Unannounced Care Inspection Report
25 April 2017

Nightingale Care Home

Type of Service: Nursing Home
Address: 34 Old Eglish Road, Dungannon, BT71 7PA
Tel no: 028 8775 2666
Inspector: Aveen Donnelly

1.0 Summary

An unannounced inspection of Nightingale Care Home took place on 25 April 2017 from 09.15 to 17.45 hours.

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. On the day of inspection patients, relatives and staff spoken with generally commented positively in regard to the care in the home. A review of records, discussion with the registered manager and staff and observations of care delivery evidenced that most of the areas for improvement identified during the previous inspection had been complied with. Refer to section 4.2.

Is care safe?

There were areas of good practice identified throughout the inspection in relation to staff recruitment practices; staff induction, training and development; adult safeguarding arrangements; and risk management.

Areas for improvement were identified in relation to the fire contingency; and infection prevention and control arrangements.

Is care effective?

There were examples of good practice found throughout the inspection in relation to the care records, review of care delivery and effective communication systems.

An area for improvement was identified during in relation to the monitoring of patients' bowel functioning.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, treating patients with dignity and respect. A number of comments from the consultation process and the returned questionnaires are included in the main body of the report.

There were no areas of improvement identified in the delivery of compassionate care.

Is the service well led?

There was evidence of good practice identified in relation to the governance and management arrangements; management of complaints and incidents, quality improvement and maintaining good working relationships.

An area for improvement was identified in relation to the management of safety alerts.

The term 'patients' is used to describe those living in Nightingale 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	1	*4

*The total number of recommendations made includes one recommendation that has been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Bijini John, 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 inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 30 January 2017. 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.

2.0 Service details

Registered organisation/registered person: Four Seasons (Bamford) Ltd Dr Maureen Claire Royston	**Registered manager:** Mrs Bijini John
Person in charge of the home at the time of inspection: Mrs Bijini John	**Date manager registered:** registration pending
Categories of care: NH-PH, NH-I, NH-MP, RC-PH, RC-I There shall be a maximum of 3 patients in category NH-PH, a maximum of 10 patients in category RC-I and a maximum of 2 residents in category RC-PH.	**Number of registered places:** 48

3.0 Methods/processes

Specific methods/processes used in this inspection include the following:

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal 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
- pre inspection assessment audit.

A poster was displayed in the home, inviting feedback from patients and their representatives. During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken.

Questionnaires were distributed to patients, relatives and staff. We also met with seven patients, five care staff, two registered nurses, one domestic staff, one senior carer, five patients' representatives and one visiting professional.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- seven patient care records
- staff training records for 2016/2017
- accident and incident records
- audits in relation to care records and falls
- records relating to adult safeguarding
- one staff recruitment and selection record
- complaints received since the previous care inspection
- staff induction, supervision and appraisal records
- records pertaining to NMC and NISCC registration checks
- minutes of staff, patients' and relatives' meetings held since the previous care inspection
- monthly quality 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 dated 30 January 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be followed up during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 30 January 2017

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 12 (4)(b) **Stated:** First time	The registered persons must ensure that the food provided to patients is nutritious and varied; and meets their nutritional needs. This refers specifically to the choices of meals provided to patients who require a modified diet.	**Met**
	Action taken as confirmed during the inspection: A review of the patients' food intake records confirmed that the meals provided to patients who required a varied diet were nutritious and varied. Supervision had been undertaken with relevant staff in relation to the choices offered. Two staff members consulted with stated that some food items continued to be repetitive on the menu. This was not evidenced during this inspection. The manager agreed to monitor this.	
Requirement 2 **Ref:** Regulation 13 (1) (a) **Stated:** First time	The registered persons must ensure that where nursing needs are identified, care must be delivered to ensure individual patient needs are met. This refers specifically to the repositioning records of patients who are at risk of developing pressure sores and require regular repositioning, in keeping with their care plan.	**Met**
	Action taken as confirmed during the inspection: A review of repositioning records evidenced that patients were repositioned according to their care plans.	
Last care inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref:** Standard 22.6 **Stated:** Second time	The registered persons should ensure that the falls risk assessment is reviewed in response to patients' falls.	**Met**
	Action taken as confirmed during the inspection: A review of the accident and incident records confirmed that the falls risk assessments and care plans were generally completed following each incident.	

Recommendation 2 **Ref:** Standard 4 **Stated:** First time	The registered persons should ensure that the patients' care plans for individualised care and support, reflects the level of assistance required in relation to inserting their hearing aids.	**Not Met**
	Action taken as confirmed during the inspection: A review of two patient care records confirmed that information pertaining to any help required in inserting hearing aids was not included in the care plans. Furthermore, one patient's representative consulted with stated that their relative's hearing aid was only inserted, when they had asked for it to be done. This was discussed with the manager. A recommendation has been stated for the second time.	
Recommendation 3 **Ref:** Standard 4.7 **Stated:** First time	The registered persons should ensure that pain assessments are completed (if applicable) for all patients requiring regular or occasional analgesia. This assessment should review the effectiveness of the analgesia and the outcome should be reflected in the patients' care plans. The pain assessment tool to be used must be commensurate with the patient's ability to communicate.	**Met**
	Action taken as confirmed during the inspection: A review of care records confirmed that pain assessments were reviewed on a regular basis, as appropriate and this information was reflected in the patients' care plans.	
Recommendation 4 **Ref:** Standard 23 **Stated:** First time	The registered persons should ensure that wound measurements are included in the wound assessments, as appropriate.	**Met**
	Action taken as confirmed during the inspection: A review of wound assessment records confirmed that wound measurements were routinely recorded.	

Recommendation 5 **Ref:** Standard 35.4 **Stated:** First time	The registered persons should ensure that the auditing processes are further developed, to include auditing of the records of new admissions; and the monitoring of patients' food choices.	**Met**
	Action taken as confirmed during the inspection: A review of the records of the most recently admitted patient confirmed that all relevant risk assessments and care plans had been completed within the required timeframe. There was evidence of management oversight into the development of care records. A food survey had just been completed prior to the inspection and was awaiting analysis. As discussed under requirement one above, sufficient changes had been made to the patients' meal choices. The manager provided assurance that this will continue to be monitored.	

4.3 Is care safe?

The manager confirmed that the planned daily staffing levels for the home were generally adhered to and that these levels were determined by the dependency levels of patients using the Care Home Effective Support Service (CHESS) assessment tool, developed by Four Seasons Healthcare. A review of the staffing rota for week commencing 17 April 2017 evidenced that the planned staffing levels were generally adhered to. Discussion with patients and their representatives evidenced that there were no concerns regarding staffing levels. However, four staff consulted with expressed concerns in relation to the staffing levels.

They stated that the staffing levels had recently been reduced and that this was causing them concerns. Given that the observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty, the staff's comments were discussed with the manager. It was evident that the staffing numbers had been reduced, following the reconfiguration of residential beds to one specific area of the home; and the appointment of senior carers, who took on additional responsibility in terms of medication administration.

The manager provided assurances that a meeting was planned for 27 April 2017, wherein staff would be given the opportunity to raise concerns in effort to relay any anxieties the staffing changes may have caused. The manager was advised to keep the provision of registered nurses on the night shift under review, as occupancy increases.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks and two satisfactory references were sought, received and reviewed prior to staff commencing work and records were maintained.

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. Inductions were also completed for agency staff members.

There was a system in place to maintain records of agency staff inductions and profiles of the training they received; however, when reviewed, there was no evidence that this had been updated for three staff who had worked in the home in the previous week. The registered manager was aware of this and ensured that this the staff profiles were put in place during the inspection.

There were systems in place to monitor staff performance and to ensure that staff received support and guidance. This included mentoring through one to one supervision; competency and capability assessments and annual appraisals. Individual supervisions were also conducted with staff in response to learning that was identified from complaints. This is good practice and is commended.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Discussion with staff and a review of the staff training records confirmed that training had been provided in all mandatory areas and this was kept up to date. A review of staff training records confirmed that staff completed e-learning (electronic learning) modules on basic life support, medicines management, control of substances hazardous to health, fire safety, food safety, health and safety, infection prevention and control, safe moving and handling and adult prevention and protection from harm.

The records reviewed confirmed that the majority of staff had, so far this year, completed mandatory training. Overall compliance with training was monitored by the manager and this information informed the responsible persons' monthly monitoring visit in accordance with regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

The manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The staff understood what abuse was and how they should report any concerns that they had. There had been no incidents of staff misconduct since the last inspection. There were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified.

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. A review of the accident and incident records confirmed that the falls risk assessments and care plans were generally completed following each incident, care management and patients' representatives were notified appropriately.

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 and clean throughout. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. A number of vanity units in patients' bedrooms were observed to be worn and faded. This was discussed with the manager, who advised that these would be added to the ongoing refurbishment programme.

Although fire exits and corridors were observed to be clear of clutter and obstruction, deficits were identified in relation to the fire contingency arrangements.

There was a fire risk assessment in each patient care record; however, this related to the bedroom risk assessment and did not include the level of assistance each patient required in the event of the building needing to be evacuated in an emergency.

A fire contingency plan held in a red 'emergency' bag contained this information and had had been reviewed on 10 April 2017; however, the plan was not updated to reflect the details of patients admitted since then. This was discussed with the manager. A recommendation has been made in this regard.

Infection prevention and control measures were generally adhered to; however, in the laundry room there was a large amount of clothes leaning against the wall. It was evident that additional laundry skips were required. A recommendation has been made to ensure that used laundry is maintained in keeping with best practice guidance on infection prevention and control.

Areas for improvement

Areas for improvement were identified in relation to the fire contingency; and infection prevention and control arrangements.

Number of requirements	0	**Number of recommendations**	2

4.4 Is care effective?

Review of seven patient care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process. Care records accurately reflected the assessed needs of patients, were kept under review and included input from patients and/or their representatives, if appropriate. There was also evidence of regular communication with representatives within the care records.

As discussed in section 4.2 action had been taken to improve the standard of care records relating to pain assessments, wound care and the management of falls. The home also utilised a falls safety calendar, as a visual aid, to alert staff to those patients who had recently fallen. Post-falls investigation reports were also undertaken following every incident.

Other areas of good practice related to the management of diabetes. Protocols for managing hypoglycaemia and hyperglycaemia were included in the care record, alongside the care plan. Information on trouble-shooting was also appended to the care plan on managing urinary catheters. Care plans had also been developed in response to acute infections, where a patient required antibiotic therapy. Some patients required a modified diet due to swallowing difficulties. Staff were aware of the prescribed consistency and this information was included in the care plan. There was also a system in place to monitor the weights of patients who were at risk of weight loss.

Personal care records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. For example, a review of repositioning records evidenced that patients were repositioned according to their care plans and a sampling of food and fluid intake charts confirmed that patients' fluid intake had been monitored.

However, a review of the patients' bowel records evidenced that the majority of records were not maintained accurately. Some patients had no records maintained for the month of April.

It was evident that the bowel functioning records had not been overseen by the registered nurses as this had not been identified until raised by the inspector. This was discussed with the manager. A requirement has been made in this regard.

Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005. The patient register was checked on a regular basis by the manager.

Discussion with staff 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.

All those consulted with expressed their confidence in raising concerns with the home's staff/ management. The manager confirmed that staff meetings were held on a regular basis and records were maintained. A meeting had been held with registered nurses on 27 March 2017 and plans were in place to hold a carers' meeting on 27 April 2017. The most recent patients' meeting, held on 10 January 2017, had been facilitated by the person employed to conduct activities in the home and plans were in place for the manager to hold a patients' meeting. The manager also obtained feedback from three patients on a weekly basis, to ascertain their views on the home. Each quarter had a different focus, such as the environment; housekeeping; the social life in the home; and the dining experience.

Despite these methods of engagement, one patient's representative consulted with stated that the reasons for the recent staffing changes had not been communicated properly to either the patients or to their relatives. This was discussed with the manager, who agreed to address this.

Areas for improvement

An area for improvement was identified during in relation to the monitoring of patients' bowel functioning.

Number of requirements	1	**Number of recommendations**	0

4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients stated that were afforded choice and privacy; dignity and respect; and that the staff spoke to them in a polite manner. Patients stated that they were involved in decision making about their own care. For example, a review of one patient care record evidenced that the patient's gender preference of carer had been included in the care plan. Another patient had their preference for having a weekly shower, included in their care plan. One patient consulted with also described how the staff had placed flower pots outside their bedroom window, when they discovered that the patient enjoyed looking outside, watching the birds and the flowers.

We observed the lunch time meal in both dining rooms. We saw that the atmosphere was quiet and tranquil and patients were encouraged to eat their food. Tables were set with tablecloths and specialist cutlery; and plate guards were available to help patients who were able to maintain some level of independence as they ate their meal. The lunch served appeared very appetising and patients spoken with stated that it was always very nice

Patients consulted with also confirmed that they were able to maintain contact with their families and friends. Staff supported patients to maintain friendships and socialise within the home.

There was a dedicated staff member employed to provide activities in the home. Patients consulted with stated that there were always different activities they could participate in.

An electronic feedback system was situated in the reception area. This was available to patients, relatives and other visitors to give general feedback. The manager told us that there was also another electronic tablet around the home that patients could use to provide feedback. All comments provided had been positive. A comprehensive annual quality audit, dated 18 May 2016, was also reviewed.

At the time of the inspection no one was receiving end of life care. Care plans detailed the 'do not attempt resuscitation' (DNAR) directives that were in place for patients, as appropriate. This meant up to date healthcare information was available to inform staff of the patient's wishes at this important time to ensure that their final wishes could be met.

From discussion with the manager, staff, relatives and a review of the compliments record, there was evidence that the staff cared for the patients and the relatives in a kindly manner. We read some recent feedback from patients' representatives. One comment included thanks for the 'great care and attention given' to a patient who had been cared for in the home.

During the inspection, we met with seven patients, five care staff, two registered nurses, one domestic staff, one senior carer, five patients' representatives and one visiting professional. Some comments received are detailed below:

Staff

"The care is very good because the care staff have been here for a long time".
"I have no concerns, the care is very good".
"The care is good".
"Everything is stable now, I like working here".
"All the patient get what they need".

As discussed in section 4.3 four staff consulted with expressed concerns in relation to the staffing levels. Given that the observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty, the staff's comments were discussed with the manager.

Patients

"I am treated very well".
"They are all very kind".
"I am happy enough".
"They are all very good and kind, although they can be very busy and seem to be pulled in opposite directions at times".
"I couldn't say a word, they are all very good".
"I couldn't complain, they are all very good".

Patients' representatives

"'I am not aware of any concerns".
"They do their best, I would like more information on his care".
"We have no complaints".
"They are lovely, it is everything I need. I am delighted with the care here".
"The care is excellent".

As discussed in section 4.4, one patient's representative consulted with stated that the reasons for the recent staffing changes had not been communicated properly to either the patients or to their relatives and that this caused the patients some upset. The manager agreed to address this matter.

We also issued ten questionnaires to staff and relatives respectively; and eight questionnaires were issued to patients. No questionnaires were returned within the timeframe for inclusion in this report.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	**Number of recommendations**	0

4.6 Is the service well led?

The new manager commenced employment in the home on 13 March 2017. During this time, there was evidence that they had familiarised themselves with the areas for improvement identified during the last inspection. With the exception of one recommendation, all other requirements and recommendations previously made, had been met. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Staff described the manager in positive terms; comments included 'she is great, very approachable'. Staff were able to identify the person in charge of the home, in the absence of the manager.

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. Staff consulted with confirmed that they had been given a job description on commencement of employment and were able to describe their roles and responsibilities. There was a system in place to identify the person in charge of the home, in the absence of the manager.

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

Discussion with the 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. Staff, patients and patients' representatives spoken with confirmed that they were aware of the home's complaints procedure.

Patients/representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately. We examined the log of complaints and could see that issues raised had been taken seriously and had been investigated and responded to. We found that since January 2017 one complaint had been received. Actions had evidently been taken to prevent a reoccurrence. An example being that supervision was held with staff.

The manager described there were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. These included medication and equipment alerts and Chief Nursing Officer (CNO) alerts regarding staff that had sanctions imposed on their employment by professional bodies. However, there was evidence that the systems in place had not been consistently updated and the system in relation to staff alerts was not evidenced at all. This was discussed with the manager.

A recommendation has been made in this regard.
Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous inspection, confirmed that these were appropriately managed.

Discussion with the manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. The home also has an electronic governance system, which includes Thematic Resident Care Audits ("TRaCAs"). Information in areas, such as home governance, information governance, housekeeping, resident care and health and safety checks are recorded on various TRaCAs on a regular basis. This system is designed to support the "find and fix" approach. The manager was able to evidence that a small number of 'linked actions' remained outstanding from the TRaCA audits as they were still in progress.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, and copies of the reports were available for patients, their representatives, staff and trust representatives. The monthly quality monitoring report provided a comprehensive overview of areas that were meeting standards and areas where improvements were required. An action plan was generated to address any areas for improvement. Discussion with the manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

Areas for improvement

An area for improvement was identified in relation to the management of safety alerts.

Number of requirements	0	**Number of recommendations**	1

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Bijini John, 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 web portal 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 12 (1) (a) and (b) **Stated:** First time **To be completed by:** Immediately from date of inspection	The registered persons must ensure that, bowel records are maintained accurately. Where there is evidence that the patients' bowel habits are not in keeping with that identified in the bowel assessment and care plan, evidence of the appropriate action taken must be recorded, by registered nurses, in the daily progress notes. **Ref: Section 4.4**
	Response by registered provider detailing the actions taken: The Registered Manager has discussed the importance of the completion and maintenance of Bowel records during the recent Staff meeting. Supervision has been commenced with staff and is ongoing. Compliance will be monitored through the auditing process.
Recommendations	
Recommendation 1 **Ref**: Standard 4 **Stated:** Second time **To be completed by:** Immediately from date of inspection	The registered persons shall ensure that the patients' care plans for individualised care and support, reflects the level of assistance required in relation to inserting their hearing aids. **Ref: Section 4.2**
	Response by registered provider detailing the actions taken: This issue has been discussed with staff at the recent staff meeting and supervison has been carried out with all staff . The Manager and Nurse in Charge will continue to monitor that this has been adhered to on a daily basis.
Recommendation 2 **Ref**: Standard 7.1 **Stated:** First time **To be completed by:** Immediately from date of inspection	The registered persons shall ensure that the fire contingency plan is consistently reviewed to ensure that it reflects the details of all patients accommodated in the home, in terms of any equipment required for safe evacuation from the home. **Ref: Section 4.3**
	Response by registered provider detailing the actions taken: The fire contigency plan has been updated. This will continue to be updated regularly as and when changes with residents needs occur or with any new admissions or discharges. Compliance will be monitored through the internal audit system.

Recommendation 3 **Ref**: Standard 46 **Stated:** First time **To be completed by:** 23 May 2017	The registered persons shall ensure that adequate laundry skips are provided, to ensure that used laundry is maintained in keeping with best practice guidance on infection prevention and control. **Ref: Section 4.3**
	Response by registered provider detailing the actions taken: A new laundry skip is now in place and has being maintained in keeping with best practice guidance on infection control.
Recommendation 4 **Ref**: Standard 35 **Stated:** First time **To be completed by:** Immediately from date of inspection	The registered persons shall implement a robust system to manage alerts received in relation to medication, equipment and devices; and Chief Nursing Officer (CNO) alerts regarding staff who have sanctions imposed on their employment by professional bodies **Ref: Section 4.6**
	Response by registered provider detailing the actions taken: Measures have now been put in place to manage CNO & safety alerts. Compliance of this will be monitored through the regulation 29 audit that is carried out on behalf of the registered provider.

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