

Unannounced Care Inspection Report 11 May 2017



Greenvale House

Type of service: Nursing Home
Address: 82-84 Mill Hill, Castlewellan, BT31 9NB
Tel no: 028 4377 8280
Inspector: Dermot Walsh

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Greenvale House took place on 11 May 2017 from 09.30 to 17.00 hours.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

Relevant checks were conducted within the recruitment process prior to a staff member commencing in post. RQIA were suitably informed of notifications under Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. A safe system for monitoring compliance with mandatory training was in place. Requirements were made in response to deficits in compliance with infection prevention and control (IPC). These matters had been raised previously and there had been limited evidence of improvement. Further requirements were made in regard to post falls management and completion of competency and capability assessments for the nurse in charge of the home in the absence of the registered manager. Recommendations have been made on the checking of patient dependency levels, training on dementia care, review of accidents/incidents and a system to ensure that staff appraisals and supervisions are conducted.

Is care effective?

Risk assessments had been conducted and informed subsequent care plans. Care plans had been personalised to meet patients' needs. Staff consulted knew their role, function and responsibilities. A requirement has been made on the management of the repositioning of patients. A recommendation has been made on bowel management. A recommendation made on the frequency of staff meetings has been stated for the third and final time. This matter had been raised previously and there has been limited evidence of improvement.

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. A recommendation made on the provision of activities has been stated for the third and final time. One recommendation has been made in regards to patients' choice at mealtimes.

Is the service well led?

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. Complaints received had been managed appropriately. Two recommendations were made in the well led domain in regard to the management of audits and the detail included within monthly monitoring reports. Requirements and recommendations made within the safe, effective and compassionate domains also reflect on the well led domain.

Despite matters being raised previously, this inspection was unable to evidence positive outcomes for patients. Four recommendations stated twice previously continue to be non-compliant. This and the additional findings of this inspection has led to discussion at a senior level within RQIA. Two recommendations made previously on the provision of activities and staff meetings will be stated for the third and final time. Two recommendations made previously in regards to infection prevention and control (IPC) and repositioning have been elevated to requirements.

Further inspection will be undertaken to validate that compliance has been achieved and sustained.

The term 'patients' is used to describe those living in Greenvale House which provides both nursing and residential care.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	6*	10*

*The total number of requirements and recommendations includes two requirements which have been stated for the second time, two recommendations stated for the third and final time and two previous recommendations which have now been stated as requirements

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 announced premises inspection undertaken on 24 January 2017. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

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

2.0 Service details

Registered organisation/registered provider: 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: 1 April 2005
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 9 persons in category RC-DE and 1 named person in category RC-LD(E). The home is also approved to provide care on a day basis to 1 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 QIP
- pre inspection assessment audit

During the inspection we met with 12 patients individually and others in small groups, three patient representatives, five 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. Ten patient, 10 staff and eight patient representative questionnaires were left for completion.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- five 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
- 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 for the period 4 to 17 May 2017

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 24 January 2017

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector and will be validated at the next premises inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 9 June 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13 (7) Stated: First time	<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>Action taken as confirmed during the inspection: A review of the environment evidenced that best practice compliance with IPC had not been achieved. See section 4.3 for further information.</p> <p>This requirement has not been met and will be stated for the second time.</p>	Not Met
Requirement 2 Ref: Regulation 12 (2) (a) Stated: First time	<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>Action taken as confirmed during the inspection: All equipment observed in use in the home was used for the purpose in which it was designed.</p>	
Requirement 3 Ref: Regulation 17 (1) Stated: First time	<p>The registered provider must develop additional systems to review the quality of nursing and other services provided within the home.</p> <p>Action taken as confirmed during the inspection: Additional systems had not been developed to review the quality of nursing. Weaknesses were also identified with the current systems. See section 4.6 for further information.</p> <p>This requirement has not been met and will be stated for the second time.</p>	Not Met

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 46 Criteria (2) Stated: Second time	The registered person should ensure that robust systems are in place to ensure compliance with best practice in infection prevention and control Particular attention should focus on the areas identified on inspection.	Not Met
	Action taken as confirmed during the inspection: A review of the environment evidenced that best practice compliance with IPC had not been achieved. See section 4.3 for further information. This recommendation has not been met and has now been stated as a requirement following consultation with senior management in RQIA.	
Recommendation 2 Ref: Standard 11 Stated: Second time	The registered person should review the provision of activities to ensure the needs of patients in the nursing home are met.	Partially Met
	Action taken as confirmed during the inspection: Improvement was evident in the nursing unit with the provision of activities. Further improvement was required within the residential unit. See section 4.5 for further information. This recommendation has not been fully met and has now been stated for the third and final time following consultation with senior management in RQIA.	
Recommendation 3 Ref: Standard 37 Criteria (4) Stated: Second time	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.	Not Met
	Action taken as confirmed during the inspection: A review of supplementary documentation evidenced that this recommendation has not been met. See section 4.4 for further information. This recommendation has not been met and has now been stated as a requirement following consultation with senior management in RQIA.	

<p>Recommendation 4</p> <p>Ref: Standard 41 Criteria (8)</p> <p>Stated: Second 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 	<p>Not Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and staff and a review of the staff meeting records evidenced that staff meetings had not occurred on a regular basis.</p> <p>This recommendation has not been met and has now been stated for the third and final time following consultation with senior management in RQIA.</p>		
<p>Recommendation 5</p> <p>Ref: Standard 17</p> <p>Stated: First time</p>	<p>The registered person should ensure a system is in place to manage safety alerts and notifications.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and staff evidenced a system was in place to manage safety alerts and notifications.</p>		

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home. A review of the staffing rota from 4 to 17 May 2017 evidenced that the planned staffing levels were adhered to. There were no records available of patient dependency level assessments conducted to determine staffing levels and skill mix. This was discussed with the registered manager and a recommendation was made. Discussion with staff evidenced that there were no concerns regarding staffing levels. Discussion with patients and their representatives evidenced that one patient and one relative had concerns regarding the provision of activities within the residential unit. This is further discussed in section 4.5. One respondent within a relative's questionnaire was of the opinion that the home was understaffed.

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. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

Discussion with staff and review of records confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

An induction booklet was completed and signed by the new employee and the staff member responsible for completion of the induction.

Discussion with the registered manager and review of staff training records evidenced that a system was in place to monitor staff attendance at mandatory training. Staff consulted confirmed that in their opinion the training provided by the home was good. However, following a discussion with the registered manager and staff and a review of the registration categories of the home, a recommendation was made to review the training provision regarding dementia care.

Competency and capability assessments of the nurse in charge of the home in the absence of the registered manager had not been appropriately completed for all of the relevant staff and a requirement was made. The nurse in charge of the home, in the absence of the registered manager, had not been identified on the duty rota. This was discussed with the registered manager who agreed to review the duty rota to ensure the nurse in charge was identified.

Discussion with staff and with the registered manager evidenced that a system was not in place to ensure staff appraisals were conducted annually and supervision with staff was completed twice yearly. A recommendation was made.

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. An adult safeguarding champion had been identified for the home.

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.

Notifications had been appropriately forwarded to RQIA from the previous inspection of 9 June 2016. However, accidents and incidents were not reviewed monthly to identify any potential patterns or trends to reduce the risk of falls in the home. A recommendation was made. Inspection of accident records evidenced that two unwitnessed falls had occurred. Records indicated that central nervous system (CNS) observations were not taken immediately following the incident and monitored for 24 hours. This was discussed with the registered manager and a requirement was made to ensure post falls management was conducted in compliance with best practice guidance.

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Bedrooms and communal areas were clean and spacious. Fire exits and corridors were observed to be clear of clutter and obstruction.

The following issues were not managed in accordance with best practice guidelines in IPC:

- inappropriate storage in identified rooms
- shower chairs not effectively cleaned after use
- shower chairs rusting
- unlaminated signage
- pull cords in place without appropriate covering
- records not maintained of deep cleaning in the home

The above issues were discussed with the registered manager and an assurance was provided by the registered manager that these areas would be addressed with staff and measures taken to prevent recurrence. A requirement made on the previous inspection in this regard has now been stated for the second time. A recommendation made for the second time on the previous inspection in regard to a more robust management system to be put in place to ensure compliance with best practice in IPC has now been stated as a requirement. See section 4.6 for further information.

There was evidence that fire drills had been conducted and reports made of each fire drill including positive and negative comments for staff to review.

Areas for improvement

It is required that competency and capability assessments for the nurse in charge are completed for registered nursing staff prior to the staff member taking charge of the home in the absence of the registered manager.

It is required that post falls management is conducted in compliance with best practice guidance.

It is recommended that patient dependency levels are monitored to inform staffing arrangements and that a record of these checks are maintained within the home.

It is recommended that staffs' training on dementia care is reviewed to ensure that all staff have received appropriate training conducive to their role.

It is recommended that a system is developed to ensure staff receive an annual appraisal and twice yearly supervision.

It is recommended that accidents and incidents in the home are reviewed monthly to identify any patterns or trends to prevent recurrence.

Number of requirements	2	Number of recommendations	4
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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.

Supplementary care records in regards to bowel management, repositioning and food/fluid intake were reviewed. A daily food/fluid intake chart had been diligently recorded on all three patients records reviewed. Bowel management recording on four of five patient care records reviewed required improvement. One patient's bowel management records indicated eight days between bowel movements. The second patient's bowel management records made no further reference to bowel management four days after the recording of a loose bowel movement. Gaps of up to eight days without a recorded bowel motion were observed within a further two patients' care records. This was discussed with the registered manager and a recommendation was made.

Repositioning records were reviewed. Two out of three of the patients' records reviewed were not in compliance with the patients' care plans. For example, one patient's care, planned as requiring two hourly repositioning, had gaps evident within their repositioning charts of 13 hours and seven hours between repositioning. The frequency of repositioning was recorded as four hourly on the repositioning chart. A second patient's repositioning records indicated that they had been repositioned on one occasion between 07.20 and 01.10 the following day. This was discussed with the registered manager and a recommendation stated for the second time in this regard on the previous inspection has now been stated as a requirement.

Patient/representative involvement in care assessment and planning was included within all of the patient care records reviewed in the form of a signed 'plan of care' agreement form.

Discussion with the manager and staff confirmed that one staff meeting was conducted from the last care inspection. Minutes of the meeting was available for review and included details of attendees; dates; topics discussed and decisions made. Three respondents in staff questionnaires indicated that there were not regular staff meetings. A recommendation regarding the frequency of staff meetings stated at the previous inspection for the second time has now been stated for the third and final time.

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

Staff consulted 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

It is recommended that bowel management records are recorded contemporaneously and include any action/s taken where there is any variation from the patients' care plans.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

Two registered nurses, five carers and one ancillary staff member were consulted to ascertain their views of life in Greenvale. Staff confirmed that when they raised a concern, they were happy that the home's management would take their concerns seriously. Ten staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Three of the questionnaires were returned within the timescale for inclusion in the report.

Some staff comments were as follows:

“I really enjoy working here.”

“It’s fine. The work is physically hard but I enjoy working with people.”

“I like working here.”

“It’s fine. It’s good here.”

“We all get on really well together.”

“I love it here.”

“It’s very flexible in a good way.”

“There needs to be a more effective handover scheme.”

Twelve patients were consulted. 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.

Some patient comments were as follows:

“It’s good in here.”

“It’s not bad here.”

“I like it well now.”

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

Three patient representatives were consulted with on the day of inspection. Eight relative questionnaires were left in the home for completion. Four relative questionnaires were returned. The respondents indicated that they were satisfied or very satisfied with the care provided in the home.

Some relatives’ comments were as follows:

“I find the care here very very good.”

“The girls are great but I would like to see them (the patients) with something to do. Would like to see them outside more. Seem to sit around all day.”

“If we have any concerns we just ask and the answers come.”

“Sometimes the home seems understaffed.”

All comments received in questionnaires were passed to the registered manager following the inspection for review.

Staff interactions with patients were observed to be compassionate, caring and timely. Discussion with patients and staff evidenced that arrangements were in place to meet patients’ religious and spiritual needs within the home.

The serving of lunch was observed in the main dining room downstairs. Lunchtime commenced at 13.00 hours. Patients were seated around tables which had been appropriately laid for the meal. Food was served from the kitchen when patients were ready to eat or be assisted with their meals. Food appeared nutritious and appetising. The mealtime was well supervised. Staff consulted confirmed that where possible there would be a staff member at each table to help assist with meals and that this would also facilitate in the accurate recording of food/fluid intake records. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. Condiments were available on tables and a range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience.

A menu was on display on a noticeboard at the nurses’ station reflecting the food served. A review of the menu evidenced that patients were offered one meal option. A statement on the menu informed that alternative choices were always available from the kitchen on request. This was discussed with the registered manager and a recommendation was made to include a second meal option on the menu to allow patients a choice of meal and if necessary they may still request an alternative option.

Improvements were observed on the provision of activities within the nursing unit. Staff consulted confirmed that a programme of activities had been developed and staff had been identified on the duty rota to provide the activity suggested for the day. However, there was no programme of activities evident within the residential unit. Discussion with a relative and a patient confirmed that activities did not regularly take place. This was discussed with the registered manager and a recommendation on the provision of activities stated for the second time in the previous inspection has now been stated for the third and final time.

Areas for improvement

It is recommended that an alternative meal choice is identified on the patients’ menu to allow patients to have a choice of meal or select an alternative if they wish.

Number of requirements	0	Number of recommendations	1
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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 records evidenced that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. The complaints procedure was included within the Patient’s Guide.

A compliments file was maintained to record and evidence compliments received.

Some examples of compliments received are as follows:

- “Words are inadequate to convey our very sincere thanks for the way you all looked after”
- “We all appreciated the sensitive and professional manner in which you allowed us to continue mummy’s care as we as a family wanted it.”
- “Once again thanks for making his time with you comfortable in a lovely home.”

Discussion with the registered manager and review of records evidenced that some systems were in place to monitor and report on the quality of nursing and other services provided. For example, monthly audits were completed in accordance with best practice guidance in relation to patient care records and IPC. Additional systems to review the quality of nursing and other services provided within the home had not been developed. This was a requirement of the previous inspection of 9 June 2016 and has been stated for the second time. An IPC audit was reviewed. Shortfalls had been identified within the audit. However, an action plan to address identified shortfalls had not been developed. There was no evidence that the shortfalls had been reviewed following the audit to ensure that they had been appropriately managed. A recommendation was made.

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 monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. A recommendation was made to ensure that the monthly monitoring reports were further developed to include the additional governance arrangements within the home to ensure the quality of services are monitored and/or maintained. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Areas for improvement

It is recommended that an action plan is developed to address identified shortfalls within auditing records and that this action plan is reviewed to ensure completion of actions.

It is recommended that the monthly monitoring report is further developed to include the additional governance arrangements within the home to ensure the quality of services are monitored and/or maintained.

Number of requirements	0	Number of recommendations	2
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5.0 Quality improvement plan

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

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

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

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

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 13 (7) Stated: Second time To be completed by: 31 May 2017	<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 4.2, 4.3</p> <p>Response by registered provider detailing the actions taken: Areas addressed on day of inspection have been reviewed and are now monitored daily. Staff have been made aware of maintaining same.</p>
Requirement 2 Ref: Regulation 17 (1) Stated: Second time To be completed by: 31 May 2017	<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 4.2, 4.6</p> <p>Response by registered provider detailing the actions taken: Additional audits have been implemented in the Home on a monthly basis (or more frequently if we deem it necessary) to review the quality of nursing services provided within the Home.</p>
Requirement 3 Ref: Regulation 13 (7) Stated: First time To be completed by: 31 May 2017	<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: Environmental audits have been reviewed taking into account the areas identified on the day of inspection.</p>
Requirement 4 Ref: Regulation 13 (1) (a) and (b) Stated: First time To be completed by: 15 May 2017	<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> <p>Response by registered provider detailing the actions taken: New regime in place after discussion with staff to ensure accurate recording of patient's repositioning charts.</p>

<p>Requirement 5</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: First time</p> <p>To be completed by: 18 May 2017</p>	<p>The registered person must ensure that competency and capability assessments for the nurse in charge are conducted on registered nursing staff prior to the staff member taking charge of the home in the absence of the registered manager.</p> <p>Ref: Section 4.3</p>
<p>Requirement 6</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 12 May 2017</p>	<p>The registered person must ensure good practice guidance is adhered to with regard to post falls management.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: Competency and capability assessments are completed for Staff Nurses now, and also for SCA's taking charge of the Home.</p> <p>Response by registered provider detailing the actions taken: Post-falls management has been addressed and staff have been advised at staff meeting re same.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 11</p> <p>Stated: Third time</p> <p>To be completed by: 14 June 2017</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> <p>This recommendation is stated for the third and final time</p> <p>Response by registered provider detailing the actions taken: Provision of activities has been reviewed and staff have been made aware of this. The new activities schedule is now being used by Residential and Nursing.</p>
<p>Recommendation 2</p> <p>Ref: Standard 41 Criteria (8)</p> <p>Stated: Third time</p> <p>To be completed by: 14 June 2017</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> <p>This recommendation is stated for the third and final time</p> <p>Response by registered provider detailing the actions taken: Staff meetings are being held and will be held on a quarterly basis, records are kept.</p>

<p>Recommendation 3</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 11 June 2017</p>	<p>The registered person should ensure that patient dependency levels are monitored to inform staffing arrangements and that records of these checks are maintained within the home.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: Patient dependency levels are looked at on a monthly basis or more often if manager feels the need.</p>
<p>Recommendation 4</p> <p>Ref: Standard 25</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2017</p>	<p>The registered person should ensure that staffs' training on dementia care is reviewed to ensure that all staff have received appropriate training conducive to their role.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: Manager sourcing training on dementia for all staff.</p>
<p>Recommendation 5</p> <p>Ref: Standard 40</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2017</p>	<p>The registered person should ensure that a system is developed to ensure staff receive an annual appraisal and twice yearly supervision.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: Staff Nurses have been trained and assigned care assistants for whom they are responsible for completing appraisals and supervision.</p>
<p>Recommendation 6</p> <p>Ref: Standard 35 Criteria (8)</p> <p>Stated: First time</p> <p>To be completed by: 11 June 2017</p>	<p>The registered person should ensure that accidents and incidents in the home are reviewed monthly to identify any patterns or trends to prevent recurrence.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: Accidents and incidents are reviewed monthly to help identify potential trends.</p>
<p>Recommendation 7</p> <p>Ref: Standard 4 Criteria (9)</p> <p>Stated: First time</p> <p>To be completed by: 18 May 2017</p>	<p>The registered person should ensure that bowel management records are recorded contemporaneously and include any action/s taken where there is any variation from the patients' care plans.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: Bowel records have been reviewed and discussed with staff. Staff suggest current bowel management records are not suffice, this was discussed at our 29 June staff meeting and we have agreed a new format for the next month.</p>

<p>Recommendation 8</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2017</p>	<p>The registered person should ensure that an alternative meal choice is identified on the patients' menu to allow patients to have a choice of meal or select an alternative if they wish.</p> <p>Ref: Section 4.5</p> <hr/> <p>Response by registered provider detailing the actions taken: Alternative meal choices are available for patients.</p>
<p>Recommendation 9</p> <p>Ref: Standard 35 Criteria (16)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2017</p>	<p>The registered person should ensure that an action plan is developed to address identified shortfalls within auditing records and that this action plan is reviewed to ensure completion of actions.</p> <p>Ref: Section 4.6</p> <hr/> <p>Response by registered provider detailing the actions taken: When monthly audits are carried out any shortfalls that are addressed or noted, and action plan/date for completion are noted on same.</p>
<p>Recommendation 10</p> <p>Ref: Standard 35 Criteria (7)</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2017</p>	<p>The registered person should ensure that that the monthly monitoring report is further developed to include the additional governance arrangements within the home to ensure the quality of services are monitored and/or maintained.</p> <p>Ref: Section 4.6</p> <hr/> <p>Response by registered provider detailing the actions taken: Monthly monitoring report has been reviewed to include the additional governance arrangements within the Home, as discussed on the day of inspection.</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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