

# Unannounced Care Inspection Report 13 July 2016



## Ard Mhacha House Care Centre

**Type of Service: Nursing Home**  
**Address: Desert Lane South, Armagh, BT61 8AR**  
**Tel No: 028 3752 4671**  
**Inspector: Sharon Loane**

## 1.0 Summary

An unannounced inspection of Ard Mhacha House Care Centre took place on 13 July 2016 from 10.45 to 18.30 hours.

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

### **Is care safe?**

The registered manager confirmed the planned daily staffing levels for the home and that these were subjected to regular review to ensure the assessed needs of patients were met. A review of the duty rota evidenced that these were adhered to on the majority of cases. Discussion with patients, representatives/relatives and staff evidenced that there were no concerns regarding staffing levels.

Patients and relatives spoken with confirmed they were satisfied with the standard of care received and that staff were kind and compassionate in their delivery of care.

### **Is care effective?**

Staff spoken with confirmed that communication between all grades of staff was well maintained in the home. Relatives spoken with confirmed that they were involved in the planning of care and were kept informed of any changes in their relative's condition.

Shortfalls have been identified in the delivery of effective care specifically in relation to the management of weight loss, wound care, care planning and medicines management. Four requirements have been made and a recommendation has been made in regards to training for registered nurses in the nursing process.

### **Is care compassionate?**

All patients and relatives spoken with commented positively regarding the care they received and that staff were caring and kind. It was evident that the activities provided were enjoyed by patients and meaningful in regards to their interests and lifetime experiences. Observations made at this inspection demonstrated that patients were afforded respect, privacy and dignity in most areas of care delivered. Some observations made identified that the level of personal care delivered to some patients was below the standard expected. This matter was addressed immediately and the registered manager gave assurances that appropriate actions would be taken and this would be monitored accordingly.

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

A number of quality assurance processes such as the "resident at risk report" and "flash meetings" have been implemented to identify and update staff on any concerns identified in relation to patients' health and welfare. The implementation of these systems have been effective in some areas however there are a number of improvements to be made in regard to the management of nutrition including weight loss and records pertaining to wound management to ensure safe effective care. A requirement and a recommendation have been

made in regards to governance issues. A recommendation has been made in regards to the management of urgent communications, safety alerts and notices.

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

For the purposes of this report the term “patient” will be used for those living in Ard Mhacha House Care Centre which provides both nursing and residential care.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	5	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Norma McAllister, registered manager and Tina Chapman, regional care director, 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 medicines management inspection undertaken on 20 June 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

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

There were no further actions required to be taken following the last inspection.

## 2.0 Service details

<b>Registered organisation/registered provider:</b> Countrywide Care Homes (4) Limited Mrs Victoria Craddock	<b>Registered manager:</b> Mrs Norma McAllister
<b>Person in charge of the home at the time of inspection:</b> Norma McAllister	<b>Date manager registered:</b> 23 October 2015
<b>Categories of care:</b> NH-I, NH-PH(E), NH-PH, NH-DE, RC-DE *a maximum of 39 patients in category NH-DE and a maximum of 15 residents in category RC-DE.	<b>Number of registered places:</b> 74

## 3.0 Methods/processes

Prior to inspection we analysed the following information:

- Notifiable events since the previous care inspection
- The registration status of the home
- Written and verbal communication received since the last care inspection
- The returned quality improvement plan (QIP) from the previous care inspection
- The previous care inspection report.

During the inspection the inspector spoke with 18 patients individually and met with others in small groups, five care staff, three registered nurses, two activity co-ordinators, the administrator and two relatives.

In addition questionnaires were provided for distribution by the registered manager; 10 for staff off duty at the time of inspection, and five patients and 10 relatives; 1 staff and 10 patients' questionnaires were returned. No questionnaires were returned by relatives. Refer to section 4.5 for further details.

The following information was examined during the inspection:

- Four patient care records
- Staff roster week commencing 11 July 2016
- Staff training and planner/matrix for 2015 and 2016
- Two staff recruitment records
- Complaints record
- Incident and accident records
- Record of quality monitoring visits carried out in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- Records of audit/governance
- Records for staff meetings.

## 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken 20 June 2016. The completed QIP was returned and accepted by the pharmacy inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next medicines management inspection.

#### 4.2 Review of recommendations from the last care inspection dated 29 February 2016

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 39 <b>Stated:</b> First time	It is recommended that training in relation to record keeping is provided for care staff and others in line with their individual roles and responsibilities to ensure that their knowledge, skills and competence are up to date for safe effective practice. A record of training should be retained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of training records evidenced that 15 staff had completed training in regards to record keeping. The registered manager advised that arrangements were in place to schedule additional training sessions for staff who had not attended the last session.	

#### 4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 11 July 2016 evidenced that the planned staffing levels were adhered to. Discussion with patients and their representatives evidenced that there were no concerns regarding staffing levels.

A discussion with the registered manager and staff stated that the home were still experiencing difficulties in recruiting registered nurses, however confirmed that recruitment efforts were ongoing. The home was reliant on agency nurses but they had a pool of agency nurses who frequently worked in the home and knew the patients. A review of the nursing and care staff duty rotas confirmed this. The registered manager retained an agency profile for each agency nurse and advised that an induction record was completed on their first shift; a review of these records was not undertaken. The registered manager advised that due to unforeseen circumstances the home had also a shortage of care assistants and that on some occasions,

agency care staff were being used although this was only a short term solution as the home had successfully recruited staff for this position.

Discussion with staff on duty did indicate that this was difficult for effective teamwork and communication however acknowledged that it was being managed effectively. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. A comment included in a returned questionnaire indicated that an 'extra twilight' was needed. This comment was shared with the registered manager for further review and consideration.

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. New staff were supported through their induction by a mentor and a review of one staff's induction record evidenced the record to be completed in full and signed and dated appropriately. A discussion with a staff member who had recently completed their induction evidenced that they were knowledgeable and that the learning had been embedded into practice.

Discussion with the registered manager, staff and a review of the training records confirmed that training had been completed in all mandatory areas and this was kept up to date. A training matrix had been developed which provided clear information to enable the registered manager to review staff training and identify when updates/ refresher training was due. This confirmed that the majority of staff had received training in all mandatory areas. The registered manager advised that training was monitored on a weekly basis and a list of staff who had not met their mandatory training requirements was displayed. These actions had improved compliance and a review of statistics evidenced that compliance was between 95 to 100 per cent across all mandatory areas. Training was completed through the "e- learning" (electronic) system and by attending "face to face" training.

Observation of the delivery of care evidenced that training had been embedded into practice and staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibilities in general and specifically in relation to adult safeguarding.

An ongoing adult safeguarding incident was being managed in line with regional policies and protocols.

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 advised that these checks were completed on a monthly basis and that appropriate actions had been taken to ensure that all care staff employed were registered or where in the process of obtaining their registration.

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. There was evidence that the risk assessments informed the care planning process although a number of shortfalls were identified in the care planning process specifically in regards to nutritional management and requirements and recommendation have been under the 'effective domain' in relation to the concerns raised. See section 4.4 for further details.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since February 2016 evidenced that these had been managed appropriately. An analysis of falls and /accidents were conducted on a monthly basis and clearly evidenced analysis of the data to identify any emerging patterns or trends and action plans were in place as required. This information also informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas in each of the four units. The home was found to be warm, well decorated, fresh smelling and clean throughout. One identified bedroom located in the Navan Unit had damage to the floor covering. This matter was brought to the attention of the registered manager and post inspection confirmation was received via an email that the floor covering was being replaced on 18 July 2016.

Packets of cleaning wipes were observed placed on the cistern lid of the toilet. This matter was discussed with the registered manager and actions were taken during the inspection to address same. Infection prevention and control was managed appropriately in all other areas observed.

Patients, representatives and staff spoken with were complimentary in respect of the home's environment and the improvements made to date. The home and staff are commended for their efforts.

### Areas for improvement

Areas for improvement in regards to the management of nutrition to include weight loss have been addressed under the 'is care effective domain'. No requirements and recommendations have been made under this domain.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.4 Is care effective?

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. Risk assessments informed the care planning process and records reviewed were maintained in accordance with NMC guidelines.

The following issues were identified in the named care records provided to the registered manager. One care record examined in relation to wound management identified that the care being delivered was not consistent with the treatment prescribed. There was evidence to suggest that the wound had not been re-dressed in an eight day period as the wound assessment record had not been maintained between the 19 and 27 June 2016. A further review of the wound care records completed, evidenced that the dressings were renewed every fourth day, when the care plan advised two or three days. The registered nurse advised that the treatment regime had been amended as the wound had improved however the care plan had not been updated accordingly. A review of monthly monitoring reports evidenced similar findings had been identified and despite actions being taken the learning has not been embedded into practice.

Additional shortfalls were identified in regards to the care planning process and care not being delivered as prescribed. Four care records were reviewed in relation to the management of food and fluids and a number of deficits were identified. Whilst it was acknowledged that registered nurses had identified “weight loss”, appropriate actions and treatment had not been implemented. Two of the records reviewed evidenced that though weight loss had been identified, referrals had not been made to the dietician. One of the records reviewed evidenced that treatment had not been provided for the patient as prescribed by their general practitioner. For example nutritional supplements prescribed on the 12 June 2016 were still not received and /or being administered at time of the inspection, some five weeks later. A review of another record evidenced that the patient was not receiving their supplements in accordance with the prescription. These matters were concerning as registered nurses had failed to identify same even though these patients were highlighted on a “residents at risk report” for weight loss.

A review of supplementary charts in relation to the management of food and fluid intake charts evidenced shortfalls. A review of records for one identified patient evidenced that the patient had been prescribed various nutritional supplements. However, a review of a sample of food and fluid intake charts evidenced that the supplements were not being recorded in a consistent manner and the records did not reflect that the patient had received their prescribed supplements. There was evidence that the 24 hour fluid intake received was totalled on the fluid intake charts however the information was not always carried forward to the patient’s daily progress notes. The majority of records reviewed also indicated that patients received no fluids after 17.00 hours.

A sample review of food and fluid intake charts for another identified patient, whose food intake was being monitored, evidenced that there was no record of food recorded for a period of five days. A discussion with the identified patient confirmed that staff encouraged them to eat and provide a range of different foods however they had no “appetite”. Entries recorded in the patients daily progress notes included “fluids encouraged” or “eating and drinking well”. Whilst this information was acknowledged and staff were observed assisting patients with food and fluid intake during this inspection, it was still a matter for concern.

A review of the records also evidenced that the patient’s plan of care had not been reviewed and updated in line with changes in their condition, as previously referred to for the record reviewed in regards to wound management. A record reviewed in relation to the management of food and fluids evidenced that the care plan had not been updated to include changes to the patients dietary needs, for example the care plan identified the patient required a “normal” diet when following an assessment they required a “puree” diet.

These shortfalls have been included in the four requirements made under this domain.

All of the matters aforementioned were concerning given that similar issues had been identified at previous care inspections in 2015 which led to enforcement activity. Despite management having implemented a system to identify residents at risk for “weight loss”, it was concerning that registered nurses had failed to carry out appropriate actions and monitoring. This matter was discussed with senior management at RQIA following the inspection and it was agreed that correspondence was made with the individual undertaking the monthly monitoring visits to focus on this area of practice and action accordingly. The responsible individual and the registered manager have provided RQIA with assurances that this matter will be monitored closely and addressed without delay. A requirement and a recommendation have also been made under the ‘well led’ domain in regards to same.



The inspection findings identified an additional need for the registered nurses to attend training and gain competency in the nursing process and record keeping. A recommendation has been made in this regard.

There was evidence within the care records reviewed, that patients and/or their representatives, if appropriate were involved in the care planning process. There was also evidence of regular communication with representatives within the care records and discussion with representatives confirmed that they were kept updated regarding their relatives wellbeing.

Discussion with the registered nurse in charge and staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff recognised the importance of the handover reports in ensuring effective communication and continuity of care. Staff spoken with confirmed that the shift handover provided the necessary information regarding any changes in patient's condition.

In addition to the handover, 'flash meetings' are also held daily and a 'resident risk report' was also completed for each unit on a daily basis identifying patients at risk for example; "weight loss" and "pressure damage" and identifies actions to be taken. Despite the implementation of these systems, staff failed to take appropriate actions to manage the risks identified. This has been incorporated in a requirement made under the 'well led domain'.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. The registered manager advised that management meetings were also held on a regular basis. A review of minutes for the most recent staff meeting, 7 June 2016, confirmed that records were maintained appropriately. Staff also confirmed that if they had any concerns, they could raise these with the management team. The registered manager discussed her plans of how to enhance and develop these meetings for the future.

### Areas for improvement

A number of areas of improvement have been identified under this domain and four requirements and one recommendation has been made. These improvements include; the management of weight loss to include food and fluid charts, care planning and recording of information and training for staff.

<b>Number of requirements</b>	<b>4</b>	<b>Number of recommendations:</b>	<b>1</b>
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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. As stated in section 4.4 patient and relatives were very positive in the comments regarding the staffs' ability to deliver care and respond to needs and or requests for assistance.

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.

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.

The majority of patients observed were presented to an acceptable standard, though there were a few patients observed in the Cathedral unit whose presentation was below the standard expected in relation to personal care. The observations made were discussed with staff on duty who acknowledged the observations made and addressed the matter immediately.

These observations were discussed with the registered manager who gave assurances that appropriate actions would be taken to address same.

All patients and relatives spoken with commented positively regarding the care they received and that staff were very attentive to their loved ones. It was evident good relationships had been developed and staff demonstrated effective communication skills both with patients, relatives and others. Relatives spoken with knew how to raise any concerns and advised that these were always dealt with efficiently and effectively by staff and management.

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. Patients/relatives meetings were reported to be provided on a three monthly cycle with the last meeting being held on 1 March 2016. Records of this meeting were available for inspection and those who were unable to attend could access them.

During the inspection a range of activities were observed and a comprehensive programme of activities which was considerate of various levels of participation and diagnosis was displayed appropriately. Patients were observed engaging, participating and/or watching the activities provided. Patients spoke positively about the activities and it was evident from their expressions and engagement that they knew the activities therapists well. One patient advised that the home had organised a greenhouse and that he was 'growing tomatoes' as he was a keen gardener in his lifetime. This demonstrates a person-centred approach to care, enabling patients to fulfil life experiences and interests. This is commended.

As previously discussed, a number of questionnaires were provided for completion. At time of writing this report 10 patients and one staff had returned their questionnaires within the required timeframe.

Patients: respondents indicated that they found the home provided excellent and / or good care.

Staff: the one respondent indicated that whilst they found the home provided a high standard of care in most areas their comments included that they "need extra twilight".

A number of compliments were received by the home all of which were very positive about the care received, the kindness and friendliness of staff.

### Areas for improvement

Areas for improvement identified during the inspection were addressed at the time and assurances were given by the registered manager to monitor the shortfalls. No requirements and recommendations have been made.

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

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

The registered manager has been in post since October 2015 and staff confirmed that there were a lot of improvements made and that the home was in a better place. Discussions with staff confirmed that there were good working relationships in the home and that management were generally responsive to any suggestions or concerns raised.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff confidently described their role and responsibilities in the home. Some patients spoken with were aware of the roles of the staff in the home and to whom they would speak with if they had a concern.

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.

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. Countrywide Care Homes (4) Ltd have a quality audit schedule which includes a selection of audits to include all areas of services provided which are completed at specified time frames. These include; medicines management, care plans, health and safety, infection prevention and control, kitchen and environmental audits. A review of completed care plan audits evidenced that audit cycle had been fully completed.

Whilst audits were completed and other systems and processes were implemented to monitor and assure the safe delivery of quality care within the home there were deficits identified during the inspection in respect of safe and effective care as discussed in section 4.3 & 4.4.

A requirement has been made to ensure that the registered manager develops a robust system of daily governance to ensure that care delivered is both safe and effective in regards to the management of nutrition including weight loss.

This matter has also been discussed with the person responsible for completing the Regulation 29 monitoring visits to ensure that the visits undertaken focus on the shortfalls identified and to ensure that the systems in place are robust and effective to ensure quality care. A recommendation has been made.

The registered manager advised that they reviewed all urgent communications, safety alerts and notices issued; however there was no record maintained to evidence that where appropriate, these were made available to key staff in a timely manner. A recommendation has been made.

Discussion with the registered manager and review of records evidenced that Regulation 29 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, and staff and Trust representatives. These reports were completed comprehensively.

Following a discussion with senior management at RQIA a decision was made that any monitoring visits undertaken should focus specifically on the management of nutrition to ensure that the systems in place were robust and effective to assure quality care in this regard and that appropriate actions are taken in relation to any deficits identified. Post inspection, this information and decision was discussed with the person responsible for completing the monitoring visits.

### Areas for improvement

One requirement and one recommendation have been under this domain in regards to the governance and monitoring arrangements to assure the quality of care in relation to the management of weight loss.

A recommendation has also been made in regards to managing urgent communications and, safety alerts.

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>2</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed 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 may enhance service, quality and delivery.

### 5.3 Actions taken by the registered provider

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

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

**Ref:** Regulation 12 (1)  
(a) (b)

**Stated:** First time

**To be completed by:**  
30 August 2016

The registered person must ensure that the treatment provided to each patient meets their individual needs and reflects current best practice. This relates specifically to the management of nutrition including weight loss, food and fluid intake and wound care.

**Ref: Section 4.3 & 4.4**

**Response by registered provider detailing the actions taken:**  
Review of documentation has been undertaken. Catering staff have been given a quick reference guide re nutritional needs of the residents. This documentation is also available in all units. Monitoring of food and fluid charts continue to be signed by the manager. Care plans have been reviewed and are being checked re update. These care plans are being focused on wound care, weight loss and nutrition. This is cross referenced to the Residents at risk report which is checked weekly by management. Residents at Risk report highlights the weight loss of residents and wounds. New wound care audit system implemented. This is new documentation from current company. Daily recording of fluids is in residents daily notes.

#### Requirement 2

**Ref:** Regulation 13 (4)

**Stated:** First time

**To be completed by:**  
13 July 2016

The registered person must ensure that medications are administered as prescribed.

Particular attention should focus on the prescribing and administration of nutritional supplements.

**Ref: Section 4.4**

**Response by registered provider detailing the actions taken:**  
Weekly medication audits continue. Supplements are referred to on this audit. (13). Are all counts correct including supplement? This audit is completed every weekend in all units and is signed off by the Manager. At the flash meetings 11am daily Mon -Friday medication issues are discussed and any action that is required. Being spot checked by management. Also documentation re supplements being recorded on the food & fluid charts.

#### Requirement 3

**Ref:** Regulation 16

**Stated:** First time

**To be completed by:**  
30 August 2016

The registered persons must ensure care records are kept under review and updated in accordance with changes in the patient's condition to reflect any recommendations made and /or treatment required by the multidisciplinary team.

**Ref: Section 4.4**

**Response by registered provider detailing the actions taken:**  
Care records continue to be audited and spot checked by management re changes in the residents condition. Registered nurses are instructed to make changes and this is followed through by the manager confirming that the care plan has been changed.

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 19 (1)(a), schedule 3, (3)(k)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 July 2016</p>	<p>The registered person must ensure contemporaneous records of all nursing care provided to the patient, are recorded accurately, to evidence actual care and treatment given, and accounts for any concerns or deficits identified.</p> <p>Particular attention should focus on the areas identified on inspection.</p> <p><b>Ref: Section 4.4</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Records for the current nursing care that is being provided is being addressed. The care plans reflecting these current needs are being updated to reflect changes. Continuing monitoring off the care plans are ongoing. Spot checks are also in place by management for changes that have occurred with the residents. Referenced and documented to the resident at risk report.</p>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 13 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 July 2016</p>	<p>The registered person must ensure that there are robust systems in place to ensure the safe and effective delivery of care to patients. This relates specifically to the management of weight loss.</p> <p><b>Ref: Section 4.4 &amp; 4.6</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Weight files are in place in all units. Documentation has been standardised. New company documentation implemented "weight loss action plan" Nurses to sign off weekly weights and manage. Dietician providing training 25.08.2016. Manager spot checking weekly weights and action plans. Manager has spreadsheet in place for monthly weights of all residents.</p>
<p><b>Recommendations</b></p>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 19.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 August 2016</p>	<p>The registered manager should ensure that registered nurses are provided with training, as appropriate, on the care planning process. This should include risk assessments, assessments of needs, care planning, evaluations and record keeping.</p> <p><b>Ref: Section 4.4</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Training for the training of staff nurses is being sourced through new provider for risk assessments, assessments of needs, care planning, evaluations and record keeping. Two nurses have attended an event 10.08.2016 where Rosemary Wilson spoke on documentation, care records and capacity.</p>

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 35.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 July 2016</p>	<p>The registered person should ensure that the Regulation 29 monitoring visits include a focus on the requirements and recommendations made during this inspection. Particular attention should be given to the management of weight loss, to include food and fluid intake charts.</p> <p><b>Ref: Section 4.4 &amp; 4.6</b></p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 35 Criteria 17</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 August 2016</p>	<p>The registered person should ensure that systems and processes are in place to ensure that urgent communications, safety alerts and notices are made available to key staff in a timely manner.</p> <p><b>Ref: Section 4.4 &amp; 4.6</b></p> <p><b>Response by registered provider detailing the actions taken:</b> 1<sup>st</sup> August have been taken over. Will ensure that the Reg 29 visits that are undertaken by the company are aware of this focus.</p> <p><b>Response by registered provider detailing the actions taken:</b> File put in place with safety alerts and notices. Will also bring this information to the flash meeting as key staff attend that meeting.</p>

*\*Please ensure this document is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\**





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