

Unannounced Care Inspection Report 2 November 2017



Kingsland Care Centre

Type of Service: Nursing Home (NH)
Address: 252 Seacliff Road, Bangor, BT20 5HT
Tel no: 028 9127 3867
Inspector: Liz Colgan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 41 persons.

3.0 Service details

Organisation/Registered Provider: Larchwood Care Homes (NI) Ltd	Registered Manager: Susannah Virginia Curry
Responsible Individual: Christopher Walsh	
Person in charge at the time of inspection: Susannah Virginia Curry	Date manager registered: 29 December 2014
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 TI – Terminally ill.	Number of registered places: 43

4.0 Inspection summary

An unannounced inspection took place on 2 November 2017 from 09.40 to 15.40.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, the management of complaints, incidents, and maintaining good working relationships. There were some examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

Areas for improvement under regulation were identified in relation to infection, prevention and control (IPC) practices, fire safety and training for registered nurses in the management and delivery of the care planning process. Areas for improvement under the standards were identified in regards to the environment, mealtimes, governance processes in relation to the assessment of patients' care needs; care planning and the delivery of care and ensuring effective quality assurance and governance arrangements are in operation.

As a result of this inspection, RQIA was concerned that evidence gathered during the inspection had the potential to impact upon the delivery of safe, effective and compassionate and well led care. A decision was taken to hold a concerns meeting to discuss these issues and review the action plan submitted by the responsible individual. The meeting took place at RQIA on 9 November 2017.

During the concerns meeting the responsible individual acknowledged the failings and provided a full account of the actions and arrangements made to ensure the improvements were achieved. RQIA were satisfied with the action plan and assurances provided. 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	*8

*The total number of areas for improvement includes one area of improvement against the regulations stated for the second time and one area for improvement against the standards stated for the third and final time.

Details of the Quality Improvement Plan (QIP) were discussed with Susannah Curry, 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.

4.2 Action/enforcement taken following the most recent inspection dated 4 January 2017

The most recent inspection of the home was an announced premises inspection undertaken on 4 January 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 12 patients, six staff, and three patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for relatives and eight for patients were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA directly.

The following records were examined during the inspection:

- duty rota from 9 October to 5 November 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- three staff recruitment and induction file
- four patient care records
- six patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- compliments received
- staff register
- minutes of staff, relative and patients' meetings
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 4 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.

6.2 Review of areas for improvement from the last care inspection dated 18 October 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 30 Stated: First time	The registered provider must ensure that any unwitnessed fall is considered as a potential head injury and treated accordingly.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that any unwitnessed fall was considered as a potential head injury and was treated accordingly.	
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered provider must ensure that medicines are appropriately administered to patients. Medicines must <u>not</u> be left with a patient after having been signed as administered by registered nursing staff.	Met
	Action taken as confirmed during the inspection: Observation and discussion with the registered manager confirmed that medicines were appropriately administered to patients or left with a patient after having been signed as administered by registered nursing staff.	
Area for improvement 3 Ref: Regulation 20 (1) (c) (iii) Stated: First time	The registered provider must ensure that the registered nursing staff team receive appropriate training in the management and delivery of the care planning process.	Partially met
	Action taken as confirmed during the inspection: Training had been provided for the registered nursing staff team in the management and delivery of the care planning process. However this training had not been embedded into practice as the daily progress records did not fully refer to plans of care. The index of care plans in each patient's folder was still blank.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 12 Criteria (6) (15) (22) Stated: Second Time	The registered person should ensure that the meals and mealtime experience for the patient is reviewed in that: <ul style="list-style-type: none"> • The entire mealtime in the dining area is appropriately supervised by staff to ensure any risks involved with eating and drinking are managed. • Condiments are provided on the dining table or patients' trays suitable to patient tastes. 	Partially met
	Action taken as confirmed during the inspection: Observation of the lunchtime meal evidenced that: <ul style="list-style-type: none"> • The entire mealtime in the dining area was appropriately supervised by staff to ensure any risks involved with eating and drinking are managed. • On the first floor condiments were not provided on the dining tables or patients' trays appropriately set up. <p>Meal presentation is an area for improvement stated for the third and final time.</p>	

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 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. However on the day of the inspection a member of staff rang to inform the home that they would not be duty. The morning shift was unable to be filled by bank or agency.

Discussion with patients, representatives and staff evidenced some concerns regarding staffing levels. Two patients stated that at times staffing was short and their call alarms were not always answered promptly and when rushing some staff could be more caring than others. This matter was discussed with the registered manager. A comment received from a completed patient representative questionnaire in regards to staffing is referenced further in section 6.6.

The staffing levels for registered nurses, care staff and ancillary staff were discussed during inspection and as part of the concerns meeting post inspection. Medicine administration ended at 11.45 on the morning of the inspection and was protracted due to an unexpected medical emergency which occurred in the home. The registered manager confirmed that the morning routines of the home are monitored daily to ensure that care is delivered in a timely manner.

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 AccessNI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Review of records evidenced staff have received supervision and appraisal as required and that competency and capability assessments were completed where necessary.

Review of the training matrix/schedule for 2017/18 indicated that training was planned to ensure that mandatory training requirements were met. 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.

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

The registered manager and staff spoken with, clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the last care inspection confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm and fresh smelling throughout. However the outside of the home and the inside corridors and stairwells required repainting. It was later confirmed that an active refurbishment program is ongoing. There was insufficient storage available in the medicine cupboards in the upstairs treatment room to store patient's medications. This issue was highlighted to the registered manager and an area for improvement under the standards was stated.

There were a number of infection prevention and control (IPC) deficits observed during the inspection. A full pharmaceutical sharps container was not labelled with the date, locality and signature on assembly, or stored securely for disposal. In the sharps bin in the upstairs treatment room, re-sheathing of needles was noted. Gloves were not always removed after each patient activity, disposed of and hand hygiene performed. One member of staff was observed to have false nails and nail varnish. There were no cleaning wipes available on the medicine trolley to ensure that reusable equipment such as the blood pressure cuff and the digital thermometer were decontaminated after use. The nurses station on the 1st floor was not maintained to an acceptable standard the room was cluttered and the floor was dirty. The upstairs dining area and small communal tables throughout the home were not clean. Fabric chairs and the carpet in the corridors of the first floor were stained. Storage areas throughout the home were cluttered with many items stored incorrectly on the floor making effective cleaning difficult. These issues were highlighted to the registered manager and an area for improvement under regulation was stated.

An area for improvement was identified at the announced premises inspection on the 4 January 2017 in regards to storage space and to ensure that fire safety is not compromised through inappropriate storage. During this inspection combustible materials were noted under one of the stairwells creating a potential fire risk. This issue was highlighted to the registered manager and an area for improvement under regulation was stated.

Areas of good practice

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

Areas for improvement

Areas for improvement under regulation were identified in relation to IPC and fire risk management. An area for improvement under the standards was identified in relation to the environment.

	Regulations	Standards
Total number of areas for improvement	2	1

6.5 Is care effective?

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

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required.

An area of improvement identified at the last care inspection for the first time was only partially met on this inspection. The registered nursing staff team had received training in the management and delivery of the care planning process. However this training was not evidenced to have been embedded into practice as the daily progress records did not fully refer to plans of care and the index of care plans in each patient's folder was still blank.

The review of one care record evidenced that a patient had been identified as at moderate risk of developing pressure damage, however no preventive care plan was in place. On the 27 October 2017 it was recorded that the identified patient had developed pressure damage assessed as Grade 4. A care plan was then devised and appropriate pressure relieving device and care put in place and referred to the trusts tissue viability nurse. In another identified care record a care plan had not been devised for a patient who was known to the registered manager and staff as having difficulties with allowing personal hygiene to be undertaken. In both care records no recordings had been made in the daily progress/communication notes for the day the pressure damage was observed and care plan devised, or for the other patients personal hygiene needs. These areas were discussed with the registered manager and an area identified for improvement against the standards was stated.

Supplementary care records such as food and fluid intake charts at night evidenced that they were not always maintained in accordance with best practice guidance, care standards and legislation. This was discussed with the registered manager and an area identified for improvement against the standards was stated.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. The home has an excellent written handover system in place which is updated daily and printed out for staff to reference.

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

Discussion with the registered manager confirmed that staff meetings were held regularly and records were maintained. 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 registered manager or regional manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the registered manager and review of records evidenced that relatives meetings were held every two months. Minutes were available. Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

Areas of good practice

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

Areas for improvement

An area for improvement under the regulations was identified for the second time in relation to training for registered nurses in the management and delivery of the care planning process .

Areas for improvement under the standards were identified in relation to care records, specifically: risk management, care planning, supplementary care records, recording in accordance with NMC guidelines.

	Regulations	Standards
Total number of areas for improvement	1	3

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, despite the home being short one member of staff. Patients were afforded choice, privacy, dignity and respect. It was observed that for two identified patients there was a lack of attention to personal care needs. This was discussed with the registered manager and an area identified for improvement against the standards was stated.

Staff were aware of the requirements regarding patient information, confidentiality and issues relating to consent. 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. Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Observation of the lunch time meal on the ground floor confirmed that tables were well presented with condiments provided and trays for those wishing to have their meal in their bedroom were appropriately set up. Patients were offered a choice in regards to food and fluids and the level of help and support requested. Staff were observed to offer patients reassurance and assistance as required and patients were supervised by staff to ensure any risks involved with eating and drinking were managed. The daily menu was displayed in the dining room and patients were offered a choice of two main courses and desserts. A choice was also available for those patients who required a therapeutic diet or if any patients wanted an alternative from the displayed menu.

However on the first floor, tables were not properly set or condiments provided on the dining tables, and patients' trays for those wishing to have their meal in their bedroom were not appropriately set up. This was an area of improvement identified at the last care inspection for the second time and was only partially met on this inspection. Meal presentation is therefore an area for improvement stated under the standards for the third and final time.

Two staff spoken with stated that portions could be small and at times insufficient puree desserts were provided by the kitchen. Three patients stated that the food could be improved, soup and sandwiches was the second choice most evenings, food was of good quality but was at times cooked poorly.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered.

As part of the inspection process, we issued questionnaires to patients (eight) and patients' representatives (10). A poster was also displayed for staff inviting them to provide feedback to RQIA directly through the web portal.

No patient questionnaires were returned and no staff completed the questionnaire through the web portal. One patients' representative questionnaire was returned. The anonymous patient representative responded that they were unsatisfied in the section for safe, effective and well led. For compassionate care they scored a three which is in between very satisfied and very unsatisfied. The following comments were provided by the patient representative:

- "Home kept very clean."
- "Not all staff seem to have the proper training."
- "Some staff good others not so good."
- "Meals not always hot or suitable."

Comments made by patients during the inspection are detailed below:

- "Its excellent."
- "I have been up since eight o'clock, it's now ten past ten and I haven't had my breakfast."
- "Some staff are more caring than others."
- "The food is good."
- "I like it here, staff look after me."
- "I am able to speak for myself so I'm ok."

Comments made by patient's representatives during the inspection are detailed below:

- "Mum loves it here; I have raised a concern at the last care review which hasn't been addressed."
- "My friend is concerned about the way the food is cooked."

Areas of good practice

There were areas of good practice identified in respect of communication between some staff and the patients. A number of patients unable to verbalise their satisfaction were relaxed in the environment.

Areas for improvement

Areas for improvement under the standards were identified in relation to the presentation of meals which has been stated under the standards for the third and final time.

	Regulations	Standards
Total number of areas for improvement	0	1

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

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked were not recorded. An area identified for improvement against the standards has been stated. Staff were able to identify the person in charge of the home.

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

Policies and procedures were indexed, dated and approved by the registered provider. Staff confirmed that they had access to the home's policies and procedures. Discussion with the registered manager and review of the home's complaints record 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.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately. Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. Discussion with the registered manager and review of records evidenced that Regulation 29 (or monthly quality) monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Evidence gathered during the inspection has identified issues which could affect the delivery of safe, effective and compassionate care. More robust quality assurance and governance is needed to ensure that the areas for improvement identified during this inspection are actioned to ensure improvements are made and sustained. Therefore, an additional area for improvement under the standards has been made to review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of complaints, incidents, and maintaining good working relationships

Areas for improvement

An area for improvement under standards was identified in relation to the review of current monitoring systems to ensure effective quality assurance and governance arrangements are in operation and recording the registered manager's hours on the duty rotas.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Susannah Curry, Registered 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

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 2 December 2017</p>	<p>The registered persons must ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection. Specifically:</p> <ul style="list-style-type: none"> • The handling, management and disposal of sharps. • The correct use of PPE • Hand hygiene • Dress code in relation to false nails and nail polish. • The decontamination of patient equipment after use. • The nurses station on the 1st floor was not maintained to an acceptable standard the room was cluttered and the floor was very dirty. • The upstairs dining area and small communal tables throughout the home were not clean. Fabric chairs and the carpet in the corridors of the first floor were stained. • Storage areas throughout the home were cluttered with many items stored incorrectly on the floor making effective cleaning difficult. <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The identified sharps box from the inspection was removed on the day of the inspection. Sharps are managed in accordance with good practice. A campaign for bare below the elbow was commenced within the Home on the day after inspection and is running throughout December. The Company has a uniform policy in line with good practice and this is being implemented robustly. A full declutter of the Home was undertaken and all unnecessary stores and stock were removed. The nurses station upstairs was refloored on 5th December 2017. Cleaning in the Home is monitored weekly. Infection control audit and housekeeping audits are completed monthly.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (2)(l)</p> <p>Stated: First time</p> <p>To be completed by: 2 November 2017</p>	<p>The registered person shall ensure that fire safety is not compromised through inappropriate storage of combustible materials in stairwells which can create a fire risk.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Storage of non-combustible equipment is maintained in line with advice from Health and Safety consultants and in discussion with RQIA care and estates inspectors under the stairs. However all combustible stores were removed on the day after inspection and this practice will not be repeated within the Home. This is in relation particularly to paper storage of records or consumables.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 20 (1) (c) (iii)</p> <p>Stated: Second time</p> <p>To be completed by: 2 January 2018</p>	<p>The registered provider must ensure that the registered nursing staff team receive appropriate training in the management and delivery of the care planning process.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: Care plan training is being designed for implementation before end of January 2018. However staff were immediately made aware at meetings of the need for adherence to the expectations outlined within the Inspection feedback.</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 2 March 2018</p>	<p>The registered person shall ensure that environmental issues identified during this inspection are actioned. Specifically:</p> <ul style="list-style-type: none"> • The provision of sufficient storage in the medicine cupboards in the upstairs treatment room to store patient's medications. <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Declutter has been completed and organisation of stock undertaken.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 2 December 2017</p>	<p>The registered persons shall ensure that risk assessments are updated in response to the changing needs of patients and inform the care planning process and recording is in accordance with NMC guidelines.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: Review of records is undertaken at monthly intervals and at provider reviews. Improvements in record keeping will be discussed at upcoming training</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 2 December 2017</p>	<p>The registered persons shall ensure that care plans accurately reflect and address the assessed health needs of patients and are kept under review and updated in response to the changing needs of patients.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: Review of records is undertaken at monthly intervals and at provider reviews. Improvements in record keeping will be discussed at upcoming training</p>

<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 2 December 2017</p>	<p>The registered persons shall ensure that supplementary care records are completed accurately and contemporaneously at all times.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: Care staff were met with on week commencing 27th November 2017 in which the importance of accurate record keeping was highlighted. This will be reviewed on a regular basis. In addition there is now a safety brief within the Home on each floor once a day after lunch.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 12 Criteria (6) (15) (22)</p> <p>Stated: Third and final time</p> <p>To be completed by: 2 December 2017</p>	<p>The registered person should ensure that the meals and mealtime experience for the patient is reviewed in that:</p> <ul style="list-style-type: none"> • The entire mealtime in the dining area is appropriately supervised by staff to ensure any risks involved with eating and drinking are managed. • Condiments are provided on the dining table or patients' trays suitable to patient tastes. <p><u>Meal presentation is an area for improvement stated for the third and final time.</u></p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: Staff have been reminded of the need for a mealtime experience that is comfortable, homely and supported by staff. There is new table coverings and dining room furnishings. Menu boards and condiments are available. Sachets of condiments are available in the Home for the tray service.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be completed by: 2 December 2017</p>	<p>The registered person shall review the current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: Quality assurance monthly reviews are ongoing in the home and support quantitative and qualitative reviews of the areas of risk/governance.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 2 December 2017</p>	<p>The registered person shall ensure that the registered manager's hours are recorded on the duty rotas.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: The Home Manager's off duty is now reflected on the duty rota.</p>

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



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Assurance, Challenge and Improvement in Health and Social Care