

Unannounced Care Inspection Report 25 April 2018



St Macartans

Type of Service: Nursing Home (NH)
Address: 74 Main Street, Clogher, BT76 0AA
Tel No: 028 85548250
Inspector: Michael Lavelle

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 33 persons.

3.0 Service details

Organisation/Registered Provider: Kilmorey Care Ltd Responsible Individual: Cathal O'Neill	Registered Manager: Maria Lennon
Person in charge at the time of inspection: Tony Quinn, Nurse in Charge	Date manager registered: 21 December 2017
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.	Number of registered places: 33 A maximum of 8 patients in category NH-DE. A maximum of 6 persons accommodated within categories NH-LD/LD (E). The home is also approved to provide care on a day basis to 1 person in the dementia unit. There shall be a maximum of 2 named residents receiving residential care in category RC-I and 1 named resident receiving residential care in category RC-LD(E).

4.0 Inspection summary

An unannounced inspection took place on 25 April 2018 from 09.45 to 17.15 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 staffing, staff recruitment, training, adult safeguarding, risk assessments, communication between residents, staff and other key stakeholders, the environment, culture and ethos of the home, governance arrangements, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in relation to infection prevention and control, medicine management, post fall management, the activities programme and the menu format in the Kilmorey Suite.

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	*3	2

*The total number of areas for improvement includes one area for improvement under regulation, which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Tony Quinn, nurse in charge, 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 28 November 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 28 November 2018. 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 we met with seven patients, seven staff, 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 weeks commencing 16 and 23 April 2018
- 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
- one staff recruitment and induction file
- seven patient care records
- a selection of patient care charts including food and fluid intake charts, reposition charts and personal care records
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or partially 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 28 November 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 28 November 2018. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 28 November 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21 (1) (b) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of one personnel file evidenced that they were recruited in accordance with best practice and legislation.	
Area for improvement 2 Ref: Regulation 12 (1) (a) Stated: First time	The registered persons shall ensure that the settings of pressure mattresses are monitored and recorded to ensure their effective use.	Met
	Action taken as confirmed during the inspection: Examination of the home audits evidenced the introduction and recording of a monthly audit to monitor the pressure mattress settings.	
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff. This area for improvement is made with particular focus to the following: <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 	Met
	Action taken as confirmed during the inspection: Review of the environment evidenced staff were appropriately using PPE and bathrooms were generally free of inappropriate storage.	

	Examination of records evidenced systems were in place to ensure cleaning of the environment and equipment in the home.	
Area for improvement 4 Ref: Regulation 12 (2) Stated: First time	<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. 	Met
	<p>Action taken as confirmed during the inspection: Examination of records evidenced systems were in place to ensure laundering of slings in the home.</p> <p>Review of the shower room on the second floor evidenced the toilet seat has been replaced.</p>	
Area for improvement 5 Ref: Regulation 13 (1) (b) Stated: First time	The registered person shall ensure good practice guidance is adhered to with regard to post falls management.	Partially met
	<p>Action taken as confirmed during the inspection: Discussion with the nurse in charge evidenced supervision had taken place with registered nurses in relation to post fall management.</p> <p>Review of a selection of completed post fall risk assessments demonstrated these were well completed. However, review of the most recent unwitnessed fall in the home evidenced neurological observations were not monitored appropriately. This was not in keeping with best practice guidance and the regulations.</p> <p>This area for improvement is now stated for a second time.</p>	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4.9 Stated: First time	The registered person shall ensure that supplementary care records; for example repositioning records, reflect the delivery of prescribed care accurately.	Met
	Action taken as confirmed during the inspection: Review of a selection of supplementary care records evidenced these were well completed.	

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 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. A review of the staffing rota for weeks commencing 16 and 23 April 2018 evidenced that the planned staffing levels were adhered to. Minor deficits were noted following review of the staffing rota. For example, the rota did not have the first name and surname of each member of staff and it was not signed by the registered manager or a designated representative. This was discussed with the registered manager, post inspection, who agreed to address these minor discrepancies.

We discussed staffing levels with staff; no concerns were raised. We also discussed staff availability with patients and their representatives and a number of positive replies were received, with one patient representative and one patient suggesting there should be more staff. However, observation of the care delivered during this inspection, evidenced that patients' needs were met by the levels and skill mix of staff on duty. Discussion with the nurse in charge and review of records evidenced that dependency levels were kept under review to determine staffing requirements.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. A review of one personnel file 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.

Review of the training matrix/schedule for 2017/18 indicated that training was planned throughout the year, to ensure that mandatory training requirements were met. The majority of staff had already completed fire training in February 2018 and a number of staff were attending manual handling training on the day of inspection. Discussion with the nurse in charge and review of training records evidenced that they had a robust system in place to ensure staff

attended mandatory training. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

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

The nurse in charge and 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 nurse in charge and managing director confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. 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 management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Discussion with the managing director confirmed an ongoing refurbishment of the home with the main dining room and seven bedrooms repainted since the last care inspection. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction. Improvements were noted since the previous care inspection in respect of infection prevention and control practices with the introduction of a robust cleaning schedule for the environment and equipment. Some communal items were noted in an identified shower room. This was discussed with the nurse in charge who arranged for their removal. In addition, staff were observed to use personal protective equipment (PPE) appropriately. However, additional areas for improvement relating to infection prevention and control measures and practices were identified as follows:

- inappropriate storage in the shower room in the Kilmorey Suite
- no availability of hand towels, hand towel dispenser or liquid soap in the shower room in the Kilmorey Suite
- inappropriate storage noted in the bathroom and store room on the second floor
- rusted shower chair in the shower room on the second floor

Details were discussed with the managing director who advised the bathroom on the second floor was not used as a bathroom. An area for improvement under the regulations was made. This was also discussed with the estates inspector for the home post inspection who advised of the need for the provision of adequate bathing facilities to meet the needs of the patients in the home and for a variation application to be submitted to RQIA if the use of the bathroom was to change.

Areas of good practice

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

Areas for improvement

The following area for improvement was identified in relation to infection prevention and control.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

Review of seven 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.

For the most part care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. However, review of one care record where a patient had recently been prescribed an antibiotic, evidenced the absence of a care plan to manage the infection. This was discussed with the nurse in charge who ensured a care plan was drawn up immediately.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

We reviewed the record of the administration of topical medicines. It was evidenced that care assistants were not completing records accurately. For example, medication was prescribed to be administered three times daily; from 9 April 2018 until 24 April 2018, records indicated that at least 27 administrations of the medicine were missed. Review of a second record, over the same timeframe, evidenced that the medication had only been administered on five occasions out of a possible 48 applications. This was discussed with the nurse in charge and identified as an area for improvement under the regulations. This matter was also referred to the pharmacist inspector for information purposes.

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.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), SALT, dietician and TVN. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Discussion with 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.

Discussion with the nurse in charge confirmed that staff meetings were held on at least a three monthly basis and records were maintained. Staff confirmed that staff meeting 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 registered manager.

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

Discussion with the nurse in charge and review of records evidenced that relatives meetings were held on a regular basis with the most recent meeting held in December 2017 and April 2018. Minutes were available.

The majority of patients and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. One patient raised concerns regarding a complaint raised in the past. The patient also stated they found the manager approachable. This information was provided to the nurse in charge at the end of the inspection with the patient's permission. Patients and representatives knew the registered manager.

There was information available to staff, patients, representatives in relation to advocacy services displayed in one of the main lounges.

Areas of good practice

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

Areas for improvement

The following area for improvement was identified in relation to medicine management.

	Regulations	Standards
Total number of areas for improvement	1	0

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 offer patients choice during the midday meal and assisted them as required. 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. Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Discussion with the nurse in charge confirmed there was a personal activities leader (PAL) responsible for the provision of activities in the home. Review of the duty rota evidenced the PAL was on leave during the week the inspection took place. Review of the activities planner in the registered manager's office evidenced a variety of planned activities for the month of April, although discussion with care staff evidenced the lack of any identified staff to assist in the provision of activities in the absence of the PAL. Staff spoken with were unable to evidence how patient's contributed to the development of the programme of activities. In addition, review of the environment evidenced the absence of the programme of activities being displayed in a suitable format and in an appropriate location so that residents know what is scheduled. This was discussed with the nurse in charge and the managing director and identified as an area for improvement under the care standards.

The serving of the midday meal was observed in the Kilmorey Suite. Tables were attractively set with menus, cutlery and napkins. A range of condiments and drinks were readily available. Discussion with kitchen staff evidenced an alteration to the planned menu although this was communicated to the home administrator and patients in a timely manner. The menu had a number of choices and included a selection of two main courses and two desserts. The meals were nicely presented, were of good quality and smelt appetising. Patients who required a modified diet were also afforded a choice of menu 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. Patients who were unable to eat independently were assisted appropriately and with dignity. PPE was worn by staff involved with the serving or assisting patients with the meal. Observation of the menu displayed evidenced that it was not in a suitable format to meet the needs of the patients. For example, there were no availability of a pictorial menu for patients with dementia. This was discussed with the nurse in charge and the managing director and identified as an area for improvement under the care standards.

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 nurse in charge and managing director confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. The managing director confirmed head office would routinely send out independent quality questionnaires and internally within the home patients and their representatives had the opportunity to contribute to the standard of care reports and quality surveys.

The majority of patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. As discussed in section 6.5 one patient commented on the management of their complaint and this was discussed with the nurse in charge during feedback.

Seven staff members were consulted to determine their views on the quality of care in St Macartans. Comments made included:

“I am very happy here.”

“We get good support. The patients are well cared for.”

A poster was given to the nurse in charge 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.

Seven patients consulted were very complimentary with one patient providing neutral comments. Some comments received were as follows:

“It’s very very very good.”

“The manager is approachable but there is not enough staff.”

“It’s very tidy and you couldn’t ask for any better. It can be a bit noisy at night time. The trollies aren’t made to be quiet.”

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

Two relatives were consulted during the inspection and a number of thank you cards were read. There were no concerns raised by the relatives spoken with. Some comments were as follows:

“I wouldn’t want my relative to be anywhere else.”

“They’re great here.”

Any comments from patients, patient representatives and staff in returned questionnaires/online survey received after the return date will 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

The following areas were identified for improvement in relation to the activities programme and the menu format in the Kilmorey Suite.

	Regulations	Standards
Total number of areas for improvement	0	2

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 nurse in charge and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

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

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the nurse in charge and review of records evidenced that the home was operating within its registered categories of care.

The managing director confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis. A number of policies had been reviewed and left for staff to read and sign to confirm they had read them. These included contact with next of kin, media policy, continence, control drugs and COSHH. Staff confirmed that they had access to the home's policies and procedures.

Discussion with the nurse in charge and review of the home's complaints record evidenced that no complaints had been received since the last care inspection. Patient representatives spoken with confirmed that they were aware of the home's complaints procedure. They confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Staff were knowledgeable of the complaints process.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately. Discussion with the nurse in charge 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.

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, incidents/accidents, hand hygiene, restrictive practices, sharps and uniforms. The results of audits had been analysed and appropriate action taken to

address any shortfalls identified; 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 and where appropriate, made available to key staff in a timely manner.

Discussion with the managing director evidenced that St Macartans did not routinely collect any equality data on service users although equality and diversity and human rights training had been delivered to the senior management team. Advice was provided that the registered manager/person should contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting the data.

Discussion with the nurse in charge and managing director and review of records evidenced that quality monitoring visits were completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated to address any areas for improvement. A poster in the lounge stated the reports were available for patients and their representatives.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection for this domain.

	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 Tony Quinn, nurse in charge, and Cathal O'Neill, managing director, 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 13 (1) (b) Stated: Second time To be completed by: Immediate action required	<p>The registered person must ensure good practice guidance is adhered to with regard to post fall management.</p> <p>Ref: Section 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: Staff Nurse's have been counselled in regard to the importance of recording and documenting CNS observations following a fall. All staff have been provided with the Falls policy to revise.</p>
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: Immediate action required.	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff.</p> <p>This area for improvement is made with particular focus to the issues highlighted in section 6.4.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The shower room in the Kilmorey suite has been cleaned out, inappropriate items have been stored in the correct place, a new hand towel dispenser, soap dispenser have been fitted. A meeting has been held with the estates inspector and a variation application has been submitted to use this bathroom as a store room. New shower chairs have been purchased and old shower chairs disposed throughout the home.</p>
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure suitable arrangements for recording and safe administration of medicines.</p> <p>This is made with specific reference to administration of topical medicines.</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Care staff had been recording the administration of topical medication on the goldcrest system. A new system has been put in place so that care staff record on the goldcrest system and sign a daily administration sheet, the Nurse in charge will ensure all creams are administered and signed for on a daily/nightly basis.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
Area for improvement 1 Ref: Standard 11 Stated: First time To be completed by: 25 May 2018	<p>The registered person shall ensure the programme of activities reflects the preferences and choices of the patients. This shall be displayed in a suitable format and a record kept of all activities that take place, with the names of the person leading them and the patients who participate.</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: A monthly planner is in place which indicates daily activities. All residents are offered the choice to participate in each activity, discussion is ongoing with residents on a daily basis to establish their preference of activities. Residents actively voice their preference of activities and are consulted prior to a new activity being introduced into the home. Families are consulted regularly for those residents who cannot voice their preference. When the PAL is on leave care staff conduct the daily activity, this will be highlighted on the new daily activity board and on the rota. Three activity boards have been purchased and will be displayed in each sitting room for residents and visitors to read.</p>
Area for improvement 2 Ref: Standard 12 Stated: First time To be completed by: 25 May 2018	<p>The registered person shall ensure that menus are displayed for patients/visitors information in a suitable format showing what is available at each mealtime.</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: A pictorial menu board has also been purchased for the dementia unit and will be displayed for residents/visitors to read.</p>

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



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