

Unannounced Care Inspection Report 28 February 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 and Karen Scarlett

1.0 Summary

An unannounced inspection of Sandringham took place on 28 February 2017 from 10 00 to end time 16 25.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

A review of the staffing provision and a general inspection of the home indicated that the delivery of care was safe.

A concern was identified with regard to the poor condition of the external covering of some pressure relieving cushions and specialised seating and a recommendation was made to address the issue.

Is care effective?

Review of six patient care records evidenced that a comprehensive assessment of need had not been completed for all patients. A recommendation was made. A range of validated risk assessments were completed for each patient and reviewed as required and as a minimum monthly.

A review of care records identified areas for improvement, three recommendations were made.

One issue of compliance with a prescribed medication was identified. A requirement was made that the acting manager completes an investigation to determine if the patients medication was administered as prescribed.

In the general nursing unit we observed a significant number of patients seated in wheelchairs for long period. They was no clear rationale why patients were not transferred on to arm chairs. A recommendation was made that 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.

A total of one requirement and three recommendations were made within the domain of effective care. Compliance with this requirement and recommendations will further drive improvements in this domain.

Is care compassionate?

We arrived in the home at 10:00. A group of patients were gathered in the reception area where tables had been arranged to make pancakes. There was great socialising between patients and general chat about pancake recipes. Pancake making took place in the dementia nursing unit after lunch and the pancakes were enjoyed by the patients with their afternoon tea. We spoke with the PAL who continues to have great enthusiasm for his role within the home and strives to engage all of the patients in some form of meaningful activity.

Patients and relatives spoken with commented positively in regard to care delivery and communication with in the home.

Staff spoken with were knowledgeable regarding patients' likes, dislikes and individual preferences. Observation of interactions between staff evidenced that there was good team work and respect for the various roles within the home.

There were no requirements or recommendations made for this domain.

Is the service well led?

The home currently has temporary management arrangements in place. Staff spoken with confirmed that the acting manager was in the home on a regular basis and was available to speak with. The acting manager's hours should be recorded on the duty roster, a recommendation was made.

When the acting manager is off duty a registered nurse was identified on the duty roster as the nurse in the charge of the home. Whilst we recognise that a registered nurse is identified to take charge of each unit the registered nurse in charge of the home in the absence of the acting manager must have oversight of the operation of the entire home, a recommendation was made.

A review of the monthly quality monitoring reports evidenced that the visits were completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. There were issues that had been carried forward for a number of months and it was recommended that these outstanding issues are addressed by the acting manager as a matter of priority.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	10*

*The total number of recommendations includes two recommendations which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Rochelle Barrera, deputy 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 31 January 2017. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

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

2.0 Service details

Registered organisation/registered provider: Four Seasons Healthcare Maureen Claire Royston	Registered manager: Temporary management arrangements were in place at the time of the inspection.
Person in charge of the home at the time of inspection: Rochelle Barrera, deputy manager,	Date manager registered: John Coyle- Acting manager from 11 January 2017
Categories of care: NH-I, NH-PH, NH-DE	Number of registered places: 63

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report

During the inspection we met with seven patients individually and with the majority in small groups, three registered nurses, four care staff, one domestic assistant, the personal activity leader (PAL) and the relatives of three patients.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspectors.

Questionnaires were also left in the home to facilitate feedback from relatives and staff not on duty. Ten, staff and patient representative questionnaires were left for completion.

The following information was examined during the inspection:

- staffing rota for week commencing 27 February 2017

- five patients' care records
- care record audit reports
- complaints records
- monthly quality monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 31 January 2017.

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector.

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

4.2 Review of requirements and recommendations from the last care inspection dated 14 & 15 July 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13(1)(a) Stated: Second time	The registered person must ensure that a review of patient supervision is undertaken to ensure the health, welfare and safety of patients. The review must consider the number of staff on duty, the deployment of staff and the supervision of patients during staff hand over reports.	Met
	The registered person must inform RQIA of the outcome of the review.	
	Action taken as confirmed during the inspection: We observed patient supervision throughout the home and were assured by what we observed that patients were appropriately supervised. Staff explained that tasks, for example, completing care records, were now completed in the lounges to allow staff greater time for supervision of patients. A review of records evidenced that group supervisions had been held with staff to review the supervision arrangements. Staff spoken with were knowledgeable of their role and responsibility with regard to the supervision of patients.	

	<p>Records evidenced that identified staff were now allocated to check the lounge areas regularly and provide supervision for patients.</p> <p>During the afternoon handover report we observed that staff, not attending the report, were present in the lounge.</p> <p>This requirement has been met.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 20(1)(a)</p> <p>Stated: First Third time</p>	<p>The registered person must ensure that the provision of staffing in the general nursing unit is reviewed to ensure there are adequate staff on duty to meet the needs of the patients.</p> <p>This review must include the monitoring of care delivery and the response times to nurse call bells.</p> <p>The registered person must inform RQIA of the outcome of the review.</p> <p>Action taken as confirmed during the inspection:</p> <p>The deputy manager confirmed that staff provision and deployment in the general nursing unit were reviewed by the acting manager following the previous inspection. We observed during this inspection that call bells were answered in a timely manner and patients' needs were being attended to.</p> <p>Whilst staff were busy, there was a calm atmosphere in the home as they attended to patients' needs. Patients reported that generally staff responded to the call bells promptly but they may have to wait for staff to finish what they were doing before returning to them.</p> <p>Staff spoken with were satisfied that they were sufficient staff to meet the needs of the patients.</p> <p>This requirement has been met.</p>	<p>Met</p>

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 19.4 Stated: Second time	It is recommended that the arrangements for patients to call staff for assistance in the communal areas of the home are reviewed.	Met
	Action taken as confirmed during the inspection: We observed that staff were present in the lounge and communal areas regularly throughout the morning. Patients in one lounge area were aware of the nurse call system but stated that they generally waited until they could see staff to ask for assistance. As previously stated records evidenced that identified staff were now allocated to check the lounge areas regularly and provide supervision for patients. No issues were identified with the arrangements for patients to call staff for assistance in the communal areas of the home. This recommendation has been met.	
Recommendation 2 Ref: Standard 41 Stated: First time	It is recommended that the duty roster should accurately reflect the hours worked by staff.	Met
	Action taken as confirmed during the inspection: A review of the duty roster for the week commencing 27 February 2017 accurately reflect the hours worked by staff. This recommendation has been met.	

<p>Recommendation 3</p> <p>Ref: Standard 47.3</p> <p>Stated: First time</p>	<p>It is recommended that the working patterns of staff, to include the number of hours worked, should be kept under review to ensure that the quality and safety of care to patients is not compromised.</p> <p>Action taken as confirmed during the inspection: The deputy manager explained that staff working patterns had been the focus of a group supervision held with registered nurses on 1 August 2017.</p> <p>Staff working patterns were also reviewed as part of the monthly quality monitoring visits completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.</p> <p>This recommendation has been met.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: A review of three patient's care records evidenced that only one patient had a comprehensive assessment to identify need completed and a detailed plan of care generated to meet assessed needs. This recommendation has been partially met and is stated for a second time. Care records are further discussed in section 4.4 of this report.</p>	<p>Partially Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 7.1</p> <p>Stated: First time</p>	<p>It is recommended that management review the methods available for engagement with patients and relatives to ensure they are effective.</p> <p>Action taken as confirmed during the inspection: The deputy manager confirmed that patient and relative meetings take place regularly and the Quality of life initiative continues in the home. The monthly quality monitoring reports reflect patient engagement and any comments made. This recommendation has been met</p>	<p>Met</p>

Recommendation 6 Ref: Standard 35.1 Stated: First time	<p>It is recommended that the registered manager determine, in conjunction with the commissioning Trust, if the current placement of the identified patient is appropriate.</p> <p>RQIA should be informed of the outcome.</p> <hr/> <p>Action taken as confirmed during the inspection: The deputy manager explained that at the time the home had liaised closely with the commissioning Trust.</p> <p>This recommendation is assessed as met.</p>	<p style="text-align: center;">Met</p>
Recommendation 7 Ref: Standard 16.11 Stated: First time	<p>It is recommended that records of all complaints are maintained in accordance with the DHSSPS Care Standards for Nursing Homes, April 2015, standard 16.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the record of complaints evidenced that from August 2016 to September 2016 were maintained in accordance with the DHSSPS Care Standards for Nursing Homes, April 2015, standard 16.</p> <p>However the records for January and February 2017 did not include how the complainants' level of satisfaction was determined. A number of complaints were recorded as closed however there were no records to indicate how the acting manager had concluded that the complaint was resolved and therefore able to be closed. This recommendation is assessed as partially met and is stated for a second time.</p>	

4.3 Is care safe?

The deputy manager confirmed the planned daily staffing levels for the home. A review of the staffing rota for week commencing 27 February 2017 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives/relatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

We also sought relative and staff opinion on staffing via questionnaires. Four were returned by relatives in time for inclusion in the report. All of the respondents were satisfied that staff had sufficient time to care for their relative.

Three questionnaires were returned from staff. Two staff members were satisfied that there was sufficient staff to meet the needs of the patients; one answered “no” to the question “Are there sufficient staff to meet the needs of the patients?” This opinion was shared with the acting manager.

A review of the home’s environment was undertaken and included a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. An exterior covering on a number of pressure relieving cushions and one identified chair were extensively damaged. The waterproof covering was damaged and therefore could not be effectively cleaned in accordance with infection prevention and control best practice. An audit of pressure relieving cushions and specialised seating should be undertaken and those whose exterior are worn and/or damaged should be either recovered or replaced. A recommendation was made.

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

Areas for improvement

An audit of pressure relieving cushions and specialised seating should be undertaken and those whose exterior are worn and/or damaged should be either recovered or replaced.

Number of requirements	0	Number of recommendations	1
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4.4 Is care effective?

We reviewed of six patient care records, four in the dementia nursing unit and two in the general nursing unit.

Dementia nursing unit

In the four care records reviewed a comprehensive assessment of need and a range of risk assessments were completed and reviewed as required and at minimum monthly. In one care record the patients assessed needs were not consistently recorded. The patient had been assessed by a physiotherapist and recommended that they required two staff to mobilise. The monthly evaluation of a falls risk assessment indicated the patient required a walking aid whilst a monthly review of the handling profile indicated the patient was unable to weight bear. Staff confirmed that the patient mobilised with the assistance of two. Patients’ needs should be consistently recorded across care records; a recommendation was made.

We reviewed the administration of intramuscular medicines for patients. Advice had been sought from a GP with regard to one patient. We were unable to determine if the medication had been administered as prescribed. A requirement was made that the acting manager will carry out an investigation to determine of the patients medication was administered as prescribed. RQIA should be informed of the outcome of the investigation.

The contact with the patient’s GP was made a number of weeks prior to the inspection; there was no record of the advice given or investigations requested. On the day of inspection nursing staff were unsure of the current treatment plan. The nursing sister agreed to seek further advice from the patient’s GP. The GP advised what direction had been given to the home and confirmed that the requested investigations had been completed. They advised of

the current treatment plan. There were no records in the home of the contact with the GP, the investigations they had requested, completion of the investigations or the current treatment plan. Advice sought from health care professionals should be documented in the patient's records. Records should include evidence that any investigations requested have been completed. A recommendation was made.

We reviewed the administration of intramuscular medicines for a second patient. Records evidenced that this patient had received their injections as prescribed.

General nursing unit

A review of two care records evidenced that a comprehensive assessment of need and validated risk assessments had not been commenced at the time of admission. A recommendation made as a result of the previous care inspection is now stated for a second time.

A range of care plans were in place, however there were needs identified in the assessments that did not have accompanying care plans were not in place to direct the care required. A recommendation was made.

We met with one patient who complained of feeling unwell and being in pain. A review of care records and discussion with a registered nurse evidenced that pain relief medication had been administered as prescribed. We were informed that investigations had been completed but there were no records to evidence when or what the outcome was. The recommendation made that records should be maintained to evidence that any investigations requested have been completed applies to this issue also.

We asked that the registered nurses observe the patient's condition throughout the morning. Prior to lunch they reported that the patient was more settled. Registered nurses should monitor the effectiveness of pain relief to ensure it meets the needs of the patient. A recommendation was made.

In the general nursing unit we observed a significant number of patients seated in wheelchairs for long periods. Footrests were in place on the wheelchairs but not all patients had a pressure relieving cushion or cushion in place. There was no clear rationale why patients were not transferred on to arm chairs. It was recommended that 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.

We discussed how patient and care needs were communicated between staff. Staff advised that they received a handover report at the start of each shift. Staff were of the opinion that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted clearly demonstrated the ability to communicate effectively with patients, relatives and their colleagues.

Areas for improvement

Patients' needs should be consistently recorded across care records.

Advice sought from health care professionals should be documented in the patient's records. Records should include evidence that any investigations requested have been completed.

The acting manager agreed to carry out an investigation to determine if the identified patient's medication was administered as prescribed. RQIA should be informed of the outcome of the investigation.

It is recommended that a detailed plan of care for all assessed needs should be drawn up.

The practice of patients sitting in wheelchairs for prolonged periods should be reviewed to ensure it is an appropriate type of seating to best meet patient comfort and care.

Number of requirements	1	Number of recommendations	4
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4.5 Is care compassionate?

We arrived in the home at 10:00. There was a calm atmosphere and staff were busy attending to the needs of the patients. Patients were sitting in the lounges or their bedrooms as was their personal preferences.

The inspection took place on Shrove Tuesday and a group of patients were gathered in the reception area of the general nursing unit where tables had been arranged to make pancakes. There was great socialising between patients and general chat about pancake recipes. The patients reported they were looking forward to the activity and all spoke highly of the activities that were arranged. Pancake making also took place in the dementia nursing unit after lunch and the pancakes were enjoyed by the patients with their afternoon tea. We spoke with the PAL who continues to have great enthusiasm for his role within the home and strives to engage all of the patients in some form of meaningful activity.

Patients spoken with commented positively in regard to the care they received. The following comments were provided:

"The staff are very polite and friendly; they bring me cups of tea."

"Food is very good."

"I like it here."

We spoke with the relatives of three patients. All commented positively with regard to the standard of care and communication in the home. One relative commented that the staff had become their "extended family."

Ten relative questionnaires were issued; four were returned within the timescale for inclusion in this report. The respondents indicated that they were very satisfied or satisfied that care was safe, effective, compassionate and well led. No additional comments were provided.

Staff spoken with were knowledgeable regarding patients' likes, dislikes and individual preferences. Observation of interactions between staff evidenced that there was good team work and respect for the various roles within the home. Ten questionnaires were issued to staff; three were returned. The staff members were satisfied or very satisfied that the care in the home was safe, effective and compassionate and that the service was well led. Although one respondent indicated that they were satisfied that care was effective they responded "no" to a number of questions including "Do service users get the right care, at the right time and with the best outcome for them?" This opinion was shared with the acting manager.

Comments with regard to staffing have been included in section 4.3 of this report.

Areas for improvement

No areas for improvement were identified with the delivery of compassionate care.

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

The home currently has temporary management arrangements in place. Staff spoken with confirmed that the acting manager was in the home on a regular basis and was available to speak with. There was no record of what hours the acting manager worked and, whilst the deputy manager and registered nurses were familiar with the acting manager's working pattern they were unable to confirm when exactly the acting manager would be working in the home. The acting manager's hours should be recorded on the duty roster, a recommendation was made.

When the acting manager is off duty a registered nurse was identified on the duty roster as the nurse in the charge of the home. The deputy manager was the identified nurse in charge of the home during this inspection. When we arrived in the home the deputy manager was unaware of which registered nurse was on duty in the dementia unit. During the inspection we learned that they had been staffing issues for a period that morning in the dementia unit. The nursing sister, in the dementia unit, had addressed the staffing issue and planned staffing levels were met. Whilst we recognise that a registered nurse is identified to take charge of each unit the registered nurse in charge of the home in the absence of the acting manager must have oversight of the operation of the entire home, a recommendation was made.

A review of the monthly quality monitoring reports evidenced that the visits were completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. There were a number of issues that had been carried forward for a number of months with little or no progress in addressing the issues recorded. Many of the areas were governance issues. These outstanding issues should be addressed by the acting manager as a matter of priority, a recommendation was made.

Areas for improvement

The acting manager's hours should be recorded on the duty roster

The nurse identified to be in charge of the home in the absence of the acting manager must have oversight of the operation of the entire home.

The outstanding issues identified as part of the monthly quality monitoring visits should be addressed as a matter of priority.

Number of requirements	0	Number of recommendations	3
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Rochelle Barrera, deputy 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 13(4)(b)

Stated: First time

To be completed by:

28 March 2017

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.

Ref section 4.5

Response by registered provider detailing the actions taken:

The incident has been investigated and Notification sent to RQIA. The Key worker has been informed. The RNs medicines competency has been renewed and supervision completed

Recommendations

Recommendation 1

Ref: Standard 4.1

Stated: Second time

To be completed by:

28 March 2017

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.

Ref section 4.2

Response by registered provider detailing the actions taken:

Supervision sessions to be carried out with staff with regards the completion of documentation on admission. Completion will be monitored through the Audit system

Recommendation 2

Ref: Standard 16.11

Stated: Second time

To be completed by:

28 March 2017

It is recommended that records of all complaints are maintained in accordance with the DHSSPS Care Standards for Nursing Homes, April 2015, standard 16.

Ref section 4.2

Response by registered provider detailing the actions taken:

A full review of all complaints has been carried out to ensure adequate response has been made. Future responses to complaints will contain details on the 7 day response period and will not be closed prior to the 7 days.

Recommendation 3 Ref: Standard 46.2 Stated: First time To be completed by: 28 March 2017	<p>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.</p> <p>Ref section 4.4</p> <p>Response by registered provider detailing the actions taken: A full audit of pressure relieving cushions has taken place. Any identified cushions that have not been fit for purpose have been replaced. These will be monitored through the audit process</p>
Recommendation 4 Ref: Standard 4.2 Stated: First time To be completed by: 28 March 2017	<p>The registered provider should ensure that patients' needs are consistently recorded across care records.</p> <p>Ref section 4.5</p> <p>Response by registered provider detailing the actions taken: The identified Pain Assessments have been reviewed and Care Plans updated accordingly. Compliance will be monitored through the audit process.</p>
Recommendation 5 Ref: Standard 21.1 Stated: First time To be completed by: 28 March 2017	<p>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.</p> <p>Ref section 4.5</p> <p>Response by registered provider detailing the actions taken: Supervisions have been completed with relevant qualified staff. Future compliance will be monitored through the audit process.</p>
Recommendation 6 Ref: Standard 4.1 Stated: First time To be completed by: 28 March 2017	<p>The registered provider should ensure that a detailed plan of care for all assessed needs is drawn up.</p> <p>Ref section 4.5</p> <p>Response by registered provider detailing the actions taken: Ongoing audits are being completed which identify any updates required. This updates are then being completed by the named nurse. The Identified Patient has now a care plan in place to reflect the identified need.</p>

<p>Recommendation 7</p> <p>Ref: Standard 35.6</p> <p>Stated: First time</p> <p>To be completed by: 28 March 2017</p>	<p>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.</p> <p>Ref section 4.5</p> <p>Response by registered provider detailing the actions taken: This has been discussed at Clinical Governance meeting and Senior Nursing Staff advised that wheelchair usage is appropriate for transport purposes only. This has also been disseminated to care staff. Compliance will be monitored through the audit system</p>
<p>Recommendation 8</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 28 March 2017</p>	<p>The registered provider should ensure that the acting manager's hours are recorded on the duty roster.</p> <p>Ref section 4.6</p> <p>Response by registered provider detailing the actions taken: This has been addressed. Compliance will be monitored during the Regional Manager Reg 29 visit.</p>
<p>Recommendation 9</p> <p>Ref: Standard</p> <p>Stated: First time 41.7</p> <p>To be completed by: 28 March 2017</p>	<p>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.</p> <p>Ref section 4.6</p> <p>Response by registered provider detailing the actions taken: Supervision session completed with Deputy Manager to reaffirm role and responsibility.</p>
<p>Recommendation 10</p> <p>Ref: Standard 35.16</p> <p>Stated: First time</p> <p>To be completed by: 28 March 2017</p>	<p>The repeated issues identified during the monthly monitoring visits should be addressed by the acting manager as a matter of priority.</p> <p>Ref section 4.6</p> <p>Response by registered provider detailing the actions taken: There is a full action plan in progress. This is being closely monitored. Failure to address within identified timescales will result in further action being taken</p>



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