: none"> • wound management • SALT recommendations <p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed patient records in relation to wound management and SALT recommendations and confirmed that the nursing staff promote and make proper provision for the nursing, health and welfare of patients and where appropriate treatment and supervision of patients. This is discussed further in 6.5.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly.</p> <p>Action taken as confirmed during the inspection:</p> <p>The minutes of quarterly staff meetings were available at the time of inspection.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 1 October 2018</p>	<p>The registered person shall ensure the programme of activities reflects the preferences and choices of the patients and is evaluated regularly. This shall be displayed in a suitable format and a record kept of all activities that take place, with the names of the person leading them and the patients who participate. Arrangements for the provision of activities should be in place in the absence of the patient activity leader.</p> <p>Action taken as confirmed during the inspection:</p> <p>On review of three patient care records it was evident that the patient's preferences in relation to activities had not been evaluated or updated on a regular basis. The activity schedule was on display in one area of the home which did</p>	<p>Not met</p>

	not accommodate all patients. This is discussed further in 6.6.	
Area for improvement 3 Ref: Standard 44.3 Stated: First time	The registered person shall ensure the nursing home, and all spaces, is only used for the purposes which it is registered.	Met
	This area for improvement is made in reference to using empty bedrooms for storage purposes.	
	Action taken as confirmed during the inspection: The inspector confirmed that the rooms within the home were being used for the purpose in which they were registered.	

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.

We arrived in the home at 10.00 hours and were greeted by the registered manager who facilitated an orientation of the building. Patients were mainly in one of the lounges having had their breakfast. Some patients remained in their bedroom in keeping with their personal choice, whilst other patient's needs were being attended to by staff. Staff were friendly and welcoming and appeared confident in their role and delivery of care. The registered manager discussed the outcomes of recent recruitment and advised that in the interim, the home were block booking agency staff nurses to fulfil shifts. This was confirmed during discussions with agency staff who were knowledgeable regarding the needs of the patients and the operational matters of the home.

It was positive to note that the management team recognised the importance of patient safety and confirmed that they have voluntarily restricted patient numbers to 32 until they have their full complement of nursing staff employed. The registered manager further stated that there is ongoing recruitment for care assistants with recent interviews completed.

Patients indicated that they were well looked after by the staff and felt safe and happy living in Moneymore. One patient stated they "Couldn't be in a better place" with another stating "Staff are looking after me well". We also sought the opinion of patients on staffing via questionnaires. Four questionnaires were returned from patients who were very satisfied with the service provision across all four domains. One comment included; "Can't praise the staff enough. When they come into my room they always explain what they are going to do".

Staffing rotas for weeks commencing 1 April 2019 and 8 April 2019 were reviewed which evidenced that there were adequate numbers of staff employed to ensure patients were kept safe and their social and physical needs are met in a timely manner. However, it was observed on the

day of inspection that patient's hygiene needs were still being attended to at 11.30 hours and identified bedrooms had not been tidied or beds made. This was discussed with the registered manager who advised that patient dependency levels are carried out on a monthly basis with the most recent resulting in more hours of care required. The registered manager has confirmed that she has discussed this with her line manager and has provided assurances that staffing levels will continue to be monitored and will increase accordingly if deemed essential.

A discussion with staff evidenced that they were satisfied that there was sufficient staff on duty to meet the needs of the patients. Some staff stated they felt under pressure on occasions due to short notice absences and felt that provision of an additional care assistant especially during the morning period would create a more relaxed and less rushed atmosphere so that they could spend more time with the patients. Staff said that they felt supported by management, comments included; "I love it here", "I love my job" and "Feel supported by management". We also sought staff opinion on staffing via an online survey. There was no response in the time frame provided.

Review of two staff recruitment files confirmed staff were not consistently recruited in accordance with relevant statutory employment legislation and mandatory requirements. This was discussed with the registered manager and assurances were provided that relevant staff members would be appraised of the correct procedures for recruiting in the absence of the registered manager. This was identified as an area for improvement.

Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Patients were supported by staff that received on-going training to ensure they understood and were able to respond to patients needs. The registered manager informed us that all new staff had induction training which was confirmed by the staff on duty. One staff member said "Good induction", "Plenty of training provided". A system was also in place to direct the management team of when staff were due their bi-annual supervision and yearly appraisal.

Review of records evidenced the manager had a robust system in place to monitor staffs registration with their relevant professional bodies. There was evidence that registered nurses completed a competency and capability assessment yearly to ensure that they are competent to take charge of the home in the absence of the registered manager.

The staff spoken with understood their responsibilities in relation to keeping patients safe and were able to describe what they would do if they suspected or witnessed any form of abuse. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

A number of audits were completed to assure the quality of care and services; areas audited included wounds, environment and accidents and incidents. Audits generated action plans that highlighted areas for improvement and there was evidence that the deficits identified were actioned as required. However, review of the wound audit evidenced a clear action plan was not devised or implemented. This was discussed with the registered manager who provided assurances that this would be addressed as a matter of urgency and forwarded training dates with actions taken to RQIA following the inspection. This has been identified as an area for improvement and is discussed further in 6.7.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. We observed the home to be warm and comfortable throughout. Fire exits and corridors were observed to be clear of clutter

and obstruction. Refurbishment works were ongoing to the home and areas that were identified as needing decorated such as walls and bed frames were on the home’s agenda to address as part of their refurbishment plan. We further identified over bed tables that were damaged and plug holes that were rusted. This was discussed with the registered manager who provided reassurances that identified equipment/furniture that was damaged would be repaired or replaced as necessary.

Cigarette lighters were identified in the smoking room in an area that was easily accessed. This was discussed with the registered manager who acknowledged that this type of practice was unsafe and agreed to monitor the use of lighters as per the homes policy. This was identified as an area for improvement.

One identified sluice room was observed to be cluttered, with inappropriate items. This was discussed with the registered manager who acknowledged the risk of spread of infection to patients and had the sluice room tidied during the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to induction, training, supervision and appraisal and adult safeguarding.

Areas for improvement

The following area was identified for improvement in relation to staff recruitment and fire safety.

	Regulations	Standards
Total numb of areas for improvement	2	0

6.5 Is care effective?

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

Review of three patient care records in relation to the management of nutrition, patients’ weight, management of infections and wound care evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient. There was evidence of regular communication with representatives within the care records. A system was also in place to audit patient care records and each patient had a key worker. A daily record had been maintained to evidence the delivery of care and there was evidence that the care planning process included input from patients and/or their representatives, if necessary. One representative said “They always keep me updated”.

Referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians where necessary and appropriately maintained within the patients care records. Supplementary care charts such as food and fluid intake, repositioning records and elimination records evidenced that contemporaneous records were maintained on most occasions. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

On review of the repositioning records there were gaps identified within the charts where patients had not been repositioned as per their care plan and where skin was identified as red there was no intervention of treatment documented. It was further identified that there was no set fluid intake targets documented within the recording charts with two out of the three patients reviewed having a set fluid target within their care plan these targets were not consistently met and where they generally averaged as a lower intake than the total recommended daily intake there was no comment within the daily notes of any action taken. One patients care plan stated that the patient was on a fluid restriction but this was not documented within the recording chart to direct care staff. We discussed the above findings with the registered manager who acknowledged the shortfalls in the documentation and agreed to communicate with the registered nurses to ensure they document accurately the daily events within patients care records. This was identified as an area for improvement.

It was positive to note that restrictive practice, such as the use of bedrails or floor alarm mats, had been discussed with the patient, their next of kin and care manager and appropriate consent provided prior to implementing this practice. There was also evidence within the patient’s care records of an initial assessment completed to ensure safe use which was reviewed regularly and was included within the patient’s care plans.

Staff confirmed that they were required to attend a handover meeting at the beginning of each shift and were aware of the importance of handover reports in ensuring effective communication. Staff confirmed that the shift handover provided information regarding each patient’s condition and any changes noted. One staff member said “Good team work”. Other comments included; “We all work well together” and “Good handovers”.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

Areas of good practice

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

Areas for improvement

The following area was identified for improvement in relation to record keeping.

	Regulations	Standards
Total number of areas for improvement	1	0

6.6 Is care compassionate?

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

Staff interactions with patients were observed to be compassionate and caring and they demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and

how to provide comfort if required. Patients were afforded choice, privacy, dignity and respect. However, it was identified that there was no door locks within identified patient bedrooms. This was discussed with the registered manager who provided assurances that all bedroom door locks would be reviewed to ensure that a clear system of when patients do not wish to be disturbed and/or during personal hygiene interventions is in place. This was identified as an area for improvement.

We also observed the use of a keypad at the front door which we considered to be restrictive practice. While maintaining the security of the building, in regards to the safety and security of patients and their property is recognised, the need to ensure that patients' freedom of movement is suitably promoted and not inappropriately restricted was stressed. The registered manager acknowledged the importance of patient's freedom of movement and agreed to review this with the patients and their next of kin. This was identified as an area for improvement.

There were systems in place to obtain the views of patients and their representatives on the running of the home. An electronic touch pad system located at the entrance of the home is used for gathering information on the views of patient representatives on the quality of life (QOL) within the home. A similar hand held device is used to gain patient feedback which can be transported within the home to assess the level of satisfaction for both patients and their representatives. There was a certificate on display within the reception area "Top 20 ward" detailing that Moneymore had achieved top 20 of homes within Northern Ireland. This was commended by the inspector.

Consultation with 14 patients individually, and with others in small groups, confirmed that living in Moneymore was a mostly positive experience.

Patient comments:

- "Staff are looking after me well"
- "Getting well looked after"
- "The food is very good"
- "Staff attend to my needs"
- "I'm keeping well"
- "I never see anyone until meal times"

During the inspection we met with three patient representatives who were very complimentary of the homes environment and did not raise any concerns.

- "Brilliant staff here"
- "Care good. No concerns"
- "Staff good here"

During the inspection we met with three patient representatives who were very complimentary of the homes environment and did not raise any concerns. We also sought relatives' opinion on staffing via questionnaires. Two questionnaires were returned from patient representatives. The respondents were satisfied with the service provision across all four domains. Three questionnaires were returned which did not state whether they were from patients or patient

representatives. One respondent was very satisfied with the service provision across all four domains whilst the other two respondents were less satisfied.

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

The dining rooms and tables were well presented with place mats, condiments and a range of drinks available at each table. The menu was on display within the dining rooms which offered a choice of two main meals. Lunch commenced at 12.30 hours and patients were assisted to the dining room or had trays delivered to them as required. Patients received food and fluids which met their individual needs and took into account their preferences. Staff were observed assisting patients with their meal appropriately in an unhurried manner. One patient told us "The food is very good". Another patient said "dinner is ok but I don't like the other meals". A relative also suggested that there should be more variety for the evening meal as it is always the same. This was discussed with the registered manager who agreed to review the menus with the chef so as to ensure that patient's preferences are included and varied accordingly.

A variety of methods were used to promote orientation, for example, appropriate signage, photographs and the provision of clocks and prompts for the date. Patients' bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. Patients and staff spoken with were complimentary in respect of the home's environment whilst acknowledging that there were further improvements to be made.

The outdoor garden space and grounds were well maintained with an enclosed garden/court yard which included various seating areas and flower beds to enable patients to relax or participate in planting new flowers to add character to the garden.

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. On the day of the inspection the lead PAL (personal activity leader) was not on duty to discuss the provision of activities and the current arrangements within the home to facilitate patient involvement, however, a recently employed PAL was on her induction period and was able to provide a brief account of the type of activities that the home currently offer. The patients appeared to enjoy the interaction between the staff and each other. However, it was identified that the schedule was only on display within a corridor outside the two lounges and was not available for patients who preferred to stay within their own bedroom. Furthermore, on review of three patients care records it was identified that the preferences had not been reviewed for a number of years. This was identified as an area for improvement at the previous care inspection and has been stated for a second time.

Areas of good practice

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

Areas for improvement

The following areas were identified for improvement in relation to patient privacy and the use of restrictive practices.

	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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. The registered manager had returned to the home in March 2019 following a period of leave. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff/patients/representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA which confirmed that records were maintained appropriately and notifications were submitted in accordance with regulation. The inspector also evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA and/or other relevant bodies appropriately.

As previously discussed in 6.4 a number of governance audits were completed on a monthly basis by the manager, deputy manager and/or resident experience team member, however, a discussion was held with the registered manager regarding the quality of the audit outcomes considering some of the issues identified during inspection were not actioned appropriately in a timely manner and other areas were not identified as requiring attention such as the quality of care records. This was identified as an area for improvement.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed, however, it was identified that there was no clear system for recording whether or not the complainant was satisfied with the outcome, this was discussed with the registered manager and identified as an area for improvement.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual. Copies of the report were available for patients, their representatives, staff and trust representatives.

Staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Comments included; “Manager very approachable” and “Feel very supported in my role”.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships.

Areas for improvement

The following areas were identified for improvement in relation to quality assurance audits and management of complaints and incidents.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ailish Devlin, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

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 21</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all persons are recruited in accordance with best practice and legislation and that the efficacy of this is present in staff recruitment and selection files prior to commencing employment.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Registered Manager has commenced a review of recently commenced employees. A request has been made to HR to conduct a full review for assurance that best practice and legislation is being followed. During Reg 29 visits this will be monitored using HR TRaCA.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 9 June 2019</p>	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p> <p>Specific reference to recording charts and daily records:</p> <ul style="list-style-type: none"> • Action taken should be documented within daily records when set fluid targets have not been maintained • Where a patient has been repositioned the frequency should reflect the current care plan and state the intervention on each repositioning <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Registered Manager has commenced supervisions using the standard operating procedure from the relevant Policies. Registered staff are conducting spot checks on supplementary records at end of shift. Further oversight by Registered Manager whilst completing daily walk abouts.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (b) and (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that as far as reasonably practicable unnecessary risks to the health or safety of patients is identified and so far as possible eliminated.</p> <p>This is in relation to the unsupervised use of lighters within the patient smoking room.</p>

<p>To be completed by: 9 June 2019</p>	<p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Resident currently has capacity to smoke unsupervised. Smoking materials will be kept securely in a locked box. Registered Manager to review smoking risk assessment every three months.</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 11</p> <p>Stated: Second time</p> <p>To be completed by: 9 June 2019</p>	<p>The registered person shall ensure the programme of activities reflects the preferences and choices of the patients and is evaluated regularly. This shall be displayed in a suitable format and a record kept of all activities that take place, with the names of the person leading them and the patients who participate. Arrangements for the provision of activities should be in place in the absence of the patient activity leader.</p> <p>Ref: 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: A Residents meeting was held and choices of activities discussed. Care plan for activities have been reviewed and updated to reflect individual choice. Format for displaying activities has been reviewed and made available. Home will endeavour to plan activities in the absence of PAL</p>
<p>Area for improvement 2</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: 9 June 2019</p>	<p>The registered person shall ensure that the level, nature and type of any restraint is proportionate to the risk it is attempting to address.</p> <p>This is with specific reference to the keypad on the main exit door of the home.</p> <p>Ref: 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: Key pad at front door is for the residents security and safety, any resident who is able to access the Home independently and safely is aware of the code to freely move in and out of the Home themselves.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 6</p>	<p>The registered person shall ensure that patients have control over who accesses their room and when this happens. Arrangements must be in place to ensure that patient's privacy is upheld.</p> <p>Ref: 6.6</p>

<p>Stated: First time</p> <p>To be completed by: 9 June 2019</p>	<p>Response by registered person detailing the actions taken: FSHC Health & Safety and Estates Team have been commissioned to undertake a survey of all Homes in the portfolio and prepare a report with recommendations by 30th June 2019.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 9 June 2019</p>	<p>The registered person shall ensure that robust wound care audits are maintained to quality assure the standard of care in the home.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Registered Manager has completed a review of current wounds using the record of resident at risk template and cross referencing to datix. Additional oversight by Registered Manager and Deputy Manager who are completing wound care TRaCAs.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 16</p> <p>Stated: First time</p> <p>To be completed by: 9 June 2019</p>	<p>The registered person shall ensure that the complaints procedure includes detail of all communications with the complainant; the results of any investigations; the actions taken; whether or not the complainant was satisfied with the outcome and how this level of satisfaction was determined.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Registered Manager has conducted a review of complaints. Going forward complaints and/or concerns will be addressed as per FSHC complaints policy.</p>

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



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Quality Improvement
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