

Unannounced Care Inspection Report 7 September 2017



Our Mother of Mercy

Type of Service: Nursing Home
Address: 1 Home Avenue, Newry, BT34 2DL
Tel no: 028 3026 2086
Inspector: Dermot Walsh

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

<p>Organisation/Registered Provider: Kilmorey Care Ltd</p> <p>Responsible Individual: Mrs Peggy O'Neill</p>	<p>Registered Manager: Mrs Elizabeth Doran</p>
<p>Person in charge at the time of inspection: Kerrie Ann McNamee (Nurse in charge) (08.00 – 14.00 hours)</p> <p>Victoria Badea (Nurse in charge) (14.00 – 20.00 hours)</p>	<p>Date manager registered: 4 November 2013</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. LD – Learning disability. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.</p> <p>Residential Care (RC) MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.</p>	<p>Number of registered places: 48</p> <p>A maximum of 13 patients in category NH-DE and maximum of 2 patients in category NH-LD/LD(E). There shall be a maximum of 1 named resident receiving residential care in category RC-I.</p>

4.0 Inspection summary

An unannounced inspection took place on 7 September 2017 from 09.40 to 17.10 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 'patients' is used to describe those living in Our Mother of Mercy 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 staffing arrangements; training and development; risk assessment; governance arrangements; communication and the culture and ethos of the home in respect of privacy and dignity.

Areas requiring improvement under regulation were identified in relation to record keeping and control of substances harmful to health. Areas requiring improvement under standards were identified in relation to chairs in disrepair; administration of medications and auditing.

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.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*4	3

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

Details of the Quality Improvement Plan (QIP) were discussed with Victoria Badea, Nurse in Charge, and Kerry Ann McNamee, Nurse in Charge, following the inspection 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 17 August 2017

There were no further actions required to be taken following the most recent 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 14 patients, seven 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 indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- duty rota for the period 28 August to 10 September 2017
- 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
- three patient care records
- three patient care charts including bowel management, food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of minutes from staff meetings
- a selection of governance audits
- records pertaining to safeguarding
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met or 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 17 August 2017

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

6.2 Review of areas for improvement from the last care inspection dated 19 January 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
Area for improvement 1 Ref: Regulation 19 (1) (a) Schedule 3 (1) (a) (b) (3) (K) Stated: First time	The registered person should ensure that supplementary care records are regularly monitored by registered nursing staff to ensure they are correctly completed and are contemporaneously recorded following care delivery.	Partially met
	Action taken as confirmed during the inspection: Bowel management and food and fluid intake records had been recorded in accordance with best practice. Shortfalls were identified with the recording of repositioning. See section 6.5 for further information. This area for improvement has been partially met and has been stated for a second time.	
Area for improvement 2 Ref: Regulation 19 (1) (a) Schedule 3 (1) (a) (b) (3) (K) Stated: First time	The registered person must ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.	Partially met
	Action taken as confirmed during the inspection: A review of two patients' care records pertaining to wound management evidenced this area for improvement had not been fully met. See section 6.5 for further information. This area for improvement has been partially met and has been stated for a second time.	

<p>Area for improvement 3</p> <p>Ref: Regulation 16 (1) (2) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person must ensure that patients' care plans were developed following identification of assessed needs; reviewed regularly and updated accordingly to meet the current needs of patients.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of one patient's care records evidenced that the care plans had not been updated to reflect the recommendations of two healthcare professionals.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>		
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person must ensure that when a MUST risk assessment identifies a high risk of malnutrition; appropriate actions/referrals are implemented and documented in response to such risk. Outcomes of the response/s initiated must also be reviewed and documented.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of care records evidenced that the appropriate referral was made in a response to weight loss and food/fluid intake charts maintained.</p>		
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 4 Criteria (5) (6) (11)</p> <p>Stated: Second time</p>	<p>The registered person should ensure that care records evidence patients and/or their representatives' involvement in the care planning of the patients care to meet their needs. If this is not possible the reason should be clearly documented within the care record.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of three patients' care records evidenced patient/representative involvement in the care planning process.</p>		

Area for improvement 2 Ref: Standard 47 Criteria (3) Stated: First time	The registered manager should observe staffs moving and handling of patients within the home to ensure training is embedded into practice.	Met
	Action taken as confirmed during the inspection: A review of staff moving and handling practices during the inspection evidenced that they were conducted in accordance with best practice.	
Area for improvement 3 Ref: Standard 25 Stated: First time	The registered person should ensure that all relevant staff, caring for patients with dementia, receives suitable training in regard to dementia care and managing distressed reactions.	Met
	Action taken as confirmed during the inspection: Discussion with staff and a review of training records evidenced that 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 nurse in charge confirmed the planned daily staffing levels for the home and that these levels were subject to a regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for the period 28 August to 10 September 2017 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

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 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. Supernumerary hours were in place during this time to enable new staff members to work alongside a more experienced staff member to gain knowledge of the home's routines and policies and procedures.

Discussion with the nurse in charge and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. The majority of staff were compliant with mandatory training requirements.

Discussion with the nurse in charge and staff and a review of records evidenced that staff supervision and appraisals had been conducted appropriately and a system was in place to ensure completion.

Competency and capability assessments for the nurse in charge of the home in the absence of the registered manager had been completed appropriately. The nurse in charge advised that all competency and capability assessments for the nurse in charge were in the process of being updated during staff appraisals.

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

The nurse in charge and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the nurse in charge confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. An adult safeguarding champion had been identified.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. The home's falls policy was on display at the nurses' station. A review of accident records evidenced that the appropriate actions were taken following the accident and that the records had been maintained appropriately. RQIA had been suitably notified of accidents. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Bedrooms and communal areas were clean and spacious. The home was found to be warm, well decorated, fresh smelling and clean throughout. However, during the review of the environment, patients' chairs were observed to be in disrepair; some with the stuffing protruding rendering them unsuitable for effective cleaning. This was discussed with the nurse in charge and identified as an area for improvement.

During the review of the environment a door to an identified room containing harmful chemicals was observed accessible to patients. This was discussed with the nurse in charge and identified as an area for improvement.

Fire exits and corridors were observed to be clear of clutter and obstruction. There was evidence that monthly fire drills had been conducted and a report for each drill was included containing information such as timings, dates, attendees and any issues encountered. This was seen as good practice.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements; monitoring the registration status of nursing and care staff; staff training and development; fire safety and risk assessment.

Areas for improvement

An area for improvement under regulation was identified in relation to the control of substances harmful to health.

An area for improvement under standards was identified in relation to the environment.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. However, care plans had not been updated to reflect two separate healthcare professional recommendations. There was no evidence available within the care records that one of the recommendations had been adhered to. This was discussed with the nurse in charge and an area for improvement identified at the previous inspection has been stated for a second time.

Patient care records evidenced that two patients' wounds had been assessed and care plans developed. Observation charts had been completed following the wound dressing. However, there was no evidence that the wound dimensions had been recorded and/or monitored within the care records. This was discussed with the nurse in charge and an area for improvement identified at the previous inspection has been stated for a second time.

Supplementary care charts such as bowel management and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation. Records in relation to repositioning had not been recorded contemporaneously. Gaps between repositioning of up to 10 hours were evident within one patient's care records. There was no evidence that patients' skin had been checked at the time of repositioning on two patient care records reviewed. This was discussed with the nurse in charge and an area for improvement identified in the previous care inspection was stated for a second time.

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.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including general practitioners, speech and language therapists, dieticians and/or tissue viability nurses.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that they received appropriate information at the handover to meet the needs of patients.

Discussion with staff and a review of minutes of staff meetings confirmed that regular staff meetings for registered nurses and care assistants had been conducted. Minutes of meetings were available for review and included dates, attendees, topics discussed and decisions made. There was also evidence of relatives meetings conducted in January 2017 and June 2017.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

The nurse in charge confirmed that the homes' management operate an 'open door policy' and are available to discuss any issues with staff, patients and/or relatives. The nurse in charge also confirmed that they would undertake a daily walk around the home and would avail of the opportunity to engage with patients and relatives at this time. Noticeboards containing information for patients and their representatives were displayed throughout the home.

Patients spoken with expressed their confidence in raising concerns with the home's staff/management.

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 and the ethos of teamwork.

Areas for improvement

No new areas for improvement were identified during the inspection.

Three areas for improvement under regulation identified at the previous inspection in relation to record keeping have been stated for a second time.

	Regulations	Standards
Total number of areas for improvement	0	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.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with 14 patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed chatting with patients when assisting them. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. 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.

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

The serving of lunch was observed in the main dining room on the ground floor. Lunch commenced at 12.30 hours. Patients were seated around tables which had been appropriately laid for the meal. Menus were available on patient's dining tables. Food was served when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. The mealtime was well supervised. Staff were organised to assist patients in the patients' preferred dining area. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors were required. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience.

A registered nurse was observed administering medications during the patients' mealtime in the dining room. The nurse in charge advised that this was a common practice. The appropriateness of this practice was discussed with the nurse in charge and identified as an area for improvement as patients should be associating the mealtime experience with food and fluids and only with medications which have to be administered with food.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Seven staff members were consulted to determine their views on the quality of care within Our Mother of Mercy.

Some staff comments were as follows:

"I enjoy working here."

"It's much better here. Always someone to ask if there is a problem."

"Good teamwork."

"I love working here."

"Could never see myself leaving."

"I love my work."

Ten staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. None of the questionnaires were returned within the timescale for inclusion in the report.

Fourteen patients were consulted during the inspection.

Some patient comments were as follows:

- “The food is excellent and the staff are even better.”
- “It’s very nice and very good. I have all I need.”
- “It’s alright. Staff are good.”
- “I am very happy here. You couldn’t get better.”
- “It’s very good. The staff are excellent.”

Three patient representatives were consulted during the inspection. Ten relative questionnaires were left in the home for completion. Six of the relative questionnaires were returned within the timeframe for inclusion in the report. All respondents indicated that they were either very satisfied or satisfied with the care provision.

Some patient representative comments were as follows:

- “I have no complaints. Management and staff are very approachable. The care is first class.”
- “It’s grand here.”
- “I couldn’t praise the staff highly enough. Would recommend this home to anyone.”

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, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

An area for improvement was identified on the routine administration of medications during mealtimes.

	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.

Discussion with the nurse in charge and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. The designated person in charge of the home was identified on the duty rota.

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

Discussion with the nurse in charge 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. A copy of the complaints procedure was displayed on noticeboards throughout the home.

A compliments file was maintained to record and evidence compliments received.

Some examples of compliments received are as follows:

"Thank you so much for looking after my late father and for being so kind to me."

"We would like to thank you all for the wonderful care and attention given to ... during her time with you."

"We hope you continue to care, offer kindness and keep smiling in the days ahead."

Discussion with the nurse in charge evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, regular audits were completed in accordance with best practice guidance in relation to accidents; incidents; complaints; care plans; medication and infection prevention and control. The infection prevention and control audits were reviewed. The audits had been conducted monthly and an action plan had been developed to address shortfalls identified within the audit. However, there was no evidence that the action plan had been reviewed to ensure completion. This was discussed with the nurse in charge and identified as an area for improvement.

Discussion with the nurse in charge and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the nurse in charge and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives. A notice at the entrance to the home advised of the availability of the monthly monitoring reports and the annual quality report.

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

Areas of good practice

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

Areas for improvement

An area for improvement under the care standards was identified in relation to auditing.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Victoria Badea, Nurse in Charge, and Kerry Ann McNamee, Nurse in Charge, following the inspection 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 19 (1) (a) Schedule 3 (1) (a) (b) (3) (K)</p> <p>Stated: Second time</p> <p>To be completed by: 14 September 2017</p>	<p>The registered person should ensure that supplementary care records are regularly monitored by registered nursing staff to ensure they are correctly completed and are contemporaneously recorded following care delivery.</p> <p>Ref: Sections 6.2 and 6.5</p> <p>Response by registered person detailing the actions taken: Nursing Staff have been instructed to ensure they monitor supplementary care records to ensure that care staff are completing these correctly and contemporaneously.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 19 (1) (a) Schedule 3 (1) (a) (b) (3) (K)</p> <p>Stated: Second time</p> <p>To be completed by: 14 September 2017</p>	<p>The registered person must ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.</p> <p>Ref: Sections 6.2 and 6.5</p> <p>Response by registered person detailing the actions taken: Nursing staff have been instructed to ensure wound charts are being completed and including wound dementions.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 16 (1) (2) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 14 September 2017</p>	<p>The registered person must ensure that patients' care plans were developed following identification of assessed needs; reviewed regularly and updated accordingly to meet the current needs of patients.</p> <p>Ref: Sections 6.2 and 6.5</p> <p>Response by registered person detailing the actions taken: Nursing Staff have been instructed to ensure care plans are updated to reflect the patients current needs.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Staff have been instructed to ensure chemicals are kept in a locked cupboard.</p>
Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
<p>Area for improvement 1</p> <p>Ref: Standard 43 Criteria (2)</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2017</p>	<p>The registered person shall ensure that patients' chairs in the home are reviewed and repaired/replaced accordingly so that they may be cleaned effectively.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Chairs have been recovered and repaired and this is ongoing.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2017</p>	<p>The registered person shall review the practice of routine administration of medications during mealtimes.</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: Nurses have been instructed to administer only medication that is required to be taken with food or if a patient request same.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2017</p>	<p>The registered person shall ensure that action plans developed to address shortfalls identified during auditing are reviewed to ensure that the actions have been completed.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: All action plans are being reviewed to ensure that the actions have been completed.</p>

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



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