Unannounced Care Inspection Report
8 September 2018

Hockley Private Nursing Home

Type of Service: Nursing Home (NH)
Address: 11 Drumilly Road, Armagh, BT61 8RG
Tel No: 028 3887 0365
Inspector: Michael Lavelle

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 and residential care for up to 54 persons.

3.0 Service details

Organisation/Provider: Elim Trust Corporation **Responsible Individual:** Mr Edwin Michael	**Manager:** Ms Mary Jane Sagayno
Person in charge at the time of inspection: Smitha Mathew from 07.35 until 08.00 hours and Sheila Thomas from 08.00 hours	**Date manager:** Ms Mary Jane Sagayno – registration pending
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.	**Number of places:** 54

4.0 Inspection summary

An unannounced inspection took place on 8 September 2018 from 07.35 hours to 15.40 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 Care Standards for Nursing Homes 2015.

The term 'patients' is used to describe those living in Hockley Private Nursing Home which provides both nursing and residential care.

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, staff recruitment, induction, training, risk assessment, communication between residents, staff and other key stakeholders. Further good practice was found in relation to the culture and ethos of the home, listening to and valuing patients and their representatives, taking account of the views of patients and maintaining good working relationships.

Areas requiring improvement under regulation were identified in relation to post fall management, fire safety, infection prevention and control practices, storage of sharps boxes and availability of nurse call bells in patient's bedrooms.

Areas requiring improvement under the care standards were identified in relation to wound care management, wound care evaluation, recording of patient and/or next of kin involvement in care plan development, staff meetings, securing patient's money and increasing audit activity.

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.

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	5	6

Details of the Quality Improvement Plan (QIP) were discussed with Mary Jane Sagayno, 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 21 August 2018

The most recent inspection of the home was an unannounced care medicines management inspection undertaken on 21 August 2018. 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
- the registration status of the home
- 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 the inspector met with 17 patients, four patients' relatives and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

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

- duty rota for all staff from weeks commencing 23 August 2018 and 3 September 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
- one staff recruitment and induction file
- four patient care records
- a selection of patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- emergency evacuation register
- complaints record
- 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. .

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 21 August 2018

The most recent inspection of the home was an unannounced medicines management inspection.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 15 August 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 27 (4) (b) **Stated:** First time	The registered persons shall put in place measures that minimise the risk of fire and protect patients, staff and visitors in the event of a fire. This refers specifically to the wedging open of bedroom doors.	**Met**
	Action taken as confirmed during the inspection: Review of the environment evidenced that no doors were wedged open during the inspection. This area for improvement has been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 38.3 **Stated:** First time	The registered person shall ensure that recruitment processes are further developed to ensure that the reasons for leaving and any gaps in an employment record are explored and explanations recorded.	**Met**
	Action taken as confirmed during the inspection: Review of one staff recruitment file evidenced that it was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Reasons for leaving and any gaps in the employment record were explored and explanations recorded. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. This area for improvement has been met.	

Area for improvement 2 **Ref:** Standard 46.2 **Stated:** First time	The registered persons should ensure that that the cleaning records are further developed to ensure traceability in terms of the specific areas cleaned. The registered manager should also have oversight of the cleaning records, to ensure compliance with best practice in infection prevention and control.	**Met**
	Action taken as confirmed during the inspection: Review of cleaning records evidenced that they had been developed to ensure traceability in terms of the specific areas cleaned. There was evidence that the manager had reviewed and signed the records. This area for improvement has been met.	
Area for improvement 3 **Ref:** Standard 48 **Stated:** First time	The registered person shall ensure that the emergency evacuation register is accurate, in terms of the patients accommodated within the home.	**Met**
	Action taken as confirmed during the inspection: Review of the emergency evacuation register evidenced it was accurate, in terms of the patients accommodated within the home. This area for improvement has been met.	
Area for improvement 4 **Ref:** Standard 4.9 **Stated:** First time	The registered persons shall ensure that personal care records are maintained to reflect the care delivered or not delivered.	**Met**
	Action taken as confirmed during the inspection: Review of personal care records evidenced that these were contemporaneously completed. There was evidence that staff recorded when care was delivered or when it was offered but refused. This area for 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 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 commencing 23 August 2018 and 3 September 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 Hockley Private Nursing Home. However, two patients commented on the staffing levels. Comments received included:

- "There was an evening where it took an hour to answer the buzzer. It's not the girls fault. There is not enough staff."
- "My buzzer went for a few hours last night. It is worse in the evenings."

This was fed back to the manager for action as required. Whilst we were unable to fully validate the claims that there was insufficient staff during the inspection, we were assured by the manager that buzzer response times would be kept under review to ensure the needs of the patients were appropriately met. This will be reviewed at a future care inspection.

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.

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 training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the 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 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.

We reviewed accidents/incidents records from March 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.

Review of records and discussion with the manager evidenced deficits in relation to the post fall management of patients. For example, review of one care record evidenced that on one occasion when the patient had an unwitnessed fall sustaining a head injury, neurological and clinical observations were not carried out in accordance with best practice. Discussion with staff evidenced that they would not routinely check neurological observations following an unwitnessed fall. This was discussed with the manager who confirmed that although the home adhere to a falls toolkit, they would review the falls policy used by the home and arrange supervision with registered nurses in relation to the management of falls. We recommended that the manager liaise with the falls prevention team in the Southern Health and Social Care Trust (SHSCT) to ensure appropriate post fall management support was availed of. An area for improvement under regulation was made.

Corridors were observed to be clear of clutter although not all fire exits were clear of obstruction. For example, two fire exits were partially blocked with evacuation mats that were not appropriately stored; one of these fire exits had multiple hand rails stored on the stairway. This was brought to the attention of the registered manager who arranged for their removal. In addition, although the emergency evacuation register was accurate in relation to the number of patients within the home on the day of inspection, it was difficult for both the inspector and manager to interpret it due to the use of abbreviations. The manager agreed to review this. These practices are required to be addressed without delay to ensure the safety and wellbeing of patients in the home. An area for improvement under the regulations was made. The manager confirmed via electronic mail post inspection that this had been addressed.

Concerns were identified in regards to the management of infection, prevention and control (IPC) as follows:

- staining observed underneath two identified toilet roll holders
- perished silicone on a sink in an identified bathroom – this should be repaired
- rusted hand towel dispenser in an identified bathroom – this should be replaced
- rusted hand rail with black tape at the rear of a toilet in an identified bathroom – this should be replaced
- exposed wood on a window sill in an identified bathroom – this should be painted
- dust and cobwebs observed on a light fitting in an identified bathroom

- damaged vanity unit in an identified bathroom with exposed wood – this should be replaced
- staining underneath two identified raised toilet seats
- two heavily cluttered storage cupboards
- empty personal protective equipment (PPE) units in identified parts of the home
- no evidence of a system for laundering hoist slings
- one identified bedroom did not have a bin
- no evidence of high dusting in identified patient bedrooms.

Details were discussed with the manager and a number of immediate actions were taken prior to the conclusion of the inspection which provided a level of assurance. An area for improvement under the regulations was made. A refurbishment programme is ongoing within the home. A copy of this programme was shared with us post inspection. This will be reviewed at a future care inspection.

During review of the environment a sharps box was observed to be sitting in a communal area of the home with the aperture open. It had not been signed and dated by the staff member who had assembled it. The potential risk this posed to patients was highlighted to the manager who immediately arranged for it to be removed and stored safely. An area for improvement under regulation was made.

Discussion with one patient and observation of the environment evidenced that their nurse call bell was on the floor and out of reach. The patient stated that this had happened on at least three other occasions recently. This was discussed with the manager who agreed to monitor the availability of nurse call bells for patients. Due to the potential risk this posed to the patient an area for improvement under the regulations 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 alarm mats. There was also evidence of consultation with relevant persons. However, review of one care record evidenced no consent was no sought from the patient prior to the use of bedrails and buzzer mats. This was discussed with the manager who agreed to address this deficit. This will be reviewed on a future care inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training and risk assessment.

Areas for improvement

Five areas for improvement under regulation were identified in relation to post fall management, fire safety, infection prevention and control practices, storage of sharps boxes and availability of nurse call bells in patient's bedrooms.

	Regulations	Standards
Total number of areas for improvement	5	0

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, 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.

Deficits were identified in wound management for two identified patients. Review of the care plan for the first patient evidenced that it did not indicate how frequent the dressing should be renewed. For example, the care plan stated “dress in two days’ time” but records confirmed that the wound had not been dressed for a period of seven days. Review of care records for the second patient evidenced conflicting statement for prescribed care. For example, the care plan stated that the wound required a daily dressing and was also to be dressed every other day. This was discussed with manager who agreed to review the management of wound care. An area for improvement under the care standards was made.

Some of the wound care records contained meaningless statements in the daily progress notes. For example, statements such as “improving” and “wound dressed as above” were used to evaluate care. Registered nurses should ensure that contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out in relation to each patient, in accordance with NMC guidelines. This was discussed with the manager and an area for improvement was made under the care standards.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), the speech and language therapist (SALT) and dieticians. Supplementary care charts such as food and fluid intake, bowels and repositioning records evidenced that records were well maintained. 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), SALT or the dietician.

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 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 limited evidence that the care planning process included input from patients and/or their representatives, if appropriate. This was discussed with the manager who agreed to address this deficit with trained staff and review care records. An area for improvement under the care standards was made.

The registered manager advised that patient and/or relatives meetings were held on a regular basis. Minutes were available.

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 manager.

Discussion with the manager confirmed that staff meetings were to be held on a three monthly basis and records maintained. However, review of records confirmed that meetings for all staff were not held at this interval. This was identified as an area for improvement under the care standards. The manager was encouraged to plan staff meetings for the next year.

Areas of good practice

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

Areas for improvement

Four areas for improvement under the care standards were identified in relation to wound care management, wound care evaluation, recording of patient and/or next of kin involvement in care plan development and staff meetings.

	Regulations	Standards
Total number of areas for improvement	0	4

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 07.35 hours and were greeted by staff who were helpful and attentive. Patients were enjoying 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 eat and drink as required. A sum of money was observed at the nurses station; a staff member spoken with confirmed this belonged to a patient but it had not been locked away. This was discussed with the manager and an area for improvement under the care standards was made.

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. One staff member was observed entering a patient's bedroom without knocking the door. This was discussed with the manager who agreed to address this with the staff member. This will be reviewed at a future care inspection.

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.

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 and the provision of clocks.

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 and a registered nurse was overseeing the mealtime. 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.

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

Consultation with 17 patients individually, and with others in smaller groups, confirmed that living in Hockley Private Nursing Home was viewed as a positive experience. Some comments received included the following:

- "They take great care of me."
- "I am happy here. I couldn't say a bad thing."
- "Very nice people. They are all lovely."
- "They can make everything right. The food is great."
- "I like the activities. They're different every day."

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; two were returned within the timescale. Both indicated that they were very satisfied or satisfied with the care provided across the four domains.

Four relatives were consulted during the inspection. Some of the comments received were as follows:

- "We are happy. There is good communication from the staff."
- "I can't fault the care. It is nice to have the personal touch."

Staff were asked to complete an on line survey, we had no responses within the timescale specified. None of the seven staff members spoken with raised any concerns in relation to the care provided in the home.

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, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

One area for improvement under the care standards was identified in relation to securing patients money.

	Regulations	Standards
Total number of areas for improvement	0	1

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 although it did not reflect the actual number of residential clients within the home. This was discussed with the manager who contacted RQIA post inspection with the appropriate details. 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 manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and 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 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.

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 manager evidenced that formal complaints were always recorded and managed in accordance with home policies but expressions of dissatisfaction were not. The manager agreed to remind staff that a complaint is any expression of dissatisfaction and should be managed as such. This will be reviewed at a future care inspection.

Discussion with the 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 and care records. In addition, measures were also in place to provide the manager with an overview of the management of wounds occurring in the home. Review of the care record audits evidenced that five had been audited between March and June.

This was discussed with the manager who agreed to review the audit process for care records to ensure more care records are audited, the analysis is robust, action plans are generated and learning is disseminated. An area for improvement under the care standards was made.

Discussion with the 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 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 maintaining good working relationships.

Areas for improvement

One area for improvement under the care standards was identified in relation to increasing audit activity.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mary Jane Sagayno, 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	
Area for improvement 1 **Ref:** Regulation 13 (1) (a) (b) **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record. A falls policy and flow chart should be developed and implemented within the home. Ref: 6.4
	Response by registered person detailing the actions taken: A flow chart has been developed to ensure that patients are closely monitored after a fall . This has been developed in accordance with the Post fall pathway of the Southern Health and Social Care Trust and incorporated to the Home's falls policy.
Area for improvement 2 **Ref**: Regulation 27 (4) (c) (d) (iii) **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure fire exits are kept clear and not obstructed. Emergency evacuation registers must clearly identify patients accommodated in the home without the use of abbreviations. Ref: 6.4
	Response by registered person detailing the actions taken: The immediate removal of the items patially blocking the fire exits had been arranged after the inspection.The number of the residents in the Home is now clearly identified on the fire register . Keeping the fire exits clear at all times has been discussed with the maintenance person. All staff are reminded during their fire training the importance of keeping the fire extits clear.
Area for improvement 3 **Ref**: Regulation 13 (7) **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff. This area for improvement is made in reference to the issues highlighted in 6.4. Ref: 6.4
	Response by registered person detailing the actions taken: The perished silicone on identified sink has been replaced. Replacement of rusted handrails and toilet holder is ongoing since the equipment has just arrived. The Home has a refurbishment plan which will cover the wood works identified during the inspection. Cleanliness of the toilet, high dusting were discussed during staff meeting last September 2018. Domestic staff were provided with high duster. Above areas will be reviewed by the management team through spot checks and audits.

Area for improvement 4 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** Immediate action required	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. This area for improvement is made with specific reference to the safe storage of sharps boxes. Ref: 6.4
	Response by registered person detailing the actions taken: The management of sharp box is in place to ensure the health safety of the residents, staff and visitors . This will be continually monitored by the Management team.
Area for improvement 5 **Ref:** Regulation 18 (2) (a) **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure nurse call bells are available to patients in their bedrooms at all times. Ref: 6.4
	Response by registered person detailing the actions taken: All residents are being provided with a nurse in the bedroom. Arrangement is in place to make sure that a nurse call is properly placed, decreasing the risk of it falling onto the floor. The residents hourly checklist is in place and signed by the staff and evidence of good record keeping has been observed.
Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
Area for improvement 1 **Ref:** Standard 4 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure contemporaneous care plans are in place to direct care. This area for improvement is made in with specific reference to wound care management. Ref: 6.5
	Response by registered person detailing the actions taken: The Registered Nurse who reviewed the careplan when the change happens failed to delete the previous statement and added the new dressing regime to the careplan. Although this happened, the new treatment as advised by the Tissue Viability Nurse is stated onto the careplan. Registered Nurses were reminded to review the whole careplan during updates.This will be continually reviewed by the Nurse Manager through audit.
Area for improvement 2 **Ref**: Standard 4.9 **Stated:** First time	The registered person shall ensure contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out in relation to each patient, in accordance with NMC guidelines. This area for improvement is made in with specific reference to wound care evaluation.

To be completed by: Immediate action required	Ref: 6.5
	Response by registered person detailing the actions taken: This had been discussed during the inspection. The wound chart showed that the wound had not been changed for seven days due to the dressing is not anymore needed. The Staff nurse stated on the nurses notes that the dressing had been removed but failed tomention that the wound is not anymore requiring a dressing and did not discontinue the wound chart. Skin brokedown again after seven days and so the wound chart was re-opened. Registered nurses were reminded to put more details in completing the wound chart.
Area for improvement 3 **Ref:** Standard 4.5 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure a written nursing plan is prepared by a nurse in consultation with the patient or patient's representative as to how the patient's needs in respect of their health and welfare are to be met. Ref: 6.5
	Response by registered person detailing the actions taken: An informed or a written consent of care is sought during preadmission assessment or on the day of the admission. If the resident has no capacity, next of kin will sign the consent. . Careplan and risk assessments will be put in place with due consideration to the resident , family and caremanager's opinion and input.

Area for improvement 4 **Ref**: Standard 41 **Stated:** First time **To be completed by:** 1 October 2018	The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly. Ref: 6.5
	Response by registered person detailing the actions taken: A staff meeting took place on the month of September on all departments. The next quarterly meeting is scheduled in December and we will continue quarterly here with. Brainstorming and short meetings is held if there is an issue in the interim.
Area for improvement 5 **Ref**: Standard 14 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure secure facilities and controlled access for the safekeeping of money on behalf of residents. Ref: 6.6
	Response by registered person detailing the actions taken: The Home does not normally keep residents money or valuables unless it is necessary eg. resident's request or there is a risk of the resident losing the money or valuable due to confusion or agitation. If it happens, the valuable will be recorded to the valuables book with two staff signatures as witnesses. The resident will sign the book as well if able to do so. The family will be advised to collect the valuable as soon as possible . The resident was very confused and agitated on the day of the inspection. His money was kept in the safe but continually asking for it and then gave it back to the staff. The money was then kept on top of the nurses desk since the resident is sitting about seven feet away . Money was kept on desk at this moment as a comfort measure. All staff were reminded that all valuables must be kept in safe at all times no matter the circumstance around it.
Area for improvement 6 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 8 October 2018	The registered person shall ensure monthly audits should be completed in accordance with best practice guidance. Any shortfalls identified should generate an action plan to ensure learning is disseminated and the necessary improvements can be embedded into practice, specifically, care records audits. Ref: 6.7
	Response by registered person detailing the actions taken: The management team will ensure that all audits is being completed according to the best practice. The action plan is shared to the designated staff . Areas of improvement stated in the action plan will be reviewed by the Nurse Manager/ Nursing Sister. Supervison will be provided to the staff as needed.

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

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Assurance, Challenge and Improvement in Health and Social Care