



# Unannounced Care Inspection Report 26 July 2018



## Seapatrick

**Type of Service: Nursing Home (NH)**  
**Address: 80 Lurgan Road, Seapatrick, Banbridge, BT32 4LY**  
**Tel No: 02840628289**  
**Inspector: Heather Sleator**

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 60 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons -Health Care  <b>Responsible Individual:</b> Dr Maureen Claire Royston	<b>Registered Manager:</b> Louise Riley
<b>Person in charge at the time of inspection:</b> Louise Riley	<b>Date manager registered:</b> 13 April 2018
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP (E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment.	<b>Number of registered places:</b> 60  A maximum of 39 patients in category NH-DE located in the Dementia Unit and a maximum of 21 patients located in the General Unit. Category NH-PH for 1 identified person only and category NH-MP (E) for 1 identified person only.

### 4.0 Inspection summary

An unannounced inspection took place on 26 July 2018 from 09.25 to 16.40 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 DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing, staff recruitment, training, adult safeguarding and the home's environment. There were examples of good practice found throughout the inspection in relation to record keeping and the communication of patient needs between staff. There were robust systems in place for governance, the management of complaints and incidents and maintaining good working relationships.

Areas for improvement under the regulations were identified in relation to fire safety, staffing arrangements and the deployment of staff, the culture and ethos of the home and the need to submit an application of variation of registration to RQIA.

Areas for improvement under the standards were identified regarding wound care management, accurate documentation of restrictive practice, the skill mix of staff on duty, ensuring effective communication mediums are present for patients and patients who require a modified diet are afforded choice at mealtimes.

Two standards in respect of the inappropriate storage of equipment and the menu format have been stated for a second time.

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

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	4	*7

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

Details of the Quality Improvement Plan (QIP) were discussed with Louise Riley, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 31 January 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 31 January 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
- 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 five patients, two patients' relatives and eight 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 registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients, relatives and families, 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.

The following records were examined during the inspection

- duty rota for all staff from 2 July to 15 July 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- six patient care records
- six patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met 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 31 January 2018**

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

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

## 6.2 Review of areas for improvement from the last care inspection 16 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 43.1  <b>Stated:</b> First time	The registered person shall review the management of day space in the Riverdale unit as discussed in section 6.4.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the day space in Riverdale unit evidenced that the necessary improvements had been completed.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time	The registered person shall review the management of menus to ensure they are easily read and correct.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the menus displayed on the patient's dining tables evidenced that the full day's menu was still displayed. The format not conducive to the needs of persons living with dementia.  <b>This area for improvement has not been met and has been stated for a second time.</b>	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 45  <b>Stated:</b> First time	The registered person shall ensure equipment is appropriately stored at all times.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment evidenced that equipment was still being stored in corridor areas and at fire exits. Refer to section 6.4 for further detail.  <b>This area for improvement has not been met and has been stated for a second time.</b>	



### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 2 July to 15 July 2018 evidenced that the planned staffing levels were adhered to, with the exception of occasional short notice staff sickness. 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.

The review of the duty rota evidenced that the staffing compliment of registered nurses included a number of nurses awaiting their registration. These staff were registered with the Northern Ireland Social Care Council (NISCC) until such times as their registration with the Nurses and Midwifery Council (NMC) is confirmed. The registered manager stated that these staff were supervised whilst undertaking nursing duties, for example; the administration of medication. The registered manager also stated that the deputy manager was not undertaking any management/ administrative duties at the time due to the deficit in nursing hours. Supporting and mentoring pre-registered nurses is important however, the substantive allocated nursing hours on the duty rota should not be effected by this. The duty rota should reflect the required skill mix of 35 percent registered nursing staff and 65 percent care staff. This has been identified as an area for improvement under the care standards.

Staff spoken with were generally dissatisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that on occasions staffing levels were affected by short notice leave. Staff commented, "Love it here but bit short staffed", "keep saying to management but nothings done". We also sought staff opinion on staffing via the online survey however there were no questionnaires completed and returned by staff.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Seapatrick. We spoke with two relatives during the inspection who were satisfied with the care afforded to their relative and raised no concerns regarding the staffing arrangements, stating "it's very good here".

We also sought relatives' opinion on staffing via questionnaires. One questionnaire was returned that indicated that the respondent was not satisfied with the staffing arrangements and commented; "being understaffed presents as a problem, constant changing of staff can be unsettling for patients and family". The issues raised by the respondents were shared with the registered manager prior to the issuing of the report.

Observation of the delivery of care evidenced that patients' needs were not met by the levels and skill mix of staff on duty. Staff appeared 'rushed' and stated that they hadn't had time for their morning break. The serving of the morning tea was very late and was served at midday. There was evidence of men not having been shaved and a large number of female patients had socks and/or bed socks on and no footwear. There was a lack of communication between staff and patients observed as two staff had no communication with the patients they were assisting with

their midday meal and fluid intake. This was poor practice. Whilst the organisation of the day is important staff were 'task' and 'time' orientated where the focus should be on the needs of the patients. The outcome of the observation of care and the staffing arrangements were discussed with the registered manager in terms of the number of staff on duty, the skill mix, level of staff supervision and the organisation of the day and deployment of staff. This has been identified as an area for improvement under regulation.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. 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 2017/18. 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 DHSSPS Care Standards for Nursing Homes 2015.

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

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

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

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated and fresh smelling. Patients, representatives' and staff spoken with were complimentary in respect of the home's environment. However, we observed the storage of wheelchairs, specialist seating and hoists in the corridor area of one unit, staff stated there was nowhere else to store the equipment when not in use. Inappropriate storage of equipment in the home was identified as an area for improvement at the previous inspection of August 2017 and has been stated for a second time in this report.



We observed the placement of wheelchairs, hoist and specialised seating at two fire exits in one unit. This was brought to the attention of staff who stated they would move the equipment. We later observed that the items previously identified had been removed however further equipment had subsequently been placed there. Fire exits must be kept clear and free from clutter at all times. The registered manager was informed and this has been 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 staff recruitment, induction, training and adult safeguarding procedures.

### Areas for improvement

The following areas were identified for improvement under regulation in relation to fire safety procedures and staffing arrangements, the organisation of the day and the deployment of staff.

The following area was identified for improvement under the care standards and was in relation to ensuring the skill mix of staff rostered for duty was in accordance with the care standards.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	1

#### 6.5 Is care effective?

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

Review of six patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of falls, healthcare associated infections (HCAI) and wound care. Care records contained details of the specific care requirements in each of the areas reviewed.

We discussed the monitoring of patients' weights and were informed that all patients were weighed a minimum of monthly. The registered manager stated that if a patient has a weight loss of between five and 10 percent they are referred to the dietician. The Southern Health and Social Care Trust have implemented a system similar to a virtual ward round with the dietetics team in the trust and dieticians monitor patients who have a weight loss on a weekly basis. We reviewed the management of nutrition for one patient. The patient had been referred to the dietician. A nutritional risk assessment was completed monthly; a care plan for nutritional management was in place. Food and fluid intake charts were maintained daily.

We reviewed the management of falls for one patient. Falls risk assessments were completed and reviewed regularly. Care plans for falls management were in place but were consistently evaluated following falls. A post falls review had been completed within 24 hours of the patient sustaining a fall and the care plan amended accordingly.

We reviewed the management of wound care. Issues were in evidence in respect of a patient's care plan had not been updated for upwards of two months regarding increased risk of pressure damage. The review of another patient's care records evidenced that a body map for a skin tear had been completed on a previous body map which did not indicate that the wound was healed. Information on a body map should specify if the wound had healed a new body map should be completed and dated where necessary. Wound care management has been identified as an area for improvement under the care standards. Repositioning charts for patients were reviewed; the charts consistently evidenced that patients were assisted to change their position for pressure relief in accordance with their care plans.

We reviewed the management of restrictive practice. A patient was observed sitting with a lapbelt secured. The review of the patient's care plan evidenced that the lap belt was to be released hourly. This was discussed with staff who confirmed the release of the lap belt and evidence was present in a written record to support this. A patient was observed sitting in specialised seating and the chair was in a 'tilt' position. Staff stated this was the patient's preference however there was no reference to this in the patient's care records. This has been identified as an area for improvement under the care standards.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained.

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

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

### **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**

Areas for improvement under the standards were identified regarding wound care management and restrictive practice.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

## 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

We arrived in the home at 09:25 hours and were greeted by staff who were helpful and attentive. Patients were enjoying breakfast in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. However, the needs of a patient with limited communication could have been improved through referral to the social work department, interpreting services within the trust or the speech and language therapist. This was discussed with the registered manager and has been identified as an area for improvement under the care standards.

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. We spoke with the recently appointed activities coordinator who stated that their time was divided between the three units each day. A relative responded via questionnaire stating that they felt there was a need to increase the time spent with patients on a one to one basis, for example chatting with patients.

The environment of the home 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 and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room tables or had trays delivered to them as required. The meal service appeared disorganised; staff were assisting patients into the dining room at the same time as other patients were being served their meals. We observed that a small number of patients had a significant wait from the time their meal was placed in front of them until staff came to assist them with their meal. Due to the wait the patients' meals were not at an optimal temperature when eventually they were assisted by staff. We observed staff assisting two patients with their midday meal. Staff did not engage with the patients or inform the patients what the meal or the dessert was and fluids were given at the end of the meal. This was very poor practice. Mealtime is an important event, especially for persons living with dementia and it is staffs responsibility to ensure that it is a pleasurable event. Staff must orientate and communicate with patients during all personal care and daily living activities. This has been identified as an area for improvement under regulation. The review of the menu choice record did not evidence that patients who require a modified diet were afforded choice at mealtimes. This has been identified as an area for improvement under the care standards. The menu was displayed on dining tables however the format of the menu was not conducive to a person living with dementia as the full days menu was stated and the size of the print was small. This had been identified as an area for improvement at the previous inspection of August 2017 and has been stated for a second time in this report.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

“You’ll never know how much it means to us that you took such good care of my (relative). We’ll be forever grateful”

“My (relative) received excellent care from all the staff, thank you for their dedication.”

Patients said that they were 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.

We spoke with the relatives of two patients. Relatives expressed their satisfaction with the care and attention afforded by staff in the home and commented “my relative tells me to book in now to get a place”.

Relative questionnaires were also provided. As previously discussed one questionnaire was returned. The respondent indicated that they were satisfied that the care afforded was safe and compassionate and that the home was well led. The respondent was not satisfied that the care was effective and raised concerns about the staffing arrangements and lack of one to one time being spent with their relative.

Staff were asked to complete an online survey; we received no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date were shared with the 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 environment of the home.

### **Areas for improvement**

The following area was identified for improvement under relation in respect of respecting the individuality of patients.

The following areas were identified for improvement under the care standards in relation to ensuring all patients have a meaningful medium for communication and that patients who require a modified diet are afforded choice at mealtimes.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	<b>1</b>	<b>2</b>

## 6.7 Is the service well led?

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

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with the registered manager did not confirm that the information on the certificate of registration was correct as the number of patients residing in the home in the specified categories of care differed. If there is a change in either the number of patients being accommodated in the home or the categories of care RQIA must be informed. An application to vary the registration details of the home must be submitted. This has been identified as an area for improvement under regulation.

Since the last inspection there has been a change to the registered manager arrangements. Louise Riley was appointed as manager and her registration as the registered manager of the home was confirmed in April 2018. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff evidenced that the registered manager's working patterns supported effective engagement with patients, their relatives 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. The registered manager explained that diversity and equality of patients was supported by staff and training would be provided to staff to support patients, as required.

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.

A review of records evidenced that the manager completed a number of audits to assure the quality of care and services. For example, audits were completed regarding accidents/falls, catheter and wound care and analysis of patients' weights.

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

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were generally 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 governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

## Areas for improvement

The following area was identified for improvement under regulation in relation to the registration numbers and categories of the home.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Louise Riley, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

### 7.1 Areas for improvement

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

### 7.2 Actions to be taken by the service

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



Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately	The registered person shall ensure that all fire exits in the home are clear and kept free of clutter.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> Registered Manager, and in her absence, the nurse in charge are checking the fire exits daily and recording this on the 24 hour shift report as evidence. The daily walkabout audit on QOL will also reflect these checks being completed. The maintenance man is also monitoring fire exits to ensure they are kept clear.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 20 (1) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 August 2018	The registered person shall ensure that the staffing arrangements and deployment of staff throughout the twenty four hour period is in accordance with the needs and dependency of patients.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> Current staffing levels are in line with resident dependencies. The deployment of staff is reflected on the duty rotas.
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (8) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 September 2018	The registered person shall ensure that the dignity of patients is respected and staff are trained in respect of effective and meaningful communication with patients.  Ref: 6.6
	<b>Response by registered person detailing the actions taken:</b> Some staff within the dementia unit have received training specific to effective communication with people living with dementia. Due to new staff being employed, not all have yet received this. The Registered Manager is delivering further training sessions to ensure all care staff in the dementia unit have received this training.

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 3 (1) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2018</p>	<p>The registered person shall ensure that an application to vary the registration of the home is submitted to RQIA regarding the information on the home's certificate of registration.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> An application to vary the registration of the Home was previously made with the correct number per category. An error has been identified in the registration certificate. However, the total number of residents permitted within the Home is correct at 60. There are 38 beds within the dementia unit, not 39 and there are 22 in the general nursing unit, not 21.</p>
<p><b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 September 2017</p>	<p>The registered person shall review the management of menus to ensure they are easily read and correct.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> The existing menu format has been replaced with small chalkboards which sit on each table. The choices for each meal are written as the meal occurs rather than for the day as this can be confusing for residents living with dementia.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 45</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 September 2017</p>	<p>The registered person shall ensure equipment is appropriately stored at all times.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> One wheelchair is being kept in each bedroom. This assists in the event of having to evacuate the building and frees up space in the general corridors. Storage space is limited for larger pieces of equipment such as hoists and specialist seating. Consideration is being given to converting a smoking room in the dementia unit into storage space as it is rarely used by residents. An alternative smoking area will be provided.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 41.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2018</p>	<p>The registered person shall ensure that the skill mix of staff on duty throughout the twenty four hour period is in accordance with the care standards. The role of pre-registration nurses should be kept under review.</p> <p>Ref: 6.4</p>

	<p><b>Response by registered person detailing the actions taken:</b> Units are staffed by registered nurses and care assistants in line with our dependency tool. 2 senior care assistants work on day duty in both the dementia unit and the frail elderly unit and another on night duty. This helps to ensure more junior care staff are supported in delivering care to our residents. There are 4 pre-registered nurses working within the Home at present with the aim of obtaining their PIN with the NMC. The role of the Pre Reg nurse is continually under review.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2018</p>	<p>The registered person shall ensure that nursing care records reflect that wound care management is being undertaken in accordance with NICE guidance on management and prevention of pressure damage.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Wound management training and prevention of pressure ulcer training was provided for staff on 21<sup>st</sup> and 22<sup>nd</sup> August 2018. The Registered Manager is currently updating staff competencies in wound management. The auditing of care files will ensure that documentation is reflective of care being provided.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 18.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2018</p>	<p>The registered person shall that where a restrictive practice is in use, for example; specialist seating being maintained in the tilt position, patient care records accurately reflects the rationale and monitoring of this.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Care plans are being reviewed to ensure the rationale for specialist seating being kept in the tilt position is recorded.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 7 (3) and (9)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2018</p>	<p>The registered person shall that an effective and meaningful communication medium is made available to meet the needs of patients' linguistic backgrounds.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> The staff are using a picture board to help with communication with a resident who does not have English as her first language. Advice is being sought from the Speech and Language Department at the Southern Trust to see if alternatives are available. The Registered Manager is purchasing a tablet to trial use of an app for translation purposes.</p>

<b>Area for improvement 7</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time	The registered person shall that patients who require a modified diet are afforded choice at mealtimes, records should be available to evidence patient choice.  Ref: 6.6
<b>To be completed by:</b> 31 August 2018	<b>Response by registered person detailing the actions taken:</b> Menu choice sheets are completed daily whereby staff ask residents what they would like to eat at mealtimes. Those who are prescribed modified diets are also afforded a choice at mealtimes. The Four Seasons Healthcare Resident Experience Team have been approached about assisting the Cook Manager with optimising variety in modified diets.

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



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

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care