



The Regulation and  
Quality Improvement  
Authority

## Unannounced Secondary Care Inspection

**Name of Establishment:** Camphill  
**RQIA Number:** : 1455  
**Date of Inspection:** 16 December 2014  
**Inspectors' Name:** Norma Munn & Sharon McKnight  
**Inspection ID:** 21070

**The Regulation And Quality Improvement Authority**  
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## 1.0 General Information

<b>Name of Home:</b>	Camphill
<b>Address:</b>	62 Toome Road Ballymena BT42 2BU
<b>Telephone Number:</b>	(028) 2565 8999
<b>E mail Address:</b>	camphill@fshc.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Four Seasons Health Care Mr James McCall
<b>Registered Manager:</b>	Mrs Joy McKay (registration to be applied for with RQIA)
<b>Person in Charge of the Home at the Time of Inspection:</b>	Mrs Joy McKay
<b>Categories of Care:</b>	NH-I, NH-PH, NH-PH(E), NH--DE
<b>Number of Registered Places:</b>	72
<b>Number of Patients Accommodated on Day of Inspection:</b>	64 plus 2 in hospital
<b>Date and Type of Previous Inspection:</b>	03 October 2014 Unannounced Secondary Inspection
<b>Date and Time of Inspection:</b>	16 December 2014 09:55 – 17:00 hours
<b>Names of Inspectors:</b>	Norma Munn Sharon McKnight

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## 3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

## 4.0 Methods/Process

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

- Discussion with Louisa Rae, regional manager
- discussion with Joy McKay, home manager
- discussion with Dulce Amor Yang-Ali, deputy manager
- discussion with staff
- discussion with relatives
- discussion with patients/residents individually and to others in groups
- examination of records pertaining to incidents and accidents
- review of a sample of staff duty rotas
- review of training records
- review of a sample of care records
- review of Regulation 29 visits
- evaluation and feedback
- observation during a tour of the premises.

## 5.0 Inspection Focus

RQIA undertook this inspection following a review of issues identified from a complaint which had been shared with RQIA. Concerns identified were as follows:

- Insufficient staffing levels
- management of meals and mealtimes
- management of laundry
- management of accidents/incidents
- care practices
- the environment.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the commissioners of care. However, if RQIA is notified of any breach of regulations or associated standards, it will review the issues and take whatever appropriate action is required; this may include an inspection of the home. On this occasion an inspection was undertaken. The inspectors reviewed information relating to the identified issues together with a review of the records pertaining to care records, Regulation 29 visits and training records.

## 6.0 Profile of Service

Camphill is situated in a quiet residential area on Toome Road in the town of Ballymena. The home is located close to the main transport routes.

The nursing home is owned and run by Four Seasons Health Care Limited. The current manager is Ms Joy McKay, who took up post the week prior to this inspection.

Accommodation is provided in three separate units. The Glenariff unit has 30 beds and provides general nursing care. The Glenshesk unit has 12 beds and the Glendun unit has 30 beds. Both of these units accommodate patients with dementia.

Sanitary facilities, bedrooms, communal lounges and dining facilities are available in each suite. Laundry and catering facilities are also provided. A large car park is available with an entrance to each suite.

The home is registered to provide care for a maximum of 72 persons under the following categories of care:

- I Old age not falling into any other category
- PH Physical disability other than sensory impairment
- PH (E) Physical disability other than sensory impairment – over 65 years
- DE Dementia
- MP(E) Mental Disorder excluding learning disability or dementia - over 65 years  
(one identified person only)

## 7.0 Summary of Inspection

This summary provides an overview of the services examined during an unannounced secondary care inspection to Camphill. The inspection focused on the issues identified from a complaint which had been shared with RQIA. The inspection was undertaken by Norma Munn and Sharon McKnight on 16 December 2014 between the hours of 09.55 and 17.00.

Ms Joy McKay, newly appointed manager, and Ms Dulce Amor Yanga-Ali, deputy manager, were available throughout the inspection. Ms Louisa Rae, a regional manager, joined the inspection later and all were provided with feedback at the conclusion of the inspection.

During the course of the inspection, the inspectors met with patients, staff and relatives. The inspectors observed care practices, examined a selection of records, and carried out a general inspection of the nursing home environment as part of the inspection process.

Eight requirements and seven recommendations were made as a result of the previous inspection on 3 October 2014. Two requirements were not reviewed during this inspection and have been carried forward for review at a future inspection. Of the six requirements reviewed compliance had been fully achieved. Two recommendations were not reviewed during this inspection and have been carried forward for review at a future inspection. Of the five recommendations reviewed, four recommendations had been fully complied with and one was assessed as not compliant and has been restated for a second time. Details can be viewed in the section immediately following this summary.

## 7.1 Inspection Findings

The inspectors undertook a tour of the home and viewed the majority of the patients' bedrooms, bathrooms, shower and toilet facilities and communal areas. The atmosphere in the Glenariff and Glenshesk unit was calm and well organised. Staff were observed to respond to patients' requests promptly. Patients spoken with commented positively with regard to the staff, facilities and the general standard of care and services provided in the home. The inspectors did not identify any issues of concern with the delivery of care in these two units.

Inspectors also visited the Glendun unit and reviewed the following areas:

- Care Practices
- The serving of the lunchtime meal
- Management of falls
- Staffing
- Care Records
- Medication Management
- Environment

Concerns were identified in relation to the delivery of care and supervision of patients, management of falls, management of meals and mealtimes, the environment, management of medications and the leadership and governance arrangements of the home. These concerns are detailed in the main body of the report.

## 7.2 Post Inspection

As a result of the inspection RQIA were concerned that the quality of care and service within Glendun unit was below the minimum standard expected. The findings were reported to senior management in RQIA, following which a decision was taken to hold a serious concerns meeting with management representatives from Four Seasons Health Care. The inspection findings were communicated in correspondence to the responsible individual, Mr McCall who was invited to attend a serious concerns meeting at RQIA on 22 December 2014.

Mr JP Watson, Director of Operations, Ms Joanne Strain, Head of Care and Nursing Standards, Ms Patricia Greatbanks, regional manager and Ms Joy McKay, home manager represented Mr McCall at the meeting. Four Seasons Health Care management confirmed that some of the areas of concern had been addressed and submitted a robust action plan to address the identified deficits. A follow-up monitoring inspection will be undertaken to monitor the progress made.

Four requirements were made as a result of this inspection and two are carried forward for review at a future inspection. A total of seven recommendations were also made, four as a result of this inspection, one is assessed as not compliant and is stated for a second time and two are carried forward for review at a future inspection. Details can be found in the main body of the report and attached quality improvement plan (QIP). To enable the requirements to commence from the date of inspection, urgent action information was issued to the home manager on conclusion of the inspection.

The inspectors would like to thank the patients, relatives, management and staff for their assistance and co-operation throughout the inspection process.

### 8.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirement	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	19 (2) Schedule 4	The registered person must ensure that a record is kept in the home of the duty roster of persons working at the nursing home, and a record of whether the roster was actually worked. Duty rosters should be up to date at all times.	Duty rosters examined evidenced that an up to date record is kept of staff working in the home. This requirement is assessed as compliant.	Compliant
2	20 (1) (a)	The registered person must ensure that at all times suitably qualified, competent and experienced persons are working in the nursing home in such numbers as are appropriate to the health and welfare of the patients.	A review of the staff duty rota for week commencing 8 December 2014 evidenced that the numbers and skill mix of staff on duty were in keeping with the minimum staffing guidelines recommended by RQIA. Therefore this requirement is assessed as compliant.	Compliant
3	20 (2)	The registered person ensures that persons working at the home are appropriately supervised.	This matter was not assessed during this inspection. This requirement will be carried forward for review at a future inspection.	Not inspected on this occasion
4	14 (2) (c)	The registered person shall ensure as far as reasonably practicable that unnecessary risks to the health or safety of patients	A review of the emergency equipment evidenced that the diagnostic equipment referred to during the previous inspection was available for staff to use.  A daily check of all first aid equipment has been	Compliant

		<p>are identified and so far as possible eliminated with regard to the following:</p> <ul style="list-style-type: none"> <li>• diagnostic equipment should be readily available at all times and should be easily located by permanent and temporary staff.</li> <li>• patient identification photographs should be provided within an agreed timeframe to reduce the risk of mistaken identity particularly when the home is reliant on temporary/agency registered nurses.</li> <li>• clinical rooms should be kept clean, neat and tidy. Personal staff belongings should not be</li> </ul>	<p>undertaken daily. The inspector reviewed a daily check list for emergency equipment in the Glendun unit.</p> <p>The records evidenced that the ambu bag had not been available since October 2014. No action had been taken to replace this piece of emergency equipment. A system needs to be established to re-evaluate any shortfalls noted during audits undertaken in the home. Any shortfalls must be addressed in a timely manner. A recommendation has been made.</p> <p>Review of care records evidenced that up to date photographs of patients were provided</p> <p>The treatment rooms inspected were found to be generally tidy.</p>	
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		stored in the clinical environment.		
5	13 (4)	The registered person should make suitable arrangements for the safe administration of medication, medications should be administered at the prescribed time.	Discussion with staff confirmed that medications are being administered in the evening at the correct time prescribed.	Compliant
6	27 (2) (C)	The registered person shall ensure that equipment is provided at the nursing home for use by patients is in good working order, and suitable for the purpose for which it is to be used.	Observation of the environment and discussion with staff confirmed that the mattress identified has been replaced.	Compliant
7	12 (1) (b) (c)	The registered person shall ensure that the treatment and other services provided to each patient reflect best practice and are provided by means of appropriate aids and equipment.	Observation of the environment and discussion with staff confirmed that the mattress identified has been replaced.	Compliant
8	20 (1) (c) (1)	The registered person shall ensure that persons employed to work at the nursing home receive mandatory training and other training appropriate to	This matter was not assessed during this inspection. This requirement will be carried forward for review at a future inspection.	Not inspected on this occasion.

		<p>the work they are to perform.</p> <p>This includes part time, relief, temporary, agency and occasional staff.</p>		
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No.	Minimum Standard Ref.	Recommendation	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	28.4	The registered person must ensure that care assistants receive a training update on the prevention of pressure ulcers.	This recommendation will be carried forward for review at a future inspection. Inspection.	Not inspected on this occasion
2	29.4	It is recommended that management establish a template to record the details of formal supervision meetings providing a timetable of scheduled formal individual supervision meetings in accordance with the arrangements specified in home's staff supervision policy and procedure.	This recommendation will be carried forward for review at a future inspection.	Not inspected on this occasion
3	6.2	Patient care records must be legible at all times in keeping with the NMC Code of Conduct 2008 and NMC guidelines on Record Keeping.	Care records reviewed were in keeping with the NMC code of conduct 2008 and NMC guidelines on Record Keeping.	Compliant
4	5.3	Patients' daily progress records should reflect the action taken, if any, where a patient does not meet their daily target	Review of one patient's care records evidenced that the total fluid intake over the 24 hour period was recorded in the patient's daily progress notes. However, the action taken when the patient did not meet their daily fluid target had not been recorded. This recommendation has not been complied with and	Not compliant

			is stated for a second time.	
5	5.3	It is recommended that bowel function, reflective of the Bristol Stool Chart is recorded on admission as a baseline measurement and thereafter in the patients' daily progress records.	Review of one patient's care records evidenced that a bowel assessment had been completed. Bowel motions using the Bristol Stool Chart had been recorded in the progress notes.	Compliant
6	25.11	It is recommended that the accident/incident analysis is robustly reviewed during monthly Regulation 29 visit.	Records evidenced that an analysis of accidents was being undertaken monthly to identify trends. The monthly analysis was reviewed during the Regulation 29 visit. This recommendation as stated has been complied with.  The management of falls is further discussed in section 5.2.4. of this report.	Compliant
7	28.4	It is recommended that further training/support is provided for the acting home manager in management responsibilities.	A permanent manager has taken up post since the previous inspection.	Compliant

## **9.0 Areas Examined**

### **9.1 Glenariff and Glenshesk Units**

Inspectors undertook a tour of the Glenariff and Glenshesk units and viewed the majority of the patients' bedrooms, bathrooms, shower and toilet facilities and communal areas. Patients' bedrooms were observed to be homely and many of the bedrooms were personalised with photographs, pictures and personal items.

The atmosphere in the Glenariff and Glenshesk unit was calm and well organised. Patients were well presented with their clothing suitable for the season. Staff were observed to respond to patients' requests promptly.

Patients spoken with commented positively with regard to the staff, facilities and the general standard of care and services provided in the home. Inspectors did not identify any issues of concern with the delivery of care in these two units.

### **9.2 Glendun Unit**

A short time after arriving in the Glendun unit the inspectors were concerned regarding the environment, management of falls, supervision of patients and the general delivery of care.

The following are the areas examined:

#### **9.2.2 Care Practices**

Patients were observed walking around the unit or sitting in the lounges and seated areas around the home. A number of patients were observed resting in their bedrooms. There was no apparent structure to the patients' morning. Patients were generally well presented and staff were knowledgeable regarding patients individual preferences. Good relationships were evident between staff and patients. However, the delivery of care within the Glendun unit was disorganised and the atmosphere was noisy and chaotic.

Staff spoken with expressed concerns regarding their ability to meet the patients' needs in a timely manner and recognised that the care delivery was task orientated. They cited the complexity of patient needs and increased dependency levels of the patients accommodated as a factor. Staff recognised that a number of patients had complex behaviours and that meeting their care needs was challenging.

On the day of the inspection patients were attending the hairdresser within the home. The hairdressing room is located in the service corridor between the Glendun and Glenshesk unit. The inspectors observed four patients seated in the hairdressing salon with the door propped open leading to a corridor which was cold. The door at the end of the corridor had a ventilation section allowing cold air from outside to filter through into the corridor area where the patients were seated. Due to the low temperature of this corridor and the draft from the ventilated door the inspectors immediately requested the patients be relocated to a warm area of the home. This practice of seating patients in this cold environment was unacceptable.

Given the issues identified in the paragraphs above a requirement is made that the delivery of care in the Glendun unit is reviewed to ensure that:

- the needs of patients in the Glendun Unit are being met in a timely manner

- all areas of the home where patients have access are adequately heated

This review must include the deployment and working practices of staff.

### 9.2.3 The Serving of the Lunchtime Meal

There are two dining rooms in the Glendun unit. On the day of inspection meals were served in both dining rooms, a lounge area, and, if patients preferred, in their bedroom. The serving of the meal was disorganised and chaotic. Inspectors observed the following:

- Meals were served to patients and a number of those who required assistance had to wait an unacceptable length of time before assistance was available. The meals were not kept warm during this time and an inspector had to intervene on two occasions to prevent members of staff from feeding patients these meals.
- In the smaller dining room there were no staff present to provide supervision or encouragement to assist patients to eat. Therefore, the meals were largely uneaten.
- There was no meaningful supervision of patients throughout the lunch period.
- The dining tables were not appropriately set with cutlery, crockery or condiments.
- Patients were generally only provided with a spoon to eat their dinner.
- Those patients who were served sandwiches were not provided with a plate; instead the sandwiches were set directly on to the table
- There was no menu displayed.

A requirement was made to review the serving of meals to ensure that meals are served in a timely manner to meet patients' needs, at a temperature which is in accordance with nutritional guidelines and that staff provide appropriate supervision to patients during mealtimes. This review must include the deployment of staff at mealtimes.

The inspectors discussed the availability of choice with staff and were informed that patients were not always provided with their selected choice of meal. Staff reported that whilst they selected a choice of meals, those patients who required a pureed meal were often all provided with the same dish. A review of the menu and choices available to patients, including those who require a pureed meal, must be included in the review of meals. The displaying of the daily menu was discussed with the home manager and it was agreed that consideration would be given to displaying the menu in a suitable format and in an appropriate location, so that patients and their representatives know what is available at each mealtime

A further requirement was made to review the dining experience to ensure that meals are served in accordance with best practice for persons with dementia, in a dignified manner, and that mealtimes are a positive experience for patients.

### 9.2.4 Management of Falls

Observations and discussion with staff identified several patients in the Glendun unit who were at high risk of falls. On entering the Glendun unit the inspectors observed an area of flooring in the corridor which had significant damage and had been temporarily repaired. The manner in which the flooring had been repaired caused an uneven surface and a potential trip hazard for patients. Given the number of patients at high risk of falls within the unit, this was concerning. Staff confirmed that this area of flooring had been damaged for several months. A requirement has been made in this regard.

One patient was observed walking for long periods unsupervised and presented as very unsteady. On several occasions the inspectors alerted staff to assist the patient to safety. Review of this patient's care records evidenced that they had sustained a significant number of falls in October 2014 and November 2014. Recommendations made by the behavioural science therapist directed staff to spend ten minutes every hour with this patient. However, discussion with the deputy manager and a review of the patient's care records evidenced that this direction was not being carried out.

Inspectors entered one bedroom and found a patient sitting in an armchair. The bedroom door was closed, the self-closure device did not allow for the door to be held open. There was an alarm mat in place. Discussion with staff and review of the patient's care records evidenced that the patient was at high risk of falls and had suffered a number of falls in their bedroom previously. The patient's care records evidenced that a recommendation had been made following a recent care review to ensure that the patient was supervised in the dayroom/lounge or dining area during the day. However, on the day of the inspection the patient was seated in their bedroom with the door closed.

Inspectors were concerned regarding the supervision of these patient and the management of those patients identified as at high risk of falls.

The issues identified with the management of falls form part of an overarching requirement in respect of the health and welfare of patients and the provision for nursing, treatment and supervision of patients.

As discussed in section 4 of this report records evidenced that an analysis of accidents was being undertaken monthly to identify trends. However, the analysis considered the occurrence of accidents in the entire home and did not examine the accidents on a unit by unit basis. It is recommended that a monthly analysis of falls is completed for each unit within the home to identify specific trends and issues within each care setting.

### **9.2.5 Staffing**

The inspectors met with relatives of two patients who were complementary regarding the staff and the care they provided to their loved ones. However concerns were raised in relation to the current staffing levels. Review of the staff duty rotas for week commencing 8 December 2014 was undertaken. The review identified that the numbers and skill mix of staff on duty were in keeping with the minimum staffing guidelines recommended by RQIA. However, the inspectors were concerned that the delivery of care and level of supervision of patients was inadequate and this must be considered as part of the requirement in regard to the health and welfare of patients.

### **9.2.6 Care Records**

Review of one patient's care records evidenced that a pain assessment had not been completed and a care plan was not in place for a patient who had chronic pain. Review of another patient's care records evidenced that a care plan was not in place to direct the care for the management of behavioural issues.

Given that only two patients' care records were examined during this inspection a recommendation is made that patients are comprehensively assessed for pain and that care plans are put in place for all identified assessed need.

### **9.2.7 Medication Management**

In the Glendun unit treatment room the inspector observed the key to the medicine trolley was still in the lock. Discussion with staff indicated that the key was permanently kept in the lock as the lock was faulty. Following the inspection written confirmation was received from Four Seasons Health Care that a replacement trolley had been delivered to the home on 17 December 2014.

The inspector observed prescribed medication stored on an open trolley in the treatment room. Discussion with staff revealed that there was insufficient storage in the medicine cupboards to store the prescribed medication. It is recommended that the storage arrangement for medicines is reviewed to ensure they are securely stored at all times.

### **9.2.8 Environment**

The inspectors undertook a tour of the Glendun unit and viewed the majority of the patients' bedrooms, bathrooms, shower and toilet facilities and communal areas. The home clean and fresh smelt throughout. The inspectors observed several areas of the home to be either too warm or too cold. Windows had been opened in the morning to allow fresh air into the rooms. However no one had returned to close them and therefore, despite the radiators being on, a number of bedrooms were cold. It was difficult for the inspectors to monitor room temperatures due to the absence of several wall thermometers.

Discussion with staff revealed that the nurse call bell in the hairdressing salon was not working and the hairdresser had no means of alerting staff if required. The hairdresser and deputy manager confirmed that the nurse call bell had not been working for over one year.

The issues of room temperature and the nurse call ball form part of the requirement with regard to the health and welfare of patients.

Inspectors observed:

- The electronic self-closure device for the door in an identified bedroom was broken, the cover was missing and wires were exposed.
- a spray bottle of cleaning detergent was observed in a patient's bedroom. This practice is not in keeping with Control of Substances Hazardous to Health Regulation (COSHH).

These issues are included in the requirement with regard to patient safety.



## **10.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with, Louisa Rae, regional manager, Joy McKay, home manager and Dulce Amor Yanga-Ali, deputy manager as part of the inspection process.

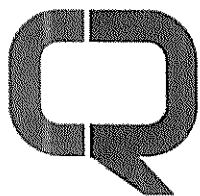
The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

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Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT**



The Regulation and  
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## Quality Improvement Plan

### Unannounced Secondary Care Inspection

Camphill

16 December 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Louisa Rae, regional manager, Joy McKay, home manager and Dulce Amor Yanga-Ali, deputy manager during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Actions Taken By Registered Person(S)	Timescale
1	20 (2)	<p><b>Carried forward for review at a future inspection</b></p> <p>The registered person ensures that persons working at the home are appropriately supervised</p> <p>Ref section 4.</p>	One	Staff supervisions continue and a matrix is to be further developed for each of the three units	By 31 December 2014
2	20 (1) (c) (1)	<p><b>Carried forward for review at a future inspection</b></p> <p>The registered person shall ensure that persons employed to work at the nursing home receive mandatory training and other training appropriate to their work they are to perform.</p> <p>This includes part time, relief, temporary, agency and occasional staff.</p> <p>Ref section 4.</p>	One	Staff training is ongoing via e-learning. Face to face training has been delivered in various topics by the training and Dementia Team.	From the date of inspection
3	13(1)(a) & (b)	<p>The registered person must review the delivery of care in the Glendun unit to ensure that:</p> <ul style="list-style-type: none"> <li>• the needs of patients in the Glendun Unit are being met in a timely manner</li> <li>• those patients assessed as at high risk of falls are being appropriately supervised</li> <li>• recommendations made by health care professionals are adhered to and records</li> </ul>	One	Staff deployment in the Glendun Unit has been reviewed to include the allocation and working practices of the staff with regard to resident supervision and their safety. Staff supervision matrix	From the date of inspection

		<p>maintained to evidence implementation</p> <ul style="list-style-type: none"> <li>• all areas of the home where patients have access are adequately heated</li> <li>• nurse call unit in the hairdressing salon must be repaired to ensure staff can summon help as required.</li> </ul> <p>This review must include the deployment and working practices of staff</p> <p>Ref section 5, 5.2.2, 5.2.4, 5.2.5 &amp; 5.2.8</p>		<p>developed regarding the management of bedroom windows / heating.</p> <p>Bedroom thermometers in place from 17/12/14. No concerns expressed about unit being cold.</p> <p>The call bell unit in the hairdressing room was repaired on 19/12/14.</p>	
4	12(4)(a)(b) & (d)	<p>The registered person must review the serving of meals to ensure that:</p> <ul style="list-style-type: none"> <li>• meals are served in a timely manner to meet patients' needs</li> <li>• meals are served at a temperature which is in accordance with nutritional guidelines.</li> <li>• staff provide appropriate supervision to patients during mealtimes</li> <li>• there is a choice of meals available to patients, including those who require a pureed meal</li> </ul> <p>The deployment of staff at mealtimes must be included in this review.</p> <p>Ref section 5.2.3</p>	One	<p>The management of mealtimes has been reviewed. A nurse or senior carer directs and supervises the mealtime with input from the catering team thus allowing choice of meals to be served in a composed manner. Meals are served in accordance with nutritional guidelines. The dining room has been re-arranged to allow a better seating plan, the provision of a tray trolley is now utilised.</p>	From the date of inspection

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5	13(8)(a)	<p>The registered person must ensure that a review of the dining experience is undertaken to ensure that:</p> <ul style="list-style-type: none"> <li>• meals are served in accordance with best practice for persons with dementia</li> <li>• meals are served in a dignified manner</li> <li>• that mealtimes are a positive experience for patents.</li> </ul> <p><b>Ref section 5, 5.2.3</b></p>	One	<p>In addition to requirement 4 including a new pictorial menu board, a remodelled dining room layout with new tablecloths, dignity napkins and aprons, table centrepieces and condiment sets are available. Staff supervise and assist the residents in a calm manner</p>	From the date of inspection
6	14 (2)(a)	<p>The registered person must ensure that</p> <ul style="list-style-type: none"> <li>• the identified damaged area of flooring in the corridor of the Glendun Unit is replaced</li> <li>• the identified damaged electronic self closing device in the bedroom in the Glendun Unit is repaired or replaced</li> <li>• cleaning products are stored in accordance with Control of Substances Hazardous to Health Regulations (COSHH)</li> <li>•</li> </ul> <p><b>Ref: Section 5.2.4 &amp; 5.2.8</b></p>	One	<p>Glendun Unit flooring repaired on 22/12/14.</p> <p>Identified door retainer unit repaired on 17/12/14.</p> <p>Staff supervisions ongoing for the safe control of hazardous products.</p>	From the date of inspection


<b>Recommendations</b>					
These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	28.4	<p>Carried forward for review at a future inspection</p> <p>The registered person must ensure that care assistants receive a training update on the prevention of pressure ulcers.</p> <p><b>Section 4</b></p>	One	Ongoing training is available via the e-learning system	From the date of inspection
2	29.4	<p>Carried forward for review at a future inspection</p> <p>It is recommended that management establish a template to record the details of formal supervision meetings providing a timetable of scheduled formal individual supervision meetings in accordance with the arrangements specified in the home's staff supervision policy and procedure.</p> <p><b>Section 4</b></p>	One	<p>A supervision matrix is in place for Glendun and will continue to be developed for the three units in the home</p> <p>Supervision training was provided on 16/01/15 to heads of department staff</p>	By 30 November 2014
3	5.3	<p>Patients' daily progress records should reflect the action taken, if any, where a patient does not meet their daily target</p> <p><b>Section 4</b></p>	Two	Guidance and supervision for the trained staff has commenced	From the date of inspection

4	25.11	<p>The registered person should ensure that a system to re-evaluate any shortfalls noted during audits undertaken in the home is introduced.</p> <p>Any shortfalls must be addressed in a timely manner.</p> <p><b>Ref: Section 4</b></p>	One	Any deficits identified by trained staff during audits are followed up and actioned as soon as possible	From the date of inspection
5	25.11	<p>A monthly analysis of falls should be completed for each unit within the home to identify specific trends and issues within each care setting.</p> <p><b>Ref section 5, 5.2.4</b></p>	One	From December 2014 the analysis completed monthly is completed for each unit separately	From the date of inspection
6	5.3	<p>Patients should be comprehensively assessed for pain and should have care plans in place for all identified assessed needs.</p> <p><b>Ref section 5, 5.2.6</b></p>	One	Care planning training has started and will be ongoing for the trained staff to include the usage of the Abbey pain tool.	By 13 January 2015
7	39.1	<p>The storage arrangement for medicines should be reviewed to ensure they are securely stored at all times.</p> <p><b>Ref section 5, 5.2.7</b></p>	One	The Glendun Unit treatment room has been reviewed and re-organised to facilitate storage availability. A third medicine trolley is also available for the trained staff	By 13 January 2015



Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Joy McKay
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	 Jim McCall DIRECTOR OF OPERATIONS 9/2/15

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	 SHARON MCKNIGHT	20-2-15
Further information requested from provider			