

Unannounced Care Inspection Report 2 February 2017



Aughnacloy House

Type of Service: Nursing Home

Address: 2 Tandragee Road, Lurgan, Craigavon, BT66 8TL

Tel no: 028 3834 6400

Inspector: Loretto Fegan

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Aughnacloy House took place on 2 February 2017 from 09:55 to 18:55 hours.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

Observations made, review of documentation and discussion with the registered manager and staff demonstrated that generally care provided to patients is safe and avoids and prevents harm. However, weaknesses were identified in the delivery of safe care, specifically in relation to recruitment, training records, the system for checking the registration status of nurses with the Nursing and Midwifery Council, compliance with legionella infection control procedures and infection prevention and control audits. One requirement and six recommendations have been stated to secure compliance and drive improvement.

Is care effective?

There was generally evidence of a good delivery of care with positive outcomes for patients. Patients spoken with were positive regarding the care they were receiving and were complementary of the staff and of the food served. There was also evidence of effective team working and good communication between patients and staff. However, one requirement has been made in relation to care records and a recommendation has been made to further develop the audit process in relation to patient care records.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Overall, patients and relatives were satisfied or very satisfied with the care provided. However, there were some comments made by patients and relatives which raised concern with specific aspects of care. All of these comments were discussed with the registered manager, who agreed to follow up and take appropriate action where necessary.

Is the service well led?

There was evidence of the home having systems and processes in place to monitor the delivery of care and services within Aughnacloy House. Compliance with the recommendations made in the safe and effective domains of this report will assist to improve the overall services provided, the experiences of patients and leadership within the home.

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.

1.1 Inspection outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 2 | 7 |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Constance Mitchell, 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.

1.2 Actions/enforcement taken following the most recent medicines inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 9 January 2017. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

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| Registered organisation/registered person: MD Healthcare Ltd Lesley Megarity | Registered manager: Constance Mitchell |
| Person in charge of the home at the time of inspection: Constance Mitchell | Date manager registered: 12 February 2015 |
| Categories of care: NH-DE, NH-I, NH-PH, NH-PH(E) | Number of registered places: 71 |

3.0 Methods/processes

Prior to inspection we analysed the following records:

- notifiable events submitted since the previous care inspection
- communication received since the previous care inspection
- the returned quality improvement plan (QIPS) from inspections undertaken in the previous inspection year
- the previous care inspection report.

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with the registered manager, Mr Megarity, representing MD Healthcare Ltd, sixteen patients, the deputy manager, charge nurse, two registered nurses, three care assistants, three resident’s visitors/representatives and one visiting professional.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- five patient care records
- accident and incident records
- audits
- complaints records
- staff induction and appraisal records
- minutes of staff meetings
- monthly monitoring reports in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 4 February 2016

The most recent inspection of the home was an unannounced medicines management inspection. The QIP when returned will be reviewed by the pharmacy inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider, as recorded in the QIP will be validated at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 8 July 2015

| Last care inspection recommendations | | Validation of compliance |
|--|--|--------------------------|
| <p>Recommendation 1</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> | <p>It is recommended that training for registered nurses in relation to communicating effectively to identify end of life care needs should be provided.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>There was evidence that a range of training for registered nurses in relation to communicating effectively to identify end of life care needs was provided.</p> | <p>Met</p> |

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| Recommendation 2 Ref: Standard 20.1 Stated: First time | It is recommended that further opportunities, to discuss end of life care, are created by the registered nurses and that any expressed wishes of patients and/or their representatives are formulated into a care plan for end of life care. This should include any wishes with regard to the religious, spiritual or cultural need of patients. | Met |
| | Action taken as confirmed during the inspection: There was evidence that registered nurses were supported in developing their skills to facilitate the expressed wishes of patients and/or their representatives during end of life care. Three care plans reviewed during the inspection evidenced that care plans reflected the religious, spiritual or cultural needs of patients. | |

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home. Ms Mitchell works in a supernumerary capacity and is supported in her management role by a deputy manager, charge nurse and four senior registered nurses.

A review of the staffing rota for week commencing 23 January and 30 January 2017 evidenced that the planned staffing levels were generally adhered to. Discussion took place with the registered manager regarding the deficits to the planned staffing levels and Ms Mitchell explained that this was mainly due to unplanned leave which was difficult to replace at short notice as the home rely on their own staff including a limited bank staff to provide additional cover. Ms Mitchell advised that the home had recently recruited six full time care assistants and are actively recruiting for four additional registered nurses and care assistants. In addition to nursing and care staff rotas, it was confirmed that two part-time staff are employed in a supernumerary capacity to provide activities in the home and that there are administrative, maintenance, catering, domestic and laundry staff employed in sufficient numbers for the efficient running of the home. Staff spoken with, were satisfied that there were sufficient staff to meet the needs of the patients, however advised that it is challenging to undertake care duties in a timely manner during periods of unplanned staff leave. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty with the exception of two patients who required more attention to detail in relation to their personal care. The specifics of the personal care deficits were discussed with the registered manager who agreed to address the issues raised and ensure they are incorporated into person centred care plans. No issues were raised in relation to staffing levels by relatives, patients nor the visiting professional during the inspection. However, a patient, relative and staff member identified staffing levels as an issue in the returned questionnaires to RQIA. The issues raised during the inspection and post inspection were discussed with the registered manager who agreed to monitor the situation and take any appropriate action required in relation to the issues raised. As an overall patient dependency analysis had not been reviewed since May 2016, the registered manager agreed to undertake this on a more regular basis to ensure staffing levels are sufficient to meet the assessed needs of the patients.

A recommendation has been made to monitor staffing levels to ensure the assessed needs of patients are met on a timely basis.

A review of two staff personnel files evidenced that with the exception of employment gaps not being explored in relation to one staff member, all other selection and recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. A recommendation is made in relation to exploring gaps of employment. Discussion with staff and a review of the induction template evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

The registered manager confirmed that mandatory training for 2016/17 was ongoing and would be completed by 24 March 2017. There was evidence that a range of additional training had been provided for staff including dementia awareness, care planning, nutrition, wound care, palliative care and quality improvement. The deputy manager was identified as the dementia champion in the home and had completed a training programme in order to cascade dementia care training to staff. The registered manager also advised that the home intend to place greater emphasis on e-learning in addition to other approaches to learning. The names of staff who attended training were not consistently recorded on training records. A recommendation has been made that the names of staff who attend training should be consistently recorded on training records and outstanding mandatory training should be completed for year 2016/17.

A registered nurse and three care staff spoken with during the inspection were satisfied with the training provided to fulfil their duties. Discussion with the registered manager, staff on duty and a review of the records confirmed that there were systems in place to ensure that all staff received supervision and that registered nurses who were given the responsibility of taking charge of the home in the absence of the registered manager have competency and capability assessments undertaken. The registered manager acknowledged that staff appraisals had not taken place over the past year and confirmed that a revised system for staff appraisal would take effect from 1 March 2017.

Discussion with the registered manager and review of records evidenced that there were arrangements for monitoring the registration status of nurses with the Nursing and Midwifery Council (NMC) and care assistants with the Northern Ireland Social Care Council (NISCC). However the arrangement for monitoring the registration status of nurses required further development as a check had to be made on the day of inspection to provide an assurance that nurses who had an NMC registration expiry date on 31 January 2017 had renewed their registration. A recommendation was made that the system for checking the registration status of nurses with the Nursing and Midwifery Council (NMC) is further developed to ensure robust assurances are provided at the end of each month.

The manager and staff spoken with demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The manager was aware of the regional guidance issued in July 2015 entitled "Adult Safeguarding Prevention and Protection in Partnership" and also the contact details of the Adult Protection Gateway Services. A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols. With the exception of one occasion, RQIA were notified appropriately. This notification has since been received by RQIA.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms, sluices and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. There was evidence of ongoing redecoration and refurbishment throughout the home. Fire exits and corridors were observed to be clear of clutter and obstruction. There were wheelchairs stored in one sluice on the first floor, the registered manager advised that the sluice is not used as patients have en-suite facilities. Following advice from the RQIA estates inspector, the home were contacted on 9 February 2017 and a recommendation was made that the "little used" water outlets in the sluice are subjected to a twice weekly usage in compliance with legionella infection control procedures. A variation application should also be submitted to RQIA in relation to the proposed change of use for the sluice. A recommendation has been made.

Prior to the inspection, the home had a recent prolonged outbreak of Norovirus. Discussion took place with the registered manager and staff regarding the Infection prevention and control (IPC) measures during the norovirus outbreak and all staff spoken with had a clear understanding of best practice. The registered manager advised that norovirus was mainly confined to the dementia unit and patients had their own bathroom facilities. Ongoing mandatory training is cascaded by the home's link nurse in relation to Infection prevention and control and the registered manager confirmed that this includes the management of norovirus. However, the only infection control audit undertaken in 2016 was on 30 November and while actions were identified, there was no evidence of the timescales or who was taking forward the actions. A lengthy discussion took place with the registered manager regarding this and a requirement has been made that Infection Prevention and Control audits would be reconvened on a regular basis and that findings from the environmental audit would also inform the IPC audit. Audit action plans should have timescales and the person/s responsible identified.

Areas for improvement

Monitor staffing levels to ensure the assessed needs of patients are met on a timely basis.

Employment gaps should be explored when recruiting staff

The names of staff who attend training should be recorded on training records and outstanding mandatory training should be completed for year 2016/17.

The system for checking the registration status of nurses with the Nursing and Midwifery Council (NMC) should be further developed to ensure robust assurances are provided at the end of each month.

Water outlets which are "little used" in the identified sluice should be subject to a twice weekly usage in compliance with legionella infection control procedures.

A variation application should be submitted to RQIA in relation to the proposed change of use for the sluice.

Infection Prevention and Control audits must be reconvened on a regular basis. Audit action plans should have timescales and the person/s responsible identified.

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| Number of requirements | 1 | Number of recommendations | 6 |
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4.4 Is care effective?

Review of five patient care records evidenced that registered nurses generally assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Staff demonstrated an awareness of the importance of patient confidentiality in relation to the storage of records. Discussion with staff confirmed 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.

Review of five patient care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments generally informed the care planning process and that significant improvements had been made in relation to care planning in the preceding months. Care records were found to adhere to recommendations prescribed by other healthcare professionals such as Speech and Language Therapists (SALT) and Dietician. Assessments and care plans were generally kept under review in accordance with best practice.

However the following issues were identified in relation to patient care records:

- Two care plans required a more person centred approach in relation to the specific care required to manage one patient's high risk of falls and another patient's risk of developing pressure ulcers
- One patient's care plan did not address the patient's specific needs in relation to personal hygiene and dress as identified during the inspection
- The records in relation to intentional rounding for one patient were examined. There were some records missing for specific days and intentional rounding charts were not recorded contemporaneously on occasions.
- One patient's risk assessments in relation to skin integrity and falls had last been reviewed on 15 December 2016 and in relation to nutrition since 13 November 2016. These should be completed on a monthly basis in accordance with best practice.

A requirement has been made to address the issues identified in relation to patient care records. A recommendation has also been made to ensure that the audit process in relation to patient care records is further developed to incorporate these identified issues.

Discussion with the manager confirmed that staff meetings are generally held on a three monthly basis. Minutes were available for the staff meeting which took place in November 2016. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the nurse in charge and /or the manager. All grades of staff consulted with clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. The visiting professional was satisfied with the level of communication regarding patient care and highly commended one staff member in particular for the quality of information shared.

Discussion took place with the registered manager regarding patient and relative engagement. Ms Mitchell advised that she operates an open door policy for communicating with patients and relatives. In addition to a satisfaction survey which took place in 2016, Ms Mitchell confirmed that a relatives' meeting took place on 23 June 2016. Ms Mitchell also advised that plans are in place to obtain feedback regarding different aspects of care from at least 20% of patients on a monthly basis.

Areas for improvement

Issues identified in relation to care records must be addressed.

Patient care record audits should be further developed

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| Number of requirements | 1 | Number of recommendations | 1 |
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4.5 Is care compassionate?

Staff were observed offering patients support and assistance with lunch and whilst mobilising. Their interactions with patients were observed to be compassionate, caring and respectful. Staff demonstrated a knowledge of patients' wishes, preferences and assessed needs. Consultation with sixteen patients confirmed that they were afforded choice, privacy, dignity and respect. 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. Staff were aware of the requirements regarding patient information and confidentiality.

Discussion with the registered manager, staff and patients confirmed that there were opportunities for patients to maintain friendships and socialise within the home. Two part time staff were employed to organise activities with the patients. Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. The registered manager advised that a room is being refurbished to facilitate religious services and the use of web cam from local churches. Ms Mitchell advised that the room can be used by patients of all faiths or none and can also be used by the relatives of ill patients.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. Two staff, five relatives and five patients returned questionnaires to RQIA within the specified timeframe. All of the questionnaire responses indicated an overall satisfied or very satisfied response in relation to safe, effective, compassionate and well led care.

Some of the comments received during the inspection and in the returned questionnaires are detailed below.

Staff expressed high levels of satisfaction with the care provided to patients and confirmed that communication was good in the home. They were also positive about the training and support mechanisms in place to do their job.

Staff comments included:

- “Definitely, patient needs are met”
- “All patient needs are met to the highest standard”
- “Carer to patient ratio guidelines, I feel are incorrect as a lot of our service users have behavioural issues and it is imperative that we take our time and respect each individual”

During the inspection, discussions were held with sixteen patients. Patients spoken with were positive regarding the care they were receiving and were complementary of the staff and of the food served.

Patients’ comments during the inspection included:

- “It’s nice and clean and the food is good”
- “I like here”
- “Staff are kind”

Patients’ responses and comments in the returned questionnaires to RQIA included:

- “Sometimes staff tell me I have to wait as they are short, sometimes I have to wait to use the bathroom”
- Two patients indicated that they did not know the manager

Representatives spoken with expressed their confidence in raising concerns with the home’s staff and management. However one patient’s relatives raised a specific issue which they advised remains unresolved. This was discussed with the registered manager who agreed to discuss the issue further with the relatives concerned.

The questionnaires received from relatives included the following comments:

- “The level of supervision in the day rooms needs to be increased. There are no call bells for residents to contact staff and there can be long delays between staff checks”
- “On a number of occasions, staff action has been prompted by family raising concerns”
- “Not enough staff”

All of the comments made by patients, relatives or staff in the returned questionnaires to RQIA were discussed with the registered manager. Ms Mitchell confirmed that call bells were available in the day rooms for residents to contact staff and also agreed to follow up the areas of concern raised and take appropriate action where necessary.

Areas for improvement

Follow up the areas of concern raised by patients, relatives or staff and take appropriate action where necessary.

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| Number of requirements | 0 | Number of recommendations | 0 |
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Staff were able to describe their roles and responsibilities and confirmed that they had access to the home's policies and procedures. There was a system in place to identify the person in charge of the home in the absence of the registered manager.

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 confirmed that the home was operating within its registered categories of care.

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 DHSSPS Care Standards for Nursing Homes 2015.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately. Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. One safeguarding issue which had been investigated by the Trust has since been reported to RQIA.

RQIA acknowledge that there was evidence of the home having systems and processes in place to monitor the delivery of care and services. This included the completion of Regulation 29 monitoring visits in accordance with the regulations and/or care standards with an action plan generated to address any areas for improvement. A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls and care records. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified.

Discussion with the registered manager and staff confirmed that there were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. Ms Mitchell provided an assurance that following a recent internal review that the process in place has been made more robust.

Areas for improvement

No areas for improvement were identified during the inspection.

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| Number of requirements | 0 | Number of recommendations | 0 |
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5.0 Quality improvement plan

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

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 13 (7)

Stated: First time

To be completed by:
2 February 2017

The registered provider must make suitable arrangements to minimise the risk of infection and the spread of infection between patients and staff by reconvening Infection Prevention and Control audits on a regular basis. Action plans should have timescales and the person/s responsible identified.

Ref: Section 4.3

Response by registered provider detailing the actions taken:

The registered manager will ensure IP&C audits will be undertaken quarterly and will have the action plan included, identifying person/s responsible for actions identified. The IP&C audit will also be linked to the environmental audit.

Requirement 2

Ref: Regulation 16 (2) (b)

Stated: First time

To be completed by:
2 February 2017

The registered provider must ensure that the patient's plan is kept under review by ensuring that:

- Care plans are further developed to be more person centred in relation to patients who are at risk of falls or of developing pressure ulcers and in response to one identified patient's personal hygiene and dress needs
- Risk assessments are reviewed in accordance with best practice
- Intentional rounding charts are recorded contemporaneous

Ref: Section 4.4

Response by registered provider detailing the actions taken:

The registered manager will ensure the care plans are developed further to identify residents' level of risk of falls, also including any assistive technology in use such as alarm mats.

The registered manager will ensure that care plans reflect individual repositioning programme to minimise the risk of pressure ulcer development, including type of mattress in use and other manual handling equipment.

The registered manager will ensure that the care plan for the identified resident is more person centred in relation to the management of personal hygiene and dressing needs.

The registered manager will ensure that residents risk assessments are reviewed monthly and more often if necessary.

The registered manager will ensure intentional rounding charts are recorded contemporaneously.

| Recommendations | |
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| Recommendation 1 Ref: Standard 41 Stated: First time To be completed by: 2 February 2017 | The registered provider should monitor staffing levels to ensure the assessed needs of patients are met on a timely basis. Ref: Section 4.3 |
| | Response by registered provider detailing the actions taken: The registered manager will complete dependency levels/staffing levels bi-monthly using the Rhys Hearn tool to ensure staffing levels meet the assessed needs of residents. Staffing levels will be monitored to ensure that they are appropriate to meet the assessed needs of patients. |
| Recommendation 2 Ref: Standard 38 Stated: First time To be completed by: 2 February 2017 | The registered provider should ensure that employment gaps are explored when recruiting staff Ref: Section 4.3 |
| | Response by registered provider detailing the actions taken: The registered manager will ensure that any employment gaps are explored thoroughly at interview and recorded as undertaken. |
| Recommendation 3 Ref: Standard 39 Stated: First time To be completed by: 31 March 2017 | The registered provider should ensure that: Training records includes the names of staff who attend and All outstanding mandatory training should be completed for year 2016/17 Ref: Section 4.3 |
| | Response by registered provider detailing the actions taken: The registered manager will ensure a record is maintained of all attendees at additional training and is held within the training matrix. All members of staff are up to date in their moving & handling training. Further training is scheduled for 27th March 2017. |
| Recommendation 4 Ref: Standard 35 Stated: First time To be completed by: 2 February 2017 | The registered provider should ensure the system for checking the registration status of nurses with the Nursing and Midwifery Council (NMC) is further developed to provide a robust assurance at the end of each month. Ref: Section 4.3 |
| | Response by registered provider detailing the actions taken: The registered manager has further developed the system for checking the registration status of nurses, in collaboration with HR department to evidence monthly checks. |

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| <p>Recommendation 5</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 9 February 2017</p> | <p>The registered provider should ensure that water outlets which are “little used” in the identified sluice are subject to a twice weekly usage in compliance with legionella infection control procedures.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: The registered manager has ensured that twice weekly usage is undertaken in compliance with legionella control procedures.</p> |
| <p>Recommendation 6</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p> | <p>The registered provider should submit a variation application to RQIA in relation to the proposed change of use for the sluice on the first floor.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: A variation application has been submitted to RQIA to change the use of a sluice on the ground floor to a store room.</p> |
| <p>Recommendation 7</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p> | <p>The registered provider should further develop the audit process in relation to patient care records.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: The registered manager will continue to use the audit tool developed in collaboration with the OPSN with SHSCT CHST and ensure during the audit process that care plans are person centred.</p> |



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