

Unannounced Care Inspection Report 9 June 2016



Greenvale House

Type of Service: Nursing Home
Address: 82 – 84 Mill Hill, Castlewellan, BT31 9NB
Tel No: 028 4377 8280
Inspector: Dermot Walsh

1.0 Summary

An unannounced inspection of Greenvale House took place on 9 June 2016 from 09.45 to 17.30.

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

Is care safe?

Safe systems were in place for recruitment and for monitoring the registration status of nursing and care staff. Accidents and incidents were appropriately managed and RQIA was suitably informed of notifications. Staffing levels were adequately maintained. Weaknesses were identified in the delivery of safe care, specifically in relation to compliance with best practice in infection prevention and control (IPC) and in the misuse of equipment. Two requirements have been made to secure compliance and drive improvement. One recommendation in relation to a system to ensure best practice compliance with infection prevention and control has been stated for a second time.

Is care effective?

There was evidence that assessments informed the care planning process. Staff were aware of the local arrangements for referral to health professionals. Communications between health professionals were recorded within the patients' care records. Patients and staff demonstrated confidence and awareness in raising any potential concerns to the relevant people. Two recommendations have been stated for the second time within this domain in relation to the inconsistent recording of bowel management and lack of documented evidence of skin checks at the time of repositioning.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients and their representatives were very praiseworthy of staff and a number of their comments are included in the report. The mealtime experience was observed to be well organised and pleasurable for the patients. One recommendation has been stated for the second time within this domain in relation to the provision of activities.

Is the service well led?

Monthly monitoring visits were conducted consistently and corresponding reports were present and available for review. A notice was displayed informing patients/relatives of the availability of these reports. Many compliments had been received by the home in relation to the care and compassion provided to patients/relatives and some of these comments are contained within this report. Appropriate certificates of registration and public liability insurance were on display. One requirement and one recommendation were made to drive improvement in this domain. Four recommendations made in the previous inspection, as discussed above, will be stated for a second time. Improvements are required in the management of safety alerts and reviewing the quality of nursing and other services provided by the home.

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.

For the purposes of this report, the term 'patients' will be used to describe those living in Greenvale House which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	5*

*The total number of recommendations made includes four recommendations that have been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Barbara Foster, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 3 August 2015. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

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

2.0 Service details

Registered organisation/registered provider: Margaret Foster, Norman Foster, Barbara Foster	Registered manager: Barbara Foster
Person in charge of the home at the time of inspection: Barbara Foster	Date manager registered: 14 May 2010
Categories of care: RC-I, NH-DE, NH-I, NH-PH, NH-PH(E), RC-DE, RC-LD(E) 32 Nursing: 11 Residential. Maximum of nine persons in category RC-DE and one named person in in category RC-LD (E). The home is also approved to provide care on a day basis to one person.	Number of registered places: 43

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 previous care inspection report and the returned quality improvement plan (QIP)
- pre inspection assessment audit.

During the inspection we met with; 11 patients individually and others in small groups, three patient representatives, three care staff, two registered nurses, and one ancillary staff member.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

Questionnaires were also left in the home to facilitate feedback from patients, their representatives and staff not on duty. Nine patient, nine staff and seven patient representative questionnaires were left for completion.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- three patient care records
- staff training records
- staff induction template
- complaints records
- incidents / accidents records since the last care inspection
- minutes of staff meetings
- a selection of audit documentation.
- a recruitment file
- competency and capability assessments for nurse in charge
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- duty rota from 6 to 12 June 2016.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 3 August 2015

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

4.2 Review of recommendations from the last care inspection dated 3 August 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 11.7 Stated: Third time	The registered person should ensure that all care assistants undertake training on skin care and the prevention of pressure ulcers/wounds at the time of induction and regularly thereafter	Met
	Action taken as confirmed during the inspection: A review of training records evidenced that 26 staff had undergone training in pressure ulcer management and four staff had received training on wound management. An assurance was given that those staff who have not attended the training will be given the opportunity to do so.	
Recommendation 2 Ref: Standard 25.13 Stated: First time	It is recommended the annual quality report includes, for example, evidence of consultation with patients, representatives and staff, outcome and action taken in response to patients/representatives satisfaction questionnaires, action taken to address any deficits identified through audit or consultation.	Met
	Action taken as confirmed during the inspection: The Annual Quality Report 2015 was reviewed and this recommendation has been met.	
Recommendation 3 Ref: Standard 19.2 Stated: Second time	The registered manager must ensure that a policy for catheter care is developed in accordance with best practice guidance	Met
	Action taken as confirmed during the inspection: A new policy incorporating catheter care has been developed and last reviewed in April 2016 reflecting best practice guidelines.	
Recommendation 4 Ref: Standard 19.2 Stated: Second time	The registered manager must ensure that additional guidelines on continence management are made available to staff and used on a daily basis	Met
	Action taken as confirmed during the inspection: Additional guidelines on continence management are now available for staff to make reference too.	

<p>Recommendation 5</p> <p>Ref: Standard 36 Criteria (2) (4)</p> <p>Stated: First time</p>	<p>The policy on death and dying, communication and breaking bad news should be reviewed to ensure that they reflect and make reference to best practice guidelines</p> <p>A policy on palliative and end of life care should be developed in line with current regional guidance, such as GAIN Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Care Homes (2013).</p> <p>A system to implement the policies should confirm that all relevant staff have read the documents with evidence of staff signature and date.</p> <p>Action taken as confirmed during the inspection: Policies listed above have now been updated and reflect current best practice guidelines.</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 32</p> <p>Stated: First time</p>	<p>The registered person should ensure that nursing and care staff receive training on palliative and end of life care</p> <p>Action taken as confirmed during the inspection: A review of the training records evidenced that 14 staff to date have received training on end of life care. An assurance was given that those staff who have not attended the training will be given the opportunity to do so.</p>	<p>Met</p>
<p>Recommendation 7</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p>	<p>The registered person should ensure that robust systems are in place to ensure compliance with best practice in infection prevention and control</p> <p>Particular attention should focus on the areas identified on inspection.</p> <p>Action taken as confirmed during the inspection: There was evidence of monthly IPC audits having been conducted. However, a review of the previous audit and evidence found on a walk around the home confirmed that this system was not robust enough to ensure compliance with best practice in IPC.</p> <p>Please see Section 4.3 for further clarification. This recommendation has been stated for a second time.</p>	<p>Not Met</p>

<p>Recommendation 8</p> <p>Ref: Standard 44.13 (E21 + N26)</p> <p>Stated: First time</p>	<p>The registered person should ensure that all wardrobes are to be secured to the walls unless deemed unnecessary by way of individual risk assessment.</p> <hr/> <p>Action taken as confirmed during the inspection: All wardrobes reviewed had been secured to the wall.</p>	<p>Met</p>
<p>Recommendation 9</p> <p>Ref: Standard 11</p> <p>Stated: First time</p>	<p>The registered person should review the provision of activities to ensure the needs of patients in the nursing home are met.</p> <hr/> <p>Action taken as confirmed during the inspection: A programme of activities was not available for review. A patient commented on the 'lack' of activities within the home.</p> <p>Please see Section 4.5 for further clarification. This recommendation has been stated for a second time.</p>	<p>Not Met</p>
<p>Recommendation 10</p> <p>Ref: Standard 37 Criteria (4)</p> <p>Stated: First time</p>	<p>The registered person should ensure a system is in place to ensure documentation such as repositioning charts are accurately recorded in accordance with the patients care plan.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of three patient care records evidenced that supplementary documentation such as repositioning charts had not been appropriately recorded.</p> <p>Please see Section 4.4 for further clarification. This recommendation has not been met and has been stated for a second time.</p>	<p>Not Met</p>
<p>Recommendation 11</p> <p>Ref: Standard 41.8</p> <p>Stated: First time</p>	<p>The registered person should ensure staff meetings take place on a regular basis and at a minimum quarterly. Records are kept which include:</p> <ul style="list-style-type: none"> • The date of all meetings • The names of those attending • Minutes of discussions • Any actions agreed <hr/> <p>Action taken as confirmed during the inspection: Staff meetings had not taken place on a regular basis.</p> <p>Please see Section 4.4 for further clarification. This recommendation has not been met and has been stated for a second time.</p>	<p>Not Met</p>

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 6 – 12 June 2016 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Discussion with staff and review of records confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Information received following the inspection confirmed compliance in the following training: fire (100%); moving and handling (91%); health and safety (99%); first aid (90%); safeguarding (97%); infection prevention and control (95%).

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. However, best practice in compliance with infection prevention and control had not been achieved in the home. This will be discussed further in this domain.

Competency and capability assessments of the nurse in charge of the home in the absence of the manager had been completed appropriately. The registered manager confirmed that they conduct all of these assessments. The completed assessments had been signed by the registered nurse and verified by the registered manager as successfully completed.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) were appropriately managed. NMC and NISCC checks were monitored monthly and evidenced within a file.

A review of the recruitment process evidenced a safe system in practice. Relevant checks and interviews had been conducted prior to the staff member commencing in post.

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

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

Review of a random selection of records pertaining to accidents, incidents and notifications forwarded to RQIA since 3 August 2015 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. Rooms and communal areas were clean and spacious. Fire exits and corridors were observed to be clear of clutter and obstruction. The grounds outside were well maintained.

The following issues were identified which were not managed in accordance with best practice guidelines in infection prevention and control (IPC):

- inappropriate storage in identified rooms
- unlaminated signage
- pull cords in use without appropriate covering
- bar of soap and nailbrush observed in communal bathroom
- personal protective equipment holders within communal toilets

The above issues were discussed with the registered manager and a requirement was made. An assurance was provided by the registered manager that these areas would be addressed with staff and measures taken to prevent recurrence. A recommendation was made in the previous QIP that management systems are put in place to ensure compliance with best practice in infection prevention and control. This recommendation has been, stated for a second time.

During a review of the environment, two mattresses were observed in identified en-suite bathrooms. Discussion with the registered manager confirmed that the mattresses were being used as 'crash mats' which is a protective measure used to prevent injury if the patient poses an assessed risk of falling out of bed. A requirement was made to ensure that appropriate equipment, suitable for the purpose it was intended, is used to maintain the safety of patients within the home.

Areas for improvement

It is required that the registered person ensures the infection control issues identified on inspection are managed to minimise the risk and spread of infection.

It is required that the registered person ensures the use of mattresses as crash mats ceases immediately and equipment is only used for the purpose for which is intended.

Number of requirements	2	Number of recommendations:	0
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4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Care plans had been personalised to meet the individual needs of the patients and had been reviewed monthly. All records reviewed contained a monthly evaluation of each activity of daily living.

Staff demonstrated an awareness of patient confidentiality in relation to the storage of records. Records were stored securely in lockable cabinets at the nursing stations. A review of bowel management records and repositioning charts evidenced these had not been completed in accordance with best practice guidelines. Records in the 'bowel book' made reference to the Bristol Stool Chart although these were not always reflected within the patient's daily evaluation notes. Long gaps between bowel movements were noted in the 'bowel book' and this was not reflected within the daily evaluation records. Repositioning charts were recorded inconsistently with regards to evidencing skin checks at the time of repositioning. A recommendation made in the previous QIP with regard to the accurate recording of supplementary documentation has been stated for a second time (see Section 4.2).

Registered nurses were aware of the local arrangements and referral process to access relevant healthcare professionals, for example General Practitioner's (GP), SALT, dietician and TVN. Care records reviewed reflected recommendations prescribed by other healthcare professionals.

Discussion with the registered manager confirmed that a staff meeting for registered nurses had occurred on 13 October 2015. Minutes were available of this meeting to review. A meeting scheduled for care assistants on the same date was recorded as no attendees. There was no evidence of any further meetings conducted within the home. Two staff consulted on the day of inspection and two staff questionnaire respondents expressed concern at the availability of staff meetings. A recommendation made in the previous QIP regarding staff meetings has been stated for a second time (see Section 4.2).

The registered manager confirmed that an annual survey was sent to all patients' families and the results would be compiled via an outside agency. Feedback would then be sent to the homes' management in a report format. The registered manager confirmed this information would be included within the Annual Quality Report and discussed at staff meetings and/or through supervision and appraisal. The registered manager also confirmed plans to recommence patient and relatives meetings.

The registered manager confirmed that they operate an 'open door policy' and are available to discuss any issues with staff, patients and/or relatives. The registered manager also confirmed that they would undertake a morning and an afternoon walk around the home and would avail of the opportunity to engage with patients and relatives at this time.

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.

Patients and representatives were confident in raising any concerns they may have with the staff and/or management.

Areas for improvement

No new areas for improvement were identified during the inspection.

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. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. Nine staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Five of the questionnaires were returned within the timescale for inclusion in the report. On inspection two registered nurses, three carers and one ancillary staff member were consulted to ascertain their views of life in Greenvale.

Some staff comments were as follows:

'It's lovely here.'

'It's a hundred percent here.'

'It has a relaxed atmosphere here.'

'You can be kept busy but I really like it here.'

As previously stated in Section 4.4 staff were concerned regarding the availability of staff meetings and this was discussed with the registered manager at feedback. Two staff responding in questionnaires also expressed concern on the patient information acquired prior to their admission. They felt that the information from assessments of patients were at times 'inadequate.' The registered manager was informed of these concerns following the inspection.

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Consultation with 11 patients individually, and with others in smaller groups, confirmed that, in their opinion, the care was safe, effective, compassionate and well led.

Some patient comments were as follows:

'I love it here. Where would you get better?'

'It's nice here.'

'It's very good.'

'There's a lot of human kindness here.'

'It's very airy and bright.'

Nine patient questionnaires were left in the home for completion. No patient questionnaires were returned within the timeframe.

Three patient representatives were consulted on the day of inspection.

Some representative comments were as follows:

'I am very happy with the care provided here.'

'We're delighted to have ... here. He is so much more settled and the staff are brilliant.'

'Overall we are very satisfied here.'

Seven relative questionnaires were left in the home for completion. No relative questionnaires were returned.

The serving of lunch was observed in the main dining room. The mealtime was well supervised. Food was served in an organised manner; when patients were ready to eat or be assisted with their meals. Staff wore appropriate aprons when serving or assisting with meals and patients were provided with dignified clothing protectors. A selection of condiments were on the tables and a range of drinks were offered to the patients. The food appeared nutritious and appetising. Discussion with the cook and the registered manager confirmed the menu was last reviewed in August 2014. Following discussion it was agreed with the registered manager that the menu would be reviewed. A record of dietary requirements for each patient was maintained in the kitchen and included patients' likes and dislikes. This was signed by the nurse carrying out the assessment and reviewed and signed by the cook. The mealtime experience was observed to be well organised and pleasurable for the patients.

One patient consulted during the inspection made comment on what they perceived to be a 'lack of activities' in the home. There was no programme of activities available and no clearly defined activity provision. However, staff confirmed that activities did take place. A recommendation made in the previous QIP regarding the provision of activities was stated for the second time (see Section 4.2).

Areas for improvement

No areas for improvement were identified during the inspection under the compassionate domain.

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

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

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

Discussion with the registered manager and review of the home's complaints record evidenced that the last recorded complaint was on 10 January 2012. This was discussed with the registered manager and it was agreed that any complaints / concerns or any dissatisfaction reported in the home were recorded and managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. A complaints procedure was included within the homes 'Welcome Pack.'

Policies and procedures were maintained in a file and located at the nurses' station. A compliments file was maintained to record and evidence compliments received. Some examples of compliments received are as follows:

'Many thanks for all the beautiful moments you created for mummy.'

'We would like to thank you so much for the tender and loving attention you provided to our dad.'

'I am writing to express my personal thanks to you and all the staff who without exception were kind and loving to both my parents.'

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussion with the registered manager and review of records evidenced that inadequate systems were in place to monitor and report on the quality of nursing and other services provided. For example, there was no evidence of audits having been conducted on accidents; incidents; wound management and/or complaints. Audits had been conducted on care records; clinical practice and IPC. The IPC audit was reviewed on inspection. There was no evidence of who conducted the audit or the date of the audit. No action plan had been developed to address any identified shortfalls. There was no evidence that the audit had been reviewed or verified by the registered manager. A requirement was made to develop additional systems to review the quality of nursing and other services provided within the home.

Safety alerts and notices were reviewed by the registered manager on receipt and, where appropriate, were shared with staff. However, a robust system was not in place to ensure that all relevant staff had read the communication or had been notified about it. The registered manager confirmed that the communications would be maintained within a file at the nurses' station and it would be the expectation that these communications would be shared during the staff handovers. A recommendation has been made that a safe system and procedure is developed to ensure the effective management of safety alerts and notices.

Discussion with the registered manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated within the report to address any areas for improvement and a review of the previous action plan was included within the report. Copies of the reports were available for patients, their representatives, staff and trust representatives. A notice was displayed regarding the availability of the Regulation 29 monthly monitoring reports. This is good practice.

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

As previously discussed issues were identified with the management of infection prevention and control practices, completion of care records, provision of activities, governance systems to monitor the quality of care and the management of urgent communications, safety alerts and notices. Two requirements and one recommendation were made within the other three domains, and four recommendations have been stated for the second time.

In considering the findings from this inspection and the requirements and recommendations that have been made/stated for a second time regarding safe, effective and compassionate care, this would indicate the need for more robust management and leadership in the home.

Areas for improvement

It is required that additional systems to monitor the quality of nursing and other services within the home are developed.

It is recommended that the system to manage safety alerts and notices is reviewed to ensure that these are shared with all relevant staff.

Number of requirements	1	Number of recommendations:	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Barbara Foster, 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 Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions taken by the Registered Provider

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

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

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 14 July 2016</p>	<p>The registered person must ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: Section 4.3</p> <p>Response by registered person detailing the actions taken: A more thorough infection control audit is being carried out within the Home, taking into consideration the areas discussed during the inspection.</p>
<p>Requirement 2</p> <p>Ref: Regulation 12 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 14 June 2016</p>	<p>The registered provider must ensure that all equipment used within the home is only used for the purpose for which it is designed. The use of bed mattresses as crash mats must cease.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: This ceased immediately and crash mats were purchased. It is recorded in individual patient care plans if these are in use.</p>
<p>Requirement 3</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p> <p>To be completed by: 15 August 2016</p>	<p>The registered provider must develop additional systems to review the quality of nursing and other services provided within the home.</p> <p>Ref: Section 4.6</p> <p>Response by registered provider detailing the actions taken: Additional systems have been put in place to review the quality of services provided within the Home.</p>
<h3>Recommendations</h3>	
<p>Recommendation 1</p> <p>Ref: Standard 46 Criteria (2)</p> <p>Stated: Second time</p> <p>To be completed by: 31 July 2016</p>	<p>The registered person should ensure that robust systems are in place to ensure compliance with best practice in infection prevention and control</p> <p>Particular attention should focus on the areas identified on inspection.</p> <p>Ref: Section 4.2, 4.3</p> <p>Response by registered provider detailing the actions taken: Infection control audits are being carried out in the Home on a monthly basis, taking into consideration the areas discussed by the inspector.</p>

<p>Recommendation 2</p> <p>Ref: Standard 11</p> <p>Stated: Second time</p> <p>To be Completed by: 31 August 2016</p>	<p>The registered person should review the provision of activities to ensure the needs of patients in the nursing home are met.</p> <p>Ref: Section 4.2, 4.5</p> <hr/> <p>Response by registered provider detailing the actions taken: An activities programme is being developed, including ideas from patients to ensure that the needs of the patients in the Nursing Home will be met.</p>
<p>Recommendation 3</p> <p>Ref: Standard 37 Criteria (4)</p> <p>Stated: Second time</p> <p>To be Completed by: 31 July 2016</p>	<p>The registered person should ensure a system is in place to ensure documentation such as repositioning charts are accurately recorded in accordance with the patients care plan.</p> <p>Ref: Section 4.2, 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: This has been highlighted to all staff to ensure that they are accurately recorded. Spot checks will take place.</p>
<p>Recommendation 4</p> <p>Ref: Standard 41 Criteria (8)</p> <p>Stated: Second time</p> <p>To be Completed by: 31 August 2016</p>	<p>The registered person should ensure staff meetings take place on a regular basis and at a minimum quarterly. Records are kept which include:</p> <ul style="list-style-type: none"> • The date of all meetings • The names of those attending • Minutes of discussions • Any actions agreed <p>Ref: Section 4.2, 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: Staff meetings will be held on a regular basis and will include the above.</p>
<p>Recommendation 5</p> <p>Ref: Standard 17</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2016</p>	<p>The registered person should ensure a system is in place to manage safety alerts and notifications.</p> <p>Ref: Section 4.6</p> <hr/> <p>Response by registered person detailing the actions taken: Although a system is in place, there was no evidence to show how these are communicated to staff if relevant to the Home. In future any relevant alerts will be shown to staff and they will sign to say that they have read and understood same.</p>

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



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