

# Unannounced Care Inspection Report 3 October 2016



## Laganvale (Dementia Unit)

Type of Service: Nursing Home  
Address: 37 Laganvale Mews, Moira, BT67 0RE  
Tel No: 028 9261 9915  
Inspector: Dermot Walsh

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Laganvale – Dementia Unit took place on 3 October 2016 from 09.30 to 18.00 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?**

Safe systems were in place for monitoring the registration status of current nursing and care staff. 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. Three requirements were made in relation to one to one patient supervision, safeguarding and post falls management. Five recommendations were made within the safe domain in relation to staff training, high dusting, condition of pressure cushions and safe means for summoning help in an identified area.

### **Is care effective?**

Staff were aware of the local arrangements for referral to health professionals. Patients and staff demonstrated confidence and awareness in raising any potential concerns to the relevant people. Staff meetings were held regularly. One requirement and one recommendation was made within the effective domain in relation to a nutritional risk assessment response and the dating and signing of records made. A recommendation made in the previous inspection regarding continence assessments has been stated for a second time.

### **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. One recommendation was made in relation to the personal care needs of patients.

### **Is the service well led?**

Monthly monitoring visits were conducted consistently and reports were available for review. 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.

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 |
|---|--------------|-----------------|
| <b>Total number of requirements and recommendations made at this inspection</b> | 4            | 8*              |

\*The total number of recommendations made includes one recommendation which has been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Sherly Mathai, acting 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 25 February 2016. 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

|  |  |
|--|--|
| <b>Registered organisation/registered person:</b><br>Four Seasons Health Care<br>Dr Maureen Claire Royston | <b>Registered manager:</b><br>Mrs. Shily Paul      |
| <b>Person in charge of the home at the time of inspection:</b><br>Sherly Mathai (Acting Manager)           | <b>Date manager registered:</b><br>7 November 2007 |
| <b>Categories of care:</b><br>NH-DE  | <b>Number of registered places:</b><br>36          |

### 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 15 patients individually and others in small groups, two patient representatives, four care staff, two registered nurses and two ancillary staff members.

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' representatives and staff not on duty. 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 staff 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 for the period 5 September to 18 September 2016.

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 25 February 2016

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 requirements and recommendations from the last care inspection dated 25 February 2016

| Last care inspection recommendations   |   | Validation of compliance |
|--|---|--------------------------|
| <b>Recommendation 1</b><br><b>Ref:</b> Standard 46<br>Criteria (1) (2)<br><br><b>Stated:</b> Second time | The registered person should ensure that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home.<br><br>Particular attention should focus on the areas identified on inspection. | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>Infection prevention and control audits had been conducted monthly and the areas identified in the previous inspection had been managed well.  |                          |
| <b>Recommendation 2</b><br><b>Ref:</b> Standard 36<br><br><b>Stated:</b> First time                      | Updated policies should be made available to staff in a timely manner and staff should be made aware of all policies which have been updated.   | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>The Continence Policy had been made available to staff with evidence of staffs signature and date when read.   |                          |
| <b>Recommendation 3</b><br><b>Ref:</b> Standard 19<br>Criteria (2)<br><br><b>Stated:</b> First time      | The registered manager must ensure that guidelines continence management are made available to staff.   | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>New continence guidelines were available for staff to review.  |                          |
| <b>Recommendation 4</b><br><b>Ref:</b> Standard 4<br>Criteria (1) (7)<br><br><b>Stated:</b> First time   | It is recommended that patients' continence assessments and care plans are fully completed to include the specific continence products required by the patient.   | <b>Not Met</b>           |
|  | <b>Action taken as confirmed during the inspection:</b><br>Two out of three continence assessments reviewed had not been fully completed.   |                          |

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|---|---|-------------------|
| <p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 4 Criteria (9)</p> <p><b>Stated:</b> First time</p>  | <p>It is recommended that repositioning charts contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/>Three repositioning charts reviewed evidenced skin checks at the time of repositioning.</p> | <p><b>Met</b></p> |
| <p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 47 Criteria (3)</p> <p><b>Stated:</b> First time</p> | <p>The registered manager should observe staffs moving and handling of patients within the home to ensure training is embedded into practice.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/>All moving and handling practices observed was in accordance with training.</p>  | <p><b>Met</b></p> |

### 4.3 Is care safe?

A review of the staffing rota for the period 26 September to 2 October 2016 and discussion with the 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. Discussion with patients and relatives/representatives evidenced that there were no concerns regarding staffing levels. Two staff members consulted were of the opinion that an extra care assistant on duty would improve the supervision of patients in the home. Observation of the delivery of care evidenced that patients' needs were met by the numbers and skill mix of staff on duty.

An additional care staff member had been employed by the home to provide one to one supervision of a patient every morning. On four separate occasions during the morning, no staff member was observed with the patient. Consultation with staff confirmed that when the patient was asleep, the staff member would assist other carers with their morning duties leaving the patient unsupervised. A requirement was made to ensure that one to one supervision of a patient must be maintained throughout the required period of time assessed for such supervision.

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 inducting the new employee.

Discussion with the registered manager and review of training records evidenced that a system was in place to monitor staff attendance at mandatory training. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Compliance in mandatory training had been achieved in the following areas: moving and handling theory (67%), fire safety (78%), adult safeguarding (78%), first aid (75%) and infection prevention and control (83%). Overall compliance with training was at 77%. This was discussed with the manager and a recommendation was made to ensure timely completion of mandatory training.

Discussion with the manager and the staff and a review of records evidenced that basic life support training had been completed by 85 percent of staff. Staff confirmed that this training was provided through electronic learning. Staff also confirmed that, following this training, they would not be confident when required to perform cardiopulmonary resuscitation (CPR). Staff consulted were of the opinion that they would benefit from practical CPR training. This was discussed with the manager and a recommendation was made.

Competency and capability assessments of the nurse in charge of the home in the absence of the manager had been completed appropriately. Competency assessments were also maintained in respect of wound management and medication administration.

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

A review of the recruitment file for one recently employed staff member, evidenced a safe system was in practice. Relevant checks and interviews had been conducted prior to the staff member commencing in post.

The inspector was informed of an incident, following the inspection, which had occurred in the home where staff failed to make a referral to the local Adult Safeguarding Team to review. A requirement was made to ensure all potential safeguarding risks are reported to the local Trust authority to allow for investigative or other follow up action to commence and ensure the health and safety of patients residing in 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.

Accidents and incidents were reviewed monthly. The post fall management of a patient was reviewed. Neurological observations were maintained for approximately 12 hours only following the fall as the patient was recorded as 'asleep' on the neurological observation chart following the 12 hour monitoring. A requirement was made to ensure that post falls management was conducted in accordance with best practice guidance.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Bedrooms and communal areas were clean and spacious. The manager confirmed that five new vanity units had been ordered to replace units that had been identified as in need of replacement. Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were well maintained. However, there was evidence that high dusting had not been completed in three bedrooms reviewed. A recommendation was made. A further recommendation was made to ensure that pressure cushions in use within the home were reviewed to ensure that they were clean and not in a state of disrepair.

During the review of the environment a nurse call system was observed in an identified toilet which would not be easily accessible by a patient who was sitting on the toilet. This was discussed with the manager and a recommendation was made.

## Areas for improvement

It is required that patients assessed as requiring one to one supervision are supervised at all times as required.

It is required that all safeguarding incidents are reported immediately to the adult safeguarding team as per policy and professional guidance.

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

It is recommended that the system to review mandatory training compliance is reviewed to ensure timely completion.

It is recommended that basic life support training currently provided through electronic learning is reviewed to ensure the effectiveness of such training.

It is recommended that high dusting is maintained within all bedrooms in the home.

It is recommended that all pressure cushions in use in the home are reviewed to ensure that they are clean and not in a state of disrepair.

It is recommended that patients have an accessible means to summon assistance if required when using the identified toilet.

|                               |          |                                  |          |
|-------------------------------|----------|----------------------------------|----------|
| <b>Number of requirements</b> | <b>3</b> | <b>Number of recommendations</b> | <b>5</b> |
|-------------------------------|----------|----------------------------------|----------|

### 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. However, two out of three continence assessments reviewed had not been fully completed. A recommendation made in the previous inspection was stated for a second time. A further recommendation was made to ensure that all entries made within patients' care records are dated and signed by the person making the entries.

There was evidence that risk assessments informed the care planning process. However, one patient's care records reviewed evidenced Malnutrition Universal Screening Tool (MUST) scores of either three or four for four consecutive months which would indicate a high risk of malnutrition. There was no evidence that the patient had been referred to a dietician at this time and/or commenced on a food and fluid intake chart. The frequency of weight checks had not increased. A requirement was made. An assurance was also given by the manager and staff that this assessment would be reviewed immediately and appropriate actions would be taken.

Registered nurses were aware of the local arrangements and referral process to access relevant healthcare professionals, for example General Practitioner's (GP), speech and language therapist (SALT), dietician and tissue viability nurse (TVN).

Discussion with the manager confirmed that general staff meetings were conducted regularly. There was evidence of meetings conducted on 31 May 2016 and 23 February 2016. Minutes of the meetings were available and maintained within a file. Minutes included details of attendees; dates; topics discussed and decisions made. The manager also confirmed that patient and relatives' meetings were conducted six monthly.

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 all entries made within patients' care records are dated and signed by the person making the entries.

It is required that when a MUST risk assessment identifies a high malnutrition risk, appropriate actions are taken and the patients' care records are updated to reflect these actions and the outcome of these actions.

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|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 1 | <b>Number of recommendations</b> | 1 |
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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.

On inspection two registered nurses, four carers and two ancillary staff members were consulted to ascertain their views of life in Laganvale – Dementia Unit. 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.

Some staff comments were as follows:

"I enjoy it. It's really rewarding."

"I wouldn't work in any other home."

"I love working here."

"It's ok."

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Consultation with 15 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:

“It’s a great place. They (the staff) are very kind hearted.”

“It’s dead on here.”

“I’m happy here.”

“I’m as happy as Larry here.”

Two patient representatives were consulted with on the day of inspection. Seven relative questionnaires were left in the home for completion. One relative questionnaire was returned within the timeframe. All responses from patients’ relatives/representatives were positive.

The serving of lunch was observed in the main dining room. The mealtime was well supervised. Staff wore appropriate aprons when serving or assisting with meals and patients were provided with dignified clothing protectors. A selection of condiments was available on the tables and a range of drinks were offered to the patients. The food was served from the kitchen when patients were ready to eat or be assisted with their meal. The food appeared nutritious and appetising. A pictorial menu was on display on the wall of the dining room. Patients were observed to enjoy their meals. Food was not always covered when transferred from the dining room to patients’ bedrooms. This was discussed with the manager who agreed to address this issue with staff.

When consulting with patients, it was identified that further attention was needed to meet their personal care needs. Six patients required cleaning of fingernails and two patients were observed with stained clothing. A recommendation was made.

Discussion with the Personal Activities Leader confirmed patients in the Dementia Unit were involved in activities such as music, knitting, baking, one-to-one engagement and hairdressing. A board displaying the programme of activities was displayed at reception. A ‘farm visit’ had been arranged for 4 October 2016 to promote interaction with animals such as rabbits, goats and sheep. Events have been planned to coincide with Halloween and Christmas.

Discussion with staff confirmed that the religious needs of patients were met through a religious service conducted in the home on a weekly basis. Staff also confirmed that Eucharistic ministers would administer communion to patients who wished to receive it.

### Areas for improvement

It is recommended that patients are presented in a manner which protects their dignity.

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|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 1 |
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### 4.6 Is the service well led?

Discussion with the 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 manager evidenced that the home was operating within its registered categories of care.

Discussion with the 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. The complaints procedure was appropriately displayed in the reception area of the home and was included within the 'patients' guide'.

A compliments file was maintained to record and evidence compliments received. Some examples of compliments received are as follows:

"A sincere thanks for the loving care and attention given to my dear wife."  
 "To all the staff of Laganvale. Your kindness and professionalism were outstanding."  
 "Thank you all so much for the care and attention you all gave to my mother. It was really appreciated and we could not have asked for more."

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately. However, following a review of the incidents book as stated in section 4.3 of this report, a recommendation was made regarding good practice in relation to post falls management.

Discussion with the 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, monthly audits were completed in accordance with best practice guidance in relation to wound analysis, care records, falls, medicines management, complaints, restraint, bed rails, hand hygiene, personal protective equipment, hoists/slings, health and safety and incidents/accidents.

Online 'TRaCA' audits were conducted to assess standards in housekeeping, medications management, health and safety, resident care, weight loss and the home's governance arrangements. All TRaCA audits demand an 'actions taken' section to be completed for every audit; even if the audit had achieved 100 percent compliance. For example, the action taken could be confirmation that the information was shared with staff. All actions taken are documented online by the registered manager. The system would notify the registered manager of any audit that had not been actioned.

Urgent communications, safety alerts and notices were reviewed by the registered manager on receipt and, where appropriate, were shared with staff. A system was in place to ensure that all relevant staff had read the communication or had been notified about it.

Discussion with the 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. Copies of the reports were available for patients, their representatives, staff and trust representatives.

### Areas for improvement

No areas for improvement were identified within this domain.

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|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 0 |
|-------------------------------|---|----------------------------------|---|

## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sherly Mathai, acting 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](mailto: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.

| <b>Quality Improvement Plan</b>  |  |
|--|--|
| <b>Statutory requirements</b>  |  |
| <p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 13 (1) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 October 2016</p>     | <p>The registered person must ensure that patients assessed as requiring one to one supervision are supervised at all times as required.</p> <p><b>Ref: Section 4.3</b></p>  |
|  | <p><b>Response by registered provider detailing the actions taken:</b><br/>All staff on the unit are aware of the resident requiring one to one supervision. An allocated staff member is present with resident at the allocated time and documentations completed . This will be moniotred by Home Manager</p>  |
| <p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 14 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 October 2016</p>        | <p>The registered person must ensure that all safeguarding incidents are reported/referred immediately to the adult safeguarding team as per policy and professional guidance.</p> <p><b>Ref: Section 4.3</b></p>  |
|  | <p><b>Response by registered provider detailing the actions taken:</b><br/>All incidents are reported to Safeguarding, however the incident which was not reported at the time was refered to Safeguarding when noted, however the incident was not deemed appropriate as per safeguarding team. Supervision and monitoring was provided for the resident.</p> |
| <p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 12 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 October 2016</p> | <p>The registered person must ensure that the post falls management of patients is reviewed to ensure that it is in accordance with best practice guidance.</p> <p><b>Ref: Section 4.3</b></p>   |
|  | <p><b>Response by registered provider detailing the actions taken:</b><br/>All nurses are aware of FSHC falls protocol, the issue has been discussed with staff during a supervision session and documentation retained. This will be monitored by the Home manager and Sister in charge</p>   |
| <p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 12 (1)(a)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 October 2016</p>  | <p>The registered person must ensure that that when a MUST risk assessment identifies a high malnutrition risk, appropriate actions are taken and the patients' care records are updated to reflect these actions and the outcome of these actions.</p> <p><b>Ref: Section 4.4</b></p>   |
|  | <p><b>Response by registered provider detailing the actions taken:</b><br/>On review the MUST was recorded incorrectly which was identified soon after it was notified. The concerned staff had ungone supervision and this will be monitored by the Home Manager during QOL audits</p>  |

| <b>Recommendations</b>   |  |
|--|--|
| <b>Recommendation 1</b><br><b>Ref:</b> Standard 4<br>Criteria (1) (7)<br><b>Stated:</b> Second time<br><b>To be completed by:</b><br>17 October 2016 | It is recommended that patients' continence assessments and care plans are fully completed to include the specific continence products required by the patient.<br><br><b>Ref: Section 4.2, 4.4</b>  |
|  | <b>Response by registered provider detailing the actions taken:</b><br>This is now completed, the issue was discussed at a staff meeting and identified staff have undergone a supervision session This now will be monitored by the Home Manager during QOL audits  |
| <b>Recommendation 2</b><br><b>Ref:</b> Standard 39<br><b>Stated:</b> First time<br><b>To be completed by:</b><br>30 October 2016                     | The registered person should ensure that the system to review mandatory training compliance is reviewed to ensure timely completion.<br><br><b>Ref: Section 4.3</b>  |
|  | <b>Response by registered provider detailing the actions taken:</b><br>Mandatory training is 84%, the need to complete to essential training has been discussed with staff and where staff need support this will be offered.  |
| <b>Recommendation 3</b><br><b>Ref:</b> Standard 39<br>Criteria (7)<br><b>Stated:</b> First time<br><b>To be completed by:</b><br>30 October 2016     | The registered person should ensure that basic life support training currently provided through electronic learning is reviewed to ensure the effectiveness of such training.<br><br><b>Ref: Section 4.3</b>   |
|  | <b>Response by registered provider detailing the actions taken:</b><br>This is now referred to Training department who will follow up to provide additional practical session to staff. Training department is awaiting confirmation on few topics from relevant department which will be addressed once it is sorted out. |
| <b>Recommendation 4</b><br><b>Ref:</b> Standard 44<br>Criteria (1)<br><b>Stated:</b> First time<br><b>To be completed by:</b><br>30 November 2016    | The registered person should ensure that high dusting is carried out in all bedrooms in the home on a regular basis.<br><br><b>Ref: Section 4.3</b>  |
|  | <b>Response by registered provider detailing the actions taken:</b><br>The cleaning process including high dusting is completed through out the home. This will be monitored by House keeper followed by Home Manager.   |

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| <p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 46<br/>Criteria (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>30 October 2016</p> | <p>The registered person should ensure that all pressure cushions in use in the home are reviewed to ensure that they are clean and not in a state of disrepair. Pressure cushions in disrepair must be repaired/replaced.</p> <p><b>Ref: Section 4.3</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b><br/>The cushion which was damaged is now removed from the premises. More cushions will be purchased as required.</p>   |
| <p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>10 October 2016</p>                  | <p>The registered person should ensure that patients have an accessible means to summon assistance if required when using the identified toilet.</p> <p><b>Ref: Section 4.3</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b><br/>There are buzzer leads available in each toilets, shower rooms and bathrooms. Most of the residents are assisted by staff during toileting however any resident who wish to remain alone are promoted and the buzzer will be given to them before staff leaving. This is discussed in the staff meeting and is reminded of the same.</p> |
| <p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 37</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b><br/>30 October 2016</p>                  | <p>The registered person should ensure that staff date and sign any record they create in accordance with best practice and professional guidance.</p> <p><b>Ref: Section 4.4</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b><br/>This has been discussed in the staff meeting and in the supervision session to concerned staff. To be monitored by Home Manager during QOL audits</p>  |
| <p><b>Recommendation 8</b></p> <p><b>Ref:</b> Standard 6<br/>Criteria (14)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b><br/>10 October 2016</p> | <p>The registered person should ensure that patients are presented in a manner which protects their dignity.</p> <p><b>Ref: Section 4.5</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b><br/>All residents are presented well to ensure their dignity is maintained. The recommendation was discussed with staff immedietly after the inspection and in the staff meeting. This is now moniotred in a daily basis by staff nurse and sister in charge supported by Home Manager</p>   |

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