

# Unannounced Care Inspection Report 20 September 2017



## Nightingale Care Home

**Type of Service: Nursing Home (NH)**  
**Address: 34 Old English Road, Dungannon, BT71 7PA**  
**Tel No: 028 8775 2666**  
**Inspector: Aveen Donnelly**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

This is a registered nursing home which is registered to provide nursing care and residential care for up to 48 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons (Bamford) Ltd  <b>Responsible Individual:</b> Maureen Claire Royston	<b>Registered Manager:</b> Bijini John
<b>Person in charge at the time of inspection:</b> Bijini John	<b>Date manager registered:</b> 27 June 2017
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. MP – Mental disorder excluding learning disability or dementia. PH – Physical disability other than sensory impairment.  Residential Care (RC) PH – Physical disability other than sensory impairment. I – Old age not falling within any other category.	<b>Number of registered places:</b> 48 comprising: 3 – NH-PH 10 – RC- I 2 - RC - PH

### 4.0 Inspection summary

An unannounced inspection took place on 20 September 2017 from 07.10 to 16.15 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 DHSSPS Care Standards for Nursing Homes 2015.

The term 'patients' is used to describe those living in the home 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.

There were examples of good practice found throughout the inspection in relation to staff training and development, adult safeguarding, infection prevention and control, risk management and the home's environment. Patients' food and fluid intakes were well managed and the registered manager had oversight of any weight loss in the home. Patients felt that their rights to be treated with dignity and privacy were upheld and their religious and spiritual

needs were met. There were generally good governance and management arrangements in place.

Areas for improvement made under the regulations related to the staffing arrangements in the home; the pre-admission assessment of patients; repositioning of patients in keeping with their care plan; and the management of wound care. An area for improvement previously made under the regulations was not met and has been stated for the second time. This related to the oversight registered nurses had on the patients' elimination records.

Areas for improvement made under the care standards related to the recruitment practices; staff induction, the robustness of the NMC checking system; the completion of falls risk assessments; and the provision of activities. An area for improvement previously made under the care standards was not met and has been stated for the second time. This related to the robustness of the system for managing staff alerts.

Patients said that although they were generally happy living in the home, the staff were under pressure and that they often had to wait to have their needs met.

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
<b>Total number of areas for improvement</b>	*5	*6

\*The total number of areas for improvement include one area made under the regulations; and one area made under the care standards which have been stated for a second.

Details of the Quality Improvement Plan (QIP) were discussed with Bijini John, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection. Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 25 April 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 25 April 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing.

- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit.

During the inspection the inspector met with eleven patients, nine care staff, two registered nurses, two kitchen staff, two domestic/laundry staff and three patients' representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

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

The following records were examined during the inspection:

- staffing arrangements in the home
- one staff personnel file to review recruitment and selection
- staff induction, supervision and appraisal records
- staff training records for 2016/2017
- accident and incident records
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- emergency evacuation register
- four patient care records
- two patient care charts including food and fluid intake charts, elimination and repositioning charts
- compliments records
- RQIA registration certificate
- certificate of public liability
- audits in relation to care records and falls
- records of staff alerts for staff who had restrictions imposed upon their registrations by their professional bodies
- complaints received since the previous care inspection
- minutes of staff' 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.

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 25 April 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 validated during this inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 25 April 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 12 (1) (a) and (b)  <b>Stated:</b> First time	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.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Given that there were gaps in the completion of the elimination records, it was evident that there was no oversight by registered nurses of these records. This requirement was not met and has been stated for the second time.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> Second time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Patients were observed to be wearing their hearing aids, as appropriate. This was included in the patients' care plans.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 7.1  <b>Stated:</b> First time	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.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> A review of the fire contingency plan evidenced that it was up to date and included the details of the most recently admitted patients.</p>	
<p><b>Area for improvement 3</b> <b>Ref:</b> Standard 46 <b>Stated:</b> First time</p>	<p>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.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> There was adequate provision of laundry skips.</p>	
<p><b>Area for improvement 4</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time</p>	<p>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.</p>	<b>Not met</b>
	<p><b>Action taken as confirmed during the inspection:</b> A review of the system for managing alerts evidenced that this was not up to date and many of the recently issued alerts were not in place. This recommendation was not met and has been stated for the second time.</p>	

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and stated that these levels were subject to regular review to ensure the assessed needs of the patients were met. However, a review of the staffing rota for the week commencing 11 September 2017 evidenced that the planned staffing levels were not consistently adhered to. For example, there was only one twilight shift provided in the week reviewed; rather than two; and there were also inconsistencies noted in the shift times that some staff started and finished their shifts.



Staff were observed to be busy on the day of the inspection; and on one occasion call bells were observed to go unanswered for 15 minutes. Discussion with staff, patients and their representatives evidenced that there were often delays in call bells being answered and care needs being met. The review of the allocation sheet also did not identify the name of the care staff member who had been allocated to assist patients who were accommodated on the residential unit. This has been identified as an area for improvement under the regulations.

The registered manager explained there were currently six care staff vacancies; these vacancies were being filled by bank staff or agency staff. Staff had recently been recruited and were awaiting the appropriate checks to be completed before starting in post.

Discussion with the registered manager and a review of one personnel file evidenced that recruitment processes were generally in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. Where nurses and carers were employed, their registrations were checked with NMC and NISCC, to ensure that they were suitable for employment. The review of recruitment records evidenced that enhanced criminal records checks were completed with Access NI and satisfactory references had been sought and received, prior to the staff member starting their employment. For agency staff, their profile was maintained, which included information on the Access NI check and NMC/NISCC checks.

However, although the registered manager had obtained most of the information required, further action was required, to ensure that employment histories were clearly recorded on the application form and any gaps explored prior to employment starting. This has been identified as an area for improvement under the care standards.

A record of staff including their name, address, date of birth, position held, contracted hours, relevant qualifications, date commenced and date position was terminated (where applicable) was maintained and provided an overview of all staff employed in the home. This additional detail supplemented the information contained in the staff recruitment files as required in accordance with regulation 19(2), schedule 4(6) of The Nursing Homes Regulations (Northern Ireland) 2005.

Although all staff spoken with confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment, the review of the records confirmed that these were not consistently maintained. This has been identified as an area for improvement under the care standards.

There were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through one to one supervision, undertook competency and capability assessments and completed annual appraisals.

Discussion with staff and a review of the staff training records confirmed that training had been provided in all mandatory areas and records were kept up to date. A review of staff training records confirmed that staff completed e-learning (electronic learning) modules on basic life support, medicines management, control of substances hazardous to health, fire safety, food safety, health and safety, infection prevention and control, safe moving and handling and adult prevention and protection from harm. The records reviewed confirmed that 90% of staff had, so far this year, completed their mandatory training; and 80% of staff had completed the first module of the Dementia Care Framework. Overall compliance with training was monitored by the registered 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 registered manager evidenced that there were arrangements in place for monitoring the registration status of nursing staff with NMC. However, a review of this system identified that two registered nurses had renewed their registrations between checks and this had not been verified by the registered manager, until the day of the inspection. This has been identified as an area for improvement under the care standards.

Staff consulted with, were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding. The staff understood what abuse was and how they should report any concerns that they had. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified. Discussion also evidenced that any potential safeguarding concern was managed appropriately and in accordance with the regional safeguarding protocols and the home's policies and procedures.

Review of patient care records evidenced that validated risk assessments were completed as part of the admission process and these risk assessments informed the care planning process. However, some deficits were identified in the review of the care records. Refer to section 6.4 for further detail.

A review of the accident and incident records confirmed that the falls care plans were consistently completed following each incident and that care management and patients' representatives were notified appropriately. However, it was identified that the falls risk assessments had not been consistently updated; this has been identified as an area for improvement under the care standards.

A number of patients had pressure relieving mattresses on their beds, to prevent skin breakdown. There was a system in place to ensure that the correct mattress settings were recorded on a daily basis.

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

Infection prevention and control measures were adhered to and equipment was stored appropriately.

Fire exits and corridors were observed to be clear of clutter and obstruction.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

## Areas for improvement

An area for improvement made under the regulations related to the staffing arrangements in the home.

Areas for improvement made under the care standards related to the recruitment practices; staff induction, the robustness of the NMC checking system; and the completion of falls' risk assessments.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	4

### 6.5 Is care effective?

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

Review of four 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 number of areas for improvement were identified in this domain. The staff on duty were observed to be busy and as discussed in section 4.4 there were some delays in patients' call bells being responded to. Furthermore, it was evidenced that one identified patient's hygiene needs had not been provided in a timely manner, due to the lack of specific showering equipment. The need for specialist equipment should have been identified during the patient's preadmission assessment. This has been identified as an area for improvement under the regulations.

The review of repositioning records identified gaps in completion of up to four hours, where the patients should have been repositioned every two hours. However, there was no deterioration in the patients' skin integrity identified, as a result of this. This has been identified as an area for improvement under the regulations.

A review of wound care records evidenced that wound care was not consistently managed in line with best practice. A review of the care record of one patient evidenced that a wound assessment had not been completed and the wound dressing regimen was also not included in the care plan. This has been identified as an area for improvement under the regulations.

Despite this, there were some examples of good practice found throughout the inspection in this domain. For example, 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), dietician and Tissue Viability Nurse specialists (TVN). Discussion with registered nurses and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

A sampling of food and fluid intake charts confirmed that patients' fluid intake was monitored. The patients' total daily fluid intakes were also recorded by the registered nurses in the daily progress notes. This is good practice.

Patients who had been identified as being at risk of losing weight had their weight regularly monitored. This ensured that any weight loss was identified and appropriate action taken in a timely manner. The patients’ weights were audited by the registered manager on a monthly basis. Advice was given to the registered manager in relation to the format of the weekly and monthly weights 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 confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and discussions at the handover provided the necessary information regarding any changes in patients’ condition.

Staff meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. The most recent staff meeting was held on 28 July 2017 and minutes were available. A patients’ meeting had also been held on 18 July 2017.

The registered manager also obtained feedback from three patients on a weekly basis, to ascertain their views on the home environment and the safety of the care provided. A review of the feedback provided on this system; identified some negative comments. Advice was given to the registered manager with regards to recording the action taken, in response to these.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to fluid intake management and oversight of weight loss; and communication between residents, staff and other key stakeholders.

**Areas for improvement**

Areas for improvement made under the regulations related to the pre-admission assessment of patients; repositioning of patients in keeping with their care plan; and the management of wound care.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	3	0

**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.**

Consultation with eleven patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Discussion with patients also confirmed that staff consistently used their preferred name and that staff spoke to them in a polite manner. Staff were observed to knock on patients’ bedroom doors before entering and kept them closed when providing personal care.

Patients consulted with stated that there were not enough activities provided in the home and many stated that they were very bored. Discussion with the management team confirmed that

due to extenuating circumstances, activities had not recently been provided as they had been. This has been identified as an area for improvement under the care standards.

There was evidence of regular church services to suit different denominations. During the inspection, we met with eleven patients, nine care staff, two registered nurses, two kitchen staff, two domestic/laundry staff and three patients' representatives. Some comments received are detailed below:

### **Staff**

"It is not too bad, the patients' needs are being met."  
 "The patient care is very good."

Staff consulted with raised concerns in relation to the staffing levels. The comments were relayed to the management team and this has been identified as an area for improvement under the regulations. Refer to section 4.4 for further detail.

### **Patients**

"I like them, they are very kindly and I can't say a bad word about them."  
 "I am treated very well, they are very good to me."  
 "I am happy."  
 "The care is fine."  
 "It is very good, I got a fry this morning and I have no complaints."

Five patients raised concerns in relation to the staffing levels. As previously discussed, these comments were relayed to the management team and this has been identified as an area for improvement under the regulations. Refer to section 4.4 for further detail.

### **Patients' representative**

"They are doing their best."  
 "We are happy."  
 "I am happy enough with the care".

One patients' representative raised concerns in relation to the staffing levels. These comments were relayed to the management team and this has been identified as an area for improvement under the regulations. Refer to section 4.4 for further detail.

We also issued ten questionnaires to staff and relatives respectively and eight questionnaires to patients. No questionnaires were returned. Any comments from patient representatives and staff in returned questionnaires received after the return date will be 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 dignity and privacy. Patients felt that their religious and spiritual needs were met.

## Areas for improvement

An area for improvement made under the care standards related to the provision of activities.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

Discussion with the registered 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.

There was a clear organisational structure within the home. Staff 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 registered manager.

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 Care Standards for Nursing Homes 2015. Patients were aware of who the registered manager was. Some staff stated that they had raised their concerns regarding the staffing levels to the registered manager; and that their concerns had not been taken seriously. This was relayed to the management team during feedback. Refer to section 6.4 and 6.6 for further detail.

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. 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 a further element of its Quality of Life Programme, Four Seasons Healthcare operate a Thematic Resident Care Audit ("TRaCA") which home managers can complete electronically. Information such as home governance, information governance, housekeeping, resident care and health and safety checks are recorded on various TRaCAs on a regular basis. This information was subject to checks by the regional manager once a month. A review of the "resident care TRaCA" confirmed that when shortfalls had been identified, these were followed up in a timely manner by the registered nurses.

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

Discussion with the registered 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. An action plan was generated to address any areas for improvement.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, and quality improvement.

## Areas for improvement

An area for improvement was identified in relation to the management of alerts for staff who have sanctions imposed upon their practice by professional bodies.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Bijini John, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 12 (1) (a) and (b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> immediate from the date of the inspection</p>	<p>The registered persons shall 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.</p> <p><b>Ref: Section 6.2</b></p>
	<p><b>Response by registered person detailing the actions taken:</b> Registered Manager has discussed maintaining bowel records under recorded supervision. Registered staff have completed a review of care plans to ensure they are reflective of elimination needs and what action to take if bowel habits are not in keeping. A bowel chart is available for care staff to complete and this is cross referenced to daily progress notes for Registered Nurse oversight. Register manager is conducting spot checks.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediate from the date of the inspection</p>	<p>The registered persons shall review the staffing arrangements within the home, to ensure that the patients' needs are being met in a timely manner. Consideration must particularly be given to the deployment of staff within the home; and to the provision of the planned twilight staff. The allocation sheet should also be accurately maintained to reflect the deployment of staff within the home.</p> <p><b>Ref: Section 6.4 and 6.6</b></p>
	<p><b>Response by registered person detailing the actions taken:</b> Registered Manager has conducted a full review of Resident dependency using CHES. The indicative staffing shows that staffing is adequate to deliver safe and effective care. CHES tool has been explained to staff . A new allocation sheet has been implemented which clearly demonstrates the staff on duty and what they are allocated to complete. Duty rosters for residential and nursing unit now separate .</p>



<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 15 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediate from the date of the inspection</p>	<p>The registered persons shall ensure that a comprehensive pre-admission assessment is undertaken for all patients, to ensure that any specific equipment required is identified and sought in a timely manner.</p> <p><b>Ref: Section 6.5</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Registered manager and or Nurse completing assessment in managers absence are now fully aware that that should the assessment indicate specialised equipment is required to have this arranged prior to admission.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) and (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 November 2017</p>	<p>The registered persons shall ensure that patients are repositioned in keeping with their care plans.</p> <p><b>Ref: Section 6.5</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Registered staff have completed a full review of care plans and associated risk assessments. Patients requiring repositioning supplementary booklets are in line with careplans. Manager is conducting spot checks and any deficits noted will be discussed at staffs daily flash point meetings and recorded within minutes.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 15 (2) (a) and (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 November 2017</p>	<p>The registered persons shall ensure that wound assessments are undertaken as appropriate; and the wound dressing regimens are included in the patient care plans.</p> <p><b>Ref: Section 6.5</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> This has been discussed under supervision with Registered staff who have reviewed patients care plans and have ensured that prescribed dressings and regime is clearly recorded within. Registered manager conducts spot checks and any deficits noted will be discussed at staff daily flash point meetings and recorded within minutes.</p>
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 18 November 2017</p>	<p>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.</p> <p><b>Ref: Section 6.2</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All CNO alerts are in place and log is up to date</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 38.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 November 2017</p>	<p>The registered persons shall ensure that the recruitment processes are reviewed to ensure that employment histories are fully recorded and any gaps in employment histories are identified and explored prior to any offer of employment.</p> <p><b>Ref: Section 6.4</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Registered manager has reviewed all recent applications and checked for any gaps for employment. The identified application on day of inspection has now been addressed.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 39.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 November 2017</p>	<p>The registered persons shall ensure that records are maintained of staff inductions.</p> <p><b>Ref: Section 6.4</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Registered manager has discussed at staff flash point meetings that induction forms are to be retained at home level and when final sign off is completed the induction form will be held in personnel file.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 November 2017</p>	<p>The registered persons shall review the current system for checking the nurses' registrations with the NMC to ensure that it is robust.</p> <p><b>Ref: Section 6.4</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> NMC checking will now be completed as per FSHC internal policy that each Registered Nurse will be checked on line the 7th of each month and again on the last Friday of every month. Registered manager will demonstrate this within the NMC file.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 22.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 November 2017</p>	<p>The registered person shall ensure that the falls risk assessment is undertaken in response to patients' falls.</p> <p><b>Ref: Section 6.4</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Registered manager has completed supervision with registered staff and reiterated the importance of updating care plan and completing associated falls risk assessments following any recorded fall. This will be checked by home manager through investigation stage of Datix.</p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 November 2017</p>	<p>The registered person shall ensure that a variety of activities are provided within the home, on a regular basis.</p> <p><b>Ref: Section 6.6</b></p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Registered manager has met with PAL and advised that a review of current activities is taken place and activity programme arranged keeping in line with patients interests. Second Activity post has been advertised and in the interim of selection process being completed care staff are allocated to complete activities.</p>



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

Tel 028 9051 7500  
Email [info@rqia.org.uk](mailto:info@rqia.org.uk)  
Web [www.rqia.org.uk](http://www.rqia.org.uk)  
🐦 @RQIANews