

# Unannounced Care Inspection Report 22 February 2018



## Rockfield Care Home

**Type of Service: Nursing Home**  
**Address: Windmill Road, Newry, BT34 2QW**  
**Tel No: 028 3026 9546**  
**Inspector: Dermot Walsh**

[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 for up to 34 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Burnview Healthcare Ltd  <b>Responsible Individual:</b> Briege Agnew Kelly	<b>Registered Manager:</b> See box below
<b>Person in charge at the time of inspection:</b> Simona Balan (nurse in charge)	<b>Date manager registered:</b> Luz Agnew (Agnes) Jainar – acting – no application required
<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.	<b>Number of registered places:</b> 34  A maximum of 2 persons in category NH-MP and a maximum of 8 persons in category NH-PH.

### 4.0 Inspection summary

An unannounced inspection took place on 22 February 2018 from 09:35 to 16:50 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 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 staff recruitment, competency and capability assessments of nurse in charge, fire safety, the home's environment, completion of supplementary record keeping, staff/patient and relative meetings, communication between patients and staff, management of complaints, staffs' understanding of their roles and responsibilities and the culture and ethos of the home in relation to dignity and privacy.

Areas requiring improvement under regulation were identified in relation to monitoring of nursing staff registrations, safeguarding, compliance with control of substances hazardous to health (COSHH) legislation, review of risk assessments, timely completion of care plans from admission and the updating of care plans. Areas for improvement made under regulation in relation to post falls management, potential for deprivation of liberty and records pertaining to wound management have been stated for the second time. Areas requiring improvement under standards were identified in relation to staffing arrangements, decontamination of slings, recording of catheter management and monthly monitoring reports. Areas for improvement

made under standards in relation to practical training and auditing have been stated for the second time.

As a result of the inspection RQIA were concerned that the quality of the service within Rockfield Care Home was below the standard expected with regard to record keeping, safeguarding, governance arrangements in relation to monitoring nurses' registration status, auditing and post falls management. RQIA were also concerned regarding the lack of timely response to the concerns identified in June 2017. A serious concerns meeting was held with the registered person, Briega Kelly and the acting manager, Agnes Jainer, on 28 February 2018. During the meeting some assurances were provided to RQIA as to how the concerns would be addressed. A more robust action plan was requested by RQIA and submitted following the meeting providing further assurances as to how the concerns will be managed. A follow up inspection will be planned to validate compliance.

Patients were positive in their feedback of the care provided in the home. Patient comments can be reviewed in section 6.6. 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
<b>Total number of areas for improvement</b>	*9	*6

\*The total number of areas for improvement includes three under regulation and two under standards which have each been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Simona Balan, nurse in charge and Briega Kelly, responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

As previously discussed RQIA were concerned that the quality of the service within Rockfield Care Home was below the standard expected with regard to record keeping, safeguarding, governance arrangements in relation to monitoring nurses' registration status and auditing and post falls management. The findings were discussed with senior management in RQIA, following which a decision was taken to hold a serious concerns meeting. The inspection findings were communicated in correspondence to Briega Kelly, responsible individual, Burnview Healthcare Ltd and a meeting took place at RQIA on 28 February 2018.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

## 4.2 Action/enforcement taken following the most recent inspection dated 10 October 2017

The most recent inspection of the home was an unannounced finance inspection undertaken on 10 October 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 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 which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with seven patients, eight staff and two patients' representatives.

A poster indicating that the inspection was taking place was displayed at the entrance to the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- duty rota for week commencing 19 February 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- five patient care records
- three patients' daily care charts including bowel management, food and fluid intake charts and reposition charts
- a selection of minutes from staff meetings
- a selection of governance audits
- records pertaining to safeguarding
- complaints record
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, 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 10 October 2018

The most recent inspection of the home was an unannounced finance inspection. The completed QIP was returned and approved by the finance inspector and will be validated at the next finance inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 19 June 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 provider must ensure that registered nurses monitor patient observations in the event of a head injury, in accordance with best practice guidance and professional standards, for example; post falls management guidance.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of accident management evidenced that this area for improvement has not been met. See section 6.4 for further information.  This area for improvement has not been met and has been stated for a second time.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (1) <b>Stated:</b> First time	The registered person shall review the use of the front door exit keypad in conjunction with guidance from the Department of Health on human rights and the deprivation of liberty (DoLs); and the home's registration categories.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of four patients care records evidenced that this area for improvement has not been met. See section 6.5 for further information  This area for improvement has not been met and has been stated for a second time.	



<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 12 (1) (a)(b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of one patient's care records pertaining to wound management evidenced that this area for improvement has not been met. See section 6.5 for further information.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	<p><b>Not met</b></p>
<p><b>Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes 2015</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that practical elements in training on basic life support and manual handling are conducted and in an effective and timely manner in line with best practice guidance.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with staff and a review of training records evidenced that this area for improvement has not been met. See section 6.4 for further information.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	<p><b>Not met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that when a patient is assessed as high risk from the use of bedrails, that this is kept under review and the reason for the continued use of bedrails is clearly documented within the patient's care plan.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence within two patient care records reviewed, that where the risk of continued use of bedrails was deemed as high, the reasons for the continued use and actions to be taken to ensure patient safety were documented.</p>	<p><b>Met</b></p>

<b>Area for improvement 3</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	The registered person shall ensure that a system to clearly identify shortfalls within patient care record audits is developed and that there is evidence of an action plan and a review of action planning were appropriate.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of auditing information evidenced that this area for improvement has not been met. See section 6.7 for further information.  This area for improvement has not been met and has been stated for a second time.	

### 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 person confirmed the staffing levels and skill mix in the home. Discussion with patients and patients' representatives evidenced that there were no concerns regarding staffing levels. Six staff consulted were concerned that staffing levels did not meet 'the increasing needs' of patients. Given the concerns expressed by staff, an area for improvement was made under standards to review the staffing arrangements in the home to ensure that the assessed needs of patients were met.

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 the registered person and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Four staff commented negatively that the majority of training was delivered through electronic learning. Discussion with staff and a review of training records evidenced that practical manual handling and basic life support training had not been delivered since the last care inspection. While RQIA acknowledge efforts made by the homes' management to source this training, an area for improvement made at the last care inspection was stated for the second time.

Discussion with the registered person and review of records evidenced that the arrangements for monitoring the registration status of nursing staff was not appropriately managed in accordance with Nursing and Midwifery Council (NMC). An area for improvement under regulation was made. The arrangements for monitoring the registration status of care staff with Northern Ireland Social Care Council (NISCC).was appropriately managed.



Competency and capability assessments had been completed appropriately with nurses who were left in charge of the home in the absence of the manager.

The registered person and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. However, two incidents were brought to the inspector's attention during the inspection where appropriate reporting to the relevant Trust safeguarding authorities had not occurred. This was discussed with the registered person who immediately reported the incidents to the relevant safeguarding team. RQIA were concerned that the training had not been embedded into practice. An area for improvement was made under regulation.

Review of five patient care records evidenced that a range of validated risk assessments were completed as part of the admission process. Although, there were significant weaknesses identified within patient care records and record keeping. This will be further discussed in section 6.5.

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. 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 accident records pertaining to an identified head injury evidenced that an accident report or subsequent evidence of neurological observations was not available for review. The patient's falls proforma had not been updated. A falls care plan had been updated retrospectively. This was discussed with the registered person and an area for improvement in this regard made at the previous care inspection was stated for a second time.

A review of the home's environment was undertaken and included observations of an identified selection of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Further improvement works including the development of a new bedroom were observed in progress.

During the review of the environment, a door leading to a room containing a harmful substance was observed to be accessible to patients. This was discussed with the registered person and identified as an area for improvement to ensure patients were not exposed to preventable hazards and to ensure compliance with COSHH legislation.

Fire exits and corridors were observed to be clear of clutter and obstruction. There were records of recent fire drills which had occurred in the home along with accompanying reports of any positive or negative staff responses to the drill and a list of staff attendees. The registered person confirmed that a fire risk assessment of the home had been appropriately conducted on 19 February 2018.

Discussion with the registered person and staff confirmed that a system to decontaminate hoist slings between patient use had not been developed. This was identified as an area for improvement under standards.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, competency and capability assessment, fire safety and the home's environment.

## Areas for improvement

Areas were identified for improvement under regulation in relation to monitoring nursing registrations, safeguarding and compliance with COSHH legislation. An area for improvement under regulation in regards to post falls management has been stated for a second time.

Areas were identified for improvement under care standards were identified in relation to staffing arrangements and decontamination of hoist slings between patient use. An area for improvement under standards in regards to practical training has been stated for a second time.

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	2

### 6.5 Is care effective?

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

Review of five patient care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence within four care records reviewed that risk assessments had not been reviewed appropriately. For example, one patient's malnutrition universal screening tool (MUST) assessment and Braden pressure risk assessment had not been reviewed since September 2017. This was discussed with the registered person and identified as an area for improvement under the regulations.

A recently admitted patient had all appropriate risk assessments completed on admission. However, care plans had not been developed on or after admission for this patient. This was discussed with the registered person and identified as an area for improvement under the regulations. A second patient's care plans had not been updated to reflect a change in the patient's care and treatment. This was also discussed with the registered person and identified as an area for improvement under the regulations.

A patient's care records pertaining to wound management was reviewed. An initial wound assessment had been completed and a care plan had been developed for this wound. However, wound observation charts had not been completed appropriately to monitor the progress of the wound. Significant gaps were observed within the wound observation records. This was discussed with the registered person and an area for improvement under regulations made in this regard has been stated for a second time.

Deprivation of liberty care plans had not been developed within four patient care records reviewed, in relation to the use of a keypad to enter or exit the home via the front door. An area for improvement under the regulations had been made at the previous care inspection in this regard. This was discussed with the registered person and the area for improvement was stated for a second time.

Supplementary care charts such as repositioning, bowel management and food and fluid intake records evidenced that these records were maintained in accordance with best practice guidance, care standards and legislation. One patient's care plan directed a weekly change of the catheter leg bag but there was no documentary evidence of when the leg bag was last changed. This was discussed with the registered person and identified as an area for improvement under the standards.

Staff confirmed that staff meetings were conducted regularly and that the minutes were made available. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the manager. There was also evidence that patient meetings had been conducted and that meetings for relatives had been scheduled. Patients and representatives 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 supplementary record keeping, staff/ patient and relative meetings and communication between patients and staff.

### Areas for improvement

Areas were identified for improvement under regulation in relation to development and review of care planning and review of risk assessments. Areas for improvement under regulation in regards to the recording of wound management and deprivation of liberty care planning have been stated for a second time.

An area was identified for improvement under care standards in relation to the recording of catheter management.

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	1

#### 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 seven 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 were observed to be well presented. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The serving of lunch was observed in the dining room. Lunch commenced at 12:35 hours. Patients were seated comfortably around tables which had been appropriately set for the meal. Food was served directly from the kitchen when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. Portions were appropriate for the patients to which the food was served. Food was covered when transferred from the dining room. 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 where required. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience. Staff were knowledgeable in respect of patients' dietary requirements.

Eight staff members were consulted to determine their views on the quality of care within Rockfield.

Some staff comments were as follows:

- "I love it here."
- "Would like more time to spend with patients."
- "Busy here. Need a manager."
- "It's great here. Good morale."
- "Needs a greater overview."
- "I like working here."

Seven patients were consulted during the inspection.

Some patient comments were as follows:

- "I am very happy here."
- "I find this place good enough."
- "It's lovely here. They (the staff) are very friendly."
- "I find it very fulfilling here."
- "There couldn't be a better home."
- "I am happy here."

Two patient representatives were consulted during the inspection. The representatives were positive in their feedback of the care delivery in the home.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home in relation to dignity and privacy.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

## 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 person and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

The acting manager was not present during the inspection. During the meeting at RQIA on 28 February 2018, it became apparent that the acting manager was undertaking three separate roles within Burnview Healthcare Ltd. An updated action plan sent to RQIA following this meeting confirmed that the acting manager would now focus solely on management responsibilities within Rockfield Care Home until a new manager had been inducted into the post.

Discussion with the registered person 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.

Discussion with the registered person and 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 relation to accidents; incidents; complaints; care plans; medication; staff training and infection prevention and control. Care record audits conducted in the home were reviewed. It was noted that shortfalls had been identified within the auditing records, but action plans had not been put in place in response to these shortfalls. This was discussed with the registered person and an area for improvement under the standards made at the previous care inspection was stated for a second time.

A review of notifications of incidents to RQIA during the previous inspection year/or since the last care inspection confirmed that these were managed appropriately.

Staff consulted confirmed that when they raised a concern, the home's management would take their concerns seriously.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices from Northern Ireland Adverse Incident Centre were reviewed and where appropriate, made available to key staff in a timely manner. A file was maintained.

Following the inspection the manager verified that a legionella risk assessment had been conducted in the home on 23 June 2017.

There was documentary evidence available of examination for all hoists and slings in use within the home in accordance with Lifting Operations and Lifting Equipment Regulations (LOLER).

A review of records evidenced that monthly monitoring reports were completed. Copies of the reports were available for patients, their representatives, staff and Trust representatives. Given the homes response to the previous care quality improvement plan (QIP) in which five out of the six areas for improvement were to be stated for the second time, it was agreed that

progress with the QIP should be monitored more robustly during the monthly monitoring visit. An area for improvement was made under the standards.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of complaints and staffs' understanding of roles and responsibilities.

### Areas for improvement

An area was identified for improvement under care standards in relation to monthly monitoring. An area for improvement under standards in regards to auditing has been stated for a second time.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Simona Balan, nurse in charge and Briege Kelly, responsible individual, as part of the inspection process. The timescales commence from the date of inspection.

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

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

### 7.1 Areas for improvement

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

### 7.2 Actions to be taken by the service

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



## Quality Improvement Plan

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

<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> 15 April 2018</p>	<p>The registered provider must ensure that registered nurses monitor patient observations in the event of a head injury, in accordance with best practice guidance and professional standards, for example; post falls management guidance.</p> <p>Ref: Sections 6.2 and 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> All nurses have been updated on best practice guidance and professional standards e.g. post falls management.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (1)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 15 April 2018</p>	<p>The registered person shall review the use of the front door exit keypad in conjunction with guidance from the Department of Health on human rights and the deprivation of liberty (DoLs); and the home's registration categories.</p> <p>Ref: Sections 6.2 and 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> All residents have a Deprivation of Liberty Care Plan in place.. Any resident that wishes to go out the front door is granted their wish with or without assistance depending on the individual.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 12 (1) (a)(b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 15 April 2018</p>	<p>The registered person shall 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><b>Response by registered person detailing the actions taken:</b> Nurses have been reminded of the importance of maintaining appropriate records on Wound Care.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 21 (5) (d) (i)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that a robust system is in place to monitor the registration status of nursing staff in accordance with NMC.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> A Robust system has been implemented to monitor the registration status of nursing staff in accordance with nursing registration.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 14 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that all allegations pertinent to safeguarding are reported to the relevant Trust safeguarding team immediately by the relevant staff in accordance with regional guidance and the homes policy and procedures.</p> <p>Ref: Section 6.4</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p><b>Response by registered person detailing the actions taken:</b> All staff have been reminded that any alleged issue pertaining to Safe Guarding should be reported ASAP.</p> <p>The registered person shall ensure that doors leading to rooms which pose a hazard to patients must remain locked at all times when not in official use and that COSHH regulations are adhered too at all times.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> All doors that pose a hazard to patient safety are now secured.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 12 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 April 2018</p>	<p>The registered person shall ensure that patients' risk assessments are updated appropriately in accordance with best practice and professional guidance.</p> <p>Ref: Section 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> All nurses have been reminded of the importance of updating risk assessments in accordance with best practice.</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 16</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 April 2018</p>	<p>The registered person shall ensure that patient care plans are developed in a timely manner from admission.</p> <p>Ref: Section 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> All nurses have been reminded that as per RQIA new residents care plans must be completed within 5 days after admission date.</p>
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Regulation 16</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 February 2018</p>	<p>The registered person shall ensure that the identified patient's care plans are updated to reflect the change of the patient's condition and treatment.</p> <p>Ref: Section 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> All nurses have been reminded of the importance of keeping all residents care plans updated to reflect the change of patients needs.</p>

<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 April 2018</p>	<p>The registered person shall ensure that practical elements in training on basic life support and manual handling are conducted and in an effective and timely manner in line with best practice guidance.</p> <p>Ref: Sections 6.2 and 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Manual handling practical training and basic life support training is arranged for 26/04/18 and 27/04/18</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 April 2018</p>	<p>The registered person shall ensure that a system to clearly identify shortfalls within patient care record audits is developed and that there is evidence of an action plan and a review of action planning were appropriate.</p> <p>Ref: Sections 6.2 and 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> A robust system for Care Plan Auditing is now in place.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 April 2018</p>	<p>The registered person shall review the staffing arrangements in the home to ensure that at all times there are sufficient staffing levels and skill mix to meet the assessed needs of patients.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Staffing levels is reviewed regularly to ensure the individual care needs.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 46 Criteria (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 April 2018</p>	<p>The registered person shall ensure that all equipment in use in the home is maintained clean at all times. This specifically is in reference to the decontamination of hoist slings between patient use.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Additional slings where appropriate are ordered to enable individual residents to become personalised which will prevent communal use. Antibacterial spray is used to de-contaminate all moving and handling equipment.</p>

<p><b>Area for improvement 5</b></p> <p>Ref: Standard 4 Criteria (9)</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2018</p>	<p>The registered person shall ensure that a system is developed to record when a patients' catheter leg bag has been changed.</p> <p>Ref: Section 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Nurses are advised to continue recording when catheter leg bags are changed. (This has always been in the MAR sheets)</p>
<p><b>Area for improvement 6</b></p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 14 May 2018</p>	<p>The registered person shall ensure that the monthly monitoring visit will focus on the progress made with the areas for improvement identified within the quality improvement plan.</p> <p>Ref: Section 6.7</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Additional audits have been added to the Regulation 29 list to ensure that good progress is being monitored.</p>

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



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