Fairfields Care Centre
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Unannounced Care Inspection
of
Fairfields Care Centre

22 March 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 22 March 2016 from 09.30 to 17.00 hours.

The purpose of this inspection was to seek assurances that the care and welfare of patients was in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes, July 2015.

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

For the purposes of this report, the term 'patients' will be used to described those living in Fairfields Care Centre which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 25 November 2015.

1.2 Actions/Enforcement Resulting from this Inspection

As a result of the inspection, RQIA were not satisfied about the progress made to improve the quality of care and service within the dementia unit of Fairfields Care Centre in accordance with best practice guidelines. The findings were reported to senior management in RQIA, following which a decision was taken to invite the Registered Person, Mr Christopher Walsh and Mr Philip McGowan, Manager, to a meeting in RQIA on 22 April 2016. The inspection findings were communicated in correspondence to the Registered Person, Mr Christopher Walsh, and an action plan was requested to be submitted by the registered person and the manager as to how and when the matters raised at previous inspections would be addressed.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	*4	*4

*The total number of requirements and/or recommendations includes one requirement that has been stated for the third and final time and one recommendation that has been stated for the second time.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Care Circle Limited Chris Walsh	**Registered Manager:** Philip McGowan
Person in Charge of the Home at the Time of Inspection: Philip McGowan	**Date Manager Registered:** Registration Pending
Categories of Care: NH-MP(E), NH-LD(E), RC-DE, RC-I, NH-DE, NH-I, NH-PH	**Number of Registered Places:** 70
Number of Patients Accommodated on Day of Inspection: 65	**Weekly Tariff at Time of Inspection:** £470 Residential £593 - £637 Nursing

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

Information/correspondence was received by the duty inspector in RQIA on 22 March 2016 regarding concerns in the following area:

- Staff did not respond promptly to the request for assistance from a patient

The duty inspector contacted the inspector aligned to the home who was undertaking an inspection of Fairfields at the time. The manager was informed of the nature of the concern and asked to investigate the issue and inform RQIA of the outcome.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspectors also met with fourteen patients, seven care staff, three nursing staff and six patient's representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- seven patient care records
- staff training records
- policies for dying and death and palliative and end of life care

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 25 November 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care inspection on 25 November 2015.

Last Care Inspection Statutory Requirements		**Validation of Compliance**
Requirement 1 **Ref:** Regulation 16 (2) **Stated:** Third and final time	The registered person shall ensure that patients and residents care plans are reviewed monthly or more often if deemed appropriate.	**Met**
	Action taken as confirmed during the inspection: A review of five patient care records confirmed that patients' risk assessments and care plans were generally reviewed on a regular basis. However, some areas for improvement were identified and a new recommendation has been made in this regard. Refer to section 5.3.2 for further detail.	

Requirement 2 **Ref:** Regulation 12 (1) (a) and (b) **Stated:** Second time	The registered person must ensure the quality of care and life afforded to patients in the dementia unit is in accordance with best practice in dementia care. A dementia audit should be undertaken and where shortfalls are identified the action required is stated and confirmation of progress made to fully address any shortfall.	**Partially Met**
	Action taken as confirmed during the inspection: An action plan had been undertaken by the manager in December 2015. However, the action plan did not identify timescales for commencing or completing the identified actions. Observations of care practice and of the environment in the dementia unit evidenced a range of issues that require improvement: the general environment; patient activities; the patients' dining experience; the deployment of staff and the approach of staff in respect of dementia care practice. Refer to section 5.3.5 for further information. Compliance with this requirement has not met. As this requirement is being stated for a third time, enforcement action was considered and in discussion with senior management, it was concluded that enforcement action would not be taken at this time. The registered person must ensure compliance by the date stated in the QIP.	
Requirement 3 **Ref:** Regulation 24 (1) (2) (3) & (4) **Stated:** First time	The registered persons must have robust procedures in place for the management of complaints.	**Met**
	Action taken as confirmed during the inspection: A review of the complaint's record evidenced that records were maintained appropriately.	

Requirement 4 **Ref:** Regulation 27 (4) (b) & (d) (v) (e) **Stated:** First time	The registered person must ensure that adequate precautions against the risk of fire are in place in line with the home's fire risk management plan. Robust systems must be in place to ensure adherence to these precautions.	**Partially Met**
	Action taken as confirmed during the inspection: Although the practice of holding bedroom doors open with wooden wedges had ceased, two patient's bedroom doors continued to be wedged open because the hold open device was not fully operational. Deficits in staff fire training were also identified. Refer to section 5.3.4 for further detail. A new recommendation has been made in this regard.	
Requirement 5 **Ref:** Regulation 27 (c) **Stated:** First time	The registered person must ensure that equipment provided at the nursing home for use by patients is in good working order, properly maintained in accordance with the manufacturer's guidance, and suitable for the purpose for which it is to be used.	**Met**
	Action taken as confirmed during the inspection: The equipment used in the home was observed to be intact and in good working order.	
Last Care Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref**: Standard 41.1 **Stated:** Second time	The continuity of the staffing arrangements in the residential unit should evidently remain under review and care staff should not be readily taken from this unit to working in the nursing units.	**Met**
	Action taken as confirmed during the inspection: Consultation with staff and a review of the staff duty roster confirmed that the staffing levels in the residential unit were in line with those discussed with the inspectors. No concerns were raised by staff in relation to the staffing levels on the residential unit.	

Recommendation 2 **Ref**: Standard 46.1 and 46.2 **Stated:** Second time	Evidence should be present in the home of regular auditing of infection prevention and control procedures in the home. The audits should reflect the remedial action taken where a shortfall has been identified. Action should be taken regarding the areas identified in the report.	**Partially Met**
	Action taken as confirmed during the inspection: Discussion with the manager and a review of the infection control audits evidenced that only one section of the audit was completed each month which resulted in long periods between audits of specific areas. There was also no evidence of the follow up action taken to address the identified deficits and no evidence that the audits had been reviewed by the manager. In considering this and the inspectors' observations, a requirement has now been made in this regard. Refer to section 5.3.5 for further detail.	
Recommendation 3 **Ref**: Standard 16 **Stated:** First time	The complaints record should be urgently reviewed to ensure that the deficits identified in this inspection have been effectively addressed. **This must be confirmed with the return of the QIP.**	**Met**
	Action taken as confirmed during the inspection: A review of complaints was submitted with the returned QIP and all deficits had been addressed.	

Recommendation 4 **Ref**: Standard 35.3 **Stated:** First time	The registered manager should ensure that there are robust systems in place to discharge, monitor and report on the delivery of nursing care, in particular, the auditing processes in relation to care records, incidents and complaints.	**Met**
	Action taken as confirmed during the inspection: The audits pertaining to care records, incidents and complaints were reviewed. There was evidence of regular review by management and by senior nurses. However, two different care record auditing tools were in use and neither tool evidenced follow up action taken, to ensure that identified deficits had been addressed. This was discussed with the manager during feedback and advice was given in this regard.	
Recommendation 5 **Ref**: Standard 35.16 **Stated:** First time	The registered manager should audit the call bell response times on a regular basis. This audit should include response times at or nearing change of shifts. The audit should record any deficits identified, confirmation of follow up and matters addressed.	**Met**
	Action taken as confirmed during the inspection: There was evidence that call bell response times had been monitored on a regular basis and appropriate action had been taken in response to delays.	

Recommendation 6 **Ref**: Standard 11.1 **Stated:** First time	The registered manager should ensure that the arrangements for the provision of activities in the dementia unit are reviewed. This should include for the provision of activities in the absence of the person designated to carry out activities. A record should also be maintained to evidence the decision making process regarding the provision of activities and events for patients accommodated in the dementia unit.	**Not Met**
	Action taken as confirmed during the inspection: The activities programme displayed in the dementia unit was the same programme viewed in the general nursing and residential unit. Activity planning was not specific to the identified needs of the patients with dementia, their life experiences and interests. Care staff stated there was limited time to provide activities for patients, in the absence of the activities coordinator, due to meeting the care needs of patients. The records pertaining to activity provision were reviewed. Two systems were in place to record patient participation. A diary had been used to record patients' names and the event attended. Other records were available detailing the level of participation; however these had not been consistently completed. For example, two activity logs contained no entries from 2 February 2016 and one had not been completed since 2 January 2016. This recommendation was not met and has been stated for the second time.	
Recommendation 7 **Ref**: Standard 41.9 **Stated:** First time	The duty roster should be clear and accurately reflect amendments made which affect the actual re-deployment of staff from the residential unit.	**Met**
	Action taken as confirmed during the inspection: The staff duty roster was reviewed and was deemed to be maintained accurately. Advice was given to the manager regarding his own designation on the duty roster.	

Recommendation 8 **Ref**: Standard 46.2 **Stated:** First time	Personal protective equipment and linen should be appropriately stored, to ensure compliance with best practice in infection prevention and control within the home.	**Met**
	Action taken as confirmed during the inspection: Personal protective equipment and linen were observed to be stored appropriately. Refer to section5.3.5 for further detail.	

5.3 Additional Areas Examined

5.3.1. Care Practices

The interactions between patients, and staff were appropriate and good relationships were evident. As previously discussed in section 5.2 recommendation 5, there was evidence that call-bell response times had been audited and there was evidence recorded of immediate action taken to address any identified delays. We did not observe calls for assistance not being answered.

One patient was calling out loudly in a lounge on the ground floor. Staff confirmed that the patient had a confirmed diagnosis of dementia. Discussion with the manager regarding the placement of this identified patient confirmed that the patient's dementia associated care needs were not the prevailing need at the time of admission. The manager confirmed that plans were in place to ensure that the patient was appropriately supported. Following the inspection, the manager confirmed to RQIA by email that the matter had been addressed. However, a recommendation has been made to ensure that arrangements for patients with a confirmed diagnosis of dementia are kept under regular review. The review process should also include consideration of the support and/or alternative arrangements for patients when it becomes apparent that the existing placement is no longer able to meet the patient's changing dementia care needs.

5.3.2. Care Records

A review of seven patient care records confirmed that patients' risk assessments and care plans were generally reviewed on a regular basis.

However, some areas for improvement within the records were identified:

- Preferred terminology should be used by nursing staff. Evidence was present of reference made to the number of 'fits' a patient had had in the monthly evaluation of the care plan. The preferred terminology to be used is a seizure. Also continence products were referred to as a 'nappy'; again the preferred terminology should be in evidence.
- Reference was made to aggressive behaviours, both verbal and physical. There was no evidence of a behavioural plan being in place to support patients during times of displaying distressed reactions.

It is recommended that nursing staff adhere to professional standards in respect of care records. The registered person should monitor nursing staff adherence to the NMC guidelines.

5.3.3. Staff Training

Inspection identified concerns regarding staff training and records. Following the inspection, staff training records were submitted to RQIA by email.

A review of the mandatory training records evidenced the following:

- Adult Safeguarding Procedures – ten percent of the 83 staff employed had not attended training
- Restrictive Practices – 21 percent of the 62 nursing and care staff had not attended training
- Infection Prevention and Control – 11 percent of the 83 staff employed had not attended training
- First Aid Training – 13 percent of the 83 staff employed had not attended training
- Dementia – nine percent of the 62 nursing and care staff had not attended training

A requirement has been made in this regard. Confirmation that training has been provided and attended by all relevant staff working in the home must be submitted to RQIA with the returned QIP.

A review of other training records evidenced the following:

- Nutrition and Hydration – 19 percent of the 62 nursing and care staff had not attended training
- Personal Care – ten percent of the 62 nursing and care staff had not attended training

Training in these non-mandatory areas had also been stated as a requirement in previous inspections. Although some progress had been made and assurances provided during the last inspection, that additional training dates were planned, it was concerning that deficits were identified on this inspection. Evidence that training, in whatever format provided, should be retained in the home. This has been incorporated into the above requirement.

5.3.4. Fire Awareness and Fire Practices

As discussed in section 5.2 above, the practice of holding bedroom doors open with wooden wedges had ceased; however, two patients' bedroom doors continued to be wedged open because the hold open device was not fully operational. A recommendation has been made to ensure that an audit of all hold-open devices in the home is conducted.

With reference to 5.3.3 above, the review of staff training records also evidenced that not all staff had received training in fire prevention. For example, 26 staff had not completed the full fire training and 24 staff had no record of having completed any fire training. Following the inspection, the manager confirmed to RQIA that fire training was planned for 6 and 18 April 2016.

A new requirement has been made in this regard and has been incorporated into the requirement made in section 5.3.3 above.

5.3.5. Dementia Care Practice

The Environment

Improvements to enhance the environment in the dementia unit had commenced; for example, recessed areas in the corridor had been made into places of interest for patients. However, orientation cues were limited as not all bedroom doors had signage or meaningful memorabilia to orientate the patient to their bedroom. The lounge areas were sparse and there was a lack of soft furnishings. The manager stated consideration was being given to dividing the unit into two smaller areas. It was thought that by doing this that patients and staff would experience a more relaxed and person centred approach to daily life. The observation of practice in the dementia unit at the time of the inspection confirmed the need for a review of the deployment of staff and the allocation of duties and/or approach to the day. One area of the unit, which included a lounge and bedrooms, was unsupervised by staff for a considerable period of time. Staff stated this was due to unforeseen circumstances at the time as a patient required medical care.

The Provision of Activities

An activities coordinator is employed and is responsible for social and recreational opportunities for all patients. As there are three units in Fairfields Care Centre, this affords a limited amount of time in each unit. The social needs of persons with dementia are a significant aspect of care and it would be of benefit to have a dedicated activities coordinator for the dementia unit. Reference has been made to the provision of activities; please refer to section 5.2 recommendation 6, for further information.

Nursing Care Records

The review of two patients care records did not evidence staff were supporting patients who displayed distressed reactions. Reference was made in care records to verbal and physical aggression. There were no care plans in evidence to inform staff how to respond to and support patients during times of distressed reactions. Training on responding to distressed reactions must be part of the staff training programme.

The Dining Experience

Observation of the dining tables at mealtimes evidenced that dining tables were not appropriately set or presented. For example, there was a lack of tablecloths, place settings and condiments. The dining experience for patients was not in accordance with best practice in dementia care. Staff were observed taking meals and forks to patients who were seated at the table. This had previously been observed at the inspection of 17 July 2015. At this time, assurances were given that the approach to meals and mealtimes would be revised. Evidence was not present that the information given to staff by management was embedded into practice. Not only is this poor practice but it is also an example of staff's limited knowledge regarding dementia care.

A rolling programme of dementia training must be viewed as a priority for staff and the culture and approach to daily life in the dementia unit reviewed and enhanced for the benefit of patients. A system needs to be implemented to monitor and evidence that any staff training undertaken is fully embedded into practice to improve the quality of care for patients. The areas discussed in this section specifically; the patients dining experience, responding to distressed reactions, the environment and the culture of care are to be included in the training programme. A requirement has been made.

An action plan in respect of a dementia audit had been written in December 2015. As previously stated, it was concerning that the action plan shared on inspection, did not specify timescales for the commencement of improvement or for the completion of the actions to be taken. In view of the above areas identified in the dementia unit, concerns were raised regarding the quality and robustness of the audit and action plan. A revised action plan is to be submitted to RQIA and should incorporate the areas of concern identified at the inspection.

5.3.6. Staff, Patients and Patients' Representative Comments

Some comments received are detailed below:

Staff

'Staffing levels are a problem. The work gets done but it is hard.'
'We are often under pressure especially in the morning.'
'I am happy enough. I have no complaints.'
'Staffing levels are ok. It is fine here if everyone shows up for work.'

The above comments were discussed with the manager who stated that the home was proposing to divide the dementia unit on the first floor into two units, in order to address difficulties in deploying the staff more effectively.

Patients

'I am treated very well.'
'They are very thoughtful. They are very good.'
'I have no complaints.'
'It's fine.'

Patients' Representatives

'I am very pleased with the care.'
'I have no concerns.'
'Very good here.'
'Couldn't get better.'
'It's a great home.'

One relative raised concerns regarding their relative's care, specifically delays in being assisted with toileting needs and pain relief. This was brought to the attention of the manager to address.

5.3.7. Environment

A general tour of the home was undertaken which included a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout. However, some areas required attention. For example, two badly-rusted commodes were stored in a sluice room and dirty basins were also observed on the floor. A linen trolley was also observed to be in need of deep cleaning. The treatment door was unlocked and an insulin needle was observed on the lid of the sharps disposal container. These matters were brought to the attention of the manager and were addressed on the day of the inspection.

As discussed in section 5.2, the review of the infection control audits evidenced that only one section of the audit was completed each month which resulted in long periods between audits of specific areas. There was also no evidence of follow up action taken to address the identified deficits and there was no evidence that the audits had been reviewed by the manager. Given that this recommendation had been stated previously in the last two inspections, a requirement has now been made.

Areas for Improvement

It is recommended that the appropriateness of patients' placements within the home should be kept under regular review, in particular, patients who have a confirmed diagnosis of dementia. The review process should also include consideration of the support and/or alternative arrangements for patients when it becomes apparent that the existing placement is no longer able to meet the patient's changing dementia care needs.

It is recommended that nursing staff adhere to professional standards in respect of care records. The registered person should monitor nursing staff adherence to the NMC guidelines.

It is required that a programme of staff training regarding dementia care practice is implemented. Training should include the dining experience of patients, responding to distressed reactions, the impact of the environment in dementia care and the organisation of the day/culture of care in the home.

The registered manager is required to ensure that all staff complete mandatory training, as relevant to their roles and responsibilities. This specifically relates to: Safeguarding of Vulnerable Adults, Fire prevention, Restrictive Practices, Nutrition and Hydration, First Aid Training, Personal Care, and Infection Prevention and Control.

It is recommended that an audit of all doors in the home should be conducted, to ensure that all hold-open devices are operational. The outcome of the audit should be actioned and the report shared with the staff.

It is recommended that evidence should be present in the home of regular auditing of infection prevention and control procedures in the home. The audits should reflect the remedial action taken where a shortfall has been identified. Action should be taken regarding the areas identified in the report.

Number of Requirements:	**4**	**Number of Recommendations:**	**4**

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 **Ref:** Regulation 12 (1) (a) and (b) **Stated:** Third time **To be Completed by:** 27 May 2016	The registered person must ensure the quality of care and life afforded to patients in the dementia unit is in accordance with best practice in dementia care. A dementia audit should be undertaken and where shortfalls are identified the action required is stated and confirmation of progress made to fully address any shortfall. A revised action plan, detailing timescales for completion must be submitted to RQIA. **Stated for the third and final time** **Ref: Section 5.2**
	Response by Registered Person(s) Detailing the Actions Taken: Dementia action plan was developed on the 22nd April 2016 by Manager and Regional Manager. This was sent to the RQIA on the 12th May 2016. as per agreement this will be updated regularly and an updated action plan sent to the RQIA on the 12th June 2016
Requirement 2 **Ref:** Regulation 46.2 **Stated:** First time **To be Completed by:** 19 May 2016	The registered person must ensure that evidence is available of regular auditing of infection prevention and control procedures in the home. The audits should reflect the remedial action taken where a shortfall has been identified. Action should be taken regarding the areas identified in the report. **Stated as a recommendation on two previous occasions** **Ref: Sections 5.2 and 5.3.6**
	Response by Registered Person(s) Detailing the Actions Taken: The registered manager has developed an IPC cycle for the home. The current self audit Tool has been discontinued and a monthly infection control audit tool has been been implemented and commenced. In addition hand hygine, commode checks, mattress checks have been added to ensure a fully responsive infection control plan.

Requirement 3 **Ref:** Regulation 12 (1) (a) and (b) **Stated:** First time **To be Completed by:** 31 October 2016	The registered person must ensure that a rolling programme of dementia specific training is developed and undertaken by staff. The training programme should also incorporate the areas identified at inspection. Management should implement a system to monitor and evaluate the delivery of care in the dementia unit to ensure that the knowledge and skills of staff, gained through training, is embedded into practice. **Ref: Sections 5.3.5**
	Response by Registered Person(s) Detailing the Actions Taken: A clinical lead in dementia Care has been employed in the home. They are currently undertaking the University of sterling dementia course and will on completion roll this out throughout the unit. In line with the requirement, audits will be developed to ensure the learnt study is demonstrated in practice.
Requirement 4 **Ref:** Regulation 20 (c) (i) **Stated:** First time **To be Completed by:** 19 May 2016	The registered manager must ensure that all staff receive mandatory training, as relevant to their roles and responsibilities. This specifically relates to: • Adult Safeguarding (including restrictive practices) • Fire Prevention • First Aid Training • Infection Prevention and Control **Confirmation that all mandatory training has been provided must be submitted with the returned QIP.** • Nutrition and Hydration • Personal Care **Evidence of training, in whatever format provided, must be retained in the home.** **Ref: Sections 5.2, 5.3.3 and 5.3.4**
	Response by Registered Person(s) Detailing the Actions Taken: Training identified in part 1 above is currently set at 100% compliance. The training in part two has been developed and will form part of the training plan for Qtr 3 and 4. The home is currently at 60% in these two areas through direct training however both area are done daily through supervision and reflection of practice

Recommendations	
Recommendation 1 **Ref:** Standard 11.1 **Stated:** Second time **To be Completed by:** 19 May 2016	The registered manager should ensure that the arrangements for the provision of activities in the dementia unit are reviewed. This should include for the provision of activities in the absence of the person designated to carry out activities. A record should also be maintained to evidence the decision making process regarding the provision of activities and events for patients accommodated in the dementia unit. **Ref: Section 5.2**
	Response by Registered Person(s) Detailing the Actions Taken: The current contracted hours within this area are being reviewed to ensure they cover the needs of all residents in the home
Recommendation 2 **Ref:** Standard 17.4 **Stated:** First time **To be Completed by:** 19 May 2016	The appropriateness of patients' placements within the home should be kept under regular review, in particular, patients who have a confirmed diagnosis of dementia. The review process should also include consideration of the support and/or alternative arrangements for patients when it becomes apparent that the existing placement is no longer able to meet the patient's changing dementia care needs. **Ref: Section 5.3.1**
	Response by Registered Person(s) Detailing the Actions Taken: The review process of residents falls within this recommendation and the practice of correct placement is maintained

Recommendation 3 **Ref:** Standard 4.9 and 4.10 **Stated:** First time **To be Completed by:** 31 July 2016	It is recommended nursing staff adhere to professional standards in respect of care records. The registered person should monitor nursing staff adherence to the NMC guidelines. **Ref: Section 5.3.2**
	Response by Registered Person(s) Detailing the Actions Taken: Documentation audits have been increased and staff have been notified through supervision of the correct use of language and grammar
Recommendation 4 **Ref:** Standard 47.1 **Stated:** First time **To be Completed by:** 19 May 2016	An audit of all doors in the home should be conducted to ensure that all hold-open devices are operational. The outcome of the audit should be actioned and the report shared with the staff. **The audit report should be submitted to RQIA with the returned QIP** **Ref: Section 5.3.4**
	Response by Registered Person(s) Detailing the Actions Taken: An audit has been undertaken and shared with staff, a rolling plan of devices in place

Registered Manager Completing QIP	Phillip McGowan	**Date Completed**	17.05.16
Registered Person Approving QIP	Chris Walsh	**Date Approved**	17/05/16
RQIA Inspector Assessing Response	Heather Sleator	**Date Approved**	23/05/16

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address*