Unannounced Care Inspection Report
21 June 2016

St Macartans

Nursing Home
74 Main Street, Clogher, BT76 0AA
028 8554 8250
Sharon Loane

1.0 Summary

An unannounced inspection of St Macartans took place on 21 June from 11.00 to 18.00 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were systems in place for the recruitment and selection of staff. Newly appointed staff completed a structured induction programme and there were systems in place to monitor staff performance and to ensure that staff received support and guidance, this included staff supervisions and appraisal. Training had been provided and/ or planned in all mandatory areas and this was kept up to date.

Staff were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding. The home was warm and comfortable and a previous recommendation made in regards to the environment had not been met and has been stated for a second time. Planned staffing levels were adhered to, although a requirement has been made to review the staffing arrangements specifically in relation to the Kilmorey Suite to ensure that levels of supervision are adequate to ensure patients safety.

Is care effective?

There was evidence that the care planning process included input from patients and their representatives and there was evidence of regular communication with patients' representatives regarding any changes in their relatives' condition. However, improvements were identified in this domain and two recommendations have been made in relation to care planning underpinning the assessment process and that care plans are relevant and reflective of the outcome of assessments and the provision of training for staff in relation to care planning.

Is care compassionate?

Staff interactions were observed to be compassionate, caring and timely and patients were afforded choice, privacy, dignity and respect. Staff responded to patients needs in a timely manner. This was evidenced by care observations and the serving of the lunch time meal. There was a system in place to obtain the views of patients and their representatives and staff on the quality of the services provided. Arrangements were in place to meet the religious and/spiritual needs of patients. A programme of social activities was available, although there was limited evidence that this was been adhered to and a recommendation has been made.

Is the service well led?

There was a clear organisational structure within the home. The manager of the home was recently appointed, March 2016 and an application for registration has been received by RQIA which is pending registration. There were systems in place to manage any complaints in accordance with regulation and standards. Urgent communications and alerts were reviewed and actioned, where appropriate. Systems were in place to monitor and report on the quality of

nursing and other services provided. Monitoring visits were completed in accordance with the regulations and/or care standards.

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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes 2015.

Throughout the report the term “patients” is used to describe those living in the home which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	*4

One of the recommendations made includes a recommendation that has been stated for a second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Noreen Monaghan, acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 13 June 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI’s), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered provider: Kilmorey Care Ltd / Mrs Peggy O'Neill	**Registered manager:** Noreen Monaghan, registration pending
Person in charge of the home at the time of inspection: Lena Mc Carroll, staff nurse in charge Noreen Monaghan, acting manager	**Date manager registered:** Not yet registered, application pending.
Categories of care: NH-LD, NH-LD(E), RC-LD, RC-LD(E), NH-DE, NH-I, NH-PH, NH-PH(E), RC-I A maximum of 8 patients in category NH-DE. A maximum of 6 persons accommodated within categories NH-LD/LD(E), RC-LD/LD(E)	**Number of registered places:** 33

3.0 Methods/processes

Prior to inspection we analysed the following information:

- Notifiable events since the previous care inspection
- The registration status of the home
- Written and verbal information received since the previous care inspection
- The returned quality improvement plan (QIP) from the previous care inspection
- The previous care inspection report
- Pre assessment inspection audit.

During the inspection, we met with 10 patients individually and with others in small groups; two registered nurses, four care staff and three ancillary staff and a maintenance officer. Two visiting religious sisters and one clergyman were also spoken with during the inspection. Ten questionnaires were also issued to relatives and staff, five to patients with a request that they would be returned within one week from the date of inspection.

The following information was examined during the inspection:

- Validation of evidence linked to previous QIP
- Three patient care records
- A sample of staff duty records
- Sfaff training matrix
- Two staff recruitment files
- Staff induction records
- Complaints record
- NMC & NISCC records
- Incident and accident records
- Records of staff meetings
- A sample of audits
- Annual Quality Report 2015 -2016
- Reports of monthly monitoring visits undertaken in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 13 June 2016.

The most recent inspection of the home was a medicines management inspection. The QIP has been issued and has still to be returned at time of writing this report.

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 14 January 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 35.3 **Stated:** First time	The process for carrying out audits of care records should be developed, to ensure that there is traceability of audit and evidence of follow up action taken to address identified deficits.	**Met**
	Action taken as confirmed during the inspection: The home uses an electronic system for maintaining care records. The manager advised that audits of care records are completed, via the "key checks" electronic system every week. A review of the audits completed for the week prior to this inspection evidenced that the manager had analysed the information and had taken relevant actions to address any deficits identified. The manager advised that the required actions are reviewed to ensure that the corrective actions have been taken. A discussion with the manager was held as to how this system could be further developed to ensure the completion of the audit cycle. This recommendation has been met.	

Recommendation 2 **Ref**: Standard 44.1 **Stated:** First time	Inspect all bath/shower accommodation; implement a planned refurbishment to ensure that all surfaces are maintained clean and hygienic at all times.	**Not Met**
	Action taken as confirmed during the inspection: An inspection of bath/shower accommodation evidenced that these areas had not been refurbished and whilst it was acknowledged that there were no mal odours within the home, the standard of cleanliness and hygiene in these areas was below the standard expected. There was evidence that refurbishment and improvements had been made in some areas of the home. The manager advised that there was a plan available to refurbish and improve the areas identified. The manager had identified in an infection and prevention control audit completed that attention to detail was required in regards to cleaning and advised that a meeting was scheduled to discuss this matter with the housekeeping staff. This recommendation had not been met and has been stated for a second time.	
Recommendation 3 **Ref**: Standard 46.2 **Stated:** First time	The infection control audit tool should be further developed in line with Regional Healthcare Hygiene and Cleanliness Standards. **Ref: Section 5.3**	**Met**
	Action taken as confirmed during the inspection: A review of the audit tool evidenced that this had been developed in line with Regional Healthcare Hygiene and Cleanliness Standards. The most recent audit undertaken was completed comprehensively, an action plan had been developed and the manager advised that the actions identified were to be discussed with the registered person to complete the process. This recommendation has been met.	

4.3 Is care safe?

The 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 duty rota for week commencing the 20 June 2016 evidenced that the planned staffing levels were adhered to. On the day of the inspection, there were two registered nurses working from 08.00 to 14.00 hours, however a review of the duty rota and discussion with the manager and registered nurses on duty advised that this was not reflective of every working day. The registered nurses advised that on most days there was only one registered nurse rostered and they confirmed that they felt that this was adequate to meet the needs of the patients accommodated. The manager advised that she had also discussed this arrangement with staff and stated that they were satisfied that the skill mix was appropriate to meet the needs of the patients, however the manager advised that the staffing levels and skill mix would be kept under review and revised in line with patients dependency levels.

During the inspection, within the Kilmorey Suite, a nursing dementia unit, staffing levels were observed and discussed with management and staff on duty. It was evidenced that for most of the inspection, there was only one care assistant located within the unit and at times the unit was left unsupervised when the staff member was observed attending to patient's needs. A discussion with the manager regarding the staffing arrangements for this unit confirmed the staffing levels and advised that after 23.00 hours there was no staff member actually present within the unit. Staff carried out hourly checks throughout the night shift to ensure the health and welfare of patients accommodated. A review of the accident and incidents records evidenced that some of these had occurred during these hours when the unit was unsupervised. This staffing arrangement must be reviewed in the context of the category of care accommodated (nursing dementia) to ensure that the staffing levels and deployment of staff are sufficient to meet the needs and supervision of patients accommodated within this identified unit. Staff consulted confirmed that in the majority staffing levels met the assessed needs of the patients although agreed with the observations made at this inspection. A requirement has been made.

A review of the recruitment and selection process evidenced a safe system in practice. A review of two personnel files evidenced that these were maintained in line with Regulation 21, schedule 2.

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. The induction record was signed off on completion of the induction process by the new employee, the mentor and the manager. A discussion with the manager and staff confirmed that systems were in place to ensure that staff were supported these included staff supervisions and annual appraisals.

Discussion with the manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC). NMC and NISCC checks were monitored by Kilmorey Healthcare Ltd on a monthly basis and the information was shared with the home accordingly. There was evidence available that the manager had reviewed the information received.

The manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to Adult Safeguarding. Discussion with the manager confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the homes policies and procedures.

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

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process, although this should be developed and has been referred to in section 4.4 of the report. The risk assessments that had been completed informed the care planning process.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm and fresh smelling throughout. Some areas of the home had been refurbished since the last inspection for example; the majority of patients' bedrooms and the Kilmorey Suite, the nursing dementia unit. There was evidence that works had been completed to the domestic store; to include storage provision and the floor had been uplifted although the replacement flooring had not been installed. This was discussed with the manager and the maintenance officer who agreed to confirm when the new flooring would be laid. Post inspection, information was received by RQIA confirming that the replacement flooring was being installed in the domestic store on 6 July 2016. As previously discussed a recommendation that had been made at the last care inspection in regards to bathroom/shower areas had not been met and has been stated for a second time. Some areas of the homes environment and furnishings were observed as worn and damaged and in need of improvement and whilst the home is acknowledged for the improvements to date these matters also need to be actioned. The manager gave assurances that the home had a refurbishment plan and that these were included although areas of improvement were actioned in terms of priority. These findings have been communicated to the estates inspector within RQIA who has agreed to follow-up the issues identified.

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

Areas for improvement

A requirement has been made to ensure that staffing levels are sufficient to meet the health and welfare and supervision of patients being cared for in the nursing dementia unit.

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

4.4 Is care effective?

The home used an electronic system for assessing, planning and recording patients' care needs and a review of three patient care records evidenced that risks to patients were assessed on a regular basis. These assessments included moving and handling, falls, nutrition, pain and pressure management. Other assessments for example; continence were only completed if this had been identified during the pre-admission and information received from the commissioning Trust. This matter was discussed at length and it was agreed that all

assessments should be completed to identify any risks and care interventions required. The manager gave assurances that this would be addressed accordingly.

There was evidence that the care planning process included input from patients and /or their representatives, if appropriate, and there was evidence of communication with patient representatives regarding any changes in the patients' condition.

A care record reviewed in relation to wound and /pressure care management evidenced that this was maintained in line with best practice guidelines.

A review of three patients care records identified the following shortfalls. A pre-admission assessment was not available for one of the care records reviewed and for another care record there was some evidence that a pre-admission assessment had been undertaken although the information was "written" on a blank page of paper. The manager provided an explanation for this and confirmed that there was a template available for completing the pre-admission assessment.

A further review identified that two patients recently admitted to the home had no weight recorded and there was no evidence of a body map being completed at time of admission. A review of some care plans evidenced that the on some occasions the risk assessments had not informed the care planning process and interventions were not appropriate in regards to assessment outcomes.

A response received from a returned questionnaire completed by a relative indicated that at time registered nurses were "slow" to identify changes in their relative's condition. This comment was shared with the manager post inspection who agreed to review and action this accordingly.

A recommendation has been made to ensure that an initial plan of care is based on the pre-admission assessment and thereafter a detailed plan of care is generated from a comprehensive and holistic assessment and interventions are based on assessments outcomes.

A recommendation has been made that staff are trained in the nursing process.

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 it provided the necessary information regarding any changes in patients' condition. Staff also confirmed that communication between all grades of staff was effective.

Discussion with the manager, staff and a review of records confirmed that staff meetings had been held with all staff teams since the appointment of the new manager, March 2016. Records were available, maintained and included a list of the attendees and details of discussion and outcomes. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff, patients and representatives indicated in both discussions and returned questionnaires that they were confident that if they raised an issue this would be dealt with by the home's management. A review of records evidenced that a relatives meeting had occurred in December 2015 and the new manager had also met with relatives involved in the Patients Funds Committee. Records were available and maintained to evidence same.

The serving of the lunchtime meal was observed in the general nursing unit. The atmosphere was quiet and tranquil and patients were seated in relation to both the level of assistance required and their ability to socially interact with others. Tables were presented well and had the necessary specialist cutlery and plate guards available to help patients who were able to maintain some level of independence as they ate their meal.

Patients were consulted with regarding meal choices and their feedback was listened to and acted on. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients care plans. A registered nurse was present in the dining room and was observed assisting patients with their meal. Staff were observed engaging with patients appropriately and offering the level of assistance required. One staff member was observed in a standing position when assisting patients, although a fellow colleague, who recognised this as poor practice, instructed them to sit whilst assisting patients with their meal. The food smelt and looked appetising and the patients advised that the food was good and that they enjoyed their meal.

Areas for improvement

Two recommendations have been made in regards to individualised care and training for registered nurses in the nursing process.

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

4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with approximately ten patients individually and others in smaller groups, confirmed that they were afforded choice, privacy, dignity and respect. 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. One comment included in a returned relative questionnaire indicated that privacy is not always afforded during times of visiting. This was attributed to the layout of the building. This matter was discussed with the manager post inspection who advised that they would review the current arrangements to ensure that patients and their relatives were able to spend time together in a private area of the home.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. A religious ceremony was held during the inspection in the "Chapel" and patients advised that they were able to attend on a regular basis and also patients had an opportunity to receive Holy Communion on a daily basis. These arrangements were facilitated by the Holy Sisters and Clergy.

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.

A programme of activities was displayed in the home, although a review of the programme for the day of inspection evidenced that the programme had not been adhered to. An activities person is employed from 14.00 – 16.00 hours daily although the programme included morning activities for example; outdoor walks, chair exercises and crafts. A discussion with staff on duty indicated that these activities did not occur. A review of records pertaining to activities evidenced that these were not completed in line with best practice and did not portray that the

activities offered were meaningful for example; “enjoyed listening to music” and “watched a DVD”. This was discussed with the manager who advised that this had been identified and was currently being reviewed. A recommendation has been made.

Discussion with the manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. Views and comments recorded were analysed and an action plan was developed and shared with staff, patients and representatives.

As previously referred to in section 4.4 patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. From discussion with the manager, staff, and a review of the compliments record, there was evidence that the staff cared for the patients and relatives in a kindly manner.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. A request was made that questionnaires were returned within a defined timescale for inclusion in the report.

Staff (10 questionnaires issued five returned)

All of the responses received were positive with respondents confirming that the home was well led and delivered safe, effective and compassionate care.

Patients (five questionnaires issued four returned)

All of the responses received were positive; some additional comments were included and have been shared with the manager of the home post inspection.

Patients’ representatives (10 issued one returned)

The response received indicated a good level of satisfaction in all areas. Some additional comments were included and have been referred to in section 4.4 and also were shared with the manager post inspection who agreed to review and action accordingly.

Areas for improvement

A recommendation has been made in regards to the provision of activities and recording of activities delivered.

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

4.6 Is the service well led?

The manager of the home has been in an acting capacity, since March 2016. RQIA can confirm that an application has been received from the manager and registration is pending.

As previously stated, discussion with the 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 person in charge of the home was highlighted in the absence of the manager. A requirement has been made within the safe domain in regards to the staffing arrangements for the Kilmorey Suite.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the manager and a review of records and observation of care evidenced that the home was operating within its registered categories of care. During the inspection, one identified patient within the nursing unit was observed to be "unsettled and anxious" and a discussion with staff confirmed that this was unusual and that the patient had been diagnosed with an infection. The manager agreed to keep the care of this patient under review.

A copy of the complaints procedure was displayed in the home and staff spoken with were knowledgeable of the complaints process. A 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 DOH Care Standards for Nursing Homes 2015.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed 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 relevant staff in a timely manner. These included drug alerts and equipment alerts and alerts regarding staff that had sanctions imposed on their employment by professional bodies.

Discussion with the manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents.

The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice. Whilst, this was acknowledged the audits did not in some cases identify certain shortfalls for example; care planning. This matter was discussed with the manager who agreed to focus on the shortfalls identified.

Discussion with the manager and review of records evidenced that Regulation 29 monthly monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, and staff and Trust representatives.

To ensure the quality of service provision and care, the registered person had organised two quality monitoring consultants to carry out two visits per year to conduct an independent review of the service which included audits of the environment, care records, infection and prevention control and service user feedback. This is acknowledged and commended as good practice and is beneficial in assuring patients, relatives and staff that the home is operated to promote the quality of care and experience.

Governance systems were evidenced to be in place to monitor the quality of care provided within the home. Procedures are also appropriately established to manage complaints and urgent communications. Improvements have been identified to be required, in relation to care planning, the management of activities and the staffing arrangements for the Kilmorey Suite to ensure the health and welfare of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

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

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for review by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref**: Regulation 20 (1)(a) **Stated:** First time **To be completed by:** 1 July 2016	The registered person must ensure that staffing levels are reviewed in the Kilmorey Suite to ensure the health and welfare needs of patients are appropriately met at all times. **Ref: Section 4.3**
	Response by registered provider detailing the actions taken: Staffing Levels were reviewed on 21/06/16 following R.Q.I.A inspection & discussed with the Director. A carer is now allocated to the kilmorey Suite at 23:00hrs and to remain their for night shift. Two carers are allocated at 08:00hrs to ensure personal care & dressing of the Residents is completed, ensuring all care needs are met. Staffing Levels are reviewed daily to reflect the dependancy levels of the Residents.
Recommendations	
Recommendation 1 **Ref**: Standard 44.1 **Stated:** Second time **To be completed by:** 30 November 2016	Inspect all bath/shower accommodation; implement a planned refurbishment to ensure that all surfaces are maintained clean and hygienic at all times. **Ref: Section 4.2 & 4.3**
	Response by registered provider detailing the actions taken: A Domestic staff meeting was held on 05/07/16, all cleaning schedules were discussed & a planned proforma is in place to ensure the home is maintained clean & hygenic at all times. The planned refurbishment is ongoing & will be completed by 30/11/16.

Recommendation 2 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 31 July 2016	The admission process should be reviewed to ensure that appropriate documentation and assessments are completed and recorded and that a plan of care is developed to reflect the outcomes of assessments. This recommendation refers specifically to the completion and recording of: pre-admission assessments, record of patient's weight and evidence that a skin inspection has been undertaken at time of admission and recorded accordingly. **Ref: Section 4.4**
	Response by registered provider detailing the actions taken: A meeting with trained staff took place on 01/07/16. A pre-assessment for pending admissions discussed. All risk assessments discussed including Continence Assessment to be included in mandatory Risk Assessments on admission. The importance of Body Mapping on admission/discharge reinforced. All care staff are trained & upto date in recording Residents weights on admission on Gold Crest System. A check-list for admission/discharge is in place
Recommendation 3 **Ref**: Standard 4 **Stated:** First time **To be completed by:** 1 September 2016	Training should be provided for registered nurses in regards to the nursing process and developing care plans. **Ref: Section 4.4**
	Response by registered provider detailing the actions taken: A training session is planned for 22/08/16 for Registered Nurses to discuss the Nursing process & develop Care Plans.
Recommendation 4 **Ref**: Standard 11 **Stated:** First time **To be completed by:** 31 July 2016	The registered person must ensure that the activities programme is reviewed to ensure that activities are structured and planned and provided with regards to the needs of the patients. Activities should be delivered and managed in line with standard 11 of the Care Standards for Nursing Homes, DHSSP's. **Ref: Section 4.5**
	Response by registered provider detailing the actions taken: The Acivity Co-ordinator has resigned from post 01-08-16. The company has commenced recruitment for replacement. However since the 08-08-16 a temporary Co-ordinator is in place & activies are offered in a meaningful way to reflect the Residents Life Stories.

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address*

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