

Unannounced Care Inspection Report 18 April 2018



Aughnacloy House

Type of Service: Nursing Home

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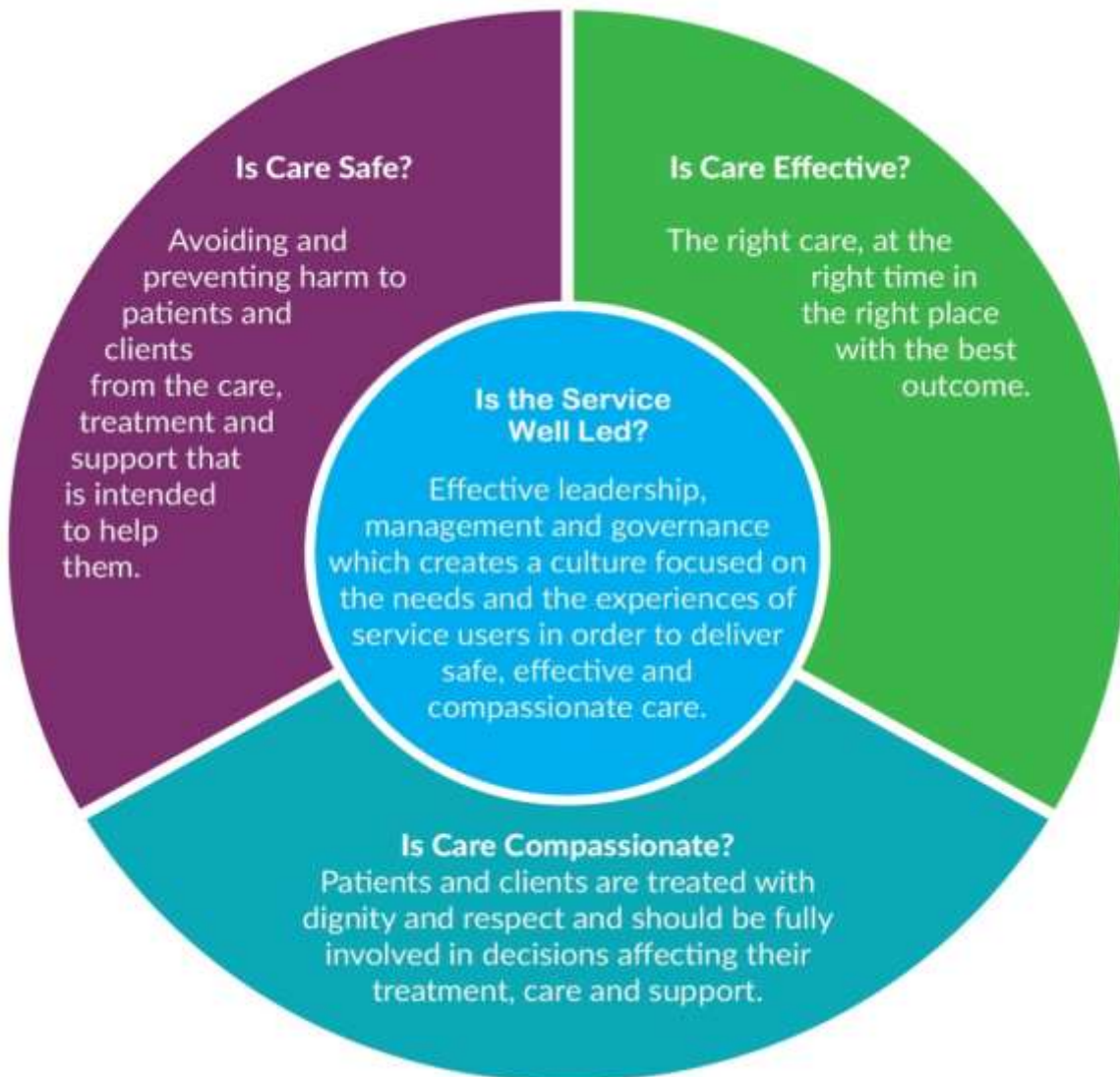
Inspector: Heather Sleator

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 71 persons.

3.0 Service details

Organisation/Registered Provider: MD Healthcare Ltd Responsible Individual: Lesley Catherine Megarity	Registered Manager: Constance Mitchell
Person in charge at the time of inspection: Constance Mitchell	Date manager registered: 12 February 2015
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years.	Number of registered places: 71 33 patients in category NH-DE The home is also approved to provide care on a day basis only to 4 persons.

4.0 Inspection summary

An unannounced inspection took place on 18 April 2018 from 09.30 to 18.00 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 was a follow up inspection to assess progress with the areas for improvement identified at the last care inspection of 5 December 2017 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 training, rapport and interaction between patients and staff, care staff knowledge of patient's preferences and the registered manager's availability to patients, staff and representatives.

Areas requiring improvement were identified in relation the dementia environment and the evaluation of planned care.

Two regulations in relation to the planning of care and the patients dining experience had been identified as areas for improvement at the previous inspection of 5 December 2017 have been stated for a second time. Two standards in relation to governance arrangements and dementia practice also identified as areas for improvement at the inspection of 5 December 2017 have been stated for a second time. A standard in respect of the submission of an application of variation of registration which had been identified as an area for improvement at the inspection of 2 February 2017 has been subsumed into a regulation of this report

Patients described living in the home in positive terms, refer to section 6.6 for further comment. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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	*3	*4

*The total number of areas for improvement includes two regulations and two standards which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with 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.

4.2 Action/enforcement taken following the most recent inspection dated 5 December 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 5 December 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with nine patients individually and others in small groups, five staff and four patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey which they could complete and submit.

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

The following records were examined during the inspection:

- duty rota for all staff from 2 to 15 April 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- four patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports undertaken 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, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 5 December 2017

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 5/6 December 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time	The registered person shall ensure the infection prevention and control procedures are in accordance with regional guidance and are monitored as part of the homes quality auditing systems.	Met
	Action taken as confirmed during the inspection: Evidence was present that infection prevention and control audits were completed on a monthly basis. However, the audits were not robust. Refer to section 6.4.	
Area for improvement 2 Ref: Regulation 13 (1) (b) Stated: First time	The registered person shall ensure that care is prescribed and delivered to ensure the proper provision for the nursing, treatment and supervision of patients.	Partially met
	Action taken as confirmed during the inspection: The review of four patients care records evidenced that there had been an improvement however shortfalls were also still present. Refer to section 6.5. This area for improvement has been partially met and has been stated for a second time.	

<p>Area for improvement 3</p> <p>Ref: Regulation 12 (1) (a) and (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the dining experience for patients is enhanced through a review of the daily routines of the home, the deployment of staff and is reflective of current best practice.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observation of the serving of the midday meal evidenced that whilst there was some improvement shortfalls remained. Refer to section 6.5.</p> <p>This area for improvement has been partially met and has been stated for a second time.</p>	<p>Validation of compliance</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 44</p> <p>Stated: First time</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>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The application of variation has not been received by RQIA at the time of the inspection.</p> <p>This area for improvement has not been met and has been subsumed into a regulation of this report.</p>	<p>Area for improvement 2</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	
<p>The registered person shall ensure the administration of medicines is completed in a timely manner through the review of daily routines and the deployment of staff.</p>	<p>Met</p>	
<p>Action taken as confirmed during the inspection:</p> <p>Observation of the daily routine and delivery of care evidenced that the administration of medications was completed in a timelier manner.</p>		

<p>Area for improvement 3</p> <p>Ref: Standard 4.8</p> <p>Stated: First time</p>	<p>The registered person shall ensure that repositioning records reflect the frequency of the change of position prescribed and are determined in accordance with guidance in respect of pressure relieving equipment.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>The review of the supplementary care records evidenced that repositioning records were being maintained in accordance with best practice.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that, where applicable and where, that patient care records reflect the desired daily fluid intake for patients identified as being at risk of dehydration.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>The review of patient care records evidenced that registered nurses were monitoring and reporting on the fluid intake of patients over the 24 hour period.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 39</p> <p>Stated: First time</p>	<p>The registered person shall ensure that training is provided for staff in relation to:</p> <ul style="list-style-type: none"> • the management of behaviours that challenge • the care planning process (for registered nurses) • percutaneous endoscopic gastrostomy tube (PEG) feeding • wound care management 	Met
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and a review of staff training records evidenced that registered nurses had received update training in the above area. Refer to section 6.5 regarding embedding this knowledge into practice.</p>		

<p>Area for improvement 6</p> <p>Ref: Standard 35.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that effective quality monitoring and governance systems are implemented. For example; robust quality audits regarding the following should be present:</p> <ul style="list-style-type: none"> • infection prevention and control • the auditing of patient care records • the frequency of staff meetings • staff training • competency and capability assessments • staff support systems <p>Action taken as confirmed during the inspection: The review of the supporting documentation listed above evidenced that a systematic approach to auditing had not been fully implemented. The auditing of infection prevention and control measures and patient care records was not robust.</p> <p>This area for improvement has been partially met and has been stated for a second time.</p>	<p>Partially met</p>
<p>Area for improvement 7</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure the daily routines in the dementia unit and staffs understanding, and skills in respect of dementia care are in accordance with best practice for persons living with dementia.</p> <p>Action taken as confirmed during the inspection: Observation of the environment, daily routines and patient care records did not evidence best practice in dementia care.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	<p>Not met</p>

Area for improvement 8 Ref: Standard 39 Stated: Second time	The registered provider should ensure that: <ul style="list-style-type: none"> All outstanding mandatory training should be completed for year 2016/17 	Met
	Action taken as confirmed during the inspection: The review of staff training records evidenced that mandatory training had been completed for the year 2016/17.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 2 April 2018 to 15 April 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients and no issues were raised. We also sought staff opinion on staffing via the online survey however there were no questionnaires completed and returned by staff within the timeframe.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Aughnacloy House. We also sought the opinion of patients on staffing via questionnaires. Nine patient questionnaires were returned. While overall patients' indicated that they were very satisfied or satisfied with the care they received, one patient indicated "needs to be a way to get staffs attention while in the day room" and another patient stated that they "would like more help to walk again".

Four relatives spoken with did not raise any concerns regarding staff or staffing levels with the exception of one relative who queried why their relative was in bed quite a lot, the registered manager was informed of this comment. We also sought relatives' opinion on staffing via questionnaires however there were no questionnaires returned from relatives prior to the report being issued.

As stated previously, observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a

timely and caring manner. Details of comments made or received were discussed with the registered manager prior to the issuing of this report.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards.

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since December 2017 confirmed that these were appropriately managed.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of 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 sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated and clean throughout. There was evidence that a programme of redecoration was in place. The entrance foyer of the home was inviting and information boards for relatives and visitors to the home detailed a range of relevant information including for example; the annual satisfaction survey, "You said, we did" in response to comments received and the monthly activities plan. The dining room in the dementia unit was being upgraded and new dining tables and chairs had been ordered. Patients and patient representatives spoken with were complimentary in respect of the home's environment.

The refurbishment and redecoration of the dementia unit was a positive initiative. As discussed with the registered manager the environment of the unit should be enabling for persons living with dementia through the use of signage, orientation cues, focal points of interest and the appearance should be homely and inviting. To assist with enhancing the environment a dementia audit would provide a baseline for planning and focus what can and cannot be achieved. This has been identified as an area for improvement under the care standards.

Observation of practices and the review of records evidenced that infection prevention and control (IPC) measures still evidenced shortfalls in practice. Observation of two shower chairs evidenced contamination and had not been thoroughly cleaned. The review of the cleaning/IPC audits evidenced that this had been highlighted during audit however no remedial action had been taken. Robust IPC monitoring and auditing must be in evidence. This had been identified as an area for improvement at the previous inspection of 5 December 2017 and has been stated for a second time in this report.

A variation for the change of use of a sluice room to a wheelchair storage area had not been submitted and the identified room was still being used for storage purposes. Two other sluice rooms in the home were also observed being used for the storage of housekeeping

equipment. A review of the use of rooms and of their designated purpose should be completed and an application of variation submitted to RQIA. This had previously been identified as an area for improvement at the inspection of 2 February 2017 and has been subsumed into a regulation of this report.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, training and the home's environment.

Areas for improvement

The following areas were identified for improvement in relation to enhancing the environment for persons living with dementia and the submission of an application of variation in respect of the change of use of facilities in the home.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

Review of four patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition, patients' weight, management of infections and wound care. Care records generally contained details of the specific care requirements in each of the areas reviewed. However, the review of patient care records did not validate that safe and effective care was being delivered due to shortfalls identified in the care records selected for review. For example; one patient's care record evidenced three active care plans for the same assessed area of need. Shortfalls were identified in wound care management. A review of the care records for an identified patient did not evidence that the wound was dressed as per the instructions of the Tissue Viability Nurse (TVN). A care plan had not been updated to reflect the recommendations of a health care professional; the information was within the multidisciplinary team visits notes in the care record. Shortfalls were also identified in the management of behaviours that challenge. A behavioural recording chart was being maintained in one patients care record and there was no evidence of a care plan to support the patient and guide staff regarding this behaviour in the patient's care records. Specific information should have been present as to how the behaviour presented, the triggers for the behaviour and how the patient was to be supported. Registered nurses are required to promote and ensure the proper provision for the nursing, health and welfare of patients. This must be evidenced by accurate care planning and recording processes and in the delivery of care. This was identified as an area for improvement at the previous inspection of 5 December 2017 and has been stated for a second time in this report.

The review of the daily progress recording in patients' care records evidenced generalised repeated statements, for example; "paracetamol given as needed" and "is unable to

communicate needs effectively, observe closely". These statements are not specific and do not reflect patients response to planned care interventions. This has been identified as an area for improvement under the care standards.

A number of care records are audited on a monthly basis as part of the home's governance procedures. It was evident that the issues identified on inspection had not been identified as a result of the auditing process. The registered manager had reduced the timescale for the completion of the remedial action needed however two care records evidenced that shortfalls identified during audit completed in November 2017 had yet to be fully addressed. This had previously been identified as an area for improvement at the inspection of 5 December 2017 and has been stated for a second time in this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and patient representatives.

Areas for improvement

The following areas were identified for improvement in relation to the evaluating of patients response to planned care interventions.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

We arrived in the home at 09.30 hours and were greeted by staff who were helpful and attentive. Patients were enjoying breakfast or a morning cup of tea in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Whilst an improvement in the environment of the

dining room on the ground floor was apparent some patients still had a considerable wait before they were assisted with their meal and this was observed to be in excess of 25 minutes. Patients were asked their preferred meal choice at the point of service as there was no information in the dining room regarding the day's menu choice and there was no record of patient meal choice. Staff were reporting on how much each patient ate and their fluid intake following the meal service but there was no record of the patient's meal choice. Patients who required a modified diet did not have their meal served in individual portions of the appropriate texture, rather the constituents of the meal were pureed together. To encourage appetite meals should, as far as possible, be served in an attractive and recognisable manner. Registered nurses were not observed in the dining room overseeing the mealtime. The patient dining experience had previously been identified as an area for improvement at the inspection of 5 December 2017, and has been stated for a second time. Evidence should be present that patients are informed of the day's menu choice and a record is maintained of patients' meal choice in sufficient detail. Patients or patients' relatives did not raise any concerns in relation to the dining experience. The registered manager stated that audits of the patients dining experience will commence.

There were many compliment cards received and comments included:

"Can't thank you enough for everything you have done"

"All of your staff were considerate to my (relative) and treated her with respect and kindness".

"Knowing (my relative) was being cared for by compassionate, kind and professional people gave us comfort"

Consultation with nine patients individually, and with others in smaller groups, confirmed that living in Aughnacloy House was a positive experience. Patient comments included:

"I like it here well enough"

"Staff are very good, very helpful"

"I enjoy the company in the lounge"

"I have no complaints, it's grand"

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.

Ten patients' questionnaires were provided; eight were returned within the timescale. All indicated that they were very satisfied or satisfied with the care provided across the four domains. Additional comments were recorded as follows:

"Needing a way to get staffs attention while in the day room"

"Feel happy with the overall treatment"

"Would like more help to walk again"

"Staff are lovely, happy here".

Ten relative questionnaires were provided; none were returned within the timescale. Representatives comments received during the inspection included:

"Very caring"

"Staff are very approachable"

"Staff and manager are very good at keeping me informed"

"I would recommend the home"

Staff were asked to complete an on line survey, we had no responses were received within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were 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 and listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

There were no new areas for improvement identified.

	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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager/manager.

Discussion with staff confirmed that there were good working relationships and that management were generally supportive and responsive to any suggestions or concerns raised.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Governance arrangements were discussed with the registered manager. A review of records evidenced that a number of audits were completed to assure the quality of care and services. As discussed in sections 6.4 and 6.5 and where compliance with previous regulations had not be achieved, a more robust system of auditing and monitoring the quality of services provided

by the home should be implemented. Outcomes and actions, where applicable, as a result of any audit completed must be in evidence to promote quality improvement. This was discussed with the registered manager and regional manager for the company and assurances were given that effective systems would be established. This has been identified as an area for improvement at the previous inspection of 5 December 2017 and has been stated for a second time.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas of good practice

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

Areas for improvement

There were no new areas for improvement identified.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 11 June 2018</p>	<p>The registered person shall ensure that care is prescribed and delivered to ensure the proper provision for the nursing, treatment and supervision of patients.</p> <p>Ref: Section 6.2 and 6.5</p> <p>Response by registered person detailing the actions taken: The registered manager and the company have undertaken a review of care record documentation and have commenced a programme of improvements in the care file format for easier reference. A more robust auditing process has been developed. This will also be monitored by the Group Quality & Development Manager.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 12 (1) (a) and (b)</p> <p>Stated: Second time</p> <p>To be completed by: 11 June 2018</p>	<p>The registered person shall ensure the dining experience for patients is enhanced through a review of the daily routines of the home, the deployment of staff and is reflective of current best practice.</p> <p>Ref: Section 6.2 and 6.6</p> <p>Response by registered person detailing the actions taken: The registered manager and senior staff have commenced monthly dining audits with areas of improvement identified and actions evidenced. The dining room in the dementia has recently undergone a full refurbishment and further refurbishment of the general nursing unit dining room is planned. Staff have been redeployed accordingly and are given guidance and instruction in relation to provision of meals. Nurses are also available during meal times to supervise and support both residents and staff. The Home Manager and Senior staff within the home monitor this area through the auditing process.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (2) (l)</p> <p>Stated: First time</p> <p>To be completed by: 11 June 2018</p>	<p>The registered person shall ensure that an application of variation is submitted to RQIA in respect of the change of use of sluice room to a storage room.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: An application for variation to change the sluice room to storage was made in March 2017. A response was received from the RQIA on 06.04.17 confirming their approval provided certain conditions were met which was detailed in the letter</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
<p>Area for improvement 1</p> <p>Ref: Standard 35.6</p> <p>Stated: Second time</p> <p>To be completed by: 11 June 2018</p>	<p>The registered person shall ensure that effective quality monitoring and governance systems are implemented. For example; robust quality audits regarding the following should be present:</p> <ul style="list-style-type: none"> • infection prevention and control • the auditing of patient care records <p>Ref: Section 6.2 and 6.7</p> <p>Response by registered person detailing the actions taken: The registered manager has commenced a more robust auditing process with evidence of actions required, who they are to be actioned by and the date of completion for Infection Prevention and Control. A more robust auditing process has also been developed for resident care records. These audits are closely monitored by the Home Manager and the Group Quality and Development Manager.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 18 June 2018</p>	<p>The registered person shall ensure the daily routines in the dementia unit and staffs understanding, and skills in respect of dementia care are in accordance with best practice for persons living with dementia.</p> <p>Ref: Section 6.2 and 6.4</p> <p>Response by registered person detailing the actions taken: The Dementia Learning and Development Framework has been discussed and issued to staff in the dementia nursing unit to enable them to undertake a training needs analysis, this is work in progress. Further outside training specific to residents living with dementia has been planned.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2018</p>	<p>The registered person shall ensure that the environment of the dementia unit is enhanced to provide an environment for persons living with dementia that is familiar and easy to understand. A baseline audit should be completed and thereafter at regular intervals to ensure the environment is in keeping with best practice guidelines.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: The registered manager and company are in the process of developing an audit tool to ensure the environment is in keeping with best practice guidelines. Plans for improvements and development were already in place at the time of the inspection with the dining room refurbishment being our first focus and this has just been completed. A further process of enhancement of the dementia environment is planned with the central lounge and corridors being the next focus.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: 11 June 2018</p>	<p>The registered person shall ensure that the evaluating of patients care plans reflect the individuals response to planned care interventions, are person centred and generic statements are not in evidence.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager and Group Quality and Development Manager held a nurse meeting on 24.04.18 with emphasis on care documentation, reinforcing the need for meaningful recordings. Staff were given verbal direction on care recording. This will be monitored through the auditing process.</p>

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



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