

Unannounced Care Inspection Report 18 December 2017



Valley Nursing Home

Type of Service: Nursing Home (NH)
Address: 8 Tullybroom Road, Clogher, BT76 0UW
Tel No: 028 8554 8048
Inspector: Michael Lavelle & Gerry Colgan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 96 persons.

3.0 Service details

Organisation/Registered Provider: Valley Nursing Home (MPS) Ltd Responsible Individual: Mr Paul Warren Gray	Registered Manager: Mrs Lorraine Margaret Cozma
Person in charge at the time of inspection: Mrs Lorraine Margaret Cozma	Date manager registered: 5 January 2015
Categories of care: Nursing Home (NH) DE – Dementia. I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.	Number of registered places: 96 comprising of: A maximum number of 58 patients in category NH-DE, in addition two persons may receive care on a day basis only in Tullybroom House and two persons who do not require bath/shower facilities may receive care on a day basis only in the Dementia Unit (Main House). There shall be a maximum of four named residents receiving residential care in category RC-DE and four named residents receiving residential care in category RC-A

4.0 Inspection summary

An unannounced inspection took place on 18 December 2017 from 09.00 to 18.00 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 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 recruitment, supervision and training, communication between residents, staff and other key stakeholders, maintenance of dignity and privacy and management of incidents.

Areas requiring improvement were identified include governance arrangements, infection prevention and control, post falls management and the fitness of the premises.

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	5	2

Details of the Quality Improvement Plan (QIP) were discussed with Lorraine Cozma, 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 11 May 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 11 May 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
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 15 patients, 18 staff, and three patients' visitors/representatives. Questionnaires were left in the home to obtain feedback from patients and patients' relatives. A poster was also displayed for staff inviting them to provide online feedback to RQIA. A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 11 December 2017 to 31 December 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
- two staff recruitment and induction files
- six patient care records
- a selection patient care charts including food and fluid intake charts and reposition charts

- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- 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.

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 care inspection dated 13 March 2017.

The most recent care inspection of the home was undertaken on 13 March 2017. The completed QIP was returned and approved by the care inspector. Validation of the returned QIP is part of this current inspection.

6.2 Review of areas for improvement from the last care inspection dated 13 March 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 27 Stated: First time	The registered provider must provide a copy of the redecoration programme to RQIA, alongside timescales.	Met
	Action taken as confirmed during the inspection: A copy of the redecoration programme with associated timescales was provided at the time of inspection.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 43.6 Stated: Second time	The registered provider should ensure that efforts are made to make the bedrooms more individualised by further discussion with relatives, the use of colour or the use of patients work during activities in the home.	Met
	Action taken as confirmed during the inspection: Inspection of a number of bedrooms evidenced a degree of personalisation. Discussed with the home manager confirmed letters have been sent to patient's relatives encouraging them to engage with the home to further personalise bedrooms.	
Area for improvement 2 Ref: Standard 7 Stated: First time	The registered provider should ensure that contact will be made with the identified patients' Trust representatives.	Met
	Action taken as confirmed during the inspection: Review of five patient care files and discussion with the registered manager confirmed that contact is made with patients Trust representatives.	
Area for improvement 3 Ref: Standard 8 Stated: First time	The registered provider should ensure that information is shared with patients and relatives and patient representatives regarding independent advocacy services.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed that information is shared with patients and relatives and patient representatives regarding independent advocacy services.	
Area for improvement 4 Ref: Standard 44.2 Stated: First time	The registered provider should ensure that a ligature risk assessment is completed throughout all areas of the home.	Met
	Action taken as confirmed during the inspection: A review of documentation and discussion with the registered manager confirmed that ligature risk assessments are completed annually or when required throughout all areas of the home.	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for weeks commencing 11, 18 and 25 December 2017 evidenced that the planned staffing levels were adhered to. During discussion with staff some concerns were raised regarding staffing levels. However, the inspectors were unable to validate any staff deficiency on the day of the inspection. The inspectors also discussed staff availability with patients and their representatives and a number of positive replies were received. In addition observation of the care delivered during this inspection, evidenced that patients' needs were met by the levels and skill mix of staff on duty. Discussion with the registered manager and review of records evidenced that dependency levels were kept under review to determine staffing requirements.

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. A review of two personnel files for the most recent recruited members of staff 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. A number of staff spoken to suggest the induction programme could be more robust. Staff receive regular supervision and annual appraisals and competency and capability assessments completed as applicable.

Review of the training matrix/schedule for 2017/18 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

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

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. The registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. Three safeguarding leads have been identified and attended training in April 2017.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. Where any shortcomings were identified safeguards were put in place.

Review of six 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 the number, type, place and outcome of falls had not been analysed to identify patterns and trends. Action plans were not in place to address any deficits identified. This was discussed with the registered manager and has been identified as an area for improvement under the care standards.

In September, October and November 2017 there was no evidence to suggest that accidents/incidents had been reviewed during the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. This has been identified as an area for improvement under the regulations and is discussed further in section 6.7.

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

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated and fresh smelling. Personal protective equipment (PPE) was observed to be readily available throughout the home.

During review of the home's environment a store room in Tullybroom House which contained aerosols, handbags and personal items belonging to staff was found to be left open. Due to the potential risk to the health and welfare of patients this was discussed with the registered manager and an area for improvement under the regulations was made.

Areas for improvement relating to infection prevention and control measures and practices were identified as follows:

- Evidence of ineffective decontamination of equipment in Tullybroom House including toilet roll holders, radiators and the underside of raised toilet seats.
- One resident's duvet cover was visibly stained although the bed had been made.
- Staff were observed wearing (PPE) in communal areas after toileting a resident and not effectively decontaminating their hands afterwards.
- A sharps box in the clinical room in Tullybroom House did not have the aperture closed and was not dated or signed by the staff member who assembled it. A further two sharps boxes in the general nursing clinical room also had the aperture open
- Carers were observed not wearing appropriate PPE during transfer of meals. This will be discussed further in section 6.6.
- A review of cleaning records evidenced deficits in record keeping and the lack of a robust system to ensure cleaning of equipment was being completed, particularly at night time. For example, there was no evidence of regular cleaning of wheelchairs, hoist slings, hoists and walking aids.
- A shower chair in the general nursing unit was very rusted and had a torn seat.
- Multiple sinks in the home have exposed gaps where the silicone has perished.

- Shower room in the lane suite had multiple issues identified including; a broken and unsecure toilet, the toilet seat was broken, a foul smell noted coming from toilet (possibly from the sewer), a broken trolley, a shower chair rusted, a radiator cover broken and rusted, waste bin rusted and needs replaced, laundry trolley rusted and broken.
- Bedroom 17 – vinyl flooring repaired in patches causing a trip hazard and unable to clean effectively, sink needed silicone.
- W/C 1, 2, 3 & 4 in the Amadeus Suite – multiple issues identified including; laundry trolley rusted and broken, rusted bins, broken toilet seats, rusted hand rails, leaking toilets and stained floors, rusted commode, cracked sink with loose taps and broken radiator covers.

Details were discussed with the registered manager and an area for improvement under the regulations was made.

Fire exits and corridors were observed to be clear of clutter and obstruction. A refurbishment programme is ongoing within the home with evidence of recent painting in the Lane Suite. A significant number of issues were identified during the review of the environment and action was required to address these. These actions were discussed with the registered manager who agreed to follow up on them to ensure the safety and wellbeing of patients in the home. The issues identified were forwarded to the estates inspector in RQIA for their consideration.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, training, supervision and appraisal.

Areas for improvement

The following areas were identified for improvement in relation to monthly monitoring, infection prevention and control and the home's environment.

	Regulations	Standards
Total number of areas for improvement	3	1

6.5 Is care effective?

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

Review of six 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. Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. However, review of supplementary care charts such as repositioning charts and food/fluid intake records evidenced that records were not maintained in accordance with best practice guidance, care standards and legislation. Deficits were noted in completion of these records. For example, records were not signed by staff or fully completed. Most of the repositioning records reviewed

did not have the frequency of repositioning recorded. This was discussed with the registered manager and an area for improvement under the care standards was made.

Review of six patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Review of one care record evidenced that on two occasions where the patient had sustained a head injury neurological or clinical observations were not recorded. One of these accidents was not recorded in the accident book. There was also evidence that post fall risk assessments were not completed on only one occasion. This was discussed with the manager and an area for improvement under the regulations was made.

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 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 the shift handover provided the necessary information regarding any changes in patients' condition.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), SALT, dietician and TVN. Discussion with staff 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.

Discussion with the registered manager confirmed that staff meetings were held on a monthly basis and records were maintained. Minutes were available at inspection. 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.

Discussion with the registered manager and review of records evidenced that patient and relatives meetings were held on a monthly basis. Minutes were available. Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

There was information available to staff, patients, representatives in relation to advocacy services.

Areas of good practice

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

Areas for improvement

Areas were identified for improvement in relation to record keeping and post falls management.

	Regulations	Standards
Total number of areas for improvement	1	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. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. 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.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

The serving of the midday meal was observed. The dining room was bright and spacious. Tables did have cutlery however, of the five tables that patients were dining at only one table had condiments. Staff were not observed offering patients the use of condiments. Selections of drinks were readily available. The menu was hand written on a whiteboard and had a number of choices and included a selection of two main courses and two desserts. The meals were nicely presented, were of good quality and smelt appetising. Patients who required a modified diet were afforded a choice at mealtimes; this was verified when reviewing the patients' meal choice record. The care assistants were observed supervising and assisting patients with their meal and monitoring patients' nutritional intake. Food was covered when transferred from the dining room to the patients' preferred dining area and care assistants were observed assisting patients who were unable to eat independently with their lunch. PPE was worn by most staff involved with the serving or assisting patients with the meal. However, as referenced in section 6.4 carers were observed transferring meals to the patients' preferred dining area not wearing appropriate PPE.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered. Most patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. One patient stated that they felt when they made some suggestions that these were not valued. This was discussed with the registered manager who agreed to discuss the situation with the patient post inspection.

18 staff members were consulted to determine their views on the quality of care within Parkside. A poster was given to the registered manager to be displayed in the staff room inviting staff to respond to an on-line questionnaire. None of the staff responded within the timeframe for inclusion in this report.

Some staff comments to the inspector during inspection were as follows:

- “The manager is always there for us if we need them.”
- “It would be good if there was transport for residents to get them out more.”
- “There is a good bond among the staff in our unit.”
- “The care here is second to none.”

15 patients consulted were very complimentary and some commented as follows:

- “I have never had to complain but if I did it would be handled well.”
- The staff are very polite and friendly.”
- “I have a choice in my care and I can speak to the manager if I have any concerns.”
- “My privacy and dignity are respected.”

Ten patient questionnaires were left in the home for completion. None of the patient questionnaires were returned within the timeframe for inclusion in this report.

Three patient representatives were consulted during the inspection. Ten patient representative questionnaires were left in the home for completion. None were returned within the timeframe for inclusion in the report.

Some patient representative comments were as follows:

- “The staff are just lovely.”
- “I haven’t been here before but I am very impressed with my first impressions.”
- “I feel my relative is treated with respect.”

Any comments from patients, patient representatives and staff in returned questionnaires or online surveys, 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 the culture and ethos of the home and dignity and privacy.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was not available during the inspection however a copy was provided for review post inspection.

Discussion with the registered manager and review of records and observation evidenced that the home was operating within its registered categories of care.

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 DHSSPS Care Standards for Nursing Homes 2015. Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients/representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Patients were aware of who the registered manager/person was.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were notified appropriately. Discussion with the registered manager 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.

Discussion with the registered manager and review of records evidenced that systems were not in place however, to monitor and report on the quality of nursing and other services provided. For example, audits were not completed in accordance with best practice guidance in relation to falls, wound management, infection prevention and control, environment, complaints and incidents/accidents. Therefore any shortfalls have not been identified so that the necessary improvements can be embedded into practice. This has been identified as an area for improvement under the regulations.

As previously referenced in section 6.4 discussions with the registered manager and review of records evidenced that Regulation 29 (or monthly quality) monitoring visits although completed, were not in sufficient detail to be in accordance with the regulations and/or care standards. Action plans were not generated to address any areas for improvement. This has been identified as an area for improvement under the regulations. Copies of the reports were available for patients, their representatives, staff and trust representatives.

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 management of complaints and incidents and maintaining good working relationships.

Areas for improvement

The following areas were identified for improvement in relation to quality improvement and governance arrangements.

	Regulations	Standards
Total number of areas for improvement	1	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 Lorraine Cozma, 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	
Area for improvement 1 Ref: Regulation 29 Stated: First time To be completed by: 31 January 2018	<p>The registered person shall ensure that reports produced following monthly visits to the home are in sufficient detail to be in accordance with the regulations and/or care standards and that action plans are generated to address any areas for improvement.</p> <p>Ref: Section 6.4 and 6.7</p> <p>Response by registered person detailing the actions taken: Reg 29 have been reviewed and updated appropriately.</p>
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that stores in Tullybroom House to which patients have access are free from hazards to their safety.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: This has been reviewed and reiterated through staff meeting. Notices are also in place on the door.</p>
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff.</p> <p>This area for improvement is made with particular focus to the issues identified in body of this report.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: This has been addressed via staff meetings and training new audit tools in place.</p>
Area for improvement 4 Ref: Regulation 13 (1) (b) Stated: First time To be completed by: With immediate effect	<p>The registered person must ensure good practice guidance is adhered to with regard to post falls management.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: This has been addressed with new audit tools insitu.</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p> <p>To be completed by: 29 January 2018</p>	<p>The registered person shall ensure systems are in place to monitor and report on the quality of nursing and other services provided. Monthly audits should be completed in accordance with best practice guidance. Any shortfalls identified should generate and action plan to ensure the necessary improvements can be embedded into practice. Areas for audit should include but are not limited to the following:</p> <ul style="list-style-type: none"> • falls • wound management • infection prevention and control • environment • complaints • incident and accidents <p>Ref: Section 6.7</p>
	<p>Response by registered person detailing the actions taken: New audit tools now insitu.</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 22.10</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure falls are reviewed and analysed on a monthly basis to identify any patterns or trends and appropriate action is taken.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: This has been addressed with new audit tool.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that supplementary care records; for example repositioning records and fluid balance charts, reflect the delivery of prescribed care accurately.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: New documentation insitu and audited accordingly.</p>

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



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