



Unannounced Care Inspection Report 28 July 2018



Corkhill Care Centre

Type of Service: Nursing Home (NH)
**Address: 27 Coolmaghery Road, Donaghmore,
Dungannon, BT70 3HJ**
Tel no: 028 8776 7362
Inspector: James Laverty

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 36 persons.

3.0 Service details

Organisation/Registered Provider: Mr Gary George Watt	Registered manager: Shona McKeown
Person in charge at the time of inspection: Ann Donnelly, deputy manager	Date manager registered: 4 April 2017
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. LD – Learning disability. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment.	Number of registered places: 36 comprising: There shall be a maximum of 10 persons in category NH-DE and a maximum of 2 patients in category NH-LD/LD(E).

4.0 Inspection summary

An unannounced inspection took place on 28 July 2018 from 09.45 to 17.50 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 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 communication with patients, the notification of incidents, monitoring the professional registration of staff and communication with the multi-professional team.

Four areas for improvement under regulation were identified in relation to infection, prevention and control (IPC) practices; the secure storage of medicines; adherence to the Control of Substances Hazardous to Health (COSHH) regulations and fire safety practices.

Eight areas for improvement under the standards were identified in relation to the management of patient records, access to the nurse call system, the management of patients' nutritional care, the repositioning of patients, monthly monitoring visits and governance processes relating to staff management.

Patients said that they were well cared for and expressed confidence in the ability and willingness of staff to meet their care needs. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

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	4	*8

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

Details of the Quality Improvement Plan (QIP) were discussed with Ann Donnelly, deputy manager, and Mr Gary Watt, responsible person, 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 22 May 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 22 May 2018. There were no further actions required to be taken following the most recent inspection. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the previous care inspection report
- the returned QIP from the previous care inspection
- pre-inspection audit

During the inspection the inspector met with six patients, six patients' relatives/representatives and four staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA directly.

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

The following records were examined during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2018/19
- accident and incident records
- one staff recruitment and induction file
- minutes of staff and relatives' meetings
- four patients' care records
- a selection of governance audits
- complaints records
- maintenance records
- a selection of governance risk assessments
- adult safeguarding records
- notifiable incidents to RQIA
- personal emergency evacuation records
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

The findings of the inspection were provided to the deputy manager and responsible person at the conclusion of the inspection.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met or not met.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 May 2018

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 6 February 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 39</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a robust monitoring system is developed and implemented to ensure that staff attends training in line with the homes policy and their roles and responsibilities.</p> <p>Ref: Section 6.4</p>	<p>Not met</p>
	<p>Action taken as confirmed during the inspection: Discussion with the deputy manager confirmed that mandatory staff training was provided using both online and face to face methods. The deputy manager stated that the registered manager used a matrix to oversee the mandatory training needs of staff. However, these governance records were unavailable on the day of the inspection and therefore could not corroborate this information. This is discussed further in section 6.4.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	

<p>Area for improvement 2</p> <p>Ref: Standard 35 Criteria 7</p> <p>Stated:First time</p>	<p>The registered person shall ensure that monthly monitoring visits are undertaken and a report is completed and made available for patients; relatives and staff to access.</p> <p>Ref: Section 6.7</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection: Discussion with the deputy manager and review of available monthly monitoring visit reports highlighted that two different reports had the same date of completion, namely, 24 May 2018. Discussion with the registered manager following the inspection clarified that these two reports related to both the nursing home and residential home services which are situated on the premises. The need for such reports to clearly indicate which service such reports relate to was stressed. Although the responsible person provided assurance that the monthly monitoring visit had occurred during June 2018, the corresponding report was unavailable for inspection. It was further highlighted to the deputy manager and responsible person that any action plans contained within such reports should also include time bound actions which can then be reviewed accurately - this will be reviewed during a future care inspection. These findings are discussed further in section 6.7.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>		

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 deputy manager confirmed the planned daily staffing levels for the home and that these levels were subject to a monthly review by the registered manager to ensure that the assessed needs of patients were met. Discussion with the deputy manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. The deputy manager advised that from 9 to 22 July 2018 there were no occasions when planned staffing levels were not fully adhered to. Discussion with patients and staff provided assurances that they had no concerns regarding staffing levels.

Discussion with the deputy manager and review of governance records evidenced that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through a process of both supervision and appraisal. However, governance records relating to the governance oversight of staff supervision and/or appraisal were unavailable for inspection. An area for improvement under the standards was made.

Discussion with the deputy manager indicated that training was planned to ensure that mandatory training requirements were met and involved both online and face to face resources. Additional face to face training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. However, governance records relating to the oversight of staff training were unavailable on the day of the inspection and therefore could not corroborate this information. An area for improvement under the standards was stated for a second time. Staff understanding in regards to adult safeguarding responsibilities is discussed further below.

Review of governance audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified.

Discussion with the deputy manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The deputy manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home. While the majority of staff who were spoken with demonstrated satisfactory knowledge of their specific roles and responsibilities in relation to adult safeguarding, specifically their obligation to report concerns, one staff member did not. This was highlighted to the deputy manager and responsible person and it was agreed that the registered manager should address this by means of appropriate supervision for all staff. This will be reviewed during a future care inspection.

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the deputy manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Records confirmed that the registered manager had reviewed the registration status of staff on a monthly basis.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms, were personalised with photographs, pictures and personal items. Several patients' relatives spoke positively about the homely atmosphere of the home. However, it was noted that flies were an environmental challenge throughout the home. Feedback from patients and kitchen staff also highlighted that the presence of flies was problematic. This was discussed with the deputy manager and responsible person and it was stressed that potential risks arising from the presence of flies must be effectively managed. The responsible person stated that this was a seasonal problem which was due to the geographical location of the home. We agreed

that the matter would also be shared with the RQIA estates team for further consideration and action, as appropriate. This observation was also shared with the local environmental health team for their information, and action as necessary.

It was encouraging to see that an inner courtyard was being refurbished by the responsible person who stated that the refurbished area, once completed, would be regularly used by all patients within the home and would also be used to facilitate musical entertainment for patients. The responsible person stated that the works should be completed within one week and agreed that the area should be appropriately secured to ensure the ongoing safety and well-being of any patients who may use the area.

Observation of the environment highlighted that one kitchen doorway and several patients' bedroom doors had been inappropriately wedged open. This was highlighted to the deputy manager and the need to ensure that fire training is consistently embedded into practice was stressed. These findings were shared with the RQIA estates team following the inspection. An area for improvement under regulation was made.

Deficits with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted, namely: one radiator within the dining area was ineffectively cleaned, one storage area used by kitchen staff was in a state of disrepair and poorly maintained, several items of unlaminated signage were evident throughout the home and the underside of wall mounted hand gel dispensers were stained and ineffectively cleaned. These deficits consequently impacted the ability of staff to deliver care in compliance with IPC best practice standards and guidance. An area for improvement under the regulations was therefore made.

During a review of the environment it was noted that there were three areas in which patients could potentially have had access to harmful chemicals. This was discussed with the deputy manager and it was stressed that the internal environment of the home must be managed to ensure that Control of Substances Harmful to Health (COSHH) regulations are adhered to at all times. The identified substances were secured by the deputy manager before the conclusion of the inspection and an area for improvement under regulation was made.

Observation of the environment further identified two areas in which medicines had not been stored securely. This was highlighted to the deputy manager and the need to ensure that all medicines are stored securely at all times was emphasised. An area for improvement under regulation was made.

It was also noted that effective access for patients to the nurse call system was inadequate within four communal areas. This was discussed with the deputy manager and an area for improvement under the standards was made.

Review of the environment also highlighted two areas in which patients' electronic information was not stored securely, namely, computers displaying such information had been left unattended by staff. The need to ensure that patient information is handled confidentially and securely at all times was stressed. An area for improvement under the standards was made.

During a review of the environment it was observed that there were two areas which contained hot surfaces which were a potential hazard to patients. This was discussed with the deputy manager and responsible person and it was agreed that all such areas must be appropriately risk assessed in order to promote patient safety at all times. This will be reviewed during a future care inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff communication with patients, the notification of incidents and monitoring the professional registration of staff.

Areas for improvement

Four areas for improvement under regulation were identified in relation to infection, prevention and control practices; COSHH compliance; the safe storage of medicines and fire safety practices.

Three areas under the standards were identified in relation to records management, access to the nurse call system and staff supervision/appraisal. One area for improvement relating to staff training was stated for a second time under the standards.

	Regulations	Standards
Total number of areas for improvement	4	3

6.5 Is care effective?

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

Discussion with staff and the deputy manager evidenced that nursing/care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients’ conditions and that they were encouraged to contribute to the handover meeting.

Staff who were spoken with stated that that if they had any concerns, they could raise these with their line manager and/or the registered manager. Staff spoke positively about working within the home. One staff member commented, “I love it here.”

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

Supplementary care charts, specifically, food and fluid intake records, evidenced that electronic records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff also demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found.

Shortfalls were identified in relation to provision of repositioning care to patients. Review of care records for one patient who required such assistance highlighted that a comprehensive and person centred risk assessment and care plan were in place. However, review of corresponding repositioning records highlighted an inconsistent adherence to the patient’s prescribed care. It was also noted that daily nursing entries did not provide evidence that the pressure area care of the patient was regularly and meaningfully reviewed. Discussion with the deputy manager confirmed that nursing staff had no current concerns about the integrity of the patient’s pressure areas. An area for improvement under the standards was made.

Weaknesses were also found in regards to the nutritional care of patients. Review of the care records for one patient who required a modified diet, confirmed that a thorough and person centred care plan was in place. However, review of nutritional records maintained by kitchen staff highlighted inconsistencies between these records and current nursing records in regards to the assessed nutritional needs of the patient. Discussion with nursing and kitchen staff further highlighted that the process for ensuring effective and timely communication between nursing and kitchen staff was not sufficiently robust. An area for improvement under the standards was made. Discussion with nursing and kitchen staff confirmed that meals being provided to the patient were in keeping with their assessed nutritional needs.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication with the multi-professional team.

Areas for improvement

Two areas for improvement under the standards were identified in regards to care delivery.

	Regulations	Standards
Total number of areas for improvement	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.

Staff interactions with patients were observed to be timely, compassionate and caring. All patients were positive in their comments regarding the staffs’ ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the deputy manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

Feedback received from several patients during the inspection included the following comments:

- “It’s a good nursing home ... there’s none better.”
- “It’s great here.”
- “I’d recommend it.”

Feedback received from patients’ relatives/representatives during the inspection included the following comments:

- “Nothing but praise for the folks here ... I think the new management are improving things.”
- “I love it ... staff are unbelievably caring.”
- “We just love it ... there’s a personal touch ... it’s family orientated.”

In addition to speaking with patients, patients’ relatives and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients’ relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report, no questionnaires have been returned within the specified timescales. Questionnaire comments received after specified timescales will be shared with the registered manager as necessary.

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.

There were systems in place to obtain the views of patients and their representatives in relation to the delivery of care and the management of the home.

Discussion with patients and staff evidenced that arrangements were in place to meet patients’ religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Observation of one communal lounge area highlighted that a wall clock was incorrect. The need to ensure that the environment promotes the orientation of patients at all times was stressed.

Observation of the lunch time meal evidenced that patients were given a choice in regards to the meals being served. The dining area appeared to be tidy and appropriately spacious for patients and staff. Staff demonstrated a good knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plans and associated SALT dietary requirements. All patients appeared content and relaxed in their environment. It was noted that several flies were present within the dining room and this is discussed further in section 6.4. There were several instances of nursing and care staff providing patients gentle encouragement and assistance in a spontaneous, dignified and gentle manner. Such practice is commended.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to promoting the dignity and well-being of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

Discussion with the deputy manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the deputy manager evidenced that the home was operating within its registered categories of care.

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. It was also confirmed with the deputy manager that any expression of dissatisfaction should be recorded appropriately as a complaint.

Discussion with the deputy manager and a 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.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and trust representatives. Discussion with the deputy manager and review of available monthly monitoring visit reports highlighted that two different reports had the same date of completion, namely, 24 May 2018. Discussion with the registered manager following the inspection confirmed that these two reports referred to the registered nursing and residential service which are each located on the premises. The need to ensure that such reports clearly indicate which service they relate to was stressed. Although the responsible person provided assurance that the monthly monitoring visit had occurred during June 2018, the corresponding report was unavailable for inspection. It was further highlighted to the deputy manager and responsible person that any action plans contained within such reports should include time bound actions which can then be reviewed accurately - this will be reviewed during a future care inspection. An area for improvement under the standards was stated for a second time.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to the use of restrictive practices; falls, the administration of medicines and catering.

Staff recruitment information was available for inspection and records for one staff member evidenced that all relevant checks including enhanced AccessNI checks were sought, received and reviewed prior to them commencing work in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the deputy manager and review of governance records also highlighted that staff are expected to undergo a three day supernumerary period of induction upon commencement of their post. However, induction records for one staff member were not available and it was noted that staff induction records were poorly maintained and did not provide assurance that governance oversight of such records was effectively managed. An area for improvement under the standards was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff meetings and the management of notifiable incidents to RQIA.

Areas for improvement

An area for improvement under regulation was made in regards to staff recruitment and selection records.

One area for improvement under the standards was identified in relation to staff induction records. One area for improvement was stated for a second time in regards to monthly monitoring visits.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ann Donnelly, deputy manager, and Mr Gary Watt, responsible person, 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 providers 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 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Regarding infection prevention I can confirm the waste oil container has been relocated further away from the main building. To reduce the level of flies staff have been advised to ensure the bin lids are closed properly at all times. The provider spoke with the Public/Environmental Health Representative - they discussed fly killer spray which is now being used as advised. In the Courtyard all works have now been completed. Radiator cover has been cleaned thoroughly and a plan is in place to ensure all radiator covers are kept clean. There are plans in motion to upgrade the heating system. The storage area has been repainted and excess materials have been removed. Domestic staff are aware to thoroughly clean the gel dispensers on a regular basis. In future all notices and information literature displayed in the Home will be laminated where possible.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a)(c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that chemicals are stored in keeping with COSHH regulations.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: In the Laundry/Domestic Stores an additional lockable cabinet has been provided. A key pad has been fitted to the main storage door with pass code only issued to relevant personnel.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all medicines are stored safely and securely within the home at all times.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Staff have been reminded regarding the importance of keeping all medicines stored safely and securely at all times. I will monitor to ensure this is adhered to.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 27 (4) (b) (c) (d)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that adequate precautions against the risk of fire are taken and that best practice guidance in relation to fire safety is embedded into practice.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Staff have been advised doors are not to be wedged open and this will continue to be monitored. The provider is reviewing the option of fitting door restraint units when the heating system is being upgraded.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 39</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that a robust monitoring system is developed and implemented to ensure that staff attends training in line with the homes policy and their roles and responsibilities.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: On a monthly basis the registered person will print out a report of staff training which will flag up those due to update. Staff will be informed and advised a disciplinary process will be actioned if their training is overdue.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that monthly monitoring visits are undertaken and a report is completed and made available for patients; relatives and staff to access.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A specific date each month will be scheduled for this report to be completed. This report will provide more detail and will be made available for patients, relatives and staff. Times scales will be set for action.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 37</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that patients' records are stored safely and securely at all times in keeping with legislative requirements and best practice guidance.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Regarding the storage of patients' records there is a two layer system in place - To access the computer a password is required. To access the Goldcrest System which contains resident details a password and username is required. The nursing team have been advised in future to lock the computer manually after use. Our IT provider has placed a system on the computer system which will lock the screen after an allocated time.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all patients have effective access to the nurse call system as required.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Faulty Nurse Call units have been repaired and returned from our supplier. These have been fitted accordingly. Consultation period is at the final stages regarding installation of a new upgraded nurse call system.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in regards to the management of patients who require assistance with repositioning care:</p> <ul style="list-style-type: none"> • all supplementary repositioning care records will be completed in an accurate and contemporaneous manner • the patient will be repositioned in compliance with existing care plans and/or multi professional advice, where appropriate <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Staff are aware that repositioning care records must be accurate and completed contemporaneously. Repositioning of residents will comply to care plans and advice and this will be monitored.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that a robust process is in place which ensures that the nutritional care needs of patients are communicated effectively to catering staff.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The nursing team have been reminded to communicate to the kitchen when a new resident is admitted or multi-disciplinary input have prescribed specific dietary requirement.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 25 August 2018</p>	<p>The registered person shall ensure that there is a robust system in place which ensures/demonstrates that staff have recorded individual, formal supervision/appraisal according to the home's procedures and best practice standards.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: On a monthly basis a number of staff will be allocated for appraisal review/supervision to ensure completion in a manageable fashion.</p>

<p>Area for improvement 8</p> <p>Ref: Standard 39</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a robust process is in place which ensures that all new staff undergo a structured orientation and induction period and that records of such this process are effectively maintained and available, as appropriate.</p> <p>Ref: 6.7</p>
<p>To be completed by: 25 August 2018</p>	<p>Response by registered person detailing the actions taken: All new staff will be given a set time frame to review how their induction/orientation is progressing. A time frame will be agreed for them to have their paperwork returned prior to contract being issued</p>

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



The **Regulation** and
Quality Improvement
Authority

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Assurance, Challenge and Improvement in Health and Social Care