

Unannounced Care Inspection Report 11 and 13 April 2018



St Francis

Type of Service: Nursing Home

Address: 71 Charles Street, Portadown, Craigavon, BT62 4BD

Tel No: 028 3835 0970

Inspector: Heather Sleator

www.rgia.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 25 persons.

3.0 Service details

Registered Organisation/Person: Mrs Mary Bernadette Breen	Registered Manager: Laura Lavery
Person in charge at the time of inspection: Laura Lavery	Date manager registered: 17 October 2017
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of registered places: 25 One patient accommodated within category NH-PH.

4.0 Inspection summary

An unannounced inspection took place on 11 April 2018 from 09.30 to 17.00 hours and 13 April from 13.30 to 15.00 hours.

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

The 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 staff recruitment and training, rapport and interaction between patients and staff, care staff knowledge of patients' preferences and the registered manager's availability to patients, staff and representatives.

Areas requiring improvement were identified in relation to patient care records, adult safeguarding, auditing and reporting on the quality of nursing and services provided by the home, deployment of staff and daily routines, monitoring of staff with their professional bodies, supervision of staff and the accessibility of personal protective equipment.

One area for improvement under regulation in relation to quality auditing of services has been stated for a third and final time. An area for improvement under standards regarding patient care records has been subsumed into an area for improvement under regulation of this report.

The majority of 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. Refer to section 6.6

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*5	6

*The total number of areas for improvement includes one regulation which has been stated for a **third** and final time.

Details of the Quality Improvement Plan (QIP) were discussed with Laura Lavery, 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 29 November 2017

The most recent inspection of the home was an announced premises inspection undertaken on 29 November 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 13 patients and seven staff. There were no patients' visitors/representatives who wished to meet with us during the inspection. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was given to the registered manager to display inviting staff to complete and return a questionnaire electronically.

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 to 15 April 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- a selection of policy documents
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, 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 29 November 2017

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector.

6.2 Review of areas for improvement from the last care inspection dated 20 September 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 17 (1) Stated: Second time	<p>The registered person shall ensure that audits are completed in order to monitor and report on the quality of nursing and other services provided.</p>	Partially met
	<p>Action taken as confirmed during the inspection: We were unable to evidence that a robust and systematic approach to the auditing of the quality of nursing and other services provided by the home was present. Audits for a range of services should be in evidence and readily available. Refer to sections 6.4, 6.5 and 6.7</p> <p>This area for improvement has been partially met and has been stated for a third and final time.</p>	
Area for improvement 1 Ref: Regulation 16 Stated: First time	<p>The registered person shall ensure the following issues are addressed in relation to care planning;</p> <p>Both the identified care records should be updated to reflect the changes to their current condition and they should reflect their care needs.</p> <p>Food and fluid intake records should be updated following patients' morning and afternoon tea.</p> <p>Ensure information no longer relevant in patients care records is appropriately archived in accordance with the home's policies and procedures.</p>	Met
	<p>Action taken as confirmed during the inspection: The review of care documentation evidenced that the areas identified had been addressed. However, further areas for improvement regarding patient care documentation were identified, refer to section 6.5</p>	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: Second time	The registered person shall ensure formal evaluations of care are sufficient and meaningful.	Not met
	Action taken as confirmed during the inspection: The review of the formal evaluations of care did not evidence that the evaluations were meaningful and detailed the patient's response to planned care. This area for improvement has not been met and has been subsumed into a regulation of this report.	

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 stated 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 to 15 April 2018 evidenced that the planned staffing levels were generally adhered to.

An area of concern arose following the observation of the delivery of care. We observed that a number of patients were still being brought to the lounge following breakfast service at 11.50 hours. Patients were then brought back to the dining room again at 12.30 hours for the serving of the midday meal. The short interval between finishing breakfast and having lunch was not sufficient for patients to be ready for their midday meal and ensure an adequate nutritional intake. We also observed that the morning medications were still being administered by a registered nurse in the dining room. In discussion with the registered nurse who was administering the medications, it was stated that they were restocking the medicine trollies and that there were a number of other factors including responding to and making telephone calls, and responding to queries from care staff regarding patient care.

The registered person must review the deployment of staff and the organisation of the day with regard to the morning routine in the home, to ensure the needs of patients are met in a timely way and are conducive to the needs and comfort of the patients. This has been identified as an area for improvement under regulation.

Discussion with the registered manager and a review of one staff personnel file evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 21, Schedule 2. Where registered nurses and carers were employed, their registration status was checked with the Nursing and Midwifery Council (NMC) and the Northern

Ireland Social Care Council (NISCC), to ensure that they were suitable for employment. The review of recruitment records evidenced that enhanced criminal records checks were completed with Access NI and satisfactory references had been sought and received, prior to the staff member starting their employment. The arrangements for monitoring the registration status of nursing staff were appropriately managed in accordance with the NMC. Similar arrangements were in place to ensure that care staff were registered with NISCC, however, when the information was cross referenced to the staff duty rota a number of care staff names were not on the information which was retained to verify that care staff were registered with NISCC. The registered manager stated this was due to staff being employed in the home for less than six months or that the registration process had commenced but was not complete. The records of the monitoring of staff with their professional body should evidence that status of their registration at any given time. This has been identified as an area for improvement under the care standards.

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. One completed induction programme was reviewed. The induction programme included a written record of the areas completed and the signature of the person supporting the new employee. On completion of the induction programme, the employee and the inductor signed the record to confirm completion and to declare understanding and competence.

We reviewed the staff supervision and annual appraisal planners. The annual appraisal planner was satisfactory; however, discussion took place with the registered manager regarding staff supervision. The process for the supervision of staff was not clearly defined and not in accordance with the care standards. This has been identified as an area for improvement under the care standards.

Discussion with staff and a review of the staff training records confirmed that training had been provided in all mandatory areas and records were kept up to date. A review of staff training records confirmed that staff completed e-learning (electronic learning) modules on basic life support, medicines management, control of substances hazardous to health, fire safety, food safety, health and safety, infection prevention and control, safe moving and handling and adult prevention and protection from harm.

Staff consulted with, were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding. The staff understood what abuse was and how they should report any concerns that they had.

The registered manager was unable to confirm that she had completed the required training in respect of being the home's designated safeguarding champion. The review of the home's policy evidenced that there were two policies, one of which did not reflect the current policy guidelines and had been signed off in March 2018 and another policy dated October 2017. Whilst incomplete this policy did reference the regional DHSSPS policy guidance, Adult Safeguarding: Prevention and Protection in Partnership, July 2015. Adult safeguarding procedures have been identified as an area for improvement under regulation. The registered manager stated that staff had recently completed face to face training which referenced the regional policy.

Review of patient care records evidenced that validated risk assessments were completed as part of the admission process and were reviewed as required. These risk assessments informed the care planning process.

A review of the accident and incident records confirmed that the falls risk assessments and care plans were consistently completed following each incident and that care management and patients' representatives were notified appropriately.

Where patients required bedrails, to maintain their safety whilst in bed, there was evidence that risk assessments had been completed; and that regular safety checks had been carried out, when the patients were in bed. The care plans reflected the assessment outcome and included the reasons why less restrictive measures were not suitable for the patients.

A review of the home's environment was undertaken which included a number of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, tidy and warm throughout. The majority of patients' bedrooms were personalised with photographs, pictures and personal items.

Personal protective equipment (PPE) such as gloves and aprons were available throughout the home. There were two PPE units in the home for the storage of aprons, one was empty and the other had two plastic aprons 'draped' over the top of the unit. Two boxes of disposable gloves were observed on the corridor handrail. Staff stated that aprons and gloves were also stored in drawers in the bathrooms for safety reasons. PPE equipment should be readily available to staff and stored in a manner that reduces the risk to patients. This was discussed with the registered manager and has been identified as an area for improvement under the care standards.

Discussion with the registered manager and nursing staff confirmed that there were no healthcare acquired infections (HCAI) in the home at the time of this inspection. In discussion the registered manager stated that the home had received information from the Public Health Authority (PHA) in respect of the regional UTI tool, however, this information had not, as yet, been shared with the registered nurses. The registered manager agreed to do this following the inspection. The registered manager was aware of her responsibilities regarding infection prevention and control (IPC) measures and how/when to report an outbreak of infection to the Public Health Authority (PHA) and RQIA.

Fire exits and corridors were observed to be clear of clutter and obstruction. The emergency evacuation register was up to date and included the details of the last patient admitted to the home.

The annual fire risk assessment of the home was undertaken on 5 April 2017. Discussion with the registered manager confirmed that the recommendations of the report had been addressed and the annual assessment would be completed in the near future.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, appraisal and the home's environment.

Areas for improvement

The following areas were identified for improvement in relation to management oversight of the staffing arrangements and daily life in the home, adult safeguarding arrangements, monitoring of care staff with NISCC, implementing a robust supervision planner and risk management in relation to the provision of PPE.

	Regulations	Standards
Total number of areas for improvement	2	3

6.5 Is care effective?

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

We reviewed three patient care records in relation to the management of nutrition, falls, patients' weight, and wound care. Two of the three records contained nursing risk assessments and care plans that had been regularly reviewed. The registered manager agreed to discuss the need ensure that patient care records are regularly reviewed and updated, as appropriate, with the registered nurses and ensure that the issue identified on inspection was actioned. Care records also evidenced that referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians as required. However, we did not evidence that patient risk assessments and care plans were updated when changes to the patient occurred, for example, when a patient had been referred to a healthcare professional and the management of wound care. Details were discussed with the registered manager during feedback and an area for improvement under the care standards was made.

The review of the patients' daily progress record did not evidence that registered nurses were reporting of the patients' response to planned care and statements were generalised, for example; "fluids encouraged". Statements such as this did not evidence that nursing staff had effectively evaluated the delivery of care. This area had previously been identified on the inspections of 1 June 2017 and 20 September 2017 and has been subsumed into an area for improvement under regulation of this report.

Care plans should be revised as and when patient need changes. We were informed by the registered manager that audits of patient care records are regularly completed. The audits were unavailable for review at the time of the inspection. The need for robust auditing of the quality of nursing and other services provided by the home had previously been identified at the inspections of 1 June 2017 and 20 September 2017. This area for improvement has been stated for the **third** and final time. Reference has also been made to the auditing of the quality of services in section 6.7.

Personal care records evidenced that records were generally maintained in accordance with best practice guidance, care standards and legislative requirements. For example, a sampling of food and fluid intake charts confirmed that patients' fluid intake was monitored. The patients' total daily fluid intakes were also recorded in a format which enabled the registered nurses to have an overview of the patients' fluid intake. The review of repositioning records evidenced that patients were repositioned according to their care plans.

There was a lack of evidence that the care planning process included input from patients and/or their representatives, if appropriate. However, there was evidence of regular communication with representatives within the care records.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and discussions at the handover provided the necessary information regarding any changes in patients' condition. Staff also confirmed that communication between all staff grades was effective.

We observed the serving of the midday meal during the course of the inspection. Meals served appeared appetising and patients spoken with stated that they were satisfied with the meals provided. The atmosphere was quiet and tranquil and patients were encouraged to eat their food; assistance was provided by staff, as required.

Patients were asked by staff of their preferred menu choice when the meal was being served. Discussion also took place with the cook regarding the choice of meals available for patients who required a modified diet. The cook was knowledgeable regarding the presentation of modified meals and stated patients may choose what they wish to have for their evening meal. The review of the menu choice record evidenced a wide range of menu choice, especially at the time of the evening meal. As discussed in section 6.4 the deployment of staff and the organisation of the day in regard to the routines in the home need to be reviewed, to ensure the needs of patients are met in a timely way and are conducive to the needs and comfort of the patients.

Areas of good practice

There were examples of good practice found throughout the inspection in relation communication between patients and the quality of the meal provided and availability of patient choice at mealtimes.

Areas for improvement

The following areas were identified for improvement and were in relation to patient care records.

	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.

We arrived in the home at 09:30 hours and were greeted by staff who were helpful and attentive. The home was quiet and staff were busy but not rushed.

Patient had the choice to eat breakfast in the dining room while others had breakfast in their bedroom. A mid-morning tea/coffee trolley with freshly baked scones and biscuits was provided around 11:00 hours. In discussion with the cook she stated that home baking for

patients on a daily basis. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate and caring. Consultation with 13 patients individually and with others in smaller groups, confirmed that whilst patients felt that staffing could be better staff's approach was courteous and caring.

Patients consulted with also confirmed that they were able to maintain contact with their families and friends. Staff supported patients to maintain friendships and socialise within the home. An activities coordinator plans and provides activities in the home four days per week from 13.00 to 18.00 hours. There was evidence of a variety of activities in the home and discussion with patients confirmed that they were given a choice with regards to what they wanted to participate in.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients and their representatives on the quality of the service provided. A number of completed relatives questionnaires were reviewed, however, the registered manager stated a report and/or action plan in response to the returned questionnaires was not completed. We asked if the information was included in the home's annual quality report and were informed that an annual report of the conduct of the nursing home had not been written and the acting responsible individual, Cathal Breen, was unaware of the requirement to do so. A review of the quality of nursing and other services provided by the home is required to be conducted annually; this has been identified as an area for improvement under regulation.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. From discussion with the registered manager and staff and a review of the compliments record, there was evidence that the staff cared for the patients and their relatives in a kindly manner.

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

"As a family we are very grateful to each and every one of you for making our (relative) time in the home a happy one"

"Thank you for all the loving care given to my (relative), wouldn't have received better care anywhere else."

During the inspection, we met with 13 patients, three care staff, one registered nurse, the head cook and a member of the housekeeping team. Some comments received are detailed below:

Staff

"It's a great home, the care's good."

"The manager is 100 percent."

"You get time to speak to the patients here."

"Good wee home, we all just get on with it."

"You can go to the manager at any time."

"Very homely home."

Patients

“I like it here so far.”

“Food is ok.”

“Staff have been very pleasant.”

“I’m only just here but it seems good.”

“I’m well content.”

“Staff couldn’t be any nicer.”

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Ten relative questionnaires were provided none were received in time for inclusion in this report.

Staff were invited to respond to an online survey. One response was received at the time of issuing this report and the response has been shared with the registered manager.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date will be 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 rapport and interaction between patients and staff, and listening to and valuing patients.

Areas for improvement

An area identified for improvement was in relation to the provision of an annual quality report on the conduct of the home.

	Regulations	Standards
Total number of areas for improvement	1	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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

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 the registered manager, staff and patients evidenced that the manager’s working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager although this

was not reflected on the duty rota. This was discussed with the registered manager who stated that if she wasn't in the home whichever registered nurse was on duty was the person in charge, however, it was agreed that the person in charge would be identified on the duty rota in future.

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. Equality data was collected as part of the admission process and managed in line with best practice guidance. The registered manager stated the home did not have a policy on equality and human rights and agreed to address this.

The registered manager confirmed that the policies and procedures for the home were systematically reviewed, evidence was present to support the review of the policy documentation selected for review. However, not all the policy documentation was correct, for example; adult safeguarding and the policy on wound care management. As stated in the preceding paragraph a policy on equality and human rights was not available. A programme of a review of policy documentation should be implemented. Having up to date and correct policy information has been identified as an area for improvement under the care standards.

A review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. Staff and patients spoken with confirmed that they were aware of who to go to (the registered manager) if they had any concerns

We requested the audits for infection prevention and control, care records, accident/ falls, wound care, environmental audits and patient satisfaction surveys. Audits were unavailable for care records, wound care and patient survey outcomes. The audits for accident/falls and infection prevention and control were present for the previous month. A robust system of auditing of the quality of nursing and other services must be completed on a regular basis and where a shortfall was identified the remedial action taken to address the shortfall should be stated. This had been previously identified at the inspections of 1 June 2017 and 20 September 2017 and has been stated for the **third** and final time in this report.

We were unable to confirm compliance with the regulations and standards of the previous quality improvement plans of 1 June and 20 September 2017 along with a number of shortfalls in the governance arrangements in the home. The registered manager's working arrangements were a mixture of management and clinical hours per week, and could be dependent on the staffing needs of the home. Due to the areas for improvement identified in this report the registered manager should ensure that her working arrangements are conducive to the management role and her responsibilities as the registered manager. This has been identified as an area for improvement under the care standards.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection, confirmed that these were appropriately managed.

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. These included medication and equipment alerts and alerts regarding staff that had sanctions imposed on their employment by professional bodies.

Discussion with the registered manager confirmed that quality monitoring visits were completed on a monthly basis by the responsible individual (acting) in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the availability of the registered manager to patients, representatives and staff.

Areas for improvement

Areas for improvement were identified in relation to policy documentation and the balance of management and clinical hours worked by the registered manager.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Laura Lavery, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: Third and final time</p> <p>To be completed by: 7 May 2018</p>	<p>The registered person shall ensure that audits are completed in order to monitor and report on the quality of nursing and other services provided</p> <p>Ref: Section 6.2 and 6.7</p> <p>Response by registered person detailing the actions taken: All audits are completed on a monthly basis or more often if required.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 12 (1) (a) and (b)</p> <p>Stated: First time</p> <p>To be completed by: 7 May 2018</p>	<p>The registered person shall ensure that the evaluations of patient care details patients' response to planned care and reflect current best practice.</p> <p>Ref: Section 6.2 and 6.5</p> <p>Response by registered person detailing the actions taken: All evaluations are a reflection on best practice and encompass all 12 activities of daily living. These are audited on a monthly basis.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 12 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 7 May 2018</p>	<p>The registered person shall ensure that the daily routine of the home is reviewed to confirm that there is evidence of management oversight and leadership, regarding the deployment of staff and delegation of duties and assure that safe and effective care is being delivered.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Whilst there is only one nurse on duty and the manager I will now highlight that nurses name on the off duty.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2018</p>	<p>The registered person shall ensure that the home's policy on adult safeguarding is reflective of current regional guidance and that the home's identified adult safeguarding champion completes the necessary training.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Safe guarding policy insitu and the manager is booked on the relevant course to become the safe guarding champion for the Home on the 27th June.</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2018</p>	<p>The registered person shall ensure that the annual quality report is available on an annual basis. Comments on the quality of nursing and other services provided by the home should be in evidence. The report should be available in the home at all times.</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: All reports will be available for viewing at any time.</p>
Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
<p>Area for improvement 1</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2018</p>	<p>The registered person shall ensure that a system is established to monitor the registration status of care staff with their professional body, the Northern Ireland Social care Council (NISCC). The system should identify the progress of staff whose registration has not been confirmed by NISCC.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: A system is currently in place and NISCC contact the Home within a few weeks of a registrants expiry date to ensure all staff have NISCC registration up to date.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 40</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2018</p>	<p>The registered person shall ensure that a formal supervision schedule is in place for staff no less than every six months or more frequently, as required. The schedule should evidence the completion dates of any supervision that is scheduled.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: All staff have annual appraisals and six monthly supervision which I normally have the appraisal and supervision together, however RQIA inspector recommendations are to have them separately. However on consultation with Linda Thompson I can complete these on the same day and I also have at least two staff meetings per year as per usual.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2018</p>	<p>The registered person shall ensure that the availability and storage of personal protective equipment (PPE) is risk assessed in accordance with the needs of patients and staff working practices in respect of infection prevention and control.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: New PPE equipment storage containers are now in place both down stairs and upstairs.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 4, 8-9</p> <p>Stated: First time</p> <p>To be completed by: 7 May 2018</p>	<p>The registered person shall ensure that patient care records are maintained in accordance with best practice guidelines, standard setting organisations and professional. Contemporaneous nursing records are kept of all nursing interventions and include the recommendations of other health care professionals.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: All daily records are in accordance with NMC guidelines and corresponding records insitu such as food charts, fluid balance charts etc</p>
<p>Area for improvement 5</p> <p>Ref: Standard 36</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2018</p>	<p>The registered person shall ensure that policies for treatment and care are evidenced based and in accordance with best practice as defined by professional bodies and statutory agencies.</p> <p>Ref: Section 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: All policies are in the process of being updated to reflect this.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 35.6</p> <p>Stated: First time</p> <p>To be completed by: immediate</p>	<p>The registered person shall ensure that the registered manager has sufficient management hours to assure that services are delivered in accordance with legislative requirements, care standards and professional bodies.</p> <p>Ref: Section 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: Due to staff leaving with no notice has placed a strain on the management hours. Staff are currently being employed and just awaiting induction etc. So from July management hours should be recommencing.</p>

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

Assurance, Challenge and Improvement in Health and Social Care