Fairfields Care Centre
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BT80 8DE

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Unannounced Care Inspection
of
Fairfields Care Centre

25 November 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 25 November 2015 from 09.00 to 18.00.

On the day of the inspection, concerns and areas of improvement were identified and are required to be addressed to ensure that care in the home is safe, effective and compassionate. These areas are set out in the Quality Improvement Plan (QIP) within this report. Refer also to section 1.2 below.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

For the purposes of this report, the term 'patients' will be used to described those living in Fairfields 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 17 July 2015.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	5	8

The total number of requirements and recommendations above includes both new and those that have been 'restated'.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Bernie Neall, Deputy 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:** Phillip McGowan
Person in Charge of the Home at the Time of Inspection: Bernie Neall	**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: 64	**Weekly Tariff at Time of Inspection:** £470 - £615

3. Inspection Focus

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

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 inspector also met with seven patients, six care staff, and five patient's representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- five patient care records
- staff training records
- complaints records
- regulation 29 monthly monitoring reports.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 24 September 2015. The completed QIP was returned and approved by the pharmacy inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection on 17 July 2015.

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 **Ref:** Regulation 14 (5) **Stated:** Second time	The registered person must ensure that patients are not restrained unless as a last resort and agreed by a multi-disciplinary team and recorded in accordance with best practice guidance on restraint.	**Met**
	Action taken as confirmed during the inspection: Care records confirmed that the use of restrictive practice had been reviewed and there was also evidence of consultation with the multidisciplinary team and the patient and/or their representative. A register of restraint was maintained in each unit. However, it was disappointing that this was only updated on the day of inspection. One identified patient who required the use of a lap belt did not have a consent form or care plan in place for the use of restraint. This was discussed with the deputy manager who addressed this before the end of the inspection.	

Requirement 2 **Ref:** Regulation 12 (1) (a) and (b) **Stated:** Second time	The registered person must ensure that the treatment and other services provided to each patient meets their needs and reflects current best practice in relation to: • Personal Care	**Met**
	Action taken as confirmed during the inspection: The personal care records reviewed evidenced that personal care was delivered. Observations on the day of inspection identified no concerns in this regard.	
Requirement 3 **Ref:** Regulation 13 (1) (a) and (b) **Stated:** Second time	The registered person must ensure that the nursing home is conducted so as to promote and make proper provision for the nursing, health and welfare of patients; to make proper provision for the nursing and where appropriate, treatment and supervision of patients in relation to the following: 1. Dementia care practice 2. The management of restrictive practice 3. The management of infection prevention and control 4. Personal care needs	**Met**
	Action taken as confirmed during the inspection: The review of staff training records evidenced that training in the areas detailed above had taken place. However, between 21 and 36 staff members had not completed the training. This was discussed with the responsible person who acknowledged that there was a high number of new staff in employment and that these areas were included in the staff induction programme. Following the inspection, the responsible person also confirmed by email to RQIA that plans were in place for additional training dates to be provided.	

Requirement 4 **Ref:** Regulation 16 (2) **Stated:** Second time **To be Completed by:** **31 August 2015**	The registered person shall ensure that patients and residents care plans are reviewed monthly or more often if deemed appropriate. **Action taken as confirmed during the inspection**: Two patient care records were reviewed. One recently admitted patient did not have any care plans in place three days after admission. The deputy manager stated that the patient's named nurse was 'due in' the following day. Another patient's care record identified that a care plan had been developed for high risk of falls. However, a falls risk assessment had not been completed. Refer to section 5.3 for further information regarding the quality monitoring of care records. This requirement has not been met. Given that this requirement is being stated for a third time, enforcement action was considered 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.	**Not Met**
Requirement 5 **Ref:** Regulation 12 (1) (a) and (b) **Stated:** First 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. **Action taken as confirmed during the inspection**: A dementia audit was undertaken following the last inspection and an action plan was reviewed regarding the identified shortfalls. In discussion, the responsible person agreed that the chosen audit tool did not fully address concerns raised during the last inspection and confirmed that plans were in place to conduct another audit, using an alternative audit tool. Further detail regarding dementia practices is discussed in section 5.3. This requirement was partially met and has been stated for the second time.	**Partially Met**

Requirement 6 **Ref:** Regulation 12 4 (a) **Stated:** First time	The registered person must ensure that the provision of food and fluids to patients in the residential unit is available at appropriate intervals and the lack of this provision does not exceed 12 hours.	**Met**
	Action taken as confirmed during the inspection: Discussion with the deputy manager confirmed that a review of food and fluids provision had taken place, in consultation with the patients accommodated in the residential unit. The outcome of this consultation with the patients determined their preference for eating at an earlier time. However, there was an 'early' and a 'late' supper also provided, to ensure that the lack of food and fluid provision did not exceed 12 hours.	
Last Care Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref**: Standard 39 **Stated:** Carried forward from the previous inspection report	The registered person should ensure that newly appointed staff, complete a period of induction and records are maintained.	**Met**
	Action taken as confirmed during the inspection: A review of staff induction programmes for three staff members, who had recently commenced employment, confirmed that induction programmes were either completed or were in the process of being completed. A review of the regulation 29 monthly monitoring reports confirmed that progress with the induction programme was being monitored. However, the induction records reviewed identified gaps in completion and were not clearly maintained. This was discussed with the responsible person who clarified that the induction process commenced pre-employment and assurances were provided that the format for recording the induction programme would be addressed.	

Recommendation 2 **Ref**: Standard 12.2 and 12.21 **Stated:** First time	The dining experience for patients in the dementia unit should be evidently reviewed and enhanced in accordance with best practice in dementia care.	**Met**
	Action taken as confirmed during the inspection: As previously discussed under requirement 5 above, the dementia audit did not sufficiently address the dining experience. However, the serving of the mid-day meal was observed. Dining tables were appropriately set/presented and staff were observed offering condiments to patients.	
Recommendation 3 **Ref**: Standard 41.1 **Stated:** First 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.	**Not Met**
	Action taken as confirmed during the inspection: Staff consulted with confirmed that the practice of taking care staff from the residential unit to work in the nursing units continued to occur, albeit not as frequently as previously reported. Staff advised the inspector that the incidence of staff re-deployment often occurred from 9am and that this was not recorded on the staff duty rota. The deputy manager stated that this only occurred as a contingency measure in instances of short notice absences. Further detail is discussed in section 5.3. This recommendation was not met and was stated for the second time.	
Recommendation 4 **Ref**: Standard 4.9 **Stated:** First time	Evidence should be present of the monitoring of patients' bowel pattern in accordance with assessed need.	**Met**
	Action taken as confirmed during the inspection: A review of daily care records evidenced that patients' bowel pattern was recorded. A review of the regulation 29 monthly monitoring reports also identified that this was being monitored.	

Recommendation 5 **Ref**: Standard 4.10 **Stated:** First time	Recording mechanisms specifically in relation to personal care and the elimination needs of patients should be user friendly and maintained in an accurate and consistent manner.	**Met**
	Action taken as confirmed during the inspection: A review of personal care records evidenced that personal care delivery and bowel function was recorded consistently.	
Recommendation 6 **Ref**: Standard 48.1 **Stated:** First time	The management of the smoking room should be kept under review and ensure that the flooring is fit for purpose and in accordance with fire safety regulations. Receptacle's used for cigarette debris should be fit for purpose and in accordance with fire safety regulations. Confirmation that the flooring in the designated smoking room has been replaced should be submitted to RQIA.	**Met**
	Action taken as confirmed during the inspection: The flooring in the smoking room had been replaced and there was evidence that appropriate receptacles had been provided.	
Recommendation 7 **Ref**: Standard 44 **Stated:** First time	A rolling programme of redecoration and repairing plaster work in the home, especially patients' bedrooms, should be put in place and evidently monitored by management.	**Met**
	Action taken as confirmed during the inspection: Discussion with the deputy manager and the responsible person confirmed that there was a redecoration programme in place. Refurbishment works were in progress on the day of inspection and there were no significant issues of concern observed.	

Recommendation 8 **Ref**: Standard 46.1 and 46.2 **Stated:** First 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.	**Not Met**
	Action taken as confirmed during the inspection: Hand hygiene audits were available and there was evidence that these were completed on a monthly basis and there was evidence of follow up action taken, in relation to shortfalls identified. An audit tool for monitoring of infection prevention and control procedures was reviewed. This was not dated and was largely incomplete. For example, two of the five sections had not been completed and there was no evidence of action taken to address identified shortfalls This recommendation was not met and was stated for the second time.	
Recommendation 9 **Ref**: Standard 35.3 and 35.4 **Stated:** First time	The Regulation 29 monthly monitoring report should evidence that reviews of the quality of services provided by the home have been completed on a monthly/regular basis and includes an action plan to ensure any shortfalls identified following the completion of quality audits are fully addressed.	**Met**
	Action taken as confirmed during the inspection: A review of the regulation 29 monthly monitoring reports evidenced that requirements and recommendations made by RQIA were monitored and an action plan was available. Although there was evidence in general of improvements made, which included the review of the auditing processes and direction provided, the quality audits reviewed did not provide sufficient detail to identify any shortfalls or traceability of audit. A new recommendation was made, to ensure that there is robustness in the auditing processes regarding care records, incidents and complaints management. Further detail is discussed in section 5.3.	

Recommendation 10 **Ref**: Standard 47.3 **Stated:** First time	The handling and presentation of food by staff should be in keeping with food hygiene principles. **Action taken as confirmed during the inspection**: There were no concerns observed regarding the handling and presentation of food.	**Met**
Recommendation 11 **Ref**: Standard 35 **Stated:** First time	The registered person must ensure that robust governance and support arrangements are in place for the deputy managers and the home. **Action taken as confirmed during the inspection**: The management support arrangements were discussed with the deputy manager and the responsible person. The deputy manager stated that a senior manager was available at all times. A record of head office support visits/contacts was also reviewed. This evidenced the presence of 'management' in the home. This was discussed with the responsible person and assurances were provided that the newly appointed manager is due to commence employment on 01 December 2015,	**Partially Met**

5.3 Additional Areas Examined

Management and Governance Arrangements

As previously discussed in section 5.2, the management support arrangements were discussed with Bernie Neall, Deputy Manager, and the responsible person. The two deputy managers have been managing the home despite their hours worked being predominantly nursing hours. A review of the duty rosters for the two weeks preceding the inspection evidenced that both deputies were rostered for eight hours in a supernumerary capacity. These arrangements are not sufficient to assess and review the quality of nursing and services provided by the home. Areas of concern evident during the inspection included care records, complaints management, dementia practices, infection control, fire safety, and continued operational practices in the home in relation to the staffing of the residential unit.

Discussion with the deputy manager confirmed that senior management were supportive and a review of the head office support visits/contacts record also evidenced increased visits by management, in addition to the telephone support that was provided. However, the lack of management stability remained a concern particularly given the findings from the previous two inspections and that one requirement was being stated for the third time during this inspection. Enforcement action was considered in discussion with senior management. However, in view of assurances that were provided by the responsible person, that the newly appointed registered manager was due to commence employment on 01 December 2015, it was concluded that enforcement action would not be taken at this time. Post inspection,

communication was received from the newly appointed manager on 2 December, providing further assurances of the management's commitment to making the required improvements.

Complaints Management

The complaints records were reviewed. In five out of the 13 records, the records only stated the complainant's name and the first name of the patient the complaint referred to. In two records, there was no patient name recorded. The review of the complaints records evidenced that robust procedures were not in in place for the management of complaints. A requirement was made in this regard.

The outcomes of complaints were not consistently recorded and the records did not evidence how the level of satisfaction was ascertained. For example, one record evidenced that a complainant 'appeared happy' and another record indicated a letter would be issued to a complainant. There was also no evidence that care management had been informed of concerns raised. A recommendation was also made that the complaints record should be urgently reviewed to ensure that the deficits identified during this inspection, have been effectively addressed. This must be confirmed with the return of the QIP.

Furthermore, two of the complaints reviewed related to allegations of safeguarding of vulnerable adults. There was no evidence in the records reviewed that the policy in relation to reporting of safeguarding vulnerable adults had been followed. This was discussed with the responsible person and information was submitted by email to RQIA on the day following the inspection, which confirmed that the concerns were appropriately managed.

There was evidence that complaints had been audited, however the records reviewed did not provide sufficient detail to evidence recurring patterns/trends or action taken. A recommendation was made to ensure that robust systems are put in place to discharge, monitor and report on the delivery of nursing care, in particular, the auditing processes in relation to complaints management.

Care Records

In view of the lack of compliance with a previous requirement regarding care planning and that it would be stated for a third and final time, a number of quality audits were reviewed. The audit tool did not indicate the patients name or the specific records that were audited; therefore, there was no evident traceability of audit. There was also no evidence of follow up on identified shortfalls. Furthermore, the auditing of accidents in the home did not provide sufficient detail regarding the patients involved, the location or timing of incidents. A recommendation was made and is incorporated into the recommendation on auditing, referred to above.

Care Practices

Observations on the day of inspection identified that there were a number of call bells alarming concurrently. Discussion with patients evidenced that staff generally answered call bells promptly. However, one patient informed the inspector that there are often delays in answering the call bells and that staff do not realise the urgency of who is calling. A review of the complaints records from 17 July to 25 November 2015, identified that concerns were raised on two occasions regarding delays in staff responding to call bells. One complaint record identified that the complainant had raised concerns regarding call bell response times on three previous occasions and this was not reflected in the records.

There were also no records available regarding the auditing of response times. A recommendation was made.

Dementia Practice

Consultation with the activities coordinator identified that there was 36 hours dedicated to activities provision for the whole home. There was no dedicated activities coordinator for the dementia unit and there were limited recreational activities and other diversional activities available. Comments from one relative included the total lack of stimulation for patients in the dementia unit. A recommendation was made to 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 be maintained to evidence the decision making process regarding the provision of activities and events for patients accommodated in the dementia unit.

Fire Safety

Seven bedroom doors were observed to be wedged open during the inspection and another lounge door was also wedged open despite there being an automatic door closure mechanism in place. This was discussed with the responsible person who removed the door wedges on the day of inspection. The propping open of fire doors is a management issue and is contrary to NI HTM 84 fire safety precautions. A review of training records evidenced that fire safety training had been provided on 10 and 17 September 2015. It is therefore concerning that despite fire safety awareness training having been provided, this breach of fundamental fire safety advice was observed. A requirement was made.

Condition of Equipment

A number of bedrails were observed to be chipped, resulting in the wood being worn and/or exposed. These could not be effectively cleaned in keeping with infection control measures. The records reviewed evidenced that the bedrails had been checked on a monthly basis regarding their operational use. However, the integrity of the wooden frames was not identified in the records. This was discussed with the responsible person who provided assurances that new bedrails were available and would replace the identified bedrails.

One identified patient's rollator seat was torn and in need of replacement. Following the inspection, the deputy manager confirmed that the seat had been reupholstered. A requirement was made to 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.

Staffing Arrangements

As previously discussed in section 5.2, staff consulted stated that care staff continued to be redeployed from the residential unit to work in the nursing units. The deputy manager confirmed that this occurred only when there was a short notice absence and that it was not a planned measure. Discussion with the deputy manager confirmed that the staff duty roster was not amended to indicate re-deployment of care staff and therefore the frequency with which this occurred could not be accurately reviewed by the inspector.

Furthermore, there was a system in place to record on the duty roster, the identified care staff member, who was assigned to provide additional support to the residential unit on the 2pm to 8pm shift. This system was not consistently implemented. A recommendation was made regarding the accuracy of maintaining duty rosters, to reflect the actual re-deployment of care staff.

Comments of Patients, Patient Representatives and Staff

All comments received were in general positive. Some comments received are detailed below:

Staff

'I love it here'
'I'm getting on grand. I like it'
'I've had all my training. It's very good'
'They shouldn't pull staff from the residential unit when the nursing unit is short staffed'
'It can be very busy, but the patients get what they need'

Patients

'They are very good'
'It is very closed in here, but the staff are very nice'
'They are very good. I have no concerns. They come quickly'
'The (staff) are very good'
'They are 'dead on''
'I am happy enough'
'There was a time when I was going to phone RQIA myself, but things have settled now'

Patients' Representatives

'Everything is going fine'
'Very well. My (relative) is well looked after'
'I have no concerns and I can compare this to another home'
'I have no concerns'
'There is a total lack of stimulation on the dementia floor'

Environment

A general tour of the home was undertaken which included a review of 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, and warm throughout. Redecoration was in progress on the day of inspection. However, on the Brook Street unit, a linen trolley was observed to be cluttered with clean linen, unlabelled creams, unlabelled prescription creams and dirty plates and cups. There was also evidence that the dado rails were being used to store creams and boxes of gloves. A recommendation was made.

Areas for Improvement

The procedures for the management of complaints must be reviewed and the complaints record should also be urgently reviewed to ensure that the deficits identified in this inspection have been effectively addressed.

Adequate precautions against the risk of fire must be in place, in line with the home's fire risk management plan and robust systems must be in place to ensure adherence to these precautions.

All equipment provided at the nursing home for use by patients must be 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.

Robust systems should be 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.

Call bell response times should be audited on a regular basis and should include times at or nearing change of shifts. Records of any identified deficits and confirmation of follow up matters addressed should be maintained

The provision of activities in the dementia unit should be reviewed and should include for the provision of activities in the absence of activities coordinator. Records should also be maintained to evidence the decision making process regarding the provision of activities and events for patients accommodated in the dementia unit.

The duty roster should be clear and accurately reflect amendments made which affect the actual re-deployment of staff from the residential unit.

Personal protective equipment and linen should be appropriately stored, to ensure compliance with best practice in infection prevention and control within the home.

Number of Requirements:	**3**	**Number of Recommendations:**	**6**

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Bernie Neill, Deputy Manager and Chris Walsh, Responsible Person 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 within this report do not absolve the registered person/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 person/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 16 (2) **Stated:** Third and final time **To be Completed by:** 23 January 2016	The registered person shall ensure that patients and residents care plans are reviewed monthly or more often if deemed appropriate. **Ref: Section 5.2 and Section 5.3**
	Response by Registered Person(s) Detailing the Actions Taken: The named nurse sytem within the home has been revised and a clear line of delegated responsibility has been asertained. The registered manager will undertake an audit of the residents care plan 72 hours after admission and the Deputy Managers will undertake Monthly audits of care plans on their allocated floor. All audit action plans will be followed up within 14 days by the Registered Manager. In addition Care Plan and Documentation Training will be scheduled for January 2016 and March 2016
Requirement 2 **Ref:** Regulation 12 (1) (a) and (b) **Stated:** Second time **To be Completed by:** 23 January 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. **Ref: Section 5.2 and 5.3**
	Response by Registered Person(s) Detailing the Actions Taken: The Registered Manager has implemented elements of the best practice Sterling Model into the Dementia Unit. This will continue at a rate agreed with the relatives at the held relatives meeting. A Dementia Audit has been done and the action plan formulated. The registered Manager is currently working through this action plan and ensuring any changes implemented are best practice.
Requirement 3 **Ref:** Regulation 24 (1) (2) (3) & (4) **Stated:** First time **To be Completed by:** 23 January 2016	The registered persons must have robust procedures in place for the management of complaints. **Ref: Section 5.3**
	Response by Registered Person(s) Detailing the Actions Taken: The complaints policy is in place within the home and has been discussed in a Governance meeting. The Registered Manager will follow up all complaints made and act as the company representative in managing the complaint at home level.

Requirement 4 **Ref:** Regulation 27 (4) (b) & (d) (v) (e) **Stated:** First time **To be Completed by:** 23 January 2016	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. **Ref: Section 5.3**
	Response by Registered Person(s) Detailing the Actions Taken: As stated by the inspector all wedges have been removed. Staff have been reminded of the fire policy and Fire awareness training is ongoing within the home
Requirement 5 **Ref:** Regulation 27 (c) **Stated:** First time **To be Completed by:** 23 January 2016	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. **Ref: Section 5.3**
	Response by Registered Person(s) Detailing the Actions Taken: All equipment that is in the home will be added to an equipment log in quarter 1 of 2016. The equipments integrity will then form part of the audit and Governance cycle. Repairs, renewals will form part of the action planning process
Recommendations	
Recommendation 1 **Ref**: Standard 41.1 **Stated:** Second time **To be Completed by:** 23 January 2016	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. **Ref: Section 5.2 and 5.3**
	Response by Registered Person(s) Detailing the Actions Taken: Staff have been allocated to the residential unit, however, it must be noted that the nurse in charge of the home must be able to allocate staffing resources within the home at any given time to ensure a safe and risk reduced environment. This will be done in a manner to ensure compliance with staffing equated to dependency levels throughout the home

Recommendation 2 **Ref**: Standard 46.1 and 46.2 **Stated:** Second time **To be Completed by:** 23 January 2016	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. **Ref: Section 5.2**
	Response by Registered Person(s) Detailing the Actions Taken: The registered Manager has implemented a full Audit Cycle for Qtr 1 and 2 of 2016. This will ensure all required audits are carried out and thath all action plans are measured at the required times. IP and C audit will be completed January 2016
Recommendation 3 **Ref**: Standard 16 **Stated:** First time **To be Completed by:** 23 January 2016	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.** **Ref: Section 5.3**
	Response by Registered Person(s) Detailing the Actions Taken: The registered manager has completed all complaint responses and action left open prior to this report
Recommendation 4 **Ref**: Standard 35.3 **Stated:** First time **To be Completed by:** 23 January 2016	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. **Ref: Section 5.3**
	Response by Registered Person(s) Detailing the Actions Taken: A full audit cycle has been developed and implemented within the home which included the auditing of care records, incidents and complaints.
Recommendation 5 **Ref**: Standard 35.16 **Stated:** First time **To be Completed by:** 23 January 2016	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. **Ref: Section 5.3**
	Response by Registered Person(s) Detailing the Actions Taken: This will be added to the audit cycle plan.

Recommendation 6 **Ref**: Standard 11.1 **Stated:** First time **To be Completed by:** 23 January 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 5.3**
	Response by Registered Person(s) Detailing the Actions Taken: An activity meeting is scheduled for the 4th January 2016. The General Unit and Dementia Unit will have their own individual activity plans and will be specific to the identified care needs of the individual/patient group
Recommendation 7 **Ref**: Standard 41.9 **Stated:** First time **To be Completed by:** 23 January 2016	The duty roster should be clear and accurately reflect amendments made which affect the actual re-deployment of staff from the residential unit. **Ref: Section 5.3**
	Response by Registered Person(s) Detailing the Actions Taken: The Homes duty roster has been redesigned to comply with this recommendation
Recommendation 8 **Ref**: Standard 46.2 **Stated:** First time **To be Completed by:** 23 January 2016	Personal protective equipment and linen should be appropriately stored, to ensure compliance with best practice in infection prevention and control within the home. **Ref: Section 5.3**
	Response by Registered Person(s) Detailing the Actions Taken: The storage of linens and creams has been discussed and storage is now appropriate. This will be monitored in general observations by the Home Manager and reviewed in the audit processes within the Home.

Registered Manager Completing QIP	Phillip McGowan	**Date Completed**	21/01/16
Registered Person Approving QIP	Chris Walsh	**Date Approved**	21/01/16
RQIA Inspector Assessing Response	Aveen Donnelly	**Date Approved**	04/02/2016

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