

Unannounced Care Inspection Report 23 January 2018



Whiteabbey

Type of Service: Nursing Home

Address: 104 – 106, Doagh Road, Newtownabbey, BT37 9QP

Tel No: 028 9085 3021

Inspectors: James Lavery and Kieran McCormick

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 59 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual(s): Dr Maureen Claire Royston	Registered manager: Mrs Aleyamma George
Person in charge at the time of inspection: Mrs Aleyamma George	Date manager registered: 20 May 2011
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of registered places: 59 comprising: RC-I, NH-I, NH-PH, NH-PH(E) Category RC-I for 1 identified individual only. The home is also approved to provide care on a day basis only to 1 person.

4.0 Inspection summary

An unannounced inspection took place on 23 January 2018 from 09.30 to 17.40 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 care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to governance processes for monitoring the professional registration of staff; collaboration with the multiprofessional team and monthly monitoring visits.

Areas for improvement under regulation were identified in relation to the assessment of patients and the delivery of care. Areas for improvement under the standards were made in regards to infection, prevention and control (IPC) practices; the internal environment of the home; staff supervision/appraisal and quality assurance processes.

Patients said that they were well cared for and expressed confidence in the ability and willingness of staff to meet their care needs. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	*4

*The total number of areas for improvement includes one standard which has been stated for a second time.

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

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

4.2 Action/enforcement taken following the most recent inspection dated 07 September 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 7 September 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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 includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit.

During the inspection the inspector met with 10 patients, six staff and six patients' relatives. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA directly.

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

The following records were examined during the inspection:

- duty rota for all staff from 8 to 21 January 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2016/17
- incident and accident records
- one staff recruitment and induction file
- minutes of staff and patient/relatives meetings
- three patient care records
- the matrix for staff supervision and appraisal
- a selection of governance audits including accidents/incidents; restraint and bed rails
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- RQIA registration certificate
- certificate of public liability
- a sample of personal emergency evacuation plans (PEEPS)
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

The findings of the inspection were provided to the registered manager at the conclusion of 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 07 September 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 07 September 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a)(c) Stated: First time	The registered persons must ensure that chemicals are stored in keeping with COSHH regulations.	Met
	Action taken as confirmed during the inspection: A review of the environment confirmed that all cleaning chemicals were labelled and securely stored in keeping with COSHH legislation to ensure that patients were protected from hazards to their health. The storage of items within the hairdressing salon is discussed further in section 6.4.	
Area for improvement 2 Ref: Regulation 27 (4) (b) Stated: First time	The registered persons must ensure that adequate precautions against the risk of fire are taken, including robust processes for the regular review of the home's fire log and environment in adherence with current fire safety risk assessments and best practice guidance.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and a review of governance records evidenced that the current fire risk assessment was available for inspection within the home. Furthermore, the home's fire log had been reviewed within expected timescales by both the registered and regional manager.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 46 Stated: First time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.	Met
	Action taken as confirmed during the inspection: A review of the environment evidenced that the infection prevention and control issues identified during the previous care inspection had been satisfactorily addressed. An area for improvement in relation to the internal environment is discussed further in section 6.4.	
Area for improvement 2 Ref: Standard 43 Stated: First time	The registered person shall ensure that all patients have effective access to a functioning nurse call system at all times unless otherwise indicated by relevant assessment.	Met
	Action taken as confirmed during the inspection: Review of the environment and discussion with patients confirmed that all patients had effective access to a functioning nurse call system at all times unless otherwise indicated by relevant assessment.	
Area for improvement 3 Ref: Standard 4 Stated: First time	The registered persons shall ensure that all patient care records accurately reflect the prescribed care and treatment which should be delivered in compliance with recommendations made by the multidisciplinary care team, specifically those patients requiring enteral feeding via a PEG tube. These records should also reflect the prescribed delivery of oral care.	Met
	Action taken as confirmed during the inspection: Review of the care record for one patient requiring enteral feeding evidenced that they accurately reflected the prescribed care and treatment which should be delivered in compliance with recommendations made by the multidisciplinary care team. Examination of supplementary care records also confirmed that the delivery of oral care was documented on a daily basis. The maintenance of care records relating to enteral feeding will be discussed further in section 6.5.	

<p>Area for improvement 4</p> <p>Ref: Standard 37</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that all patient care records are maintained confidentially in accordance with legislative and best practice standards.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of the environment and discussion with the registered manager confirmed that patient care records were maintained confidentially in accordance with legislative and best practice standards.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: Second time</p>	<p>The registered person should ensure that the mealtime experience is reviewed to ensure that patients' dissatisfaction identified on inspection is reviewed and actioned as appropriate and to ensure the mealtime experience is in line with the DHSSPS Care Standards for Nursing Homes (2015).</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observation of the dining area confirmed that patients were only assisted to dining areas immediately prior to meals being served. Staff were also noted making use of suitable containers when serving various drinks to patients.</p> <p>Furthermore, discussion with staff and patients in addition to observing the mid-morning/afternoon 'tea trolley' for patients evidenced that a suitable dietary option was available for individuals requiring a modified diet.</p>		

<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that all governance and audit processes are managed effectively and robustly, specifically:</p> <ul style="list-style-type: none"> • all forms of restraint within the home should be regularly audited to ensure that the intervention is necessary, proportionate and consented to, • minutes of all meetings should be accurately maintained and include attendee signatures 	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and review of relevant governance records confirmed that minutes of all meetings were accurately maintained and included attendee signatures. Nevertheless, a deficit was highlighted in relation to audit processes focusing on the use of restrictive practices. This is discussed further in section 6.7.</p> <p>This area for improvement has been partially met and has been stated for a second time.</p>		
<p>Area for improvement 7</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered provider shall ensure that staff are not employed within the home until all the legislative requirements as stated in Regulation 21 (1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005 have been met.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and a review of selection and recruitment records evidenced that staff were not employed within the home until all legislative requirements as stated in Regulation 21 (1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005 had been met.</p>		

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 registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of patients were met. Discussion with the registered manager also confirmed that contingency measures were in place to manage short notice sick leave when necessary. A review of the staffing rotas from 8 to 21 January 2018 evidenced that there was one occasion when planned staffing levels were not adhered to. The registered manager stated that this arose due to short notice sick leave and that despite contingency measures being adhered to, no additional staff were available. The staffing arrangement had not adversely affected the running of the home on the day. Discussion with patients and staff confirmed that they had no concerns regarding staffing levels.

Discussion with the registered manager further confirmed that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through a process of both supervision and appraisal. However, a review of governance records relating to staff supervision and appraisal in addition to discussion with the registered manager highlighted that the majority of staff had not undergone supervision or appraisal within expected timescales. This deficit was highlighted to the registered manager and an area for improvement under the standards was made. Feedback from staff is further referenced in section 6.5.

Review of the training records indicated that training was planned to ensure that mandatory training requirements were met using an online resource. Additional face to face training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with regional safeguarding protocols and the home's policies and procedures. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager further confirmed that an 'adult safeguarding champion' was identified for the home.

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Records confirmed that the registered manager had reviewed the registration status of staff on a monthly basis.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Discussion with the registered manager and a review of records evidenced that an up to date fire risk assessment was in place. However, while patients' 'personal emergency evacuation plans' (PEEPS) were maintained, it was noted that they had not been dated or signed by staff upon completion. This was highlighted to the registered manager and it was agreed that such assessments should be appropriately signed and dated in order to reflect that they are up to date and subject to regular review as required.

Patients' bedrooms, dining rooms and lounges were found to be warm, clean, fresh smelling and comfortable. All patients' bedrooms were personalised with photographs, pictures and personal items. One corridor within the home also exhibited art work by a number of patients. Facilitating patient engagement in this manner is commended.

The designated smoking lounge was observed being used inappropriately for storage. This was brought to the attention of the registered manager and it was stressed that all communal areas should be suitably maintained in order to ensure they meet the needs of patients and are suitable for the activities that take place in that room. The registered manager ensured that the area was appropriately cleared before conclusion of the inspection.

Deficits were observed in relation to infection, prevention and control practices. Several notices on display within the reception area were unlaminated. This was discussed with the registered manager and appropriately actioned before completion of the inspection. The underside of a number of wall mounted hand sanitisers were also noted to be stained and ineffectively cleaned. This deficit consequently impacted the ability of staff to deliver care in compliance with infection prevention and control best practice standards and guidance and was highlighted to the registered manager. An area for improvement under the standards was made. In addition, the carpet behind the ground floor nursing station was observed to be significantly worn and stained. Consequently, a further area for improvement under the standards was made.

During a review of the environment it was noted that the hairdressing salon was left unattended and unlocked. Observation of this area confirmed that patients could potentially have had access to harmful chemicals which were contained within one set of drawers. This was discussed with the registered manager and it was stressed that the internal environment of the home must be managed to ensure that Control of Substances Harmful to Health (COSHH) regulations are adhered to at all times. The set of drawers were removed to a secure area by the registered manager before conclusion of the inspection. Observation of the environment confirmed that no other COSHH deficits were evidenced.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance processes in relation to monitoring the professional registration of staff and the notification of incidents.

Areas for improvement

Areas for improvement under the standards were identified in relation to compliance with infection prevention and control practices, the internal environment of the home and staff supervision/appraisal.

	Regulations	Standards
Total number of areas for improvement	0	3

6.5 Is care effective?

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

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. Discussion with staff and a review of the duty rota evidenced that nursing and care 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' condition and they were encouraged to contribute to the handover meeting.

Staff who were spoken with stated that there was effective teamwork within the home with each staff member knowing their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager. Staff spoke positively about working within the home including comments such as:

"The manager will do anything she can do for the patients."

"The manager has time for the staff and her residents."

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found. The care records for one patient who required the use of a pressure mat evidenced that appropriate discussions had been recorded both within the relevant care plan and supplementary documentation referencing this use of restrictive practices. This practice is commended. Governance processes relating to the auditing of restraint is discussed in section 6.7.

Weaknesses were identified in relation to the timely review of patients' assessments. A review of the care records for one patient who required enteral feeding highlighted that their monthly risk assessment of needs was out of date. Furthermore, their nutritional and oral assessments were both out of date and/or inaccurate. This was highlighted to the registered manager and an area for improvement under regulation was made.

Deficits were also identified in regards to the delivery of care. A review of care records for one patient who had a history of pressure sores and required a pressure relieving mattress evidenced that no reference was made to such equipment being required. Consequently, the patient’s care plans provided no direction in regards to the settings required in order to ensure their comfort and well-being. Examination of the mattress settings also confirmed that they were incorrect based upon the patient’s current weight. In addition, the risk assessment relating to the patient’s skin integrity contained conflicting and contradictory information. Discussion with the registered manager confirmed that the patient’s skin state was currently intact. An area for improvement under regulation was made.

It was also found within the care records for two patients that several care plans were numbered in such a way that their referencing within daily nursing entries was confusing. This was highlighted to the registered manager and it was agreed that the numbering of care plans would be reviewed with nursing staff in order to ensure that they can be accurately and consistently referenced throughout all care records. This will be reviewed during future care inspections.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to teamwork within the home and communication with the multiprofessional team.

Areas for improvement

Two areas for improvement were made under regulation in relation to patient assessment and the delivery of care.

	Regulations	Standards
Total number of areas for improvement	2	0

6.6 Is care compassionate?

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

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. All patients were very positive in their comments regarding the staffs’ ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the registered manager and staff confirmed that they were aware of the need to deliver care in a holistic manner which promotes the social, emotional, spiritual and psychological wellbeing of patients.

Feedback received from several patients during the inspection included the following comments:

- “The staff are very kind.”
- “Oh, the girls are lovely.”
- “The girls are great.”

Feedback received from patients' relatives/representative during the inspection included the following comments:

"We're very happy."

"The care is good."

A letter of thanks from the family of a former patient was also on display within the reception area and included the following remarks:

"...we were greatly impressed by the manner of care and more importantly the attitude of staff involved in her wellbeing and comfort."

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

At the time of writing this report no completed questionnaires were received within the specified timescales. All questionnaire comments received after specified timescales will be shared with the registered manager as necessary.

Discussion with staff and the registered manager also highlighted that the home received a 'recognition of care and kindness' (ROCK) award in 2017 following a nomination being submitted to Four Seasons Health Care by a patient's relative.

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

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.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients and their representatives 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 the dining areas being used were observed to be clean, tidy and appropriately spacious for patients and staff. Staff also demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the delivery of person centred care which promoted the dignity and well-being 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 registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Staff comments in relation to working within the home are referenced in section 6.5.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

The registered manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis or as required.

Discussion with the registered manager and review of the home's complaints records evidenced that these had been responded to in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. 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.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Staff recruitment information was available for inspection and records for one staff member evidenced that enhanced AccessNI checks were sought, received and reviewed prior to them commencing work in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing care and other services provided. For example, audits were completed by the registered manager in accordance with best practice guidance in relation to accidents/incidents; the use of bedrails and the environment of the home. Weaknesses were highlighted however in regards to the monthly auditing of restrictive practices within the home. Although there was evidence of such an audit having been completed in November 2017, no such audit had been completed during December 2017. This was highlighted to the registered manager and the need to ensure that such audits are completed regularly in order to quality assure the delivery of care was emphasised. An area for improvement under the standards was stated for a second time.

Governance records also confirmed that there was an available legionella risk assessment which had been conducted within the last two years. The registered manager was reminded of the usefulness of periodically reviewing this no less than two yearly in keeping with best practice guidance.

A review of records further demonstrated that all hoists and slings within the home had been examined in adherence with the Lifting Operations and Lifting Equipment Regulations (LOLER) within the last six months. Records evidencing the servicing of such equipment were also available. It was also noted that LOLER and servicing records had been reviewed on a monthly basis by the registered manager.

Discussion with the registered manager further evidenced that there was a process in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to appropriate staff in a timely manner. Medical device and equipment alerts which are published by the Northern Ireland Adverse Incident Centre (NIAIC) were reviewed by the registered manager and shared with all grades of staff as appropriate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monthly monitoring visits and governance systems focusing on the internal environment of the home.

Areas for improvement

An area for improvement in relation to governance arrangements for quality assurance was stated for a second time.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

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

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 15 (2) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 20 February 2018</p>	<p>The registered person shall ensure that the assessment of patients' needs relating to nutritional and enteral care are kept under review in a timely and accurate manner and revised at any time when it is necessary to do so.</p> <p>Ref: Section 6.5.</p>
	<p>Response by registered person detailing the actions taken: The assessment of the Resident's nutritional needs are reviewed , advise as per MDT/dietician is adhered. All needs relating to nutritional and enteral care are documented in the careplan , updated and reviewed.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 12 (1) (a)(b)(c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in relation to patients requiring the use of pressure relieving equipment:</p> <ul style="list-style-type: none"> • that the patient's skin state is kept under review in a timely and accurate manner, • that the relevant care plan(s) provides sufficient information in relation to the make; model and required settings of any pressure relieving equipment in keeping with legislative and best practice guidance, • that all pressure relieving equipment in used in compliance with the aforementioned care plan(s) and best practice guidance. <p>Ref: Section 6.5.</p>
	<p>Response by registered person detailing the actions taken: The Resident's skin condition is assessed using Braden score regularly ad as needed. The Residents who need to be nursed on special pressure relief devices/mattress etc are specified in the careplan. The care plan/documents are available with details - make,model, and the pump settings as per the resident's weight .</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
Area for improvement 1 Ref: Standard 35 Stated: Second time To be completed by: 20 February 2018	<p>The registered person shall ensure that all governance and audit processes are managed effectively and robustly, specifically:</p> <ul style="list-style-type: none"> all forms of restrictive practices within the home should be regularly audited to ensure that the intervention is necessary, proportionate and consented to. <p>Ref: Section 6.7.</p>
	<p>Response by registered person detailing the actions taken: The audits are in place, forms completed duely where necessary the the intervention is consented, careplan in place and adhered.</p>
Area for improvement 2 Ref: Standard 46 Stated: First time To be completed by: 20 February 2018	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: The areas specified are all addressed. All notices etc are laminated or placed in clear pockets that can be cleaned. Soap, handgel, hand towel dispensers are all clean at all time. Some marks to door frames are being addressed.</p>
Area for improvement 3 Ref: Standard E13 Stated: First time To be completed by: 20 February 2018	<p>The registered person shall ensure that floor coverings are suitable for the purpose of each room and meet health and safety and infection control requirements, specifically, the flooring behind the ground floor nursing station.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: The bed rooms flooring has changed in x5 bed rooms and the carpet/flooring will be changed in nurses station, within few days as workmen are already carrying out the flooring work.</p>
Area for improvement 4 Ref: Standard 40 Stated: First time To be completed by: 20 February 2018	<p>The registered person shall ensure that all staff members receive regular supervision and appraisal in adherence with best practice guidance in order to promote the delivery of quality care and services.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: The Supervision planner is in place, supervision and appraisal are being scheduled and conducted. Group supervisions are also done as needed.</p>

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



The **Regulation** and
Quality Improvement
Authority

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