



Unannounced Care Inspection Report

7 June 2018



Dungannon

Type of Service: Nursing Home (NH)
Address: 100 Killyman Road, Dungannon, BT71 6DQ
Tel No: 02887753034
Inspector: Michael Lavelle

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 36 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston	Registered Manager: Leena Mary Francis Correa
Person in charge at the time of inspection: Leena Mary Francis Correa	Date manager registered: 21 May 2018
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of registered places: 36

4.0 Inspection summary

An unannounced inspection took place on 7 June 2018 from 09.15 hours to 17.15 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 staffing, induction, supervision and appraisal, adult safeguarding, risk management, planning care, communication between residents, staff and other key stakeholders, the culture and ethos of the home, dignity and privacy, management of complaints and incidents and quality improvement.

Areas requiring improvement were identified in relation to infection prevention and control practices, eliminating unnecessary risks to the health and welfare of patients, staff recruitment, training, repositioning and activity records, the dining experience of patients and menus.

Patients described living in the home in positive terms. 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	2	5

Details of the Quality Improvement Plan (QIP) were discussed with Leena Mary Francis Correa, registered manager, and Patricia Greatbanks, regional 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 16 February 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 16 February 2018. 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 six patients, nine staff and one patients' representative. 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 and staff not on duty during the inspection.

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 weeks beginning 28 May 2018 to 4 June 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
- two staff recruitment and induction files
- three patient care records
- a selection of patient care charts including food and fluid intake charts, reposition charts, lap belt monitoring charts and bowel charts

- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of 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.

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 16 February 2018

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 19 May 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44.1 Stated: Second time	The registered provider should submit to RQIA the plans (including timescales) for the refurbishment programme of the home.	Met
	Action taken as confirmed during the inspection: Review of records and discussion with the registered manager evidenced this area of improvement has been met.	
Area for improvement 2 Ref: Standard 12.13 Stated: First time	The registered persons should ensure that patients have a choice between sugar and a sweetener in their tea, coffee and cereals.	Met
	Action taken as confirmed during the inspection: Discussion with staff and observation of the meal times evidenced this area of improvement has been met.	

Area for improvement 3 Ref: Standard 35 Stated: First time	The registered persons should review the management arrangements in place, to ensure that the concerns expressed by staff, are evidentially addressed.	Met
	Action taken as confirmed during the inspection: Discussion with staff and the registered manager evidenced this area of improvement has been met.	

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 weeks beginning 28 May 2018 to 4 June 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.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Dungannon. We also sought the opinion of patients on staffing via questionnaires, although none of these were returned within the timeframe to be included in this report.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. However, deficits were identified during review of one file. For example, there was no evidence that the employee's most recent employer had been contacted for a reference. In addition, no application had been made by the employee to register with the Northern Ireland Social Care Council (NISCC). This was discussed with the registered manager and an area for improvement under the care standards was made.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2018. 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. Observation of the delivery of care evidenced that elements of training had been embedded into practice, for example, the moving and handling of patients. However, we were concerned with staff's infection prevention and control knowledge. Although the home have a 93 percent e-learning uptake rate in infection prevention and control training, observation of practice and discussion with all grades of staff evidenced significant deficits in knowledge. In addition, staff had control of substances hazardous to health (COSHH) however deficits in practice were identified during the inspection. This was discussed with the registered manager and regional manager and identified as an area for improvement under the care standards.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

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

We reviewed accidents/incidents records from January 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

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.

From a review of records, observation of practices and discussion with the registered manager and staff there was evidence of proactive management of falls.

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 fresh smelling throughout. Discussion with the registered manager confirmed a refurbishment programme is in ongoing within the home.

Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of staff confirmed that fire safety training was embedded into practice.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control (IPC) measures/best practice guidance were not consistently adhered to. Significant deficits were identified as follows:

- deficit in the knowledge base of staff in relation to infection prevention and control practices – particularly the use of appropriate personal protective equipment (PPE)
- inadequate and inappropriate use of PPE by all grades of staff
- staff wearing nail varnish and gel nails

- limited availability of PPE throughout the home, including the laundry
- debris, clutter and inappropriate storage in a number of identified storage cupboards
- inappropriate storage in a number of identified bathrooms
- no waste bins available in a number of identified bathrooms
- faecal staining noted on multiple toilet roll holders and a two of toilet rims
- urine on the floor of an identified bathroom
- no system in place for toilet/bathroom checks
- no toilet roll or toilet roll holder in an identified bathroom
- assisted shower room 1 – heavily stained, rusted and broken shower chair – this must be replaced
- assisted bathroom 1 - broken pedal bin – this must be replaced
- assisted toilet 2 – no toilet seat – this must be fixed
- assisted shower room 2 – frame of commode, raised toilet seat and shower chair either rusted, stained or visibly dirty – these must be cleaned or replaced
- shower chair decontamination record “taped” to a door and not completed since 21 January 2018
- dust and debris noted on domestic trolleys
- domestic staff not diluting cleaning agents as per manufacturers guidance
- a review of cleaning records evidenced significant gaps in the night time cleaning checks
- staff documenting that visibly dirty equipment had been cleaned
- no system in place to ensure hoist slings are laundered
- staff observed changing bed linen in a communal area
- staff observed leaving a toilet wearing PPE to go open a linen cupboard and returned wearing the same PPE
- limited alcohol gel availability throughout the home
- limited adherence to hand hygiene
- limited knowledge of the World Health Organisation (WHO) five moments when health-care workers should perform hand hygiene.

These shortfalls were discussed with the registered manager and regional manager who provided us with assurances that these deficits would be addressed immediately. An action plan was shared with us post inspection. An area for improvement under regulation was made in order to drive improvement relating to IPC practices.

Systems were in place to monitor the incidents of health care associated infections (HCAI) and the manager understood the role of Public Health Agency (PHA) in the management of infectious outbreaks. However, discussion with staff evidenced the PHA regional urinary tract infection (UTI) tool was not being consistently used. This was discussed with the manager who agreed to discuss this during supervision with the registered nurses. This will be reviewed at a future care inspection.

During review of the environment the maintenance room door and a domestic store were observed to be open. In addition, a domestic trolley was observed to be unattended. The potentially serious risk this posed to patients was highlighted to the registered manager who immediately arranged for the doors to be locked. This was also discussed with the regional manager and identified as a risk to patients within the home. An area for improvement under regulation was made.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and lap belts. There was also evidence of consultation with relevant persons.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction, supervision and appraisal, adult safeguarding and risk management.

Areas for improvement

Two areas for improvement under regulation were identified in relation to infection prevention and control practices and eliminating unnecessary risks to the health and welfare of patients.

Two areas for improvement under the care standards were identified in relation to staff recruitment and training.

	Regulations	Standards
Total number of areas for improvement	2	2

6.5 Is care effective?

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

Review of three 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 contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), speech and language therapist (SALT), occupational therapist (OT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician.

Supplementary care charts such as food and fluid intake records, lap belt monitoring charts and bowel charts evidenced that contemporaneous records were generally well maintained. However, in three of the repositioning charts reviewed deficits in recording the delivery of care was evidenced and the recording of staff involved was inconsistent. In addition, one care assistant had documented that all patients had enjoyed and taken part in activities that day, along with the initials of the care staff that were involved. However, these activities had not taken place and this entry was made in the documentation on the morning of the inspection. This was discussed with the care assistant and registered manager. An area for improvement under the standards was made.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

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 registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. There was evidence of regular communication with representatives within the care records.

The registered manager advised that patient and/or relatives meetings were not held within the home but that they operate an open door policy and there is daily contact with many of the relatives.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

There was information available to staff, patients, representatives in relation to advocacy services.

Discussion with staff and the registered manager confirmed that staff meetings were to be held on a three monthly basis and records maintained.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to planning care and communication between residents, staff and other key stakeholders.

Areas for improvement

One area for improvement under the standards was highlighted in relation to repositioning and activity records.

	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 09.15 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a late breakfast or a morning cup of tea/coffee 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 choice, 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 evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The activities co-ordinator was commended for the varied activities programme that included arts and crafts with the local regional college, pottery and crochet. Some patients and staff returned to the home during the inspection following a few days away in County Donegal. Patient's spoken with stated they thoroughly enjoyed the break. However, the programme of activities was also not displayed in a suitable format within each unit throughout the home. In addition, there was no evidence of patient/relatives engagement to evaluate that the activities were enjoyable, appropriate and suitable for patients. This was discussed with the registered manager and activities co-ordinator who agreed to review the provision of activities in accordance with Standard 11 of the DHSSPS Care Standards for Nursing Homes 2015. This will be reviewed at a future care inspection.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. However, one staff member was not familiar with the patient's preferences. This was discussed with the registered manager who confirmed this was a relatively new member of care staff. In addition, both the lunchtime meal and dessert which contained warm custard were brought from the kitchen at the same time. Most of the desserts were served 20 minutes after the main meal. By this time the custard was cold and did not appear attractive and appealing. This was discussed with the cook, registered manager and regional manager and identified as an area for improvement under the care standards.

Discussion with kitchen staff evidenced good awareness of the holistic and nutritional needs of patients. There was an alteration to the menu by kitchen staff although there was a robust system in place to evidence that these changes were recorded. The weekly menu was available in the home was not displayed in a suitable format or in a suitable area to meet the needs of all the patients. This was discussed with the registered manager and identified as an area for improvement under the care standards.

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with six patients individually, and with others in smaller groups, confirmed that living in Dungannon was viewed as a positive experience. Some comments received included the following:

"I had a lovely time at the seaside."

"It's a good place, I love it."

"I like it."

"I love it here. They take good care of me."

“Happy here.”

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 relative questionnaires were provided; none were returned within the expected timescale for inclusion in this report. One relative was consulted during the inspection. The comment received was as follows:

“You couldn’t say a bad thing about this place. They keep the place clean and tidy.”

Nine staff members were consulted to determine their views on the quality of care in Dungannon. Staff were asked to complete an on line survey, we had one response within the timescale specified; the staff member was satisfied that care was safe and compassionate but unsatisfied that care was effective and well led. Some comments received included:

“I love the job and the residents.”

“We all work together to get the day through. There’s good teamwork.”

“There is no confidentiality in reporting anything to the home manager.”

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager and regional 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

Two areas for improvement under the standards were identified in relation to the dining experience of patients and menus.

	Regulations	Standards
Total number of areas for improvement	0	2

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 a no change in management arrangements. An application for registration with RQIA has been received and approved. 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 patient’s representatives 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.

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.

Review of the home’s complaints records evidenced that systems were in place to ensure 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.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding falls/accidents/incidents, IPC practices and care records. In addition, robust measures were also in place to provide the registered manager with an overview of the management of infections and wounds occurring in the home. Discussion with the registered manager and review of records evidenced that IPC audit activity did not highlight the significant deficits identified during the inspection. In addition, at least ten care records had not been audited this year. This was discussed with the regional manager who confirmed that a new deputy manager would be joining the team. Assurances were given that audit activity in relation to care records and IPC would be increased. This will be reviewed at a future care inspection.

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/ The Care Standards for Nursing Homes.

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.

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

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	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 Leena Mary Francis Correa, registered manager, and Patricia Greatbanks, 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 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 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.</p> <p>This area for improvement is made in reference to the issues highlighted in section 6.4.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: A infection control audit was completed independenty. Infection control training arranged and attended well by staff over two days- 27th and 28th June 2018. The deficits highlighted in section 6.4 has now been addressed. Registered manager will continue to monitor complinace during daily walk arounds.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible, eliminated.</p> <p>This area for improvement is made in reference to locking domestic stores, maintenance room and supervision of domestic trolleys.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: All staff were advised of the importance of ensuring stores and maintenance room are locked when not in use. A supervision was completed with domestic staff to advise that trolleys are to be supervised at all times when in use and lock away safely when not in use. This will be monitored during the daily walk around and recorded within the QoI daily audit. Registered manager will continue to monitor complinace.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The recruitment process will be adhered to as per recruitment policy by obtaining references from most recent employer.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 39.7</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure the effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>This area for improvement is made in reference to infection prevention and control practice and COSHH.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: COSHH training has been delivered to domestic staff who are now aware of the correct dilution and usage of cleaning products. Infection control training delivered to all staff. Registered manager will continue to monitor the effectiveness of the face to face training and how this is embedded into practice.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that supplementary care records reflect the delivery of prescribed care accurately.</p> <p>This area for improvement is made in reference to repositioning and activity records.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Repositioning charts are now completed as perscribed in care plan and checked daily by the nurse in charge. Registered manager and Deputy manager will continue to monitor and record their spot checking. Supervision was completed with identified staff member in relation to contemperanous recording of activities. All other staff and PAL now complete activity logs after the daily activities have been delivered.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 12.15</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure all meals are served in a way that is attractive and appealing in terms of flavour, texture and appearance.</p> <p>Ref: 6.6</p>
<p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2018</p>	<p>The registered person shall ensure that menus are displayed for patients/visitors information in a suitable format and on a daily basis.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Resident Experience Facilitator assisted in the review of menus. All menus are reflected in suitable picture format so that patients/visitors have a clear view of what meals are available that day. A menu board is now in place in each of the dining rooms.</p>

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



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