Unannounced Care Inspection Report
13 and 14 September 2017

Sandringham

Type of Service: Nursing Home
Address: 24 Sandringham Court, Gilford Road, Portadown, BT63 5BW
Tel No: 028 3839 4194
Inspector: Sharon Mc Knight

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 62 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare **Responsible Individual:** Maureen Claire Royston	**Registered Manager:** See box below.
Person in charge at the time of inspection: Tracey Palmer	**Date manager registered:** Tracey Palmer – Acting- No application required
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	**Number of registered places:** 62 A maximum of 32 in category NH-DE.

4.0 Inspection summary

An unannounced inspection took place on 13 September 2017 from 09:40 to 16:30 and 14 September 2017 from 09:35 to 14:00.

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 the provision and development of staff, adult safeguarding, infection prevention and control and the home's environment. Care records were well maintained and we observed good communication between patients, staff and visitors. There were examples of good practice in relation to the culture and ethos of the home, the provision of activities and the caring and compassionate manner in which staff delivered care.

Three areas for improvement were made under the regulation: notifications of accidents to RQIA, the management of catheter care and the use of the keypad to exit the general nursing unit.

Two areas for improvement were made under the standards to ensure that as part of the recruitment processes any gaps in employment history are explored and explanations recorded and that any changes identified following review of assessments are reflected in the corresponding care plan.

Patients said that they were generally happy living in the home. Those 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	3	2

Details of the Quality Improvement Plan (QIP) were discussed with Tracey Palmer, 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 28 June 2017

The most recent inspection of the home was an unannounced finance inspection undertaken on 28 June 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 the inspector met with eight patients individually and with others in small groups, 13 staff and five patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives were left for distribution.

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

The following records were examined during the inspection:

- duty rota for all staff for week commencing 11 September 2017
- 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 file
- four patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- 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 28 June 2017

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

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

This QIP will be validated by the finance inspector at the next finance inspection.

6.2 Review of areas for improvement from the last care inspection dated 28 February 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(4)(b) **Stated:** First time	The registered provider must ensure that the acting manager investigates if the identified patient's medication was administered as prescribed. RQIA and all relevant bodies should be informed of the outcome of the investigation.	**Met**
	Action taken as confirmed during the inspection: RQIA were notified on 16 March 2017 that the incident had been fully investigated, the outcome of the investigation and the actions taken to minimise the risk of reoccurrence. The notification also confirmed that the relevant bodies had been informed of the outcome of the investigation. 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 4.1 **Stated:** Second time	It is recommended a comprehensive assessment to identify patient need is completed for all patients on admission and a detailed plan of care generated to meet assessed needs.	**Met**
	Action taken as confirmed during the inspection: A review of care records evidenced that a comprehensive assessment to identify patient need was completed for all patients on admission and a detailed plan of care generated to meet assessed needs. This area for improvement has been met.	

Area for improvement 2 **Ref**: Standard 16.11 **Stated:** Second time	It is recommended that records of all complaints are maintained in accordance with the DHSSPS Care Standards for Nursing Homes, April 2015, standard 16.	**Met**
	Action taken as confirmed during the inspection: A review of the record of complaints evidenced that this area for improvement has been met.	
Area for improvement 3 **Ref**: Standard 46.2 **Stated:** First time	The registered provider should ensure that an audit of pressure relieving cushions and specialised seating is undertaken and those whose exterior are worn and/or damaged should be either recovered or replaced.	**Met**
	Action taken as confirmed during the inspection: The current manager confirmed that an audit had been undertaken at the time of the previous care inspection and any furniture or cushions with worn exteriors were removed. Equipment observed during this inspection was in a sound state of repair. This area for improvement has been met.	
Area for improvement 4 **Ref**: Standard 4.2 **Stated**: First time	The registered provider should ensure that patients' needs are consistently recorded across care records.	**Met**
	Action taken as confirmed during the inspection: A review of care records evidenced that this area for improvement has been met.	
Area for improvement 5 **Ref**: Standard 21.1 **Stated:** First time	The registered provider should ensure that advice sought from health care professionals is documented in the patient's records. Records should include evidence that any investigations requested have been completed.	**Met**
	Action taken as confirmed during the inspection: Care records reviewed contained evidence of consultation with healthcare professionals and the advice given. This area for improvement has been met.	

Area for improvement 6 **Ref**: Standard 4.1 **Stated:** First time	The registered provider should ensure that a detailed plan of care for all assessed needs is drawn up.	**Met**
	Action taken as confirmed during the inspection: A review of care records evidenced that this area for improvement has been met.	
Area for improvement 7 **Ref**: Standard 35.6 **Stated:** First time	The registered provider should ensure the practice of patients sitting in wheelchairs for prolonged periods is reviewed to ensure it is an appropriate type of seating to best meet patient comfort and care.	**Met**
	Action taken as confirmed during the inspection: We observed that patients who were transported in wheelchairs were assisted into suitable armchairs in a timely manner. This area for improvement has been met.	
Area for improvement 8 **Ref**: Standard 41 **Stated:** First time	The registered provider should ensure that the acting manager's hours are recorded on the duty roster.	**Met**
	Action taken as confirmed during the inspection: The manager's hours were clearly recorded on the duty rota. This area for improvement has been met.	
Area for improvement 9 **Ref**: Standard **Stated:** First time 41.7	The registered providers should ensure that the registered nurse in charge of the home in the absence of the acting manager has oversight of the operation of the entire home.	**Met**
	Action taken as confirmed during the inspection: The registered nurses spoken with demonstrated an awareness of the need to have an oversight of the operation of the entire home when they are the nurse in charge in the absence of the manager. They provided examples of how they ensured oversight and knowledge. This area for improvement has been met.	

Area for improvement 10 **Ref**: Standard 35.16 **Stated:** First time	The repeated issues identified during the monthly monitoring visits should be addressed by the acting manager as a matter of priority.	**Met**
	Action taken as confirmed during the inspection: A review of the reports of the monthly monitoring visits evidenced that 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 staffing was subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 11 September 2017 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily. A member of staff was employed to delivery activities. Observation of the delivery of care and discussion with patients evidenced that their needs were met by the levels and skill mix of staff on duty.

Staff spoken with were satisfied that there were sufficient staff to meet the needs of the patients. We also sought staff opinion on staffing via questionnaires; one was returned following the inspection. The respondent answered 'yes' to the question "Are there sufficient staff to meet the needs of the patients?".

Patients and relatives spoken with during the inspection commented positively regarding the staff and care delivery. Patients were satisfied that when they required assistance staff attended to them in a timely manner. We sought relatives' opinion on staffing via questionnaires; two were returned in time for inclusion in this report. The relatives responded that they were very satisfied or satisfied with staffing.

A nurse was identified to take charge of the home when the manager was off duty. The nurse in charge was clearly identified on a staff rota. A review of records evidenced that a competency and capability assessment had been completed with nurses who were given the responsibility of being in charge of the home in the absence of the registered manager. The assessments were signed by the manager completing them to confirm that the assessment process was complete and that they were satisfied that the registered nurse was capable and competent to be left in charge of the home.

A review of three staff recruitment records evidenced that gaps in employment history had not been explored and an explanation recorded. This was identified as area for improvement under the standards. Records confirmed that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work.

The manager confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. A review of three induction programmes evidenced that these were commenced within a meaningful timeframe. On the day of the inspection one of the viewed induction programmes was completed and two were ongoing.

The arrangements in place to confirm and monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC were discussed with the manager. A review of the records of NMC registration evidenced that all of the nurses on the duty rota for the week of the inspection were included in the NMC check. The record of the checks of care staff registration included the expiry date of their registration with NISCC.

We discussed the provision of mandatory training with staff and reviewed the training records for 2016/2017. Training records evidenced good compliance; for example from January 2017 99% of staff had completed fire safety training, 96% adult safeguarding and 93% had completed infection prevention and control. The manager confirmed that they had systems in place to facilitate compliance monitoring.

The manager and staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified and the policy was currently being updated to reflect the new terminology and roles.

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

A review of completed accident and incident reports for the period June to September 2017 evidenced that these had been appropriately management. RQIA had been notified of a number of accidents during this period: there were two accidents, a recorded head injury and one which resulted in the patient requiring medical assistance which had not been notified to RQIA. This was identified as an area for improvement under regulation.

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

Infection prevention and control measures were adhered to. We spoke with three members of housekeeping staff; all were knowledgeable regarding the National Patient Safety Agency (NPSA) national colour coding scheme for equipment such as mops, buckets and cloths. Sluice rooms and bathroom/toilets were observed to be clutter free and well organised. Personal protective equipment (PPE) such as gloves and aprons were available throughout the home and stored appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision and development of staff, adult safeguarding, infection prevention and control and the home's environment.

Areas for improvement

The following areas were identified for improvement:

- Before making an offer of employment any gaps in employment history should be explored and explanations recorded.
- RQIA must be informed of any accident which results in a head injury or were medical advice is required.

	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.

A review of four patients care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process. Assessments and care records were reviewed as required and at minimum monthly. Care records contained good details of patients' individual needs and preferences.

In one care record it was noted that following reassessment the risk of the patient choking had reduced from medium to low; this was not reflected in the care plan evaluation and there was no evidence that the care plan interventions had been reviewed following the change to risk. This was identified as an area for improvement under the standards.

Care plans for patients in the dementia unit contained good detail of how the patients dementia affected them on a daily basis and how staff should interact to best support each individual patient.

We reviewed the management of catheter care for three patients. Care plans were in place which detailed the frequency with which catheters were due to be changed. Care records for two patients evidence that catheter care was managed appropriately; catheters were changed regularly and no less than 12 weekly as detailed in the care plan. The third care record reviewed evidenced that the catheter had not been changed in accordance with the prescribed care. There was no system in place to alert staff to when the catheter was due to be change. In the record entitled "Catheter History Record" the registered nurses were recording "12 weeks" in the section "Date next change due". The actual date was not being calculated and there were no entries in the unit diary, to act as an aid memoir, to alert the registered nurses at the time the change was due. Proper provision must be made for the nursing, health and welfare of patients; this was identified as area for improvement under regulation.

Prior to the end of the inspection the dates where entered in the unit diary to remind the registered nurses when the catheters were due for renewal.

Records evidenced that the patients' intake and urinary output were recorded daily and totalled at the end of every 24 hour period. One patient was on restricted fluid intake and records evidenced that this restriction was adhered to.

Patients who had been identified as being at risk of losing weight had their weight regularly monitored. This ensured that any weight loss was identified and appropriate action taken in a timely manner.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) and dieticians. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Discussion with the manager and 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.

The manager confirmed that staff meetings were held regularly and records were maintained of the staff who attended, the issues discussed and actions agreed. The most recent staff meetings were held on 20 June 2017 with registered nurses and care staff.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the assessment of patient need and care planning; we observed good communication between patients, staff and visitors.

Areas for improvement

We identified a need for improvement in relation to care ensuring that any changes identified following review of assessments should be reflected in the corresponding care plan. Improvement under regulation is required in the delivery of catheter care.

	Regulations	Standards
Total number of areas for improvement	1	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.

On both mornings when we arrived in the home we were immediately greeted by staff who were helpful and attentive. Patients were enjoying their breakfast in the dining rooms or in their bedrooms as was their personal preference; some patients remained in bed, again in keeping with their personal preference. There was a calm atmosphere throughout the home.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with six patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Discussion with patients also confirmed that staff spoke to them in a polite manner. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care.

Patients said that they were generally happy living in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. The following are examples of comments provided by patients:

"I am settling in well."
"They are doing a good job."
"Excellent care, very friendly staff."

We spoke with the relatives of three patients, all of whom commented positively with regard to the standard of care and communication in the home.

We spoke with the PAL who continues to be well motivated and enthusiastic regarding their role in the home. We reviewed the provision of activities and discussed how they identify patients' individual interests and likes. They explained that as part of the admission process they meet with the patient and their family to discuss social needs and interests; the PAL was particularly knowledgeable of the importance of social stimulation for patients with dementia.

We observed that the weekly activity programme was displayed throughout the home. Patients in the general nursing unit were well informed of the activity programme which included arts and craft, films, baking and recreational games. There were also daily and weekly events to support patients' religious and spiritual needs. A few patients commented that whilst they didn't join in with all of the activities it was good to know what was planned.

The PAL explained that they were currently organising events to celebrate a recent award achieved in the dementia unit. Part of these celebrations was an opportunity to have a family photograph taken by a professional photographer; a social event for the patients, their family, staff, the local community and political representatives was also being organised.

We observed the serving of the lunch time meal in both dining rooms. The tables were set with cutlery, condiments and napkins. Those patients who had their lunch away from the dining room were served their meal on a tray which was set with cutlery and condiments and the food was covered prior to leaving the dining room. The serving of the lunch was observed to be well organised with all of the patients being attended to in a timely manner. The meals were nicely presented and smelt appetising.

All of the patients spoken with stated that they enjoyed their lunch. The selection and variety of snacks served at the morning and afternoon tea were commended on both days of the inspection. Each trolley has a selection of breads, biscuits, fresh fruit, some of which was pureed for those patients who required a modified diet, yoghurts and/or a mousse type dessert and biscuits.

Discussion with the manager confirmed that there were systems in place to obtain the views of patients and their representatives on the running of the home. The home continues to use the "Quality of Life" system which patients, relatives/visitors and staff can access through the portable iPad available in the home. We reviewed a summary of completed questionnaires for the period August to September 2017; there was a total of 21 questionnaires completed by patients and 34 completed by relatives. The manager confirmed that when a questionnaire is submitted they receive an alert by e mail and are required to review the completed questionnaire and respond to any areas for improvement. The following are examples of comments received from relatives:

"Lovely staff, very caring and supportive to residents and the activity support worker is great.." (September 2017)
"Manager is always available, if not deputy is." (August 2017.)

We issued questionnaires for ten relatives; two were returned within the timescale for inclusion in this report. Both relatives were either very satisfied or satisfied that care was safe, effective and compassionate and that the service was well led. The following comments were included:

"If I have any concerns about anything I discuss them with the staff who are very approachable and helpful."
"It would be nice if staff had more time to sit down and talk with the residents or if they are able accompany them on short walks up the corridor to help maintain their mobility levels."

Ten questionnaires were issued to nursing, care and ancillary staff; one was returned prior to the issue of this report. The staff member was very satisfied with the care provided across the four domains.

Any comments from relatives and staff in returned questionnaires received after the return date will be shared with the acting 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, the provision of activities and the caring and compassionate manner in which staff delivered care.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with the manager and observation of patients evidenced that the home was operating within its' registered categories of care. The most recent certificate of registration issued by RQIA and the home's certificate of public liability insurance were appropriately displayed in the foyer of the home.

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. In discussion patients and relatives were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

As previously discussed the manager's hours were clearly recorded in the home. Discussion with patients and staff evidenced that the manager's working patterns provided good opportunity to allow them contact as required. The manager was supported in her role by a deputy manager whose hours and responsibilities were divided between the role of nursing and management.

Discussion with the manager and 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. The complaints record was well maintained with information of the action taken in response to complaints and a detailed response to the complainant.

Numerous compliments had been received and were displayed in the home in the form of thank you cards.

The manager confirmed that monthly audits were completed, for example care records. The records of audit evidenced that any identified areas for improvement had been reviewed to check compliance and drive improvement.

As previously discussed a review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately. However there were two accidents, which had not been notified to RQIA. This was identified as an area for improvement under regulation.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Review of records evidenced that unannounced quality monitoring visits were completed on a monthly basis by the regional manager on behalf of the responsible person. An action plan was included within the report to address any areas for improvement. The action plan was reviewed at the next visit. A copy of the quality monitoring reports were available in the home.

Discussion took place with the manager regarding the keypad locking system to exit the general nursing unit. Based on the home's registered categories of care in the identified unit the use of the keypad to exit the unit should be reviewed in accordance with the Department Of Health (DOH) Deprivation of Liberty safeguards and the home's registration categories. This was identified as an area for improvement under regulation.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance and management arrangements, quality improvement and maintaining good working relationships within the home.

Areas for improvement

The use of the keypad to exit the general nursing unit was identified as an area for improvement under regulation

	Regulations	Standards
Total number of areas for improvement	**1**	**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 Tracey Palmer, 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 30(1) **Stated:** First time **To be completed by:** 4 October 2017	The registered person shall ensure that RQIA are informed of any accident which results in a head injury or were medical advice is required. Ref: Section 6.4
	Response by registered person detailing the actions taken: All accidents resulting in a head injury have been forwarded to RQIA from date of inspection. A log of all Regulation 30's is kept within the file for ease of viewing and follow up.
Area for improvement 2 **Ref:** Regulation 13(a) **Stated:** First time **To be completed by:** 4 October 2017	The registered person shall ensure that proper provision is made for the nursing, health and welfare of patients. Catheters must be changed in accordance with the prescribed frequency. Ref: Section 6.4
	Response by registered person detailing the actions taken: Registered nurses have been advised that Catheters due for renewal have been dated in the catheter form within care file and also entered into the desk diary as a prompt aid.
Area for improvement 3 **Ref:** Regulation 12(1b) **Stated:** First time **To be completed by:** 4 October 2017	The registered person shall review the use of keypad locks to exit the general nursing unit in conjunction with the DOH Deprivation of Liberty safeguards (DoL) and the home's registration categories. Ref: Section 6.7
	Response by registered person detailing the actions taken: A relatives meeting scheduled 01.11.17 and will be used as an opportunity to discuss use of keypad locks on general nursing unit. Residents will also be asked for their view and should any necessary action be required it will be taken therafter.

Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
Area for improvement 1 **Ref**: Standard 38.3 **Stated:** First time **To be completed by:** 4 October 2017	The registered person shall ensure that before making an offer of employment any gaps in employment history are explored and explanations recorded. Ref: Section 6.4 **Response by registered person detailing the actions taken:** Any gaps of employment from a prospective new employee shall be explored at interview and documented within the interview notes
Area for improvement 2 **Ref**: Standard 4 **Stated:** First time **To be completed by:** 4 October 2017	The registered person shall ensure that any changes identified following review of assessments are reflected in the corresponding care plan. Ref section 6.5 **Response by registered person detailing the actions taken:** This has beed discussed with Registered nurses under Supervision that any changes following review of assessments are reflected in plan of care. This area will also be discussed at next nurse meeting

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews