

Unannounced Care Inspection Report 5 October 2016



Greenpark

Type of Service: Nursing Home
Address: 15 Keady Road, Armagh, BT60 4DH
Tel No: 028 3752 7445
Inspector: Loretto Fegan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Greenpark Nursing and Residential Home took place on 5 October 2016 from 09.35 to 17.20.

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

Is care safe?

Observations made, review of documentation and discussion with the registered manager and staff demonstrated that in the main care provided to patients is safe and avoids and prevents harm. However, weaknesses were identified in the delivery of safe care in relation to recruitment of staff, infection prevention and control and fire safety. Requirements have been made in these areas to secure compliance and drive improvement. One recommendation was also made in relation to the induction process.

Is care effective?

There was evidence of good delivery of care with positive outcomes for patients. There was also evidence of effective team working and good communication between patients and staff. Care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in partnership with patients and / or their representatives. However a few aspects of record keeping were identified as requiring to be addressed and a recommendation is made in this regard.

Is care compassionate?

There was evidence of good communication in the home between staff, patients and patient representatives. Patients and relatives were very praiseworthy of staff and a number of their comments are included in the report. A recommendation has been made that a structured and varied activity programme is further developed and that records are maintained of each activity and the residents who participate. Compliance with this recommendation will drive improvements in this domain.

Is the service well led?

There was evidence of the home having systems and processes in place to monitor the delivery of care and services within Greenpark Nursing and Residential Home. Compliance with the requirements and recommendations made in the safe, effective and compassionate domains of this report will assist to improve the overall services provided, the experience of patients and leadership within the home.

The term 'patients' is used to describe those living in Greenpark Nursing and Residential Home which provides both nursing and residential care.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	*4	3

*One requirement is made for a second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mary Catherine Powell, 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.

1.2 Actions/enforcement taken following the most recent pharmacy inspection

The most recent inspection of the home was a medicines management inspection undertaken on 18 July 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection. There are currently no safeguarding issues ongoing in the home.

2.0 Service details

Registered organisation/registered provider: Edward Maguire	Registered manager: Mary Catherine Powell
Person in charge of the home at the time of inspection: Mary Catherine Powell	Date manager registered: 10 June 2016
Categories of care: NH-LD(E), RC-LD(E), RC-MP(E), NH-PH, NH-PH(E), NH-MP, NH-MP(E), NH-DE, NH-I, RC-I	Number of registered places: 62

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- communication received since the previous care inspection
- the returned quality improvement plans (QIPS) from inspections undertaken in the previous inspection year
- the previous care inspection report.

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with Mr Maguire, registered person, approximately 17 patients, two registered nurses, two care staff, the housekeeper, head cook, laundry assistant, two administration staff, and two resident's visitors/representatives.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- accident and incident records
- audits
- complaints records
- record of activities
- Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) registration records
- Staff induction and appraisal records
- Minutes of staff and relatives meetings
- Monthly monitoring reports in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection dated 18 July 2016. The completed QIP was returned and approved by the pharmacist inspector.

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

4.2 Review of requirements and recommendations from the last care inspection dated 21 March 2016

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 12 (1) (b)</p> <p>Stated: Second time</p>	<p>The registered persons shall ensure that the overall management of patients with a Do Not Attempt Resuscitation (DNAR) in place is reviewed and maintained in keeping with Resuscitation Council (UK) Guidelines 2015.</p> <p>Action taken as confirmed during the inspection: Three care records were examined with DNACPR in place. All were maintained in keeping with Resuscitation Council (UK) Guidelines 2015.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 27</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that the following issues are addressed in relation to the environment:</p> <ul style="list-style-type: none"> • ensure patients property is appropriately displayed and stored • thoroughly clean the hairdressing room and ensure it is maintained in keeping with good infection control practices • ensure commodes and urinals are appropriately cleaned after use • ensure hoists are maintained clean at all times. <p>Action taken as confirmed during the inspection: During the inspection, a review of the general environment of the home was undertaken. The findings in relation to this requirement are as follows:</p> <ul style="list-style-type: none"> • patients' property was found to be appropriately displayed and stored • the hairdressing room was clean and maintained in keeping with good infection control practices • the registered manager confirmed the cleaning arrangements to ensure hoists are maintained clean at all times. <p>However, commodes and urinals were found not to be appropriately cleaned after use. This part of the requirement is made for a second time.</p>	

Requirement 3 Ref: Regulation 29 Stated: First time	The registered persons shall ensure that the records of the monitoring visits are maintained in accordance with Regulation 29 of The Nursing Home Regulations (Northern Ireland) 2005. The registered persons shall also ensure that audits completed should be recorded separately to the Regulation 29 monitoring report.	Met
	Action taken as confirmed during the inspection: A review of three records of the monitoring visits was undertaken and found to be maintained in accordance with Regulation 29 of The Nursing Home Regulations (Northern Ireland) 2005. During the inspection, it was determined that audit records were completed separately to the Regulation 29 monitoring report.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 19 Stated: First time	The registered persons should ensure that policies and procedures are signed and dated as endorsed by the registered persons.	Met
	Action taken as confirmed during the inspection: There was evidence that policies and procedures are signed and dated as endorsed by the registered persons.	

4.3 Is care safe?

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 for week commencing 26 September 2016 and 3 October 2016 evidenced that the planned staffing levels were adhered to. In addition to nursing and care staff rotas, it was confirmed that administrative, maintenance, catering, domestic and laundry staff were employed in sufficient numbers for the efficient running of the home. Staff spoken with, were satisfied that there were sufficient staff to meet the needs of the patients. However, one staff member felt that additional registered nursing hours would be beneficial to support patients and their relatives especially at a time of bereavement. This was discussed with the registered manager who agreed to monitor the situation. Relatives and patients spoken with commented positively regarding the staff and care delivery.

A review of two staff personnel files evidenced that selection and recruitment processes were not fully in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. Discussion took place with the registered manager regarding the deficits in relation to recording the date that the Access NI check was received and checked, as there was no documented evidence that it was checked before both employees commenced work in the home. A record to provide confirmation that the person was physically and mentally fit to fulfil their duties was not available in respect of one staff member. The administrator advised that this resulted due to an oversight in the development of new job application forms where this section was inadvertently omitted. One reference received provided confirmation that the applicant worked in a facility and the duration of that employment but did not comment any further. The registered manager agreed to review the procedures in relation to selection and recruitment processes. A requirement has been made in this regard.

Discussion with staff and review of records evidenced that newly appointed staff complete a structured orientation and induction programme at the commencement of their employment. However, the records reviewed indicated that the induction for care staff was completed within a short timeframe. It was agreed with the registered manager that a longer period of time would be more appropriate and the induction record would be signed and dated not only by the person/s providing the induction and but also assessing the competency. It was also agreed that on completion, the overall induction record should be validated by the registered manager. A recommendation has been made.

The registered manager confirmed that all staff have completed their mandatory training for the current year and that additional training is available for staff via e-learning. The registered manager advised that the management are developing an electronic training matrix which will be operational by the end of October 2016. Two registered nurses and two care staff spoken with during the inspection were satisfied with the training provided to fulfil their duties. Discussion with the registered manager, staff on duty and a review of the records confirmed that there were systems in place to ensure that all staff received appraisal and that registered nurses who are given the responsibility of taking charge of the home have competency and capability assessments undertaken. The registered manager advised that these will be completed for all staff within the next three months. The registered manager acknowledged that staff supervision had not taken place over the past year and has planned to reconvene supervision sessions on a six monthly basis.

The registered manager and administration team advised that a monthly monitoring arrangement is in place to verify the registration status of nursing and care staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC). A review of the record indicated that this involved placing a tick beside the staff member's name when the check was made; a printout of registration was not retained. Discussion took place with the registered manager and it was agreed that the recording process for monitoring future registration status will be further developed. Assurance was provided when a printout of all registered nurses' and care assistants' registration status with NMC and NISCC respectively was made available during the inspection.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The registered manager agreed to check that the new regional guidance issued in July 2015 entitled "Adult Safeguarding Prevention and Protection in Partnership" and the contact details of the Adult Protection Gateway Services are included in refresher safeguarding training and the home's policy and procedures.

Review of management 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. This information informed the responsible individual's monthly monitoring visit in accordance with regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluices, hairdressing room and storage areas. All areas of the home which patients access, were found to be warm, well decorated, fresh smelling and clean. There was evidence of ongoing decorating and refurbishment.

The following infection prevention and control (IPC) issues were identified:

- one set of taps in B wing sluice had no cold water supply and the hot water supply was not hot
- a clinical waste bin was not pedal operated and while another pedal operated bin was in the sluice, it was difficult to access due to the number of commodes
- a set of goggles was in each sluice which could easily be contaminated
- urinals and commodes were not appropriately cleaned after use and some were stained with continuous use over time
- one toilet bowl was cracked in a bathroom
- one pressure relieving cushion, a padded foot rest on a chair and a commode seat cover were torn with foam protruding.

Discussion took place with the registered manager regarding these infection prevention and control issues. RQIA contacted the home following the inspection requesting the registered manager to seek specialist infection prevention and control advice/support in addressing the issues relating to the sluice area including the cleaning of urinals and commodes. The registered manager has provided written confirmation to RQIA that this communication has taken place. A requirement is made to address all of the IPC issues identified. Following the inspection, RQIA have advised the registered manager to give consideration to identifying and training an infection prevention and control link nurse in the home, who would take the lead in further developing evidence based IPC practice and associated audits.

Fire exits and corridors were observed to be clear of clutter and obstruction. However, one bedroom door was observed propped open and an automatic door closure was not in place. The registered manager advised that the patient likes to have their bedroom door open. To ensure the safety of patients in the home, if a patient requests that their bedroom door is kept open, the door must be held open by a mechanism which is linked to the fire alarm system. Another fire door which was observed to be wedged open between the kitchen and the dining room was immediately closed by the registered manager. A requirement has been made.

Areas for improvement

Three requirements are made, in relation to recruitment of staff, infection prevention and control and fire safety. One recommendation in relation to induction is also made.

Number of requirements	3	Number of recommendations	1
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4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. However, in one record, the patient's Braden score and Malnutrition Universal Screening Tool (MUST) had not been re-assessed for two and three months respectively and a record of the patient's weight had not been made for six months. There was evidence that risk assessments informed the care planning process.

Care records accurately reflected the assessed needs of patients and with the exception of one patient's care plan which had not been reviewed for two months. Others records were observed to be kept under review at least monthly. The review of the three care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines with the exception of one wound care chart which did not have a date recorded. There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. Discussion took place with the registered manager regarding the use of consent forms in relation to specific care practices which were signed by patient representatives. It was agreed that these forms would be reviewed in accordance with best practice where patients' lack capacity to provide consent.

A recommendation was made in relation to care records in order to address the issues identified.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), Speech and Language Therapist (SALT) and dietician. There was evidence of recommendations prescribed by other healthcare professionals being adhered to.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff and a review of the duty rota evidenced that nursing and 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' condition.

Discussion with the registered manager confirmed that staff meetings were usually held on a three monthly basis. Minutes were available for the last staff meeting which took place in April 2016. The registered manager has arranged the next meeting to take place in October 2016 and intends continuing these on a three monthly basis. 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 their line manager and/or the registered manager. All grades of staff consulted with clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the registered manager and a review of records evidenced that the most recent meeting of the “Friends of Greenpark” took place on 31 May 2016 with staff and relatives in attendance to plan the various festivities for the summer. Discussion took place with the registered manager regarding the absence of patients at the meeting and it was agreed that patient participation would be considered for future meetings. Patients and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management.

Areas for improvement

A recommendation is made in relation to care records.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with approximately 17 patients individually confirmed that they were afforded choice, privacy, dignity and respect. Staff were observed to knock on patients’ bedroom doors before entering and kept them closed when providing personal care. Patients stated that they were involved in decision making about their care and that they were offered choices at mealtimes and throughout the day.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plan. 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. The registered manager confirmed the arrangements in place to meet patients’ religious and spiritual needs within the home. Staff were aware of the requirements regarding patient information and confidentiality.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. The registered manager advised that she operates an open door policy in this regard. The registered manager also confirmed that views and comments recorded from the annual survey are currently being collated and when the responses are analysed, a report will be compiled with an action plan if required, to be shared with staff, patients and representatives. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Discussion with the registered manager confirmed that there were opportunities for patients to maintain friendships and socialise within the home. Examples of recent activities which patients, staff, family and friends enjoyed together included a fun day in June, tea party, coffee afternoons to raise funds for a local charity and music in both wings of the home on a weekly basis. While patients were very praiseworthy of all other aspects of their care in the home, some patients and a relative made comment that they would like more activities. The record of activities was examined and as records were not up to date, the issue raised by patients in relation to their request for additional activities was discussed with the registered manager. It was confirmed that an additional resource to increase the level of activities in the home had already been sourced from within the existing staffing arrangement. It was agreed with the registered manager that a structured and varied activity programme would be further

developed and that records are maintained of each activity and the patients who participate. A recommendation is made in this regard.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. Four staff, five relatives and six patients returned questionnaires to RQIA within the specified timeframe.

Comments on the returned questionnaires were positive. Some of the comments received during the inspection and in the returned questionnaires are detailed below:

Staff expressed high levels of satisfaction with the care provided to patients and confirmed that communication was good in the home. They were also positive about the training and support mechanisms in place to do their job.

Staff comment included:

- “everyone helps each other, I enjoy my work”

Discussions were held with approximately seventeen patients. Patients spoken with were very positive regarding the care they were receiving, all were complementary of the staff and of the food served. Apart from requesting more activities, no other issues were raised during the inspection. Some comments were made by patients as follows:

Patients’ comments included:

- “I feel I’m in my own home”
- “whatever you want, you get, very kind staff”
- “couldn’t have picked a better home”
- “I liked the bingo yesterday”
- “some days there could be more staff. Staff seem under pressure at times”
- “if I have any concerns, they do their best to sort them out”
- “food lovely – always plenty, staff are great”

During the inspection two relatives were spoken with, with the exception of one relative saying that there could be more activities, they were positive regarding all other aspects of care. The questionnaires received from relatives also indicated high levels of satisfaction with all aspects of care. However, one relative answered “no” to the question “Are you kept up to date about the care and treatment of your relative?” and added a comment saying “different staff on duty”.

Areas for improvement

A recommendation is made in relation to further developing a structured and varied activity programme and maintaining records of each activity and a record of the patients who participate.

Number of requirements	0	Number of recommendations	1
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. 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. There was a system in place to identify the person in charge of the home in the absence of the manager.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussion with the registered manager confirmed that the home was operating within its registered categories of care.

Policies and procedures were indexed, dated and approved by the registered provider and staff confirmed that they had access to the home's policies and procedures.

Discussion with the registered manager and 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 DHSSPS Care Standards for Nursing Homes 2015. 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 the registered manager and 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 falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice. As discussed earlier in the report, further measures need to be taken to address all aspects of IPC audits including care practice undertaken in the sluice areas.

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.

Discussion with the registered manager and review of records evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Areas for improvement

No areas for improvement were identified in the well led domain during the inspection.

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

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mary Catherine Powell, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 21, schedule 2

Stated: First time

To be completed by:
5 October 2016

The registered provider must ensure that the home's recruitment and selection process fully adheres to all aspects of The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, Schedule 2.

Ref: Section 4.3

Response by registered provider detailing the actions taken:

There has been a full and comprehensive review of recruitment and selection process. Any deficits identified have been rectified.

Requirement 2

Ref: Regulation 13 (7)

Stated: First time

To be completed by:
30 November 2016

The registered provider must make suitable arrangements to minimise the risk of infections and toxic conditions and the spread of infections between patients and staff by ensuring the following infection prevention and control (IPC) issues are addressed:

- the water supply to taps in B wing sluice is in working order
- clinical waste bins in sluice areas are pedal operated and accessible
- review the infection and prevention control issues relating to the storage of goggles in sluice areas
- replace urinals and commode receptacles/bedpans which are permanently stained with wear
- replace identified cracked toilet bowl
- replace pressure relieving cushion, foot rest on identified chair and commode seat cover which have foam protruding with wear and tear.

Ref: Section 4.3

Response by registered provider detailing the actions taken:

Water supply was investigated and is now in full working order.
New pedal operated clinical waste bins have been sourced from canon hygiene.
Goggles have been replaced and are stored in a cupboard to reduce infection control issues.
Urinals and commode receptacles have been replaced.
Cracked toilet bowl has been replaced.
Any items which have foam protruding have been replaced.

<p>Requirement 3</p> <p>Ref: Regulation 27 (4) (d) (1)</p> <p>Stated: First time</p> <p>To be completed by: 5 October 2016</p>	<p>The registered provider must make adequate arrangements for detecting, containing and extinguishing fires by:</p> <ul style="list-style-type: none"> ensuring that if a patient requests that their bedroom door is kept open, the door must be held open by a mechanism which is linked to the fire alarm system. <p>Ref: Section 4.3</p>
<p>Requirement 4</p> <p>Ref: Regulation 27</p> <p>Stated: Second time</p> <p>To be completed by: 5 October 2016</p>	<p>The registered persons shall ensure that the following issues are addressed in relation to the environment:</p> <ul style="list-style-type: none"> ensure commodes and urinals are appropriately cleaned after use. <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: All staff have had an update on infection control in particular in relation to disinfection and cleaning of urinals and commodes. Advice was sought by the home manager from environmental health agency and health and safety executive in relation to infection control practices and information gained was circulated to staff. New cleaning schedules have been implemented.</p>
<p>Recommendations</p>	
<p>Recommendation 1</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 5 October 2016</p>	<p>It is recommended that staff inductions:</p> <ul style="list-style-type: none"> take place over a sufficient length of time are signed and dated by the person/s providing the induction and assessing competency the overall induction record should be validated by the registered manager on completion. <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: The length of staff inductions has been reviewed. Each individual induction is to be with one mentor who will sign and date each stage of induction. Completed induction will be validated by registered manager.</p>

<p>Recommendation 2</p> <p>Ref: Standards 3 & 4</p> <p>Stated: First time</p> <p>To be completed by: 05 October 2016</p>	<p>It is recommended that the following issues identified in relation to care records are addressed:</p> <ul style="list-style-type: none"> • reassessments in relation to patient weight, Braden and MUST should be completed and recorded in accordance with best practice • dates should be included on supplementary charts such as wound care charts • the identified patient's care plan should be reviewed at least monthly • consent forms within patient care records should be reviewed in accordance with best practice. <p>Ref: Section 4.4</p>
<p>Recommendation 3</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 05 October 2016</p>	<p>Response by registered provider detailing the actions taken: Residents care plans are being audited to ensure compliance with any issues identified. All care plans and risk assessments are updated a minimum of monthly or as required. Consent forms are under review to adhere to best practice guidelines.</p> <p>It is recommended that a structured and varied activity programme is further developed and that records are maintained of each activity and the patients who participate.</p> <p>Ref: Section 4.5</p> <p>Response by registered provider detailing the actions taken:</p>

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address



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