

Unannounced Care Inspection Report 22 August 2017



Ardmaine Care Home

Type of Service: Nursing Home
Address: 8 Fullerton Road, Newry, BT34 2AY
Tel No: 028 3026 2075
Inspector: Donna Rogan

www.rgia.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 for up to 65 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons (Bamford) Ltd Responsible Individual Maureen Claire Royston	Registered Manager: Ann Begley
Person in charge at the time of inspection: Annemarie O'Loughlin, Deputy Manager	Date manager registered: 24 January 2013
Categories of care: Nursing Home (NH) MP – Mental disorder excluding learning disability or dementia I – Old age not falling within any other category DE – Dementia	Number of registered places: 65 comprising: 8 – NH-MP 24 – NH-I 33 -NH-DE

4.0 Inspection summary

An unannounced inspection took place on 22 August 2017 from 09.30 to 17.30 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 DHSSPS 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 staff induction. Communication was well maintained in the home and there were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients. The management arrangements were stable; complaints were well managed and there were good working relationships within the home. Improvements had also been made to the environment both internally and externally.

Areas for improvement were identified under the regulations in relation to the management of head injuries/incidents and maintaining records of checks made to professional bodies. Areas for improvement made under the care standards relate to the views of staff regarding the staffing arrangements; maintenance of infection control audits; updating the statement of purpose and the maintenance of duty rotas.

Patients said they were generally happy living in the home. Further comments can be viewed in section 6.6 of the report.

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

Details of the Quality Improvement Plan (QIP) were discussed with Annemarie O'Loughlin, Deputy Manager, and Lorraine Thompson, Regional Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 3 and 4 August 2016

The most recent inspection of the home was an unannounced care inspection undertaken on 3 and 4 August 2016.

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 inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- 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 quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection the inspector met with approximately 22 patients both individually and in small groups, six care staff, three registered nurses, two kitchen staff, one domestic staff and four patients' representatives.

Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

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

The following records were examined during the inspection:

- staffing arrangements in the home
- one staff personnel file to review recruitment and selection
- staff induction, supervision and appraisal records
- staff training records for 2016/2017
- accident and incident records
- records relating to adult safeguarding
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- patient register
- five patient care records
- two patient care charts including food and fluid intake charts and repositioning charts
- statement of purpose
- patient register
- annual quality report
- compliments records
- RQIA registration certificate
- certificate of public liability
- audits in relation to care records and falls
- complaints received since the previous care inspection
- minutes of staff' and relatives' meetings held since the previous care inspection
- monthly quality monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 03 and 04 August 2016

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

6.2 Review of areas for improvement from the last care inspection dated 03 and 04 August 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 40 Stated: First time	The registered provider should ensure that the planned appraisal dates are adhered to in order to ensure the targets met.	Met
	Action taken as confirmed during the inspection: A review of the planned matrix it was evident that the planned dates were adhered to.	
Area for improvement 2 Ref: Standard 39 Stated: First time	The registered provider should ensure that all staff completes their theory training in relation to manual handling.	Met
	Action taken as confirmed during the inspection: A review of the training records evidenced that 96% of staff have completed their theory training in relation to manual handling. Training for the remaining 4% has been scheduled.	
Area for improvement 3 Ref: Standard 9 Stated: First time	The registered provider should ensure that the identified patients' bedrooms are personalised in accordance with their wishes.	Met
	Action taken as confirmed during the inspection: A review of the environment evidenced that the identified patients' bedrooms were personalised in accordance with their wishes.	

Area for improvement 4 Ref: Standard 35 Stated: First time	The registered provider should ensure that the monthly monitoring reports evidences the reason that issues raised are not addressed and the reason if the action is to be carried forward.	Met
	Action taken as confirmed during the inspection: The monthly monitoring report evidenced the reason that issues raised were not addressed and the reason if the action is to be carried forward.	
Area for improvement 5 Ref: Standard 46 Stated: First time	The registered provider should ensure that domestic stores are maintained locked and that all disposable net underwear is maintained for individualised personal use or disposed of after use as appropriate.	Met
	Action taken as confirmed during the inspection: A review of the domestic stores evidenced that they were locked when not in use. It was evident that disposable net underwear was being maintained for individualised personal use.	
Area for improvement 6 Ref: Standard 43 Stated: First time	The registered provider should ensure that further arrangements are put in place to have the malodour in the identified bedroom addressed.	Met
	Action taken as confirmed during the inspection: A review of the environment evidenced no malodours.	

<p>Area for improvement 7</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p>	<p>The registered provider should ensure that the formal monthly evaluations are reviewed to ensure they are meaningful and reflective of the care provided.</p> <p>Care records should be reviewed by the registered manager as part of the auditing process to ensure the above issue is addressed by registered nursing staff.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>A review of five care records evidenced that formal monthly evaluation of care was meaningfully recorded. Evidence was recorded in the care records audits that this was being reviewed by the registered manager.</p>		
<p>Area for improvement 8</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered provider should ensure that the implementation of the shift report is monitored with staff to ensure its effectiveness.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>A review of the shift report and discussion with staff stated that this record was very effective in the management of the home.</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 deputy manager confirmed the planned daily staffing levels for the home and that staffing was subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 21 August 2017 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily. Observation of the delivery of care and discussion with patients evidenced that their needs were met by the levels and skill mix of staff on duty.

Staff spoken with were satisfied that there were sufficient staff to meet the needs of the patients. We also sought staff opinion on staffing via questionnaires; nine were returned following the inspection. Five of the staff views returned in the questionnaires stated that there was not enough staff to meet the needs of patients. This issue should be discussed with staff and actioned where necessary; an area for improvement is made under the care standards.

Patients spoken with during the inspection commented positively regarding the staff and care delivery. Patients were satisfied that when they required assistance staff attended to them in timely manner. One of the eight patients who returned questionnaires stated that, "more staff was needed." We sought relatives' opinion on staffing via questionnaires; six questionnaires were returned in time for inclusion in the report. Two relatives' views expressed levels of dissatisfaction with the staffing arrangements; one felt that, "staff are rushed as there are not always enough staff to help"; one stated, "there are not enough staff on duty at the weekends." As previously stated these views should be reviewed with patients and relatives and actioned where necessary.

A nurse was identified to take charge of the home when the registered manager was off duty. The deputy manager confirmed that a competency and capability assessment had been completed with nurses who were given the responsibility of being in charge of the home in the absence of the manager. These assessments were completed by the registered manager.

A review of one staff recruitment record evidenced that it was generally maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records confirmed that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. However, the arrangements in place to confirm and monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC were discussed with the deputy and regional managers. A review of the records of NMC registration evidenced that all but one of the nurses on the duty rota for the week of the inspection were included in the NMC check. There was no written confirmation regarding one of the nurses on duty had an NMC check, it was later confirmed during the inspection that the nurse was currently registered. An area of improvement is made under Regulation that records of the checks made should be maintained in the home. Records were also maintained of care staff registration with NISCC.

The deputy manager confirmed that newly appointed staff commenced a structured orientation and induction programme at the beginning of their employment. A review of two completed induction programmes evidenced that these were completed within a meaningful timeframe.

We discussed the provision of mandatory training with the deputy manager and staff. Staff were of the opinion that there was a good range of training available and that it was relevant to their role and the care they were required to deliver to needs of the patients. Training records evidenced good compliance; for example 100% of staff had completed training in safeguarding within the last 12 months, 96% attended a practical moving and handling training and 96% have completed the e learning theory component. Practical fire awareness training has been attended by 96% of staff and 95% have completed the e learning fire awareness training. Provision of training was ongoing with compliance and attendance monitored regularly by the registered manager.

The deputy manager and staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the deputy manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The deputy manager explained that the identified safeguarding champion is awaiting a date to attend the next available training. The safeguarding policy was reviewed and updated in June 2016 to reflect the new regional policy. A file containing the new regional policy and the contact details of the safeguarding teams in the four health and social care trusts was available in the nursing office as a reference for staff.

Review of five patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since April 2017 confirmed that one incident relating to a head injury of one patient was not appropriately managed. The following issues were raised in this regard:

- the injury was not recorded in accordance with best practice and regulatory requirements
- staff reported that the injury was caused whilst using a piece of equipment; there was no evidence that the injury or the cause had been investigated or prevented from reoccurring or appropriately reported if required
- the details of the accident was not sufficiently recorded;
- details of the injury such as the time, size of the bruising was not recorded
- details of who was informed of the accident was not recorded such as relatives or the patient's general practitioner (GP)
- there was no further detail recorded of how the injury manifested or how it should be managed
- there was no accident or incident form completed

The above issue was concerning and discussed with the regional manager and deputy manager in detail during feedback of the inspection. An area of improvement is made under regulation that all incidents pertaining to head injury or accidents caused using equipment should be reviewed and any issues arising retrospectively should be reported in accordance with policy and regulation. The above care record should be reviewed and updated as stated in the bullet list above without delay.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, sluice rooms, lounges and dining room. The home was found to be tidy, warm, well decorated, fresh smelling and clean throughout. Patients spoken with were complimentary in respect of the home's environment. The cleanliness of the home was commended on this occasion.

We observed that systems were in place to support good practice in infection prevention and control. For example personal protective equipment (PPE) such as gloves and aprons were available and stored appropriately, hand sanitising gel dispensers were located throughout the home and equipment such as mops, buckets and cloths were provided in accordance with the National Patient Safety Agency (NPSA) national colour coding scheme.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of, adult safeguarding, training, induction, competency and capability assessment and appraisal and the home's general environment.

Areas for improvement

Three areas for improvement were identified. Two were under the regulations and relate to the maintenance of checks with professional bodies and the management of injuries and accidents/incidents. One area for improvement is raised under the care standards in relation to holding discussion with staff, patients and relatives regarding staffing levels and addressing any issues raised.

	Regulations	Standards
Total number of areas for improvement	2	1

6.5 Is care effective?

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

Review of five patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments consistently informed the care planning process.

Personal care records evidenced that records were consistently maintained in accordance with best practice guidance, care standards and legislative requirements. For example, a review of repositioning records evidenced that patients were repositioned according to their care plans.

The registered nurses consulted with was aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), Speech and Language Therapist (SALT), dietician and Tissue Viability Nurse specialists (TVN). There was evidence within the care records that the recommendations made by healthcare professionals in relation to specific care and treatment were being adhered to, this information was reflected appropriately in the patient's care plan.

With the exception of the one identified care record stated in section 6.4, body maps had recently been completed to include any wounds and/or pressure wounds and the care records were supported by the use of photography in keeping with the home's policies and procedures and the National Institute of Clinical Excellence (NICE) guidelines. There was evidence that wound assessments were undertaken on a regular basis, the wound descriptions were recorded.

There were some examples of good practice identified. For example, a review of patients' food and fluid intake records evidenced that these areas were being monitored; patients who were prescribed regular analgesia had validated pain assessments completed which were reviewed in line with the care plans.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. The registered nurses consulted with explained that the annual care review meetings were used as an opportunity to discuss the care plans with the patients' representatives. The home also used an 'all about me story' for each patient, which detailed the things that were important to the patients and their favourite things in life. There was evidence of regular communication with representatives within the care records.

A record of patients including their name, address, date of birth, marital status, religion, date of admission and discharge (where applicable) to the home, next of kin and contact details was held in a patient register. This register provided an accurate overview of the patients residing in the home on the day of the inspection.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and discussions at the handover provided the necessary information regarding any changes in patients' condition. Staff spoken with also confirmed that communication between all staff grades was effective.

Staff meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. The most recent general staff meeting was held on 30 June 2017. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities.

All those consulted with confirmed that if they had any concerns, they could raise these with their line manager or the registered manager. A patients' meeting had been held on 7 June 2017 and records were available. Discussion took place with regards to historically poor representation of relatives at the planned meetings. RQIA were satisfied that the registered manager was available to anyone wishing to speak with the manager; and that the patients' representatives views had been sought as part of the annual quality report, Four Seasons Healthcare Quality of Life Programme and the Thematic Resident Care Audits (TRaCA).

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders. Patients' total food and fluid intakes were being monitored; and the patients' pain was well managed; the all about me life stories, and the management of activities.

Areas for improvement

There were no areas for improvement identified in this domain

	Regulations	Standards
Total number of areas for improvement	0	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. Consultation with 22 patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Discussion with patients also confirmed that staff consistently spoke to them in a polite manner. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care.

Patients stated that they were involved in decision making about their own care. Patients were consulted with regarding meal choices and were offered a choice of meals, snacks and drinks throughout the day. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

We observed the lunch time meal in the dining rooms. The lunch served appeared appetising and patients spoken with stated that they were satisfied with the meals provided. The atmosphere was quiet and tranquil and patients were encouraged to eat their food; assistance was provided by staff, as required.

Patients consulted with also confirmed that they were able to maintain contact with their families and friends. Staff supported patients to maintain friendships and socialise within the home. One staff member was designated to provide activities in the home five days a week. Patients consulted with stated that there were different activities they could participate in.

Discussion with the deputy manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided. An annual quality audit had been undertaken since the last inspection; views and comments recorded were analysed and areas for improvement had been acted upon. As previously stated Four Seasons Healthcare also use their TRaCA system and their Quality of Life Programme to ascertain relatives, professionals and patients views.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

From discussion with the deputy manager, staff, relatives and a review of the compliments record, there was evidence that the staff cared for the patients and their relatives in a kindly manner. We read some recent feedback from patients' representatives. One comment included praise for the 'care, kindness, support and friendship' shown to a patient when receiving end of life care.

During the inspection, we met with 22 patients, six care staff, three registered nurses, two kitchen staff, one domestic staff and four patients' representatives. Some comments received are detailed below:

Staff

"The care is very good, we are like a happy family."

"The care is good, the staff are very friendly."

"I have no concerns."

"The care is really good, we try our best."

Patients

"I am getting on alright, they are treating me great."

"They respect me I am well looked after."

"It is very good."

"They are good here, the food is excellent."

"It is alright, but sometimes the food is not great."

Patients' representative

"The staff are all very good, I have never seen anything to worry about here."

"(My relative) seems to be getting on fine."

"The care is good I think, the staff are very cheerful and the food seems fine."

"It is good, I cannot complain."

We also issued ten questionnaires to staff and relatives respectively and eight questionnaires to patients. Nine staff, seven patients and seven relatives had returned their questionnaires, within the timeframe for inclusion in this report. Comments and outcomes were as follows:

Patients

Respondents indicated that they were either 'satisfied' or 'very satisfied' that the care in the home was safe, effective and compassionate; and that the home was well-led. Three questionnaires returned stated that they "did not know the manager".

Relatives

Five respondents indicated that they were either 'very satisfied' or 'satisfied' that the care in the home was safe, effective and compassionate; and that the home was well-led. As previously stated in section 6.4, two relatives expressed dissatisfaction with the staffing arrangements.

Staff

Five respondents indicated that they were either 'satisfied' or 'very satisfied' that the care in the home was safe, effective and compassionate; and that the home was well-led. One respondent provided written comment in relation to the positive culture within the home. As previously stated five staff indicated dissatisfaction with the staffing arrangements and three stated that staff handover meetings were not detailed enough.

Any comments from patient representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

There were no areas for improvement identified in this domain.

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

Discussions with the staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. All those consulted with described the registered manager in positive terms; comments included, 'she helps you out if you have any issues' and, 'we are well supported by her.' Staff described how they felt confident that the registered manager would respond positively to any concerns/suggestions raised.

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. There was a system in place to identify the person in charge of the home, in the absence of the registered manager.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. Staff, patients and patients' representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Patients were aware of who the registered manager was. However in the returned questionnaires three patients stated that they have never been introduced to the registered manager.

Discussion with the deputy manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided; however, there no infection control audits completed from the end of May 2017. There were no infection control issues raised during this inspection; however, an area of improvement is made in relation to ensuring infection control audits being completed at least annually.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005, and copies of the reports were available for patients, their representatives, staff and trust representatives.

A review of the statement of purpose evidenced that it had not been reviewed to reflect the recent changes to staffing on night duty and during the twilight hours. An area for improvement has been made in this regard. The duty rotas should also include the registered manager's hours available and the staffs hours worked should be recorded using the 24 hour clock in order for clarity, an area of improvement is also made in this regards.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management arrangements; management of complaints; and maintaining good working relationships within the home.

Areas for improvement

There were three areas for improvement identified in relation to the care standards. They relate to the management of infection control audits, a review of the information retained in the statement of purpose and the management of the duty rotas.

	Regulations	Standards
Total number of areas for improvement	0	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Annemarie O'Loughlin, Deputy Manager, and Lorraine Thompson, Regional 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 DHSSPS 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21 Schedule 2, 5 Stated: First time To be completed by: From the date of inspection	<p>The registered person shall ensure that details and documentary evidence of registration with an appropriate regulatory body such as NMC is maintained in the home prior to staff commencing duties.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Home Manager will ensure all NMC evidence is obtained for new employees and retained in the relevant Personnel file and recorded on the Home Register before employment commences.</p>
Area for improvement 2 Ref: Regulation 30 Stated: First time To be completed by: From the date of inspection	<p>The registered person shall ensure that all incidents pertaining to head injury or accidents caused using equipment should be reviewed and any issues arising retrospectively should be reported in accordance with policy and regulation. The identified care record should be reviewed and updated as stated in the bullet list listed in section 6.4 without delay.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The Home Manager has completed a Supervision with the identified staff member regarding "Accidents and Incidents" Reporting - this is currently being rolled out to all employed SN's to ensure a consistent approach. The Deputy Manager completed the Regulation 30 form and the Datix Report. In addition the identified care record has been reviewed and updated to ensure all the relevant details have been recorded.</p>
Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes (2015)	
Area for improvement 1 Ref: Standard 41 Stated: First time To be completed by: 31 October 2017	<p>The registered person shall ensure that the staffing arrangements are discussed with staff, relatives and patients; and where necessary staffing should be altered to ensure the needs of patients are met.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Staff levels arise from the assessment of each individual residents dependency needs within the home using the CHSS model. This assessment is reviewed as a minimum of monthly or when there is a change with occupancy or a change with the needs of a resident within the home. When the Duty roster is set the required staffing levels are met at all times as dictated by this assessment. Staff are aware of the dependency assessments that are completed, this has</p>

	<p>been highlighted again at a General Staff Meeting held on the 19/09/2017, the minutes of which are available for all staff to read. The Home Manager provides this information to our patients as appropriate and will discuss as a group at the forthcoming Resident Meeting to be held on the 20th October 2017. The main avenue for communication with our Relatives at present is through the Home's Newsletter - details of the Assessment that is completed will be outlined in the next edition - the Issue date has been brought forward by 1 week to ensure this is communicated as required in this Area for Improvement.</p>
<p>Area for improvement 2 Ref: Standard 35 Stated: First time To be completed by: 30 September 2017</p>	<p>The registered person shall ensure that infection control audits are completed at least annually and records maintained.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: Home Manager will ensure Infection Control Audits are recorded and maintained in keeping with Company Policy.</p>
<p>Area for improvement 3 Ref: Standard 34 Stated: First time To be completed by: 30 September 2017</p>	<p>The registered person shall ensure the statement of purpose is kept up to date and reflective of the staffing arrangements.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: The Statement of Purpose has been updated in full to include the current staffing arrangements in the Nursing Unit. Home Manager will ensure this is maintained in the event of further changes.</p>
<p>Area for improvement 4 Ref: Standard 41 Stated: First time To be completed by: 30 September 2017</p>	<p>The registered person shall ensure that the registered manager's hours are included on the duty rotas and that the 24 hour clock is used to reflect staffs' hours of work on the duty rotas.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: Registered Manager's hours are contained in the Off Duty File in each Department. When working Floor Hours this is detailed on the relevant units off duty. When working Office Hours this is detailed on a separate off duty sheet alongside the Administrators hours. All duty rotas within all departments in the home are now completed in the 24 hours clock format.</p>

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



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