



Unannounced Care Inspection Report 21 August 2018



Mountvale

Type of Service: Nursing Home (NH)

Address: Brewery Lane, Meeting Street, Dromore, BT25 1AH

Tel No: 028 9269 9480

Inspector: Michael Lavelle

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 and residential care for up to 51 persons.

3.0 Service details

Organisation/Registered Provider: Mountvale Private Nursing Home Ltd Responsible Individual: William Trevor Gage	Registered Manager: Edith Harrison
Person in charge at the time of inspection: Edith Harrison	Date manager registered: 05 January 2018
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of registered places: 51 There shall be a maximum of 5 named residents receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 21 August 2018 from 10.35 hours to 18.35 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 term 'patient' is used to describe those living in Mountvale which provides both nursing and residential care.

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 induction, adult safeguarding, risk assessment, communication between residents, staff and other key stakeholders. Further good practice was found in relation to the culture and ethos of the home, listening to and valuing patients and their representatives, taking account of the views of patients and maintaining good working relationships.

Areas requiring improvement under regulation were identified in relation to post falls management, infection prevention and control practices (IPC) and input from patients and/or their representatives in the care planning process.

Areas requiring improvement under the care standards were identified in relation to staff recruitment, evaluating the effect of training on practice, wound care management, record keeping, care planning, staff meetings, the availability of clothing protectors, complaints management and audits.

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

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	9

Details of the Quality Improvement Plan (QIP) were discussed with Edith Harrison, registered manager, and Trevor Gage, responsible individual, 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 30 July 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 30 July 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

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

During the inspection the inspector met with nine patients, three patients' relatives, seven staff and one visiting professional. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

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

The following records were examined during the inspection:

- duty rota for all staff from weeks commencing 20 August 2018 and 27 August 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
- seven patient care records
- a selection of patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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 30 July 2018

The most recent inspection of the home was an unannounced medicines management inspection. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 12 September 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 12.7 Stated: First time	The registered person shall ensure that all choking and oral hygiene risk assessments are added to the computerised care system.	Met
	Action taken as confirmed during the inspection: Review of documentation evidenced that oral hygiene risk assessments were added to the computerised care system. Discussion with staff and review of documentation evidenced that paper records of choking risk assessments were retained but were unable to be added to the electronic system. This area for improvement has been met.	
Area for improvement 2 Ref: Standard 44.1 Stated: First time	The registered person shall ensure that the three identified fabric chairs in the downstairs lounge are cleaned.	Met
	Action taken as confirmed during the inspection: Review of the environment evidenced that all chairs in the downstairs lounge were clean. This area for improvement has been met.	
Area for improvement 3 Ref: Standard 44.8 Stated: First time	The registered person shall ensure all doors leading to rooms that contain plumbing or electrical works are kept locked.	Met
	Action taken as confirmed during the inspection: Review of the environment evidenced that all doors leading to rooms that contain plumbing or electrical works were locked during the inspection. This area for improvement has been met.	

Area for improvement 4 Ref: Standard 44.1 Stated: First time	The registered person shall ensure that the silicone seals around all bedroom sinks and sink areas are clean and in good state of repair.	Met
	Action taken as confirmed during the inspection: Review of the environment evidenced that silicone seals around all bedroom sinks and sink areas were clean and in good state of repair. This area for improvement has been met.	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from weeks commencing 20 August 2018 and 27 August 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that on occasions staffing levels were affected by short notice leave. However, they also confirmed that this only happened occasionally and that shifts were "covered." We also sought staff opinion on staffing via the online survey. None were returned within the timescale for inclusion in this report.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Mountvale. We also sought the opinion of patients on staffing via questionnaires. None were returned within the timescale for inclusion in this report.

Review of one staff recruitment file evidenced that these were not wholly maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. For example, although an employment history was given, employment gaps were not explored and there was no reason for leaving previous employment recorded. This was discussed with the registered manager and an area for improvement under the care standards was made.

Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Discussion with the registered manager and a review of records evidenced that staff supervision and appraisal had commenced. The registered manager confirmed they were developing a robust system to ensure these would be completed in a timely manner. This will be reviewed at a future care inspection.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2018. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients. However, we were concerned with elements of staff's infection prevention and control knowledge. Observation of practice and discussion with some staff evidenced deficits in knowledge. This was discussed with the registered manager and identified as an area for improvement under the care standards.

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

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

We reviewed accidents/incidents records from March 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation, although there was evidence that some notifications were not required to be notified. This was discussed with the registered manager who agreed to review the process of notification to ensure oversight. This will be reviewed at a future care inspection.

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

Review of accident records and discussion with the nurse in charge evidenced deficits in relation to the post fall management of patients. Review of three care records evidenced that on occasions when the patients had unwitnessed falls, neurological and clinical observations were not carried out consistently in accordance with best practice. In addition, post falls risk

assessments were not always completed within 24 hours. This was discussed with the registered manager who agreed to review the falls policy used by the home and arrange supervision with registered nurses in relation to the management of falls. An area for improvement under regulation was made.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated and fresh smelling throughout. Patients and representatives spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of staff confirmed that fire safety training was embedded into practice.

Concerns were identified in regards to the management of infection, prevention and control (IPC) as follows:

- inconsistent approach to effective use of personal protective equipment (PPE) and hand hygiene across all grades of staff
- underside of liquid soap and hand gel dispensers in an identified clinical room dirty
- soiled linen stored inappropriately in the laundry
- inappropriate items and some clutter observed in the laundry
- heavily cluttered domestic cleaning cupboard
- torn vinyl flooring and damaged furniture in an identified bedroom which could not be effectively decontaminated
- staining underneath identified commode chairs and raised toilet seats
- inappropriate storage of patient equipment in identified toilets and bathrooms
- empty PPE units in identified parts of the home
- empty hand gel dispensers
- no evidence of a system for laundering hoist slings
- no evidence of high dusting in identified patient bedrooms.

Details were discussed with the regional manager and a number of immediate actions were taken prior to the conclusion of the inspection which provided a level of assurance. An area for improvement under the regulations was made.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. However, review of one care record evidenced that there was no consultation with the patient prior to the use of the alarm mat. This was discussed with the registered manager who arranged for this to be addressed. This will be reviewed at a future care inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to induction, adult safeguarding and risk assessment.

Areas for improvement

Two areas for improvement under regulation were identified in relation to post fall management and infection prevention and control practice.

Two areas for improvement under the care standards were identified in relation to staff recruitment and evaluating the effect of training on practice.

	Regulations	Standards
Total number of areas for improvement	2	2

6.5 Is care effective?

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

Review of seven patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition, patients' weight, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Deficits were identified in wound management for two identified patients. Review of the care plan for the first patient evidenced that it did not indicate how frequent the dressing should be renewed although this was recorded in the wound management folder. Gaps were observed in the wound evaluation chart and the daily progress notes contained no evaluation of the wound on three dates. Review of care records for the second patient evidenced no evaluation of the wound at all. This was discussed with registered manager who agreed to review the evaluation of wound care. An area for improvement under the care standards was made.

The wound care records contained meaningless statements in the daily progress notes. For example, statements like "dressing needs met" were used to evaluate care. Registered nurses should ensure that contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out in relation to each patient, in accordance with NMC guidelines. This was discussed with the registered manager and an area for improvement was made under the care standards.

Gaps were noted in relation to care planning. Review of one patient's care record evidenced that care plans were not established to guide and direct staff in regards to a number of conditions and activities of daily living since admission five days earlier. This was discussed with the registered manager and an area for improvement was made under the care standards.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), the speech and language therapist (SALT) and dieticians. Supplementary care charts such as food and fluid intake records evidenced that records were well maintained with some minor gaps observed. This was discussed with the registered manager who agreed to address this with staff. This will be reviewed at a future care inspection. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

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

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

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

There was limited evidence that the care planning process included input from patients and/or their representatives, if appropriate. This was discussed with the registered manager who agreed to address this deficit with trained staff and review care records. An area for improvement under the regulations was made.

The registered manager advised that patient and/or relatives meetings were held on a monthly basis. Minutes were available.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

Discussion with the registered manager confirmed that staff meetings were to be held on a three monthly basis and records maintained. However, review of records confirmed that two full staff meetings had been held within the last year in October 2017 and June 2018. Two meetings for trained staff were held in February 2018 and August 2018. This was identified as an area for improvement under the care standards.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

Areas for improvement

One area for improvement under the regulations was identified in relation to input from patients and/or their representatives in the care planning process.

Four areas for improvement under the care standards were identified in relation to wound care management, record keeping, care planning and staff meetings.

	Regulations	Standards
Total number of areas for improvement	1	4

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 10.35 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a late breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Review of the activity programme evidenced it was not displayed in a suitable format to meet the needs of all the patients. This was discussed with the activities co-ordinator and registered manager who agreed to review the current arrangements. This will be reviewed at a future care inspection.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. During observation of the lunchtime meal blue disposable aprons were used as clothing protectors for patients. This was discussed with staff who stated they did not have enough clothing protectors. Discussion with the registered manager evidenced that additional clothing protectors were on order. This was identified as an area for improvement under the care standards.

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with nine patients individually, and with others in smaller groups, confirmed that living in Mountvale was viewed as a positive experience. Some comments received included the following:

"It's very good and the food is food. They are very attentive to your needs. I couldn't say a bad word."

"Anything you want you have. The beds are lovely and clean."

"It's great. Good care."

"At times it mightn't be just what you want but it is good. The girls are great."

"They take good care of me."

"It's very very good. If I don't want anything it's not forced on me."

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 patient questionnaires were left in the home for completion. Five were returned within the expected timescale with all respondents indicating that they were very satisfied with the care provided across the four domains.

Ten relative questionnaires were provided; six were returned within the timescale. All six indicated that they were very satisfied with the care provided across the four domains. Three relatives were consulted during the inspection. Some of the comments received were as follows:

"The home is absolutely spot on."

"I think they do a fabulous job. I am delighted with every aspect of the care."

"They are very good. The care is great."

"The care is brilliant. My relative is kept clean and fed and only has to ask and they will get whatever he wants. What more would you want?"

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

One area for improvement under the regulations was identified in relation to the availability of clothing protectors.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

Since the last inspection there has been a change in management arrangements. RQIA were notified appropriately. An application for registration with RQIA has been received and approved. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and representatives evidenced that the registered 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 registered manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. Arrangements are in place to implement the collection of equality data within Mountvale.

Review of the home's complaints records evidenced that systems were not in place to ensure 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. For example, review of one patient care record evidenced the patient had made a complaint to staff but there was no record of this in the complaints records. This was discussed with the registered manager who was asked to ensure staff awareness that any expression of dissatisfaction with the service provided in the home is viewed as a complaint. An area for improvement under the care standards was made.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices and care records. Although some audits were completed, a number of them did not identify deficits found during inspection. For example, the audit of care plans did not identify the deficits in wound care management and only reviewed the risk assessment component of the care records. The IPC audit did not identify the deficits observed on this inspection and did not clearly identify which part of the home was reviewed or which staff had completed the hand hygiene audit. This was discussed with the registered manager who agreed to review the audit process for care records and IPC to ensure the analysis is robust, action plans are generated and learning is disseminated. An area for improvement under the regulations was made. The registered manager was asked to consider implementing audits regarding wound and the use of restrictive practice within the home.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005/ The Care Standards for Nursing Homes. The responsible individual agreed to ensure post visit action plans are generated which clearly indicate who is responsible to address any identified deficit and in what

timeframe. Subsequent reports should evaluate any progress made. This will be reviewed at a future care inspection.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships.

Areas for improvement

Two areas for improvement under the care standards were identified in relation to complaints management and audits.

	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 Edith Harrison, registered manager, and Trevor Gage, responsible individual, 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	
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that nursing staff carry out clinical and neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record. A post fall risk assessment should be completed within 24 hours of all falls.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Trained staff meeting held and the recording of observations following a fall was discussed. All staff confirmed that they understood the policy and clinical guidelines. The post fall risk assessments are being updated within 24 hours.</p>
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.</p> <p>This area for improvement is made in reference to the issues highlighted in section 6.4.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Staff training and supervision is in place to ensure all staff are aware of the measures necessary to minimise the spread of infection. Audit of handwashing is also in place.</p>
Area for improvement 3 Ref: Regulation 16 (1) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure a written nursing plan is prepared by a nurse in consultation with the patient or patient's representative as to how the patient's needs in respect of their health and welfare are to be met.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The care plan is discussed with the resident when appropriate. The complete nursing plan is printed off and discussed at the annual care review meeting where it is agreed and signed by the next of kin</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 39.7 Stated: First time To be completed by: Immediate action required	The registered person shall ensure the effect of training on practice and procedures is evaluated as part of quality improvement. This area for improvement is made in reference to infection prevention and control practice. Ref: 6.4
	Response by registered person detailing the actions taken: Staff informed at the General staff meeting of the findings during the inspection. Additional audits are in place to ensure staff are aware and participating in measures to reduce the spread of infection
Area for improvement 2 Ref: Standard 38.3 Stated: First time To be completed by: Immediate action required	The registered person shall ensure the reason for leaving previous employment is recorded and any gaps in an employment record are explored and explanations recorded. Ref: 6.4
	Response by registered person detailing the actions taken: All gaps in employment have been explored and recorded at interview.
Area for improvement 3 Ref: Standard 4 Stated: First time To be completed by: Immediate action required	The registered person shall ensure the outcome of care delivered is monitored and recorded contemporaneously. In addition, it is subject to review at agreed intervals and there is evidence of evaluations. This area for improvement is made in with specific reference to wound care management. Ref: 6.5
	Response by registered person detailing the actions taken: Evaluations are recorded on Caresys and the review date is also noted.
Area for improvement 4 Ref: Standard 4.9 Stated: First time To be completed by: Immediate action required	The registered person shall ensure contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out in relation to each patient, in accordance with NMC guidelines. This area for improvement is made in with specific reference to wound care evaluation. Ref: 6.5
	Response by registered person detailing the actions taken: Staff are recording in the evaluation section of the care records as agreed at the trained staff meeting.

<p>Area for improvement 5</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered provider shall ensure that care plans have been developed within five days of admission and are reviewed and updated in response to the changing needs of patients.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Care plans are monitored after admission and at regular intervals to ensure they are client specific.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2018</p>	<p>The registered provider should ensure that staff meetings take place on a regular basis, at a minimum quarterly.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Staff meetings are scheduled and held quarterly. General staff meetings are scheduled on the annual planner.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 12.16</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure an adequate stock of clothing protectors are in the home and are available for all mealtimes.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Sufficient clothing protectors are available in the home. Staff have been reminded to return them to the laundry after use.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 16</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that complaints are managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Staff have been reminded to record complaints in the complaint file so a follow up of the complaint and client satisfaction can be monitored.</p>

<p>Area for improvement 9</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2018</p>	<p>The registered person shall ensure monthly audits should be completed in accordance with best practice guidance. Any shortfalls identified should generate an action plan to ensure learning is disseminated and the necessary improvements can be embedded into practice, specifically, the infection prevention and control audit and care records audit.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The audits have been developed as discussed at the inspection to reflect best practice. All action plans are issued to the individual and reviewed as necessary.</p>
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Please ensure this document is completed in full and returned via Web Portal



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