Unannounced Care Inspection Report
17 November 2018

Clareview House

Type of Service: Nursing Home (NH)
Address: 105 Doagh Road, Ballyclare, BT39 9ES
Tel No: 0289334 9694
Inspector: James Laverty

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 35 persons.

3.0 Service details

Organisation/Registered Provider: Hutchinson Homes Ltd **Responsible Individual:** Naomi Carey	**Registered Manager:** Sharon Bell
Person in charge at the time of inspection: Staff Nurse Denise Shahzad	**Date manager registered:** 8 November 2010
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH(E) - Physical disability other than sensory impairment – over 65 years. DE – Dementia.	**Number of registered places:** 35 A maximum of 5 patients in category NH-DE. There shall be a maximum of 4 named residents receiving residential care in category RC-I

4.0 Inspection summary

An unannounced inspection took place on 17 November 2018 from 08.30 to 18.15 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the 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 staff supervision/appraisal, staff communication with one another and collaboration with the multiprofessional team. Further areas of good practice were also noted in regards to staff communication with patients, staff awareness of/adherence to the nutritional needs of patients, the management of complaints, staff meetings and the staff rota.

Areas for improvement under the regulations were identified in relation to infection, prevention and control (IPC) practices; Control of Substances Hazardous to Health (COSHH) compliance; fire safety; the management of behaviours which staff may find challenging and falls management.

Areas for improvement under the standards were also found in regards to the nurse call system, and care delivery in relation to the use of restrictive interventions.

Patients' comments in relation to their experience of living at Clareview House are referenced in section 6.6.

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.

The term 'patient' is used throughout this report to describe those individuals living in Clareview House who receive either nursing or residential care.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*5	*2

*The total number of areas for improvement includes two regulations and one standard which have each been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Denise Shahzad, nurse in charge, as part of the inspection process. Following the inspection, feedback was shared with Sharon bell, registered manager, Mr Eddy Kerr, group operations manager, and Ms Naomi Carey, responsible individual.

The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 6 September 2018

The most recent inspection of the home was an announced premises variation inspection undertaken on 6 September 2018. There were no further actions required to be taken following the most recent 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 may include information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the previous care inspection report
- the returned QIP from the previous care inspection
- pre-inspection audit

During the inspection the inspector met with nine patients and six staff. No patients' relatives/representatives were available during the inspection. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the nurse in charge with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

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

The following records were examined during the inspection:

- three patients' care records
- one patient's pre/post admission care records
- RQIA registration certificate
- activity board signage
- staff rota

The findings of the inspection were shared with the nurse in charge at the conclusion of the inspection and with the registered manager, group operations manager and responsible individual following 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 6 September 2018

The most recent inspection of the home was an announced premises variation inspection undertaken on 6 September 2018.

6.2 Review of areas for improvement from the last care inspection dated 16 May 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 (1) (a) (b) **Stated:** First time	The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.	**Not met**

	Action taken as confirmed during the inspection: It was positive to note that the care record for one patient who had recently experienced an unwitnessed fall evidenced some relevant and accurate information concerning the patient's assessed needs in relation to being at risk of falling. However, some shortfalls were noted in regards to the management of falls and this is discussed further in section 6.5. This area for improvement has not been met and is stated for a second time.	
Area for improvement 2 **Ref**: Regulation 27 (4) (c) **Stated:** First time	The registered person shall ensure adequate means of escape in the event of a fire.	**Not met**
	Action taken as confirmed during the inspection: Observation of the environment highlighted one corridor in which effective access to a designated fire exit was partially obstructed by an unattended domestic trolley and patient hoist. This area for improvement has not been met and is stated for a second time.	
Area for improvement 3 **Ref**: Regulation 13 (7) **Stated:** First 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: Observation of the environment confirmed that positive progress had been made in regards to the majority of areas highlighted during the previous care inspection in relation to this area for improvement. Some deficits in regards to infection, prevention and control which were identified during this inspection are discussed further in section 6.4.	

Area for improvement 4 **Ref**: Regulation 14 (2) **Stated:** First time	The registered person shall ensure that the clinical room is locked at all times to ensure patient safety.	**Met**
	Action taken as confirmed during the inspection: The clinical room was appropriately secured throughout the duration of the inspection.	
Area for improvement 5 **Ref**: Regulation 13 (4) **Stated:** First time	The registered person shall ensure suitable arrangements for the secure storage of medicines. This area for improvement is made with specific reference to the storage of topical medicines.	**Met**
	Action taken as confirmed during the inspection: Assurances were received during and following the inspection in regards to the appropriate storage/labelling of medicines and the need for staff to remain vigilant in relation to this issue.	
Area for improvement 6 **Ref**: Regulation 15 (2) (a) (b) **Stated:** First time	The registered person shall ensure that care plans accurately reflect and address the assessed health needs of patients and are kept under review and updated in response to the changing needs of patients.	**Met**
	Action taken as confirmed during the inspection: Review of the care record for one patient who had a documented history of a Healthcare Acquired Infection (HCAI) confirmed that a care plan was in place which accurately reflected the assessed health needs of the patient in regards to appropriate treatment. An issue regarding the updating of a care plan following completion of antibiotic therapy was discussed with the nurse in charge and appropriate assurances were received.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 18.1 **Stated:** First time	The registered person shall ensure that patients are supported to be involved with assessments in relation to the use of restraint. Care plans should accurately reflect any discussions with patients and/or their relatives.	**Not met**

	Action taken as confirmed during the inspection: The care record for one patient who required the use of a restrictive practice (an alarmed pressure mat) was reviewed. This is discussed further in section 6.5. This area for improvement has not been met and is stated for a second time.	
Area for improvement 2 **Ref**: Standard 37 **Stated:** First time	The registered person shall ensure patient records are stored securely within the home. This area for improvement is made in reference to archiving of patient records.	**Met**
	Action taken as confirmed during the inspection: Observation of the environment confirmed that this area for improvement was satisfactorily met.	

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 nurse in charge confirmed the planned daily staffing levels for the home and that these levels were subject to regular review by the registered manager to ensure that the assessed needs of patients were met. Discussion with the nurse in charge further confirmed that contingency measures were in place to manage short notice sick leave when necessary.

The majority of patients were satisfied with the staffing arrangements. Staff who were spoken with did raise some concerns in relation to staffing levels and low staff morale within the home. Staffing levels were noted to be satisfactory on the on the day of the inspection. Staff comments were shared with the nurse in charge during the inspection and with the registered manager and senior management team following the inspection for further consideration and action, as necessary.

Discussion with staff evidenced that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff stated that they received formal supervision and appraisal.

Discussion with staff indicated that training was provided to ensure that mandatory training requirements were met. Staff who were spoken with stated that they possessed the knowledge, skill and experience necessary to fulfil the majority of their role, function and responsibilities. Several staff spoken with did express specific concerns in relation to the "challenging behaviour" training which they had received. These staff stated that although they had undergone such training, they remained unsure as to how to effectively manage some aspects of patient behaviours which may, on occasion, be challenging.

This feedback was shared with the nurse in charge during the inspection and with the registered manager following the inspection, for consideration and action as required. The importance of providing and quality assuring effective staff training for the management of behaviours which challenge was agreed. The management of one patient who displayed behaviours which may challenge is referenced further below and also in section 6.5.

Discussion with the nurse in charge and other nursing/care staff evidenced that they were aware of their responsibilities and duties in relation to the regional adult safeguarding policy and operational procedure. However, feedback from care staff and review of the care record relating to care delivery for one identified patient during the inspection highlighted that a potential safeguarding incident had occurred. The inspector recommended that an adult safeguarding referral be made by nursing staff during the inspection. This was appropriately actioned.

The majority of fire exits and corridors were observed to be clear from obstruction, although it was noted that one designated fire exit was not. Discussion with staff provided assurance that they had attended mandatory fire training, although several staff were unsure of the location of some firefighting equipment, namely, water extinguishers. It was agreed that effectively embedding fire training into practice should include consistent staff awareness of the location of firefighting equipment throughout the home.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms, were personalised with photographs, pictures and personal items. Following the inspection, the group operations manager advised that a communal bathroom which was noted to be cluttered is not normally used by patients and consideration would be given to the submission of a variation to registration application to change the use of the bathroom to a store.

Review of the environment highlighted one internal door alarm which was deactivated and provided direct access, via a stairwell, to an external door which was noted to be unlocked and open. Feedback from nursing staff confirmed that the identified internal door alarm should have been switched on and that staff had were unaware of the external door being unlocked or open. The nurse in charge confirmed before completion of the inspection that the identified internal doorway alarm was reactivated and that the external exit would be closely monitored by staff. It was further confirmed following the inspection that the external exit doorway was subsequently found to be in good working order.

The inspector observed one patient enter a staff area via an unsecured doorway within the building. This area did not have access to the nurse call system in the event of the patient requiring staff assistance. The inspector immediately alerted staff who assisted the patient out of the area. Following the inspection it was confirmed by the group operations manager that the keypad on the identified doorway had been repaired.

Some issues with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted. During feedback with the registered manager, it was confirmed that the majority of the highlighted shortfalls had been effectively addressed. Other IPC issues which were highlighted during the inspection, included:

- the practice of staff drying medicine cups over a radiator within the dining room
- staff practices with regards to the appropriate disposal of personal protective equipment (PPE), and hand washing

Discussion with the nurse in charge evidenced good awareness of the need to ensure that Control of Substances Hazardous to Health regulations are adhered to. However, during a review of the environment it was noted that there were two areas in which patients could potentially have had access to harmful chemicals, namely in the hairdressing room and also on an unattended domestic trolley. The identified substances were secured by the nurse in charge/domestic staff before the conclusion of the inspection and an area for improvement under regulation was made.

Feedback from staff and observation of the nurse call system highlighted that signage on the nurse call system panel located in a nursing station was inaccurate and therefore misleading for staff in the event of emergency/routine assistance being required. The need to ensure that the nurse call system is accurately maintained, specifically in regards to room number labelling was agreed and an area for improvement under the standards was identified in this regard.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff supervision/appraisal, the availability of PPE equipment /hand sanitisers, and the personalisation of patients' bedrooms.

Areas for improvement

Two areas for improvement under regulation were identified in regards to IPC and COSHH compliance. Two further areas for improvement under regulation were stated for a second time in regards to fire safety and falls management.

One area for improvement under the standards was made in relation to the nurse call system.

	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 the nurse in charge evidenced that staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' conditions and that they were encouraged to contribute to the handover meeting. Staff feedback highlighted that a handover was provided to one staff member while they were providing care to patients. The need for a comprehensive and patient centred handover for all staff prior to them delivering care, was discussed and agreed with the registered manager and senior management team following the inspection.

Staff who were spoken with confirmed that that they could speak with their line manager and/or the registered manager if they had any concerns.

There was evidence of multi-disciplinary working and collaboration with professionals such as General Practitioners (GPs), Tissue Viability Nurses (TVN), dieticians and speech and language therapists (SALT). Discussion with nursing staff confirmed that they were aware of how and when such collaboration should occur.

The care record for one patient who required the use of a restrictive intervention (an alarmed pressure mat) was reviewed. Feedback from the nurse in charge confirmed good awareness of the need to gain appropriate consent prior to the use of any form of restrictive practice and that such interventions should be periodically reviewed to ensure that they remain necessary and proportionate. However, review of the patient's care record highlighted that there was no relevant risk assessment or care plan in place which referenced any documented discussion with the patient's next of kin. An area for improvement under the standards was stated for a second time.

Review of one patient's care records who presented with behaviours that may challenge was undertaken. It was positive to note that both the pre-admission and post-admissions assessments clearly identified the type of behaviours which may be evident. The daily care record also accurately documented that the patient was continuing to exhibit these types of behaviour. However, the care records required further development to direct staff on how to effectively manage these behaviours e.g. trigger factors, behavioural management plan. An area for improvement under regulation was made.

The management of falls was also reviewed. Review of the care record for one patient who had recently experienced a fall confirmed that a relevant risk assessment had been completed. It was also noted that the daily care record, which is completed by nursing staff accurately referenced the incident. In addition, feedback from the nurse in charge highlighted good awareness of the importance of neurological observations being carried out following any unwitnessed falls. However, there was no appropriate care plan in place to address this patient's assessed risk of falling and review of the care records did not indicate that any clinical observations (including neurological observations) had been taken by staff following the identified fall. 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 communication with one another, and collaboration with the multiprofessional team.

Areas for improvement

One area for improvement under regulation was made in relation to the management of behaviours which challenge. One area for improvement under regulation was stated for a second time in relation to falls management.

One area for improvement under the standards was stated for a second time in regards to the use of restrictive practices.

	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.

The majority of staff interactions with patients were observed to be compassionate and caring. Several patients were positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the nurse in charge and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

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

- "I like it here."
- "I'm well looked after."
- "… food is great."
- "The nurses are very good."
- "Generally good … sometimes short of staff."
- "I love it here."

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

At the time of writing this report, three patients' relative questionnaires have been returned within the specified timescales. All respondents expressed satisfaction with the delivery of care.

Questionnaire comments received before/after specified timescales will be shared with the registered manager as necessary.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

There were systems in place to obtain the views of patients and their representatives in relation to the delivery of care and the management of the home. A wall mounted 'post box' which was available for feedback was located at the front entrance.

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

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, tidy and appropriately spacious for patients and staff. Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. All patients appeared content and relaxed in their environment. Discussion with kitchen staff evidenced good awareness of the holistic and nutritional needs of patients. Staff interactions with patients were observed to be person centred, enthusiastic and compassionate throughout the lunchtime meal.

It was noted that during the provision of breakfast within the part of the home in which dementia care is delivered, two patients waited at their breakfast table for approximately 30 minutes before being served food or fluids. Care staff on duty stated that breakfast was not typically served to any patient in that area until all patients accommodated within that part of the home had been assisted out of bed and to the dining area. It was suggested that a review be undertaken to reassess how breakfast is served in that part of the home so that patients do not have to wait for long periods prior to their meal being served; the management team agreed to do this.

Staff were observed engaging in table bingo during the afternoon within one part of the home and staff interactions with patients throughout the home were observed to be friendly, enthusiastic and spontaneous. Observation of the environment highlighted two activities notice boards which contained no information for patients/relatives. The management team advised that there was a full activity programme in place during the week and the activity notice boards were cleared on a Friday, although it was agreed that they could ensure that activity information is left for patients/staff during weekends.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff communication with patients and staff awareness of/adherence to the nutritional needs of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

Discussion with the nurse in charge 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 and confirmed that there were good working relationships between nursing and care staff within the home. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

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

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately.

Observation of the environment confirmed that patients' records were stored securely at all times in line with good practice and legislative requirements.

Discussion with the nurse in charge and other staff confirmed that staff meetings were held on a regular basis and that such meetings were provided for both day and night duty staff.

Review of the duty rota evidenced that the nurse in charge was clearly indicated. In addition, the first and last name of all staff employed in the home was clearly indicated.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of complaints, staff meetings and the staff rota.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Denise Shahzad, nurse in charge, as part of the inspection process. Following the inspection feedback was provided to Sharon bell, registered manager, Mr Eddy Kerr, group operations manager, and Ms Naomi Carey, responsible individual. 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	
Area for improvement 1 **Ref**: Regulation 13 (1) (a) (b) **Stated:** Second time **To be completed by:** 16 May 2018	The registered persons shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record. Ref: 6.2 & 6.5
	Response by registered person detailing the actions taken: All staff are fully aware of how to carry out neurological observations as noted by the Inspector on the day of the inspection. All staff reminded verbally and notice put up to reinforce - However, in the case highlighted by the inspector observations had actually been taken and recorded appropriately but due to a software issue on the day of the incident, the record was placed in the daily notes and not in the 'Observations' section of the recording system. It is the belief of the team in Clareview that this is not an unmet validation of compliance but rather a communcation misunderstanding. All future obs will be transferred to the observations section in a timely manner should there be a repeat of the software issue in the future.
Area for improvement 2 **Ref**: Regulation 27 (4) (c) **Stated:** Second time **To be completed by:** 16 May 2018	The registered persons shall ensure adequate means of escape in the event of a fire. Ref: 6.2 & 6.4
	Response by registered person detailing the actions taken: Adequate means of escape is available throughout the nursing home. As pointed out during the inspection to the inspector the trolley was in use by housekeeping staff and in the event of needing to be moved it could have been swiftly pushed into an adjacent bedroom as it is on wheels. This has been discussed with our own estates officer who is a retained fireman. Phonecalls where also then made to fire authority experts and this was further confirmed as not being a hazard or risk preventing timely escape in an emergency situation.

Area for improvement 3 **Ref:** Regulation 13 (7) **Stated:** First time **To be completed by:** With immediate effect	The registered persons shall ensure that the infection prevention and control issues outlined in the main body of the report are managed to minimise the risk and spread of infection. This also includes the appropriate storage of an identified steam cleaner. Ref: 6.2 & 6.4
	Response by registered person detailing the actions taken: All infection prevention and control, as acknowledged by the Inspector in the body of the report and in subsequent meetings meets the required standard. The steam cleaner is stored in the domestic store at all times as agreed with head housekeeper
Area for improvement 4 **Ref**: Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** With immediate effect	The registered persons must ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times. Ref: 6.4
	Response by registered person detailing the actions taken: As the Inspector noted in the subsquent meeting after the inspection the issue surrounding the incorrect storage was dealt with immediately by the staff nurse on duty. It was also explained to the inspector at the meeting that these items had not been left by our regular hairdresser as she follows COSHH guidelines correctly but had been left by a hairdresser brought in by a family the day before the inspection and I would be speaking to this hairdresser if and when she was back in to remind her of COSSH guidelines but the most important thing was they were immediately removed and placed in a locked storage area. Housekeeping staff ar fully aware of the need to keep their trolley under close supervision and not to leave it unattended with any liquids easily accessible. Investigating the supply of lockable boxes for the trolleys.
Area for improvement 5 **Ref:** Regulation 16 (1) (2) **Stated:** First time **To be completed by:** With immediate effect	The registered persons shall ensure that a comprehensive care plan is developed for the identified patient with behaviours which may challenge. Ref: 6.5
	Response by registered person detailing the actions taken: All staff are aware of the requirement to have a comprehensive care plan for all patients and have ensured that such care plans are in place.

<table>
<tr><th colspan="2">Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 18.1

Stated: Second time

To be completed by:
16 May 2018</td><td>The registered persons shall ensure that patients are involved with assessments in relation to the use of restrictive practices. Care plans should accurately reflect any discussions with patients and/or their relatives.

Ref: 6.2 & 6.5</td></tr>
<tr><td>Response by registered person detailing the actions taken:
Clareview does not use or promote any restrictive practices. We do use alert mats with residents who tend to get up independently overnight but are at risk of falling due to unsteadiness so to promote their independence and maintain safety and minimise the risk of broken bones, the alert mats are used to let staff know the person is up so as they are in the vicinity to assist them. It does not stop them getting out of bed and mobilising freely nor do staff prevent them from doing what they want to do. These alarms are in place to promote freedom and ensure staff are alerted to facilitate an appropriate response to potential needs of clients who are enjoying the freedom to move and mobilise as they so wish.</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Standard 44.8

Stated: First time

To be completed by:
With immediate effect</td><td>The registered persons shall ensure that the nurse call system is accurately and effectively labelled at all times for reference by staff.

Ref: 6.4</td></tr>
<tr><td>Response by registered person detailing the actions taken:
The nurse call system has been fully checked and all corrective action taken. There can be no confusion re any alerts which are initiated.</td></tr>
</table>

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

The Regulation and Quality Improvement Authority

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