

Unannounced Care Inspection Report 20 February 2017



St Macartans

Type of Service: Nursing Home
Address: 74 Main Street, Clogher, BT76 0AA
Tel no: 028 8554 8250
Inspector: Bridget Dougan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of St Macartans Nursing Home took place on 20 February 2017 from 10.30 to 17.00 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.

The focus of the inspection was meals, mealtimes and nutrition.

Is care safe?

Concerns were identified in regards to the staffing arrangements for the home, specifically in respect of the Kilmorey Suite (dementia care). Care staff and two relatives expressed their dissatisfaction with staffing levels. One registered nurse was rostered to work on each shift for the entire home for 27 patients. A requirement in respect of staffing levels has been stated for the second time. There was evidence that 15 accidents occurred in the Kilmorey Suite from 1 December 2016 – 20 February 2017, the majority of them during the night (no major injuries). The nurse call system in the Kilmorey Suite was inaudible in some of the communal areas, with the potential for staff to miss patients' calls for assistance. Three recommendations have been made.

Is care effective?

Review of three patients' care records evidenced that, generally, care had been assessed, planned, evaluated and reviewed in accordance with NMC guidelines. There was evidence that a comprehensive pre-admission assessment had not been documented for one patient. A recommendation regarding pre-admission assessments has been stated for the second time.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Patients were given a choice in regards to food and fluid and the level of help and support requested. A choice was also available for those on therapeutic diets. The comments made by two relatives in respect of a lack of privacy when visiting their relatives and staff management of deterioration in their relative's condition were discussed with the registered manager for follow up. There were no requirements or recommendations made.

Is the service well led?

Systems were in place to monitor and report on the quality of nursing and other services provided. A recommendation has been made in respect of the content of the monthly quality monitoring reports. Complaints were managed in accordance with legislation. Two recommendations were made in respect of the reporting and analysis of accidents/incidents.

Throughout the report the term "patients" is used to describe those living in St Macartans Nursing Home which also provides residential care.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1*	8*

*The total number above includes one requirement and one recommendation which have been stated for the second time. One recommendation was not examined and will be carried forward until the next care inspection.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Diana McKeown, nurse in charge at the conclusion of the inspection and Noreen Monaghan, Registered Manager, by telephone following the inspection, as part of the inspection process. The timescales for completion commence from the date of inspection.

As a result of this inspection, RQIA were concerned that the quality of care and services within St Macartans was below the minimum standard expected. The findings were reported to senior management in RQIA, following which a decision was taken to hold a serious concerns meeting. The inspection findings were communicated in a correspondence to the registered person, Mrs Peggy O'Neill, and a meeting took place at RQIA on 27 February 2017. Mrs Peggy O'Neill, Registered Person; and Noreen Monaghan, Registered Manager, attended the meeting.

During the meeting management representatives acknowledged some of the failings identified; however further information was submitted at the meeting by the registered provider where it was felt that incorrect information had been given to the inspector with regard to the allocation of staff on night duty in Kilmorey Suite. RQIA were satisfied with the assurances provided and evidence was provided to support these assurances. A further inspection will be undertaken to validate compliance and drive necessary improvements.

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 announced estates inspection undertaken on 11 July 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. 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
Person in charge of the home at the time of inspection: Diana McKeown, Registered Nurse	Date manager registered: 29 September 2016
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 submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. We also met with 20 patients, two relatives, one registered nurse, five care staff and ancillary staff.

Questionnaires for patients (five), relatives (five) and staff (five) to complete and return were left for the nurse in charge to distribute. Please refer to section 4.5 for further comment.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- staff training records
- accident and incident records
- notifiable events records
- complaints and compliments records
- sample of audits
- policy on meals and mealtimes.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 11 July 2016

The most recent inspection of the home was an announced estates inspection. The completed QIP was returned and approved by the estates inspector.

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

4.2 Review of requirements and recommendations from the last care inspection dated 21 June 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 20 (1) (a) Stated: First time	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.	Not Met
	Action taken as confirmed during the inspection: Review of three weeks duty rotas (weeks 06 – 26 February 2017), staff allocation sheets, discussion with staff and observation of practice did not evidence that this requirement had been met. Please refer to 4.3 for additional information. This requirement has been stated for a second time.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 44.1 Stated: Second time	Inspect all bath/shower accommodation; implement a planned refurbishment to ensure that all surfaces are maintained clean and hygienic at all times.	Met
	Action taken as confirmed during the inspection: All bath/shower accommodation was observed to be clean and tidy. Discussion with domestic staff and review of cleaning schedules evidenced that a system was in place to ensure standards of cleanliness were maintained. Staff informed us that new panelling had been installed in bathrooms on the first and second floors and replacement flooring had been installed in the domestic store in July 2016.	

<p>Recommendation 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>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.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of one patient's pre-admission assessment evidenced that a comprehensive assessment had not been documented. There was however evidence of a range of risk assessments completed following admission and a plan of care developed to reflect the outcomes of the assessments. This recommendation has been partially met and will be stated for the second time.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>Training should be provided for registered nurses in regards to the nursing process and developing care plans.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this training had been provided for all registered nurses on 29 August 2016.</p>		
<p>Recommendation 4</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>To be validated at the next care inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>This recommendation was not examined at this inspection and will be carried forward until the next care inspection.</p>		

4.3 Is care safe?

The nurse in charge 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. Review of the staffing rotas from 6 February to 26 February 2017, evidenced that the planned staffing levels were adhered to. By this we mean that the numbers and grades of staff rostered to work on each shift, had worked on the allocated shifts. However, the number and ratio of registered nurses on duty was not in line with DHSSPS Care Standards for Nursing Homes (2015). One nurse had been rostered to work on each shift. Given the number of patients (27), the layout of the environment and the categories of care, the registered nurse provision fell below the level expected to ensure safe and effective care.

Staffing levels were discussed with patients, relatives and staff and patients expressed no dissatisfaction with staffing levels. Two relatives commented, via returned questionnaires, that staff do not have enough time to care for their relatives. Refer to section 4.5. Care staff expressed concerns regarding staffing levels throughout the home, especially during peak activity times. Staff also expressed their concerns regarding the staffing levels in the Kilmorey Suite (nursing dementia unit).

During the inspection, within the Kilmorey Suite, it was evidenced 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 review of duty rotas, allocation sheets and discussion with staff evidenced that two care assistants had been allocated to work in the Kilmorey Suite from 08:00 until after breakfast had been served, which was between 09:30 and 10:00 hours. Thereafter only one care assistant had been allocated to work in the Kilmorey Suite until 20:00 hours. After 20.00 hours staff stated that there was no staff member actually present within the Kilmorey Suite. Staff stated that they carried out hourly checks throughout the night shift to ensure the health and welfare of patients accommodated.

Staff allocation sheets had not been completed or signed by the nurse in charge or the registered manager and a recommendation has been made in this regard. At the meeting the registered persons stated that there was always a staff member present in the Kilmorey Unit and provided statements from registered nurses in support of this. They acknowledged that the allocation sheets were not completed accurately.

A review of the accident and incidents records evidenced that 15 accidents occurred in the Kilmorey Suite from 1 December 2016 – 20 February 2017, the majority of them during the night (no major injuries). Whilst monthly auditing of accidents/incidents had been carried out, there was evidence that the analysis was not comprehensive and failed to identify themes/action plans. Refer to section 4.6.

Staff informed us that they felt isolated and vulnerable when working alone in the Kilmorey Suite which is situated in the basement of the home. The home had recognised the challenges for staff of working as lone workers in the dementia unit; however the rotation of staff on a two hourly basis to other areas of the home may be detrimental for patients and does not provide continuity of care.

Concerns in respect of staffing levels in the Kilmorey Suite were identified at a previous care inspection undertaken on 21 June 2016. A requirement was made and assurances had been provided by the registered persons, that staffing would be reviewed and scheduled in accordance with patients' needs. At this current inspection, concerns were also identified in regards to the staffing arrangements for the home and in particular the Kilmorey Suite, which impacted on the delivery of safe, effective and compassionate care. A requirement has been stated for the second time.

Further concerns were raised in respect of the nurse call system within the Kilmorey Suite. We were informed that the call bells and buzzer mats in patients' bedrooms in the Kilmorey Suite did not sound in the day room within the Kilmorey Suite. Staff located in this area were therefore unable to respond to them. The call bells did however sound in the main reception area and on other floors of the home. This was discussed with the registered persons and a recommendation has been made in this regard. At the meeting the registered persons stated that since the inspection, they had contacted the electrician to install amplifiers to enable staff to hear the call bells in the day room.

The registered manager worked four days per week in her managerial role and no clinical duties had been identified on the duty rota for the registered manager. Only one registered nurse was rostered to work on each shift for the entire home. Given the number of patients (27), the categories of care and the layout of the home (across four floors), this level of nursing staff provision did not meet the minimum skill mix identified in the DHSSPS Care Standards for Nursing Homes 2015, and was below the level expected to ensure safe and effective provision of care. A recommendation has been made in this regard.

Discussion with catering staff and review of duty rotas evidenced that two catering staff were on duty seven days per week. One member of catering staff expressed some dissatisfaction regarding shift patterns. This was discussed with the registered manager for follow up as appropriate".

Observations of the midday and afternoon meal service evidenced that it was well managed. The food looked and smelt appetizing and no concerns were expressed by patients or relatives regarding the meals. The kitchen appeared clean and well organised. The comments made by the catering staff were discussed with the registered manager for follow up as appropriate.

Review of the training records evidenced that food hygiene training had been provided for all relevant staff in 2014. Training had also been provided for staff on 16 May 2016 in the management of feeding techniques for patients who have swallowing difficulties. Staff training was discussed with the registered manager by telephone following the inspection. Confirmation was received that further update training had been planned for 2017 in food hygiene and the management of swallowing difficulties.

Staff consulted with and observation of care delivery and interactions with patients, clearly demonstrated that knowledge and skills gained through training and experience were embedded into practice.

Up to date nutritional guidelines were available and used by staff on a daily basis.

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.

Fire exits and corridors were observed to be clear of clutter and obstruction and equipment was appropriately stored.

One requirement in respect of staffing levels in the Kilmorey Suite has been stated for the second time.

Areas for improvement

Three recommendations have been made in respect of staff allocation sheets, the nurse call system in the Kilmorey Suite and the skill mix of staff on duty throughout the home.

The shortfalls identified in relation to staffing arrangements were discussed at the serious concerns meeting held at RQIA. Assurances were provided by Ms Peggy O'Neill, Responsible Person that these shortfalls were being addressed and a further inspection will be undertaken to ensure that the necessary improvements have been made.

Number of requirements	0	Number of recommendations	3
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4.4 Is care effective?

Review of three patients' care records evidenced that, generally, care had been assessed, planned, evaluated and reviewed in accordance with NMC guidelines. Review of one patient's pre-admission assessment evidenced that a comprehensive assessment had not been documented. There was however evidence of a range of risk assessments completed following admission and a plan of care developed to reflect the outcomes of the assessments. A recommendation made at the previous care inspection has been stated for the second time. Refer to section 4.2.

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

Supplementary care charts such as repositioning and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

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.

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

One recommendation in respect of pre-admission assessments has been stated for the second time.

Areas for improvement

No new areas for improvement were identified.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

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.

Observation of the lunch time meal confirmed that patients were given a choice in regards to, food and fluid and the level of help and support requested. The majority of patients chose to come to the dining room where the tables were nicely presented with cutlery, crockery and a choice of condiments. Those patients who choose to remain in their bedroom were served their meals on trays set with condiments; the meals were covered prior to leaving the kitchen. A record was maintained for all patients to reflect their food and fluid intake at each mealtime. A discussion with catering staff demonstrated that they were knowledgeable regarding the patients' dietary needs. This included; patients who required modified diets; diabetic diets and food fortification. The daily menu was displayed in the dining room and offered patients a choice of two meals for lunch and dinner. All the meals looked and smelt attractive and appealing and patients appeared to enjoy their lunch.

Where patients required assistance with meals, staff were observed to offer patients reassurance and assistance in a discreet, unhurried and sensitive manner.

Patients spoken with were complimentary regarding the care they received and life in the home. Those 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.

As part of the inspection process, we issued questionnaires to staff, patients and patients' representatives. Four relatives completed and returned questionnaires within the required time frame. Some comments are detailed below.

All relatives indicated that they were either "very satisfied" and/or "satisfied" that the care was safe, effective and compassionate and the home was well led. However two relatives expressed some concerns regarding staffing levels and a lack of privacy when visiting their relatives. One relative also expressed some concerns that staff were slow to respond to deterioration in their relative's condition. These issues were discussed with the registered manager for follow up as appropriate. A requirement has been stated for the second time in respect of staffing levels. Refer to sections 4.2 and 4.3.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Discussion with the nurse in charge and staff evidenced that there was a clear organisational structure within the home. Staff were knowledgeable in regards to their roles and responsibilities.

The certificate of registration issued by RQIA was displayed in the home. Discussion with the nurse in charge, a review of care records and observations confirmed that the home was operating within its registered categories of care.

Review of the home's complaints records and discussion with the nurse in charge 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.

Discussion with the nurse in charge and review of records evidenced that, in the main, systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. The guidance document used by staff in respect of the notification of accidents/incidents was not in keeping with the current guidance on the statutory notification of incidents to RQIA. This was discussed, following the inspection and a recommendation has been made in this regard. The registered manager was signposted to our website <https://www.rqia.org.uk/> for copy of the current guidance document.

There was evidence that a range of audits had been completed on a monthly basis, including care records, patients' weights, infection prevention and control and accidents/incidents. Action plans were in place to address any deficits with the exception of accidents/incidents. This was discussed with the registered manager and a recommendation has been made for a more comprehensive analysis of accidents/incidents and an action plan to address any deficits identified.

The monthly quality monitoring reports for December 2016, January and February 2017 were reviewed and evidenced to be maintained appropriately. A recommendation has been made for the reports to contain a review of actions taken in response to the previous RQIA Quality Improvement Plan(s).

Areas for improvement

Three recommendations have been made in respect of the reporting and analysis of accidents/incidents and the content of the monthly quality monitoring reports.

Number of requirements	0	Number of recommendations	3
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Noreen Monaghan, Registered Manager, 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The 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/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP via web portal for assessment 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

<p>Requirement 1</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: Second time</p> <p>To be completed by: 28 February 2017</p>	<p>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.</p> <p>Ref: Sections 4.2 and 4.3</p>
	<p>Response by registered provider detailing the actions taken: Staffing levels have been reviewed and 2 Carers are allocated from 8.00am to 11.00am. From 11am to 8.00pm 1 Carer is allocated with additional support provided by the nursing unit as required. A carer is allocated to the Kilmorey Suite from 8pm until 8am. Allocation sheets are completed on each shift by the nurse in charge.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 44.8</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2017</p>	<p>The registered provider should ensure the nurse call system in the Kilmorey Suite has been reviewed and is audible to staff working in Kilmorey Suite and other areas of the home.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered provider detailing the actions taken: Amplifiers were installed on 27/02/17 and are audible in every area of the Home including Kilmorey Suite.</p>
<p>Recommendation 2</p> <p>Ref: Standard 41.4</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2017</p>	<p>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.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered provider detailing the actions taken: A Clinical Lead nurse has been recruited. There will be 2 nurses on duty 5 mornings each week. We are actively trying to recruit nurses for day and night duty.</p>

<p>Recommendation 3</p> <p>Ref: Standard 41.1</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2017</p>	<p>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.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: All nurses have been advised to complete and sign allocation sheets daily. These sheets will be monitored and signed weekly by the manager/clinical lead.</p>
<p>Recommendation 4</p> <p>Ref: Standard 35.7</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p>	<p>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)</p> <p>Ref: Section 4.6</p> <hr/> <p>Response by registered provider detailing the actions taken: A review of actions taken in response to previous QIP will be included on the monthly Quality Monitoring Report.</p>
<p>Recommendation 5</p> <p>Ref: Standard 35.9</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2017</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>Ref: Sections 4.6</p> <hr/> <p>Response by registered provider detailing the actions taken: Accident/Analysis Audit form was reviewed and developed further to address identified deficits. This was forwarded to the inspector for her appraisal and satisfactory confirmation was received. This form is now in use.</p>
<p>Recommendation 6</p> <p>Ref: Standard 22.10</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2017</p>	<p>The registered provider should ensure that all accidents and incidents occurring in the nursing home are reported to RQIA in accordance with legislation and current guidance and a record is maintained.</p> <p>Ref: Sections 4.6</p> <hr/> <p>Response by registered provider detailing the actions taken: A copy of Statutory Notification of Incidents and Deaths has been given to the staff who will comply with and notify RQIA in accordance with the current guidance.</p>

<p>Recommendation 7</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 28 February 2017</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>Ref: Sections 4.2</p>
	<p>Response by registered provider detailing the actions taken: The admission process has been reviewed and all pre-admission assessments will be completed fully and signed.</p>
<p>Recommendation 8</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2017</p>	<p>This recommendation was not examined at this inspection and will be carried forward until the next care inspection.</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>Ref: Sections 4.2</p>
	<p>Response by registered provider detailing the actions taken: An activities person has been in place since 10/10/2016 for 2 hours daily over 5 days per week. Additional activities are carried out daily by carers and documented on the Goldcrest system.</p>

Please ensure this document is completed in full and returned via web portal



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