

Unannounced Care Inspection Report 28 November 2017



St Macartans

Type of Service: Nursing Home (NH)
Address: 74 Main Street, Clogher, BT76 0AA
Tel No: 028 8554 8250
Inspector: Michael Lavelle

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 and residential care for up to 33 persons.

3.0 Service details

Organisation/Registered Provider: Kilmorey Care Ltd Responsible Individual(s): Peggy O'Neill Cathal O'Neill (registration pending)	Registered Manager: See below
Person in charge at the time of inspection: Patricia McMeel – registered nurse	Date manager registered: Maria Lennon application received - registration pending
Categories of care: Nursing Home (NH) 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. LD – Learning disability. LD(E) – Learning disability – over 65 years. DE – Dementia. Residential Care (RC) I – Old age not falling within any other category. LD(E) – Learning disability – over 65 years.	Number of registered places: 33 comprising of: 8 – NH-DE 6 – NH- LD and LD(E) 2 – named persons RC – I 1 – named person RC LD(E) In addition: 1 - day care placed within NH-DE

4.0 Inspection summary

An unannounced inspection took place on 28 November 2017 from 09.00 to 18.30 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The term 'patient' is used to describe those living in St Macartans which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to induction and training, communication between patients, staff and other key stakeholders, the culture and ethos of the home, dignity and privacy, governance arrangements and quality improvement. Areas requiring improvement were identified under regulation in relation to staff recruitment, infection prevention and control, proper maintenance and use of equipment and post falls management. Areas requiring improvement were identified under the care standards in relation to maintenance of supplementary care records.

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	1

Details of the Quality Improvement Plan (QIP) were discussed with Maria Lennon, manager, and Cathal O'Neill, managing director, 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 21 September 2017

The most recent inspection of the home was an unannounced premises inspection undertaken on 21 September 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 seven patients, nine staff, two visiting healthcare professionals and two 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 30 October 2017 to 3 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
- three patient care records
- a selection of patient care charts including food and fluid intake charts and reposition charts
- a selection of governance audits
- patient register
- fire drill records and personal emergency evacuation plans
- 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.

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 21 September 2017

The most recent inspection of the home was an unannounced premises inspection.

The completed QIP was returned and approved by the estates inspector.

6.2 Review of areas for improvement from the last care inspection dated 4 April 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 41.4 Stated: First time	The registered provider should ensure that a minimum skill mix of at least 35% registered nurses and up to 65% care assistants is maintained over 24 hours.	Met
	Action taken as confirmed during the inspection: The review of the duty rota evidenced an adequate skill mix of registered nurses and care assistants within the home over 24 hours.	
Area for improvement 2 Ref: Standard 41.1 Stated: Second time	The registered provider should ensure staff allocation sheets have been completed and signed by the registered nurse/registered manager responsible for the allocation of staff.	Met
	Action taken as confirmed during the inspection: The review of a selection of staff allocation sheets evidenced that they were completed and signed by the manager or nurse in charge.	
Area for improvement 3 Ref: Standard 35.7 Stated: First time	The registered provider should ensure the monthly quality monitoring reports contain a review of actions taken in response to the previous RQIA Quality Improvement Plan (QIP)	Met
	Action taken as confirmed during the inspection: The review of a selection of monthly quality monitoring reports evidenced that they contained a review of actions taken in response to the previous RQIA Quality Improvement Plan (QIP).	

<p>Area for improvement 4</p> <p>Ref: Standard 35.9</p> <p>Stated: First time</p>	<p>The registered provider should ensure a comprehensive analysis of accidents/incidents has been completed on a monthly basis and an action plan has been developed to address any deficits identified.</p> <p>Action taken as confirmed during the inspection: The review of the records available evidenced that a system was in place to analyse accidents/incidents on a monthly basis.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p>	<p>The registered provider should ensure 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.</p> <p>Action taken as confirmed during the inspection: The review of care records and supplementary documents evidenced that a system was in place to ensure a pre-admission assessment of nursing needs was undertaken and that this informed the comprehensive nursing assessment on admission.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Standard 11</p> <p>Stated: First time</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: Review of the activities planner and discussion with the manager evidenced that a structured and varied activities programme, reflective of the needs of the patients and seasonal events, was in place.</p>	<p>Met</p>

Area for improvement 7 Ref: Standard 35.6 Stated: First time	The registered persons should ensure that systems are implemented to ensure records of staff allocation are completed.	Met
	Action taken as confirmed during the inspection: The review of a selection of staff allocation sheets evidenced that this standard has been met.	

6.3 Inspection findings

6.4 Is care safe?

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

The 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 week commencing 30 October 2017 to 3 December 2017 evidenced that the planned staffing levels were adhered to.

During discussion with patients some concerns were raised regarding staffing levels, although during discussion with staff and patient representatives no concerns were raised. 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.

Staff selection and recruitment information was available for inspection however records were not maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. For example, of the two staff personnel files reviewed, one did not have evidence of a pre-employment interview and one with no written record explaining the gaps in employment. This was discussed with the manager and an area for improvement under the regulations was made. On 29 November 2017 RQIA received an email from the manager which provided additional information and assurances regarding the deficits identified.

Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Staff spoken with commented how they enjoyed supporting new staff during the induction process.

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).

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

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

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

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since August 2017 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, fresh smelling and clean throughout, with the Kilmorey Suite having been recently painted and decorated. Patients, representatives and staff spoken with were complimentary in respect of the home's environment. Most of patients' bedrooms were personalised with photographs, pictures and personal items, although some of the bedrooms were not. This was discussed with the manager who agreed to review this within the home.

During the review of the general environment it was observed that a number of patients had airflow mattresses on their beds, to prevent skin breakdown. However, all of the mattresses checked were not set correctly for the weight of the patient. A discussion with staff demonstrated that they did not know how to use the equipment and advised that there was no system in place to monitor same. This was discussed with the manager and because of the potential impact on patient health and well-being, an area for improvement under the regulations was made.

Deficits relating to infection prevention and control measures and practices were identified as follows:

- bathrooms on the first and second floor were noted to have inappropriate storage. For example, toiletries, pillows, towels and incontinence pads;
- staff were observed not wearing appropriate personal protective equipment (PPE) on two occasions
- a review of laundry and cleaning records evidenced deficits in record keeping and the lack of a robust system to ensure cleaning of the home and equipment was being completed.

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

In addition a toilet seat in one bathroom was broken and replaced by a commode chair. There was also no system in place to review the safety of slings and when they were laundered. These issues were discussed with the manager and identified as areas for improvement under the regulations.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction, training and the home's environment.

Areas for improvement

The following areas were identified for improvement in relation to staff recruitment, infection prevention and control and proper maintenance and use of equipment.

	Regulations	Standards
Total number of areas for improvement	4	0

6.5 Is care effective?

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

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

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 dietitians. 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.

Review of accident records evidenced that on two occasions where the patient had sustained a head injury neurological observations were not monitored appropriately. There was also evidence that post fall risk assessments were not completed. This was discussed with the manager and an area for improvement under the regulations was made.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. However, a review of one patient's supplementary care charts for repositioning evidenced that records were not maintained in accordance with best practice guidance, care standards and legislation. The review of repositioning records evidenced checks were not carried out as stated in the care plan with deficits noted overnight for periods up to and including nine hours. This was

discussed with the manager who advised that the patient would reposition themselves and this was their preference, although this was not reflected in their care plan. However, review of daily reports post inspection clearly demonstrated that personal care and repositioning were attended to overnight on the dates reviewed; the manager also confirmed the patient's care plan has been updated to reflect their preferences. Deficits were noted in relation to recording of dates, staff signatures and the condition of pressure points. This was discussed with the manager and an area for improvement under the care standards was made.

Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

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, TVN and occupational therapist.

Discussion with the manager confirmed that staff meetings were held on a two monthly basis and records were maintained, although these meetings are planned to increase to a monthly basis. Staff confirmed that staff meetings were held every couple of months and that the minutes were made available.

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 manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the manager and review of records evidenced that patient and/or relatives meetings were held on a bi-annual basis. Minutes were available from the meeting on 20 April 2017 and the next meeting was planned for 7 December 2017. Patients and their representatives confirmed that they attended meetings and were aware of the dates of the meetings in advance. Patient representatives spoken with expressed their confidence in raising concerns with the home's staff and management. Patients and representatives were aware of whom their named nurse was but not all patients spoken with knew the name of the manager.

Areas of good practice

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

Areas for improvement

An area identified for improvement under the regulations was in relation to post falls management.

The following area was identified for improvement under the care standards in relation to the maintenance of supplementary care records regarding pressure area care.

	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.

Observations and discussion with patients evidenced that patients were afforded choice, privacy, dignity and respect. Staff interactions with patients were observed to be compassionate, caring and timely. For example staff were observed to knock on patients doors before entering and kept them closed when providing personal care. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Patients and patient representatives consulted with confirmed that they were able to maintain contact with their families and friends and that staff supported patients to maintain friendships and socialise within the home.

There was a personal activities leader (PAL) responsible for the provision of activities in the home. On the day of the inspection a number of patients in the Kilmorey Suite were observed to be taking part in pet and art therapy. Newspapers were available in the lounge areas which had televisions and music playing. Discussion with staff confirmed that patients were given a choice with regards to which activity they wished to participate in. The PAL was observed to be playing games on a one to one level with one of the patients. Arrangements were also in place to meet patients' religious and spiritual needs within the home.

The serving of the midday meal was observed. Tables were attractively set with menus, cutlery and napkins. A range of condiments and drinks were readily available. The menu had a number of choices and included soup as a starter, a selection of two main courses and two desserts. There was an alteration to the menu by kitchen staff although this was communicated to the home administrator and patients in a timely manner. 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 staff involved with the serving or assisting patients with the meal and only some of the staff availed of hand gels to decontaminate their hands in between interactions with patients. This was discussed with the manager who agreed to review this with the staff.

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.

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. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered. Patient's representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Nine staff members and two visiting professionals were consulted to determine their views on the quality of care within St Macartans. A poster was given to the 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 the report.

Some staff comments were as follows:

- "It's not a team, it's a family."
- "I have another job, but I prefer this one."
- "The care is very good here."
- "The care is personalised. My relative was here and always had her nails done, she loved that."
- "I love this home. The staff are brilliant."

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

- "I have never had to complain."
- "They ask me about the things I want."
- "The staff are great craic."
- "I have never been in a home before and I couldn't be in a better place."
- "I am very happy here. I love this place."

Ten patient questionnaires were left in the home for completion. None of the patient questionnaires were returned.

Two patient representatives were consulted during the inspection. Ten relative 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 caring, kind and respectful people."
- "There has been a visible improvement since the new manager started."
- "The manager listens at residents meetings. Things that have been raised are implemented."
- "Good activities in the home."
- "Access to chiropody needs to be addressed in the home."

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

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 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.

The manager has been in post since September 2017 and RQIA have received an application for registration. On the day of inspection the home manager had a support visit from the managing director.

A review of the duty rota evidenced the manager's hours but not the capacity in which these were worked were recorded. The manager confirmed the hours were management only. It was agreed that the rota should reflect what capacity the manager worked. For example, management hours or nurse in charge of the shift hours. Discussion with staff/patients/representatives evidenced that the 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 current and displayed. Discussion with the manager and review of records evidenced that the home was operating within its registered categories of care.

A number of out of date policies and procedures were observed on display outside the staff room. On discussion the manager agreed to remove these. The manager confirmed that policies and procedures were held electronically with a system in place to confirm staff had read them. Staff confirmed that they had access to the home's policies and procedures.

Discussion with the 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. Some patients were aware of who the manager was. Staff were knowledgeable of the complaints process.

A number of cards were available to read throughout the home evidencing compliments received.

Some examples of compliments received were as follows:

- “Many thanks for all the care you gave...”
- “The care is first class. My relative was treated with such dignity.”

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately. Discussion with the 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 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 wound management, care records, infection prevention and control, environment, uniforms, complaints and 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 improvement had been embedded into practice.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed. On discussion with the manager it was agreed that she would introduce a robust system to ensure this information is made available to key staff in a timely manner.

There were systems in place to ensure that risk assessments regarding the management of the environment were completed and kept under review. Personal emergency evacuation plans (PEEP's) were in place and in discussion with staff and the manager it was confirmed that fire drills were performed every four to six weeks and the home's fire risk assessment was due in December 2017.

Discussion with the manager and review of records evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Maria Lennon, 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 21 (1) (b) Stated: First time To be completed by: 31 December 2017	<p>The registered person shall ensure that all persons are recruited in accordance with best practice and legislation and that the evidence of this is present in staff recruitment and selection files.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: All gaps in employment will be explored at interview.</p>
Area for improvement 2 Ref: Regulation 12 (1) (a) Stated: First time To be completed by: With immediate effect	<p>The registered persons shall ensure that the settings of pressure mattresses are monitored and recorded to ensure their effective use.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Suppliers have provided advice and guidance to staff on the mattress settings. Effective monitoring and recording has been put in place.</p>
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time To be completed by: 31 December 2017	<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 following:</p> <ul style="list-style-type: none"> • inappropriate storage in bathrooms on the first and second floor • the use of appropriate PPE • developing a robust system to ensure that cleaning of the home and equipment is being completed <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Bathrooms of the first and second floor have been cleared out. Domestic and laundry staff have been counselled on the importance of wearing PPE and completing daily cleaning records.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 12 (2)</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2017</p>	<p>The registered person shall ensure all aids and equipment are in good working order and appropriate procedures are implemented and adhered to in relation to cleaning of equipment.</p> <p>This area for improvement is made with particular focus to the following:</p> <ul style="list-style-type: none"> • slings used to hoist patients • the toilet seat in the shower room on the second floor <p>Ref: Section 6.4</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall 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: Nurses have been reminded of the importance of CNS observations for unwitnessed falls. Councillng and training has been given to all Nurses.</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 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, reflect the delivery of prescribed care accurately.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: Supplementary care records have been adjusted to reflect the delivery and record the delivery of care.</p>



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