

# Unannounced Care Inspection Report 8 June 2017



## Beechill

**Type of Service: Nursing Home**  
**Address: 12 Royal Lodge Road, Belfast, BT8 4UL**  
**Tel No: 028 9040 2871**  
**Inspector: Dermot Walsh**

[www.rgia.org.uk](http://www.rgia.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 34 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Healthcare  <b>Responsible Individual(s):</b> Dr Claire Royston	<b>Registered Manager:</b> See below
<b>Person in charge at the time of inspection:</b> Pricilla Abrenica	<b>Date manager registered:</b> Pricilla Abrenica – application not yet submitted
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia.	<b>Number of registered places:</b> 34

### 4.0 Inspection summary

An unannounced inspection took place on 8 June 2017 from 09.15 to 17.15 hours.

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 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 practices; staff induction, training and development; adult safeguarding arrangements; care delivery and effective communication systems. The culture and ethos of the home promoted treating patients with dignity and respect. There was also evidence of good practice identified in relation to the management of complaints and incidents; quality improvement processes and maintaining good relationships within the home.

Areas requiring improvement were identified in relation to falls management; patient care assessments; management of a malodour; environmental safety issues, monitoring of professional registrations and provision of feedback to patients/representatives.

Patients said that they were satisfied with the care and services provided and described living in the home, in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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
<b>Total number of areas for improvement</b>	5	3

Details of the Quality Improvement Plan (QIP) were discussed with Pricilla Abrenica, 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 8 December 2016

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 8 December 2016. 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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with 14 patients individually and others in small groups, two patient representatives, three care staff, two registered nurses and one ancillary staff member.

Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

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.

The following records were examined during the inspection:

- duty rota for all staff from 29 May to 11 June 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
- one staff recruitment and induction file
- three patient care records
- three patient care charts including food and fluid intake charts, bowel management and reposition charts
- complaints records
- compliments received
- RQIA registration certificate
- certificate of public liability insurance
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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.

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

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 8 December 2016**

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector and will be validated at the next medicines management inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 14 June 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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	The registered person must ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> During a review of the environment, compliance with IPC was observed to have been achieved.	
Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 4 Criteria (1) (7) <b>Stated:</b> Second time	It is recommended that patients' continence assessments are fully completed and include the specific continence products required by the patient.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of one patient's care records evidenced that a continence assessment had not been completed. See section 6.5 for further information.  This area of improvement has not been met and has now been subsumed into an area for improvement under regulation following consultation with senior management in RQIA.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 46 Criteria (1) (2) <b>Stated:</b> Second time	It is recommended that robust systems are in place to ensure compliance with best practice in infection prevention and control (IPC) within the home.	<b>Met</b>
	Particular attention should focus on the areas identified on inspection.  <b>Action taken as confirmed during the inspection:</b> A robust system was in place to ensure compliance with IPC.	

<b>Area for improvement 3</b>  <b>Ref:</b> Standard 4 Criteria (9)  <b>Stated:</b> First time	It is recommended that bowel function, reflective of the Bristol Stool Chart is recorded on admission as a baseline measurement and thereafter in the patients' daily progress records.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of three patients' bowel management records evidenced that these had been recorded well.	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 17  <b>Stated:</b> First time	The registered person should ensure a system is in place to manage safety alerts and notifications.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and a review of records evidenced that an effective system to manage safety alerts and notifications was in place.	

### 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 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 weeks commencing 29 May and 5 June 2017 evidenced that the planned staffing levels were adhered to. The planned staffing levels were based on the patients' dependency levels, which were assessed using the Care Home Equation for Safe Staffing (CHESS) assessment tool, developed by Four Seasons Healthcare. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

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

An induction booklet was completed and signed by the new employee and the staff member responsible for completion of the induction. There was evidence that the induction process had oversight from the manager.

Discussion with the manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. The majority of staff were compliant with mandatory training requirements. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

Discussion with the manager and review of records evidenced that the arrangements for monitoring the registration status of nursing staff was not appropriately managed in accordance with Nursing and Midwifery Council (NMC). A weakness was highlighted to the manager on inspection and identified as an area for improvement. The arrangements for monitoring the registration status of care staff was appropriately managed in accordance with Northern Ireland Social Care Council (NISCC).

The 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. An adult safeguarding champion had been identified. A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

Validated risk assessments had not been completed on admission or in a timely manner on one patient's care records reviewed. There was also evidence that risk assessments had not been reviewed appropriately on another patient's care records. Care plans had been developed in the absence of recorded assessments. This will be further discussed in section 6.5.

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. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Inspection of accident records evidenced that two unwitnessed falls had occurred. Records indicated that central nervous system (CNS) observations were not taken immediately following the incident and monitored for 24 hours. This was discussed with the manager and identified as an area for improvement to ensure post falls management was conducted in compliance with best practice guidance.

Discussion with staff confirmed that communication was well maintained in the home and that appropriate information was communicated in the shift handover meetings.

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Bedrooms and communal areas were clean and spacious. Corridors were observed to be clear of clutter and obstruction. However, the bottom of an identified stairwell was observed to be obstructed which would have had significant consequences if the need to evacuate the top floor arose such as in the event of a fire. This was discussed in detail with the manager and this practice was identified as an area for improvement. The obstruction was removed immediately when identified.



During a review of the environment it was observed that drying racks are not provided in the sluice rooms to ensure items which require sluicing are dried in accordance with the management of infection prevention and control. This was discussed with the manager and identified as an area for improvement.

Four doors leading to separate rooms around the kitchen area were observed to have been propped/wedged open. These actions were discussed with the manager and are required to be addressed without delay to ensure the safety and wellbeing of patients in the home. An area for improvement had been identified.

A malodour was detected in an identified room. The room was re-visited two hours later and the malodour remained prevalent. This was discussed with the manager and identified as an area for improvement.

### 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 were identified on monitoring nursing registrations; post falls management; provision of drying racks; obstructions to stairwells, management of malodours and propping/wedging open doors.

	Regulations	Standards
<b>Total number of areas for improvement</b>	4	2

### 6.5 Is care effective?

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

Three patient care records were reviewed on inspection. In one of the patient's records, a falls risk assessment and a continence assessment had not been completed four weeks from the date of admission. Completion of continence assessments had been an area for improvement stated for the second time in the previous care inspection. Care plans in these areas had been developed in the absence of the recorded assessments. The importance of following the nursing process was discussed with the manager. A malnutrition universal scoring tool (MUST) assessment had been completed 12 days following the admission. There was evidence in a second patient's care records that the MUST had not been reviewed appropriately. This was discussed with the manager and identified as an area for improvement.

Supplementary care charts, such as bowel management, repositioning and/or food and fluid intake records, evidenced that records were maintained in accordance with best practice guidance, care standards and legislation.

Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals, such as the speech and language therapist and/or physiotherapist, in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Staff demonstrated an awareness of the importance of patient confidentiality in relation to the storage of records. Patients' records were stored in lockable cabinets at the nurses' station.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to receive a handover at the beginning of each shift. Staff confirmed that prior to commencing the morning shift; the registered nurse would receive a full handover, from the registered nurse finishing night duty, and would then relay any appropriate information to care staff.

Discussion with the manager and staff and a review of the minutes of meetings confirmed that staff meetings were conducted regularly. Minutes of the meetings were available and included details of attendees; dates; topics discussed and decisions made.

Staff consulted knew their role, function and responsibilities and staff commented on effective teamwork within the home. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

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 recorded daily walk around the home and would avail of the opportunity to engage with patients and relatives at this time. A relatives' noticeboard was maintained at the entrance to the home.

A 'Quality of Life' (QOL) electronic feedback system was available at the entrance to the home. The manager confirmed that the home aimed to achieve service feedback from a variety of staff; visiting professionals; patients and patient representatives.

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

There was information available to staff, patients, representatives in relation to advocacy services.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care planning; completion of supplementary documentation; teamwork; communication between residents, staff and other key stakeholders.

## Areas for improvement

An area for improvement was identified on the completion and review of patient assessments in a timely manner.

Consideration must also be given to the area for improvement, in relation to the completion of continence assessments, that was stated for the second time at the previous care inspection and will now be subsumed into the area for improvement under regulation at this inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

### 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, caring and timely. Consultation with 14 patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed chatting with patients when assisting them. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. 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.

Patients stated that they were involved in decision making about their own care. Patients were consulted with regarding meal choices and their choice of attire. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

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

The serving of lunch was observed in the main dining room downstairs. Patients were seated around tables which had been appropriately laid for the meal. Food was served from the kitchen when patients were ready to eat or to be assisted with their meals. Food appeared nutritious and appetising. The mealtime was well supervised. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. Condiments were available on tables and a range of drinks were offered to the patients. Appropriate music was played in the background. Patients appeared to enjoy the mealtime experience.

The views of staff, patients and patients' representatives on the service provision of the home was collected electronically as discussed in section 6.5. The manager confirmed that they would review the opinions raised and where necessary take action to address any shortfalls identified. However, a system was not in place to provide feedback to patients and/or their representatives of the opinions raised and actions taken to address any identified shortfalls. This was discussed with the manager and identified as an area for improvement.

Two registered nurses, three carers and one ancillary staff member was consulted to ascertain their views of life in Beechill.

Some staff comments were as follows:

“It’s ok but it’s hard work.”

“I am happy here.”

“I like it.”

“We work well as a team.”

“I’m fine here. I really like it.”

Ten staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. None of the questionnaires were returned within the timescale for inclusion in the report.

Fourteen patients were consulted.

Some patient comments were as follows:

“I’m very comfortable. The staff are very pleasant.”

“The food is lovely.”

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

Two patient representatives were consulted during the inspection. Ten relative questionnaires were left in the home for completion. One of the relative questionnaires was returned.

Some patients’ relative/representative comments were as follows:

“I go to bed every night one hundred percent content that my mother is safe.”

“Staff are always one step ahead of us. They identify any issues with mum before we do.”

“Our family can relax in the knowledge that our mother is in safe hands, treated with dignity and respect but also with such a degree of affection as goes far beyond the demands of duty.”

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to privacy, dignity and respect afforded to patients; staff interaction with patients and the mealtime experience.

**Areas for improvement**

An area for improvement was identified in relation to the provision of feedback of opinions and views from patients and their relatives/representatives on the daily running of the home and, where appropriate, the actions taken to address shortfalls in this service delivery.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 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 records evidenced that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. The complaints procedure was on display at the front entrance to the home.

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

Some examples of compliments received are as follows:

"The family of ... want to thank all the staff for the care they provided and the kindness shown to ... during her time in Beechill."

"All of you were so kind to our family and treated us with compassion."

"Thank you for looking after ... in her last months. She was very happy and comfortable in Beechill and we are grateful for your help and support."

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, accidents, complaints and infection prevention and control. The manager confirmed that an action plan to address identified shortfalls within audits was developed. There was evidence of four care record audits conducted in May 2017. There was also evidence that the regional manager had oversight of the auditing arrangements in the home.

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

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.

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

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 of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements; management of complaints and incidents and monthly monitoring.

## Areas for improvement

No areas for improvement were identified during the inspection in the well led domain.

Consideration must be given to the areas for improvement identified within the safe, effective and compassionate domains which also reflect on the well led domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Pricilla Abrenica, 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 21 (5) (d) (i)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that a more robust system is in place to monitor the registration status of nursing staff in accordance with NMC.</p> <p><b>Ref: Section 6.4</b></p> <p><b>Response by registered person detailing the actions taken:</b> There is now a robust system in place where monthly monitoring is carried out by the Registered Manager. This is being monitored by the Regional Manager during the regulation 29 visit to the home.</p>
<p><b>Area for improvement 2</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> 15 June 2017</p>	<p>The registered person must ensure good practice guidance is adhered to with regard to post falls management.</p> <p><b>Ref: Section 6.4</b></p> <p><b>Response by registered person detailing the actions taken:</b> Good practice is being adhered to and implemented following a fall- such as accurate recording, recording of observations i.e. Neurological Observation, close monitoring &amp; observation to the affected patient. This will be monitored through the internal auditing system</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (4) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that the identified stairwell is not obstructed in any manner which may reduce the free flow of patients in the event of an evacuation.</p> <p><b>Ref: Section 6.4</b></p> <p><b>Response by registered person detailing the actions taken:</b> The identified stairwell was cleared immediately. Supervision sessions for staff in relation to fire safety have taken place with the registered manager. Compliance will be monitored through the internal auditing system.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that the practice of propping/wedging open of doors ceases with immediate effect. Other measures must be implemented if the identified doors are to remain in an open position.</p> <p><b>Ref: Section 6.4</b></p> <p><b>Response by registered person detailing the actions taken:</b> This practice was ceased immediately by the Registered Manager and is now being monitored by the Maintenance Man, Nurse on duty and the Registered Manager. Door retaining units have been ordered and will be fitted to identified doors.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 15 (1) (a) (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that all patients are assessed on admission to the home in a timely manner and that these assessments are kept under review in accordance with legislation, care standards and professional guidance.</p> <p><b>Ref: Section 6.5</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager is now checking all files of newly admitted patients within seven days of being admitted to the home. Nursing staff have been reminded through supervision the legislative timescales of the completion of records post admission. Compliance will be monitored through the internal auditing system.</p>
<p><b>Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes (2015)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2017</p>	<p>The registered provider should provide drying racks in the sluice rooms in keeping with the management of infection prevention and control.</p> <p><b>Ref: Section 6.4</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Drying racks are now in place. The sluice rooms are being regularly monitored and included in infection control audit monthly.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 44 Criteria (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 June 2017</p>	<p>The registered person shall ensure that the malodour in the identified room is managed effectively.</p> <p><b>Ref: Section 6.4</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The identified room was shampooed and the malodour was managed effectively. The carpet is being replaced by wood vinyl-waiting for vinyl to be fitted.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2017</p>	<p>The registered person shall ensure that there is a system to provide feedback from the opinions and views of patients and their relatives/representatives on the daily running of the home and, where appropriate, the actions taken to address shortfalls in this service delivery.</p> <p><b>Ref: Section 6.6</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Feedback, opinions and views of patients, relatives, visitors and families are being recorded through the home Quality of Life system. Feedback is being monitored by the Deputy, or the Home Manager and feedback is being provided to staff during handover report and actions taken.</p>





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