Unannounced Care Inspection Report
7 October 2018

Croaghpatrick

Type of Service: Nursing Home (NH)
Address: Miller Hill, 235 Millisle Road, Donaghadee, BT21 0LN
Tel No: 028 91 8888383
Inspector: James Laverty

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

1.0 What we look for

2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 67 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care **Responsible Individual:** Dr Maureen Claire Royston	**Registered Manager:** Wilhelmina Anne Devoy
Person in charge at the time of inspection: Jennifer Bell, Deputy Manager	**Date manager registered:** 1 April 2005
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. TI – Terminally ill.	**Number of registered places:** 67

4.0 Inspection summary

An unannounced inspection took place on 7 October 2018 from 14.15 to 22.00 hours.

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

The inspection assessed progress with any areas for improvement identified during and since the last 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 the supervision and appraisal of staff, staff training, adult safeguarding and the timely review of care plans. Further areas of good practice were also noted in regards to collaboration with the multiprofessional team, staff communication with patients and governance processes which relate to quality assurance and service delivery.

Three areas for improvement under regulation were identified in regards to infection, prevention and control (IPC) standards, Control of Substances Hazardous to Health (COSHH) compliance, and the management of falls.

Four areas for improvement under the standards were identified in relation to the nurse call system, interior lighting, interior signage and the repositioning of patients. One further area for improvement under the standards was stated for a second time in relation to nursing records.

Patients said that they were well cared for and expressed confidence in the ability and willingness of staff to meet their care needs. Comments concerning nursing care and/or service delivery which were expressed by patients/patients' relatives during the inspection are referenced throughout this report.

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	5*

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

Details of the Quality Improvement Plan (QIP) were discussed with Jennifer Bell, deputy manager as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 10 August 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 10 August 2017. No areas for improvement were identified. 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 which includes information in respect of any serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection the inspector met with 13 patients, 15 patients' relatives/representatives and five staff. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution.

A poster was also displayed for staff inviting them to provide feedback to RQIA directly. The inspector requested that the person in charge place a 'Have we missed you' card in a prominent position in the home to allow patients, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the nursing home setting.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined/discussed during and/or following the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2018/19
- incident and accident records
- three patients' care records;
- two patients' food/fluid balance and/or repositioning supplementary care records
- a selection of governance audits including those relating to care records, wound care and the nutritional care of patients
- complaints records
- adult safeguarding records and notifiable incidents to RQIA
- 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

The majority of findings of the inspection were provided to the deputy manager during the inspection. The deputy manager was unavailable for feedback at the conclusion of the inspection.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 10 August 2017

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 3 August 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 4.9 **Stated:** First time	The registered person shall ensure that registered nurses are reporting on patients' response to planned care, in accordance with NMC guidelines.	**Not met**
	Action taken as confirmed during the inspection: Review of the care records for one patient who required a modified diet and had an assessed history of weight loss evidenced ongoing collaboration with the multiprofessional team, specifically the dietician. Relevant care plans relating to the patient's required dietary needs were also found to be detailed and comprehensive. However, review of the patient's supplementary oral intake records highlighted several instances when the patient had refused either whole or portions of meals. These instances had not been accurately or effectively reviewed by nursing staff within the daily nursing record. This area for improvement has not been met and is stated for a second time.	
Area for improvement 2 **Ref**: Standard 43 **Stated:** First time	The registered person shall consider implementing a gradual refurbishment programme including the provision of new bed linens, curtaining, lounge and bedroom chairs.	**Met**
	Action taken as confirmed during the inspection: Discussion with the deputy manager and review of governance records submitted to RQIA following the inspection, specifically the home's ongoing refurbishment plan, confirmed that there is an effective and ongoing focus on improving various aspects of the home's environment. Observations relating to the environment are considered further in section 6.4.	

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 deputy manager confirmed the planned daily staffing levels for the home and that these levels were subject to a regular review by the registered manager to ensure that the assessed needs of patients were met. Discussion with the deputy manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. Discussion with patients and staff provided assurances that they had no concerns regarding staffing levels. Following the inspection, the registered manager advised that from 17 to 30 September 2018 there were two occasions when planned staffing levels were not fully adhered to due to sickness.

Discussion with the deputy manager and review of governance records evidenced that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through a process of both supervision and appraisal. Staff feedback during the inspection included the following comments:

"We have a good team here."
"A lot of staff have worked here for years … it's a sign of a good workplace."
"… feel well supported by the manager … I love it here."

Discussion with the deputy manager indicated that training was planned to ensure that mandatory training requirements were met. Additional face to face training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Discussion with the deputy manager confirmed that governance audits for falls are completed on a monthly basis and include the number, type, place and outcome of falls which are then analysed to identify patterns and trends. However, shortfalls were found in relation to the management of falls by nursing staff. This is discussed further in section 6.5.

Discussion with the deputy manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The deputy manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home. Discussion with the registered manager via telephone during the inspection confirmed that two safeguarding incidents which had occurred within the home since the previous care inspection had been managed appropriately.

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager/deputy manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Records confirmed that the registered manager had reviewed the registration status of staff on a monthly basis.

Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of staff on the day of inspection also evidenced that they adhered to safe fire practices and that fire training was consistently embedded into practice.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. It was noted that a significant number of patients' bedroom doors lacked any personalised signage. This was discussed with the deputy manager who stated that such signage was not typically used for patients' bedrooms. It was agreed that such signage should be offered to patients and a record of this consultation retained within their care records. Review of the environment also highlighted two areas in which internal lighting was switched off and were poorly illuminated for patients. In addition, it was noted that there was ineffective access to the nurse call system for patients within some communal areas. Two areas for improvement under the standards were made.

Discussion with the deputy manager and review of the environment evidenced that there are several doorways within the home which are controlled by means of an electronic keypad/button for access and egress. The deputy manager stated that these mechanisms are being replaced with automatic doorways which will promote the freedom of movement for patients within appropriate areas. While keypad numbers were displayed adjacent to most keypads, one was not. It was stressed that such information should be displayed at all such keypad points. While maintaining the security of the building, in regards to the safety and security of patients and their property is recognised, the need to ensure that patients' freedom of movement is suitably promoted and not inappropriately restricted was stressed.

It was further noted that a patient's wheelchair was inappropriately stored within one communal bathroom and blocked effective access for patients to that facility. The deputy manager agreed to ensure that the wheelchair was stored in a more appropriate area. The majority of patients and relatives spoke positively about the quality of the internal environment. However, a malodour was noted within one corridor during the inspection and within the reception area upon arrival. One relative who was spoken with also commented negatively in relation to the malodour within the reception area. Discussion with the deputy manager provided reassurance that carpeting within one bedroom located along the identified corridor was scheduled to be replaced. It was also noted that the reception area was fresh smelling before completion of the inspection. Several areas within the internal environment lacked adequate signage which would help to orientate patients and or visitors, including, communal lounges, communal bathrooms and sluice areas. Old signage which was confirmed by staff as no longer in use was also noted. An area for improvement under the standards was made.

Deficits with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted, namely: one ineffectively cleaned microwave, the stained underside of paper towel dispensers, plaster damage within one storage area, damaged wash hand basin fascia within one patient bedroom and poor staff practice regarding the management of soiled linen. These deficits consequently impacted the ability of staff to deliver care in

compliance with IPC best practice standards and guidance. An area for improvement under the regulations was therefore made.

Observation of the environment identified one area in which medicines had not been stored securely, specifically, food thickeners. This was highlighted to the deputy manager and the need to ensure that all medicines are stored securely at all times was emphasised. The identified items were appropriately stored before conclusion of the inspection.

Observation of the environment and staff practices highlighted four areas in which chemicals were not stored securely in compliance with COSHH regulations. This was discussed with the deputy manager and it was stressed that the internal environment of the home must be managed to ensure that COSHH regulations are adhered to at all times. An area for improvement under regulation was made. The deputy manager provided assurances that the identified items were stored securely and appropriately before conclusion of the inspection.

Areas of good practice

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

Areas for improvement

Two areas for improvement under regulation were identified in relation to COSHH compliance and infection, prevention and control standards/practices.

Three areas for improvement under the standards were made in regards to interior lighting, access to the nurse call system and interior signage.

	Regulations	Standards
Total number of areas for improvement	2	3

6.5 Is care effective?

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

Discussion with staff and the deputy manager evidenced that nursing/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' conditions and that they were encouraged to contribute to the handover meeting. The deputy manager confirmed that a total of 11 beds are located on the first floor ("Galloway Intermediate Care unit") in which patients receive nursing care which focuses on rehabilitation in collaboration with the multiprofessional team.

Staff who were spoken with stated that 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 the patients, their colleagues and with other healthcare professionals. Review of care records evidenced multi-disciplinary working and collaboration with professionals such as general practitioners (GP), tissue viability nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found.

Care records also evidenced that a range of validated risk assessments were used and informed the care planning process. Such risk assessments and care plans for one patient who required a modified diet evidenced that they had been completed in an accurate and comprehensive manner. Records further demonstrated that nursing staff had reviewed such risk assessments and care plans in a timely manner.

The provision of wound care and repositioning care to patients was reviewed. Care records for one patient who required ongoing wound care and regular assistance with repositioning confirmed that there had been effective and ongoing collaboration with the patient's TVN. Discussion with nursing staff and review of supplementary care records further highlighted that the patient's wound dressing regimen had been closely adhered to. However, it was noted that the care record did contain care plans which were no longer in use and some care plans which had the same reference number. This was highlighted to the deputy manager and it was agreed that care plans should be archived in a timely manner and that a consistent referencing method for care plans should be maintained by staff. Review of the patient's daily nursing notes and supplementary repositioning records also highlighted that there was conflicting information concerning the provision of repositioning care. The care records also lacked any reference to the patient being offered a particular method of repositioning as recommended by the attending TVN. Nursing staff stated that the inconsistent records may have resulted from staff failing to record instances of the patient refusing such assistance or whenever the patient was being assisted with toileting needs. It was agreed that such refusals/care interventions should be recorded in an accurate and contemporaneous manner at all times. An area for improvement under the standards was made.

The management of falls was also reviewed. Care records for one patient who had a history of falls and was assessed as being at ongoing risk of falling highlighted inconsistent information within the associated care plan for falls management. Supplementary falls management records, specifically, a monthly falls risk assessment had not been completed following a fall on one occasion in keeping with the home's policy. In addition, a comprehensive risk assessment did not highlight falling as a potential risk. While nursing records did evidence that nursing staff had recorded some clinical observations of the patient following a recent fall, there was no evidence to indicate that neurological observations had also been carried out in keeping with best practice standards. The deputy manager stated that nursing staff are aware of the need to complete neurological observations of any patient following an unwitnessed fall in keeping with the home's policy. An area for improvement under regulation was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the timely review of care plans and collaboration with the multiprofessional team.

Areas for improvement

One area for improvement under regulation was made in regards to the management of falls. A further area for improvement under regulation was stated for a second time in relation to nursing records.

One area for improvement under the standards was made in relation to the repositioning of patients.

	Regulations	Standards
Total number of areas for improvement	1	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were observed to be compassionate and caring. All patients were positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the deputy manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

Feedback received from several patients during the inspection included the following comments:

- "The staff are lovely."
- "The girls treat me very well."
- "It's very good here."
- "The staff treat me very well … the food is good."

Feedback received from patients' relatives/representatives during the inspection included the following comments:

- "The nurses are great."
- "… no concerns."
- "I'm happy enough."
- "My sister and I have no concerns."

In addition to speaking with patients, patients' relatives and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients' relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report, no questionnaires have been returned within the specified timescales. Questionnaire comments received after specified timescales will be shared with the registered manager as necessary.

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.

There were systems in place to obtain the views of patients and their representatives in relation to the delivery of care and the management of the home.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Observation of the evening time meal evidenced that patients were given a choice in regards to the meals being served. The majority of patients chose to eat their meal within their bedroom. Feedback from staff highlighted that as patients received their "Sunday dinner" earlier in the day, most patients preferred a less substantial evening meal within their bedroom on a Sunday evening.

All dining areas appeared to be clean, tidy and appropriately spacious for patients and staff. Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. All patients appeared content and relaxed in their various environments and staff engaged enthusiastically and warmly with patients throughout their meal. It was noted following the evening meal that one patient was seated within their bedroom with stained clothing following their meal. This was highlighted to the deputy manager and the need to ensure that staff promptly attend to patients' personal care needs following eating and drinking was stressed. It was also highlighted by the inspector that within one dining area, there were no tablecloths being used. While it was recognised that the majority of patients within that part of the home preferred to eat their evening meal within their bedroom at that time of day, the need to ensure that all communal dining areas remain suitable at all times for those patients who choose to eat there was emphasised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff communication with patients and staff adherence to the assessed dietary needs 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 deputy manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised. 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 deputy manager confirmed that there was a system in place to ensure that policies and procedures for the home were systematically reviewed on a three yearly basis.

The registration certificate was up to date and displayed appropriately. Discussion with the deputy manager evidenced that the home was operating within its registered categories of care.

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. It was also confirmed with the deputy manager that any expression of dissatisfaction should be recorded appropriately as a complaint.

Discussion with the deputy manager and a 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.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of some of the reports were available for patients, their representatives, staff and trust representatives. However, reports for the periods of August 2018 and September 2018 were unavailable during the inspection. These were submitted to RQIA following the inspection and found to be satisfactory. The need to ensure that such records are maintained and available for inspection at all times is stressed.

Staff recruitment information which is required in compliance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005 were not available for inspection. However, assurances were received from the registered manager following the inspection in relation to existing governance processes which are in place relating to selection and recruitment of staff.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. Review of care records confirmed that the equality data collected was managed in line with best practice guidance.

Discussion with the deputy manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available.

A 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 care records, wound care and the nutritional care of patients. All audits which were sampled had been completed in an effective and robust manner and the deputy manager confirmed that their findings helped to inform ongoing quality improvement within the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff meetings and governance processes which relate to quality assurance and service delivery.

Areas for improvement

No areas for improvement were identified in 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 Jennifer Bell, deputy 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 13 (7) **Stated:** First time **To be completed by:** 4 November 2018	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection. Ref: 6.4
	Response by registered person detailing the actions taken: The issues in relation to infection control have been addressed as follows: The microwave which appeared to be ineffectively cleaned was caused by chipped paint on the interior, the microwave has been discarded. Plasterboard damage in the linen store has been made good. Stained underside of the towel dispenser has been cleaned. Staff have been reminded that soiled linen in dissolvo bags are removed to the laundry immediately . There is an ongoing programe for replacement of vanity units and the identified unit will be addressed as a priority.
Area for improvement 2 **Ref**: Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** With immediate effect	The registered persons must ensure that all cleaning chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times. Ref: 6.4
	Response by registered person detailing the actions taken: Cleaning chemicals required for use by care staff are now securely stored in a locked cupboard in the locked sluice room.
Area for improvement 3 **Ref**: Regulation 13 (1) (a)(b) **Stated:** First time **To be completed by:** With immediate effect	The registered persons shall ensure the following in relation to the management of falls: • neurological observations of the patient will be carried out by nursing staff in keeping with best practice standards • accurate and comprehensive care plans will be maintained by nursing staff at all times • supplementary risk assessments will accurately and meaningfully refer to the risk of falls and be reviewed in a timely manner, as appropriate Ref: 6.5
	Response by registered person detailing the actions taken: In relation to the management of falls: all nursing staff have been advised about the need to complete the neurological observations following an unwitnessed fall and the policy on neurological observations has been made available. Care plans and risk of falls assessment will be reviewed after every fall and at a minimum of monthly.

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref:** Standard 4.9 **Stated:** Second time **To be completed by:** 29 September 2017	The registered person shall ensure that registered nurses are reporting on patients' response to planned care, in accordance with NMC guidelines. **Response by registered person detailing the actions taken:** Nurses have been advised to ensure that all records in supplementary charts accurately correspond with the daily progress notes.
Area for improvement 2 **Ref**: Standard 43 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that all patients have effective access to the nurse call system as required. Ref: 6.4 **Response by registered person detailing the actions taken:** Nurse call leads are now installed in all communal areas.
Area for improvement 3 **Ref**: Standard 44 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that there is sufficient lighting in all relevant areas suitable for the needs of patients at all times. Ref: 6.4 **Response by registered person detailing the actions taken:** Lighting in the corridors and reception areas is on a 2 way switch so that either all lights or alternate lights are lit. It would appear that during the inspection alternate lights were lit as on review no faults were found. Staff have been reminded to ensure that full lighting is on when required.
Area for improvement 4 **Ref**: Standard 44 **Stated:** First time **To be completed by:** 4 November 2018	The registered person shall ensure that there is appropriate internal signage throughout the home which promotes the comfort, safety and orientation of patents at all times. This includes but is not limited to, communal lounges, bathrooms and sluice areas. Ref: 6.4 **Response by registered person detailing the actions taken:** Following the installation of some new doors or painting of doors new signage has now been ordered.

Area for improvement 5 **Ref**: Standard 22 **Stated:** First time **To be completed by:** With immediate effect	The registered persons shall ensure the following in relation to the repositioning of patients: • staff will document all instances of the patient refusing repositioning care or any instances whenever repositioning occurs as a result of other care interventions • staff will adhere to all multiprofessional recommendations relating to the repositioning of patients, as appropriate. Staff will document such care delivery in an accurate and contemporaneous manner at all times Ref: 6.5
	Response by registered person detailing the actions taken: Nurses have been advised to ensure that all records in repositioning supplementary charts accurately correspond with the daily progress notes adhering to multiprofessional recommendations where the resident is compliant and documenting any refusal by the resident.

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

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