

Unannounced Care Inspection Report 15 February 2018



Templemoyle

Type of Service: Nursing Home (NH)
Address: 41a Whitehill Road, Eglinton, BT47 3JT
Tel No: 028 7181 1461
Inspector: Bridget Dougan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 30 persons.

3.0 Service details

Organisation/Registered Provider: Elizabeth Kathleen Mary Lisk	Registered Manager: Jeya Patheeksha
Person in charge at the time of inspection: Jeya Patheeksha	Date manager registered: 9 January 2015
Categories of care: Nursing Home (NH) I – Old age not falling within any other category PH – Physical disability other than sensory impairment	Number of registered places: 30

4.0 Inspection summary

An unannounced inspection took place on 15 February 2018 from 11.00 to 17.00 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 DHSSPS Care Standards for Nursing Homes 2015.

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

There were good examples of practice found throughout the inspection in relation to staffing levels, skill mix, dignity and privacy, listening to and valuing patients and their representatives, the management of complaints, adult safeguarding concerns, supplementary care records and maintaining good working relationships.

Areas for improvements under the regulations were identified in relation to governance arrangements, wound care and fire safety.

Areas for improvements under the standards were also identified in relation to falls audits, infection prevention and control, staff training in developing care plans, the completion of monthly monitoring reports and the annual quality report.

Patients and relatives said that they were satisfied with the care and services provided and described living in the home, in positive terms. Two comments received from patients and relatives were shared with the registered manager for follow up as necessary.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	*5

*The total number of areas for improvement includes two under the standards, which have been stated for a second time.

4.2 Action/enforcement taken following the most recent inspection dated 30 January 2018

Details of the Quality Improvement Plan (QIP) were discussed with Jeya Patheeksha, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

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

During the inspection the inspector met with 20 patients, seven staff and two patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

The following records were examined during the inspection:

- duty rotas for nursing and care staff
- a sample of incident and accident records
- complaints record
- four patient care records
- supplementary care charts for example; repositioning charts, food and fluid charts, bowel records
- a selection of audits
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- annual quality report for 2017.

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 30 January 2018

The most recent inspection of the home was an unannounced medicines management inspection on 30 January 2018. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 11 May 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 18 (2) Stated: First time	The registered persons must ensure that the malodours in the identified patient's bedroom are eliminated. Any difficulties in obtaining consent in relation to this must be evidentially communicated to care management.	Met
	Action taken as confirmed during the inspection: No malodours were identified at the time of the inspection. There was evidence that the issues had been addressed during a care management review meeting and had been resolved.	
Area for improvement 2 Ref: Regulation 15 (2) (a) and (b) Stated: First time	The registered persons must ensure that the assessment of patient need is kept under review and revised to reflect patients' changing needs.	Met
	Action taken as confirmed during the inspection: Review of a sample of four patients care records evidenced that the assessment of patients' needs and risk assessments were in place and kept under review, including nutrition, weight loss, incontinence and infections.	

<p>Area for improvement 3</p> <p>Ref: Regulation 16 (1) and (2)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that patients' care plans accurately reflect the current and/or changing needs of the patient and evidence is present of regular evaluation of care.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of four patient's care records evidenced that care plans accurately reflected the current and/or changing needs of patients including nutrition, weight loss, incontinence and infections. An area for improvement has been identified in respect of wound care. Please refer to section 6.5 for further details.</p>		
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p style="text-align: center;">Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 35.4</p> <p>Stated: Second time</p>	<p>The registered persons should ensure that the system for auditing care records is further developed to address the deficits identified during this inspection. This refers particularly to the management of wound care and urinary catheter care; the use of bedrails and recording of pressure relieving mattress settings; the completion of pain assessments and personal hygiene records.</p>	<p style="text-align: center;">Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Whilst there was evidence of an audit system in place; there was no evidence of its effectiveness in identifying and addressing deficits in care records. A detailed audit template was in place in the four care records reviewed, however this had not been fully completed for all audits and there was no evidence of a clear action plan or timescales to address the issues identified. This improvement has not been met; therefore an improvement under the regulations has been made. Refer to section 6.7.</p>		

Area for improvement 2 Ref: Standard 13 Stated: First time	The registered persons should ensure that arrangements are put in place to embed the new regional operational safeguarding policy and procedures.	Met
	Action taken as confirmed during the inspection: An updated safeguarding policy was in place and staff were aware of their roles and responsibilities in relation to safeguarding vulnerable adults. The registered manager confirmed that she was the identified safeguarding champion for the home and that she would be attending training provided by the trust in the week following the inspection.	
Area for improvement 3 Ref: Standard 4 Stated: First time	The registered persons should review the process for recording bowel motions, in the absence of bowel functioning, to ensure that bowel records are accurately maintained.	Met
	Action taken as confirmed during the inspection: Discussion with staff and review of care records evidenced that bowel records had been accurately maintained.	
Area for improvement 4 Ref: Standard 37.1 Stated: First time	The registered persons should ensure that consideration is given to how confidential patient information is retained to support and uphold patients' rights to privacy and dignity at all times.	Met
	Action taken as confirmed during the inspection: Confidential patient information was managed securely to support and uphold patients' rights to privacy and dignity at all times. All staff were aware of their responsibilities in respect of confidentiality and the management of patient information.	

<p>Area for improvement 5</p> <p>Ref: Standard 35.16</p> <p>Stated: First time</p>	<p>The registered persons should further develop the system in place for monitoring, auditing and reviewing the quality of nursing care, to ensure that the annual quality report provides an accurate reflection of the standard of care and services provided; and the opinions of key stakeholders.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The annual quality report for 2017 was reviewed. The report contained an analysis of the responses provided by patients and relatives to a questionnaire on the quality of care and services provided within the home. No areas for improvement were identified and two positive comments had been included. The registered manager confirmed that these were the only two comments provided by patients/relatives. The report did not include comments from staff and the registered manager confirmed that the opinions of staff had not been sought. There was no evidence that other indicators of quality had been included, for example accidents/incidents, complaints, compliments, staff training or the condition of the environment.</p>		
<p>Area for improvement 6</p> <p>Ref: Standard 16.10</p> <p>Stated: First time</p>	<p>The registered persons should ensure that complaints are investigated and responded to within 28 days and when this is not possible, complainants are kept informed of any delays. Copies of such investigations and responses must be available for inspection.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Two complaints had been received since the previous care inspection and there was evidence that these complaints had been managed appropriately in accordance with legislation.</p>		

Area for improvement 7 Ref: Standard 22.10 Stated: First time	The registered persons should ensure that falls are reviewed and analysed on a monthly basis to identify any patterns or trends and appropriate action is taken.	Partially met
	Action taken as confirmed during the inspection: There was evidence that falls had been reviewed and analysed on a monthly basis. Whilst the analysis contained information on the number of falls and the times of day/night when they occurred, there was no information on which patient, the type, place and outcome of falls, therefore trends in these areas could not be identified.	
Area for improvement 8 Ref: Standard 35.18 Stated: First time	The registered persons should ensure that the system for dealing with Chief Nursing Officer (CNO) alerts is further developed and maintained, to ensure that recruitment checks are more robust.	Met
	Action taken as confirmed during the inspection: A system had been developed for dealing with CNO alerts and included a process to ensure that recruitment checks are more robust.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rotas for weeks commencing 29 January, 05 and 12 February 2018 evidenced that planned staffing levels were adhered to.

Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care at the time of inspection provided evidence that patients' needs were met by the levels and skill mix of staff on duty.

The provision of mandatory training was discussed with staff and training records were reviewed for 2017. Training records evidenced good compliance. The registered manager confirmed that the majority of mandatory training was provided electronically and they had systems in place to facilitate compliance monitoring.

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. Where any shortcomings were identified safeguards were put in place.

Review of four patients care records evidenced that a range of validated risk assessments were completed as part of the admission process and had been reviewed on a monthly basis. Review of management audits of falls confirmed that, on a monthly basis, the number and time of falls were analysed, however as discussed in section 6.3, the patients, type, place and outcome were not analysed to identify patterns and trends. An area for improvement is made for the second time.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm and clean throughout. The registered manager advised that a refurbishment programme was ongoing. Several of the bedrooms had been repainted and vinyl flooring had been laid to replace carpets in the ground floor reception area, corridors and bedrooms.

The majority of fire exits and corridors were observed to be clear of clutter and obstruction. A number of boxes and suitcases were stored in the landing next to the fire door on the top floor. This had been addressed before the end of the inspection. An area for improvement has been identified.

Infection prevention and control measures were generally adhered to, however an upholstered armchair, zimmer frames, a fan and a hoist sling were observed to be stored in a bathroom on the top floor. These actions were discussed with the registered 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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing levels, skill mix and the management of adult safeguarding concerns.

Areas for improvement

An area for improvement under the regulations was identified in relation to fire safety. One area for improvement under the standards was identified in relation to infection prevention and control and one has been stated for the second time (falls audits).

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed regularly, however, they did not always inform the care planning process.

We reviewed the management of wound care for four patients. While wound care was well documented for one patient, appropriate wound care documentation, including a care plan was not in place for three patients who required wound care. A registered nurse confirmed the three patients had a small break on their skin requiring the application of a dressing. It was confirmed that none of the patients required referral to the tissue viability nurse (TVN).

Patient (A) had a wound assessment and treatment record in place which identified a small break in the sacral area on 4/10/17 and this had been dressed with Iodine and foam island dressing. There was evidence that the wound had been reviewed on 6/10/17 "improved", 19/10/17 "worse" and 30/11/17 "first time seen". No wound evaluations had been recorded since 30 November 2017. Progress notes were recorded daily and stated "skin care maintained and barrier cream applied".

Patient (B) had a body map in place and reviewed monthly from 2016 until 31/1/18 which stated "skin intact and no changes to skin condition". Progress notes recorded for 12/2/18 stated "dressing applied to left and right buttock, both red and broken".

Patient (C) Body map recorded on 31/10/17 "Skin very tissue like and easily broken"; 30/11/17 Iodine dressing and foam island pad applied to small break on sacrum". 11/1/18 "skin very dry and frail and bruises easily". Care plan in place for skin integrity (prevention of pressure damage) dated 7/8/15 and reviewed monthly up until 11/1/18 stated "pressure areas remain intact and barrier cream applied". There was no evidence of meaningful evaluation of the three patients' wounds; however discussion with the registered nurse confirmed that the patients were in receipt of wound care and that the wounds were healing. An improvement has been made under the regulations in respect of the management of wound care.

Discussion with the registered manager evidenced that nurses had booked to attend trust training on 22 February 2018 in respect of the management of wound care. The management of care records was also discussed with the registered manager and it was agreed that staff would benefit from further training in this regard.

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

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that they enjoyed working in the home and with colleagues and if they had any concerns, they could raise these with the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between patients, relatives and staff and the management of supplementary care records.

Areas for improvement

An area for improvement under regulation was identified in relation to the management of wound care. An area for improvement under the standards was also identified in relation to staff training in developing care plans.

	Regulations	Standards
Total number of areas for improvement	1	1

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. Patients were afforded choice, privacy, dignity and respect. 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. There was evidence that staff had provided additional support to meet the needs of a patient with limited understanding of the English language. This included the translation of common words and phrases which were printed and left beside the patient for easy access.

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.

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

Observation of the lunchtime meal confirmed that patients were given a choice in regards to where they preferred to dine, food and fluid choices and the level of help and support requested. Staff treated patients with dignity and respect, affording patients adequate time to make decisions and choices and offered reassurance and assistance appropriately.

Patients who were able to communicate their feelings indicated that they enjoyed living in Templemoyle and that staff were caring and attentive. The issue identified in discussion with one patient was brought to the registered manager's attention for action as appropriate.

Comments included:

"Its lovely here, I like it."

"The staff is wonderful."

"Very happy with my care, couldn't be happier."

"Very happy with my care. The staff are very friendly and always explain everything to me. No complaints at all, I like it here."

"I would like a wheel chair to get out and about around the home as I get bored sitting in my room."

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. A copy of the minutes of staff meetings and the most recent annual quality review report was available.

We spoke with two relatives during this inspection who were satisfied regarding the management, staff and the care provided to their loved ones.

Ten questionnaires were issued for relatives and patients who were not consulted during the inspection. In total eight questionnaires were returned; patients (four) and relatives (four). The majority of responses received were positive, with respondents indicating they were “very satisfied” with the quality of care and services provided. One relative identified that their relative would like to be brought out of their room for a few hours every day to socialise with other residents. This was discussed with the registered manager for follow up as appropriate.

Some comments received from relatives included:

“I feel that x would like to be brought out of his room for a few hours every day for company. I am happy with the care the staff are giving to my relative.”

“The staff provide a very personal and individual care for my father, having spent time to get to know him as an individual.

“I believe that Templemoyle nursing home, Jeya and all the staff are the best in the country. We can't thank them enough for their care for dad.”

Comments from patients and relatives were shared with the registered manager for her attention and action as required.

A poster was also displayed for staff inviting them to provide online feedback to RQIA. Four staff provided feedback following the inspection. All staff indicated they were “very satisfied” that the service was well led and the manager was approachable should they have a concern.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to dignity and privacy, listening to and valuing patients and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 staff, a review of care records and observations confirmed that the home was operating within the categories of care registered. The registration certificate was up to date and displayed appropriately.

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

A review of governance records evidenced that, while quality monitoring systems were in place, we were unable to confirm they were sufficiently robust to identify shortfalls or that effective measures had been taken to drive improvements. The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered. There was evidence of monthly audits of a number of areas including care records, falls management and infection prevention and control. However, as discussed in section 6.3, there was no evidence of the effectiveness of audits in identifying and addressing deficits in care records and the audits of falls required further development to improve their effectiveness. Due to the number of shortfalls identified across three domains (some for the second time), this has been identified as an area for improvement under the regulations.

The annual quality report for 2017 did not include the views of key stakeholders (staff) and did not include indicators of quality such as accidents/incidents, complaints, compliments, staff training or the condition of the environment. An improvement has been made for the second time.

Review of records for November, December 2017 and January 2018 evidenced that unannounced quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. The reports made reference to the shortfalls identified at the last care inspection and that these had been reviewed and followed up appropriately. This was not in keeping with the findings of this inspection in respect of a number of areas for improvement identified in section 6.2. An action plan was included within the quality monitoring reports to address any areas for improvement and was reviewed at the next visit. It was noted that the action plans focused solely on environmental issues. An improvement has been made in this regard.

Discussion with the registered manager and review of the home's complaints records evidenced that systems were in place to ensure 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. A copy of the complaints procedure was displayed in various locations within the home.

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

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

Four patients and four relatives returned questionnaires. They identified they were very satisfied in response to the question "is care well led?" They referenced they know who is in charge; the service is well managed; their views are sought and they know how to make a complaint.

Areas of good practice

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

Areas for improvement

An area for improvement under regulation was identified in relation to the governance arrangements. One area for improvement under the standards was identified in relation to the completion of monthly monitoring reports and one has been stated for the second time (annual quality report).

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jeya Patheeksha, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 12 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2018</p>	<p>The registered persons must ensure that the treatment and care provided to each patient meets their individual needs and reflects current best practice in respect of wound care.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: Meeting has been held with all trained staff to highlight this area for improvement. Checklist has been implemented to ensure that records reflect individual needs. Care plans have been re-written and updated.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2018</p>	<p>The registered person shall ensure that robust governance arrangements are developed, implemented and maintained to assure the safe and effective delivery of care and other services provided in the home.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: Wound audits have been further developed to reflect the changes required. Falls audit has also been improved to assure the safe and effective delivery of care</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the day of the inspection</p>	<p>The registered person shall provide adequate means of escape in the event of a fire. Ensure all fire exits and corridors are clear of clutter and obstruction.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Any obstructions have been removed. Staff have been instructed to check for any instructions on an ongoing basis.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015).

<p>Area for improvement 1</p> <p>Ref: Standard 35.16</p> <p>Stated: Second time</p> <p>To be completed by: 30 April 2018</p>	<p>The registered person shall further develop the system in place for monitoring, auditing and reviewing the quality of nursing care, to ensure that the annual quality report provides an accurate reflection of the standard of care and services provided; and the opinions of key stakeholders.</p> <p>Ref: Section 6.2</p> <p>Response by registered person detailing the actions taken: Annual quality report is currently being rewritten to reflect the changes highlighted. This will better reflect the standard of care and services provided. This is pending return of annual surveys and will be in place within four weeks.</p>
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Area for improvement 2 Ref: Standard 22.10 Stated: Second time To be completed by: 31 March 2018	The registered persons should ensure that falls are reviewed and analysed on a monthly basis to identify any patterns or trends and appropriate action is taken. This should include information on which patient, the type, place and outcome of falls, therefore trends in these areas could be identified. Ref: Section 6.2
	Response by registered person detailing the actions taken: Falls has been further developed to reflect the changes required. Falls audit has been improved to assure the safe and effective delivery of care.
Area for improvement 3 Ref: Standard 46.2 Stated: First time To be completed by: 31 March 2018	The registered person shall ensure that infection prevention and control measures are adhered to and equipment is appropriately stored. Ref: Section 6.4
	Response by registered person detailing the actions taken: Any equipment that was stored incorrectly has been removed. Staff have been advised that areas like bathrooms are not to use as storage areas
Area for improvement 4 Ref: Standard 4 (9) Stated: First time To be completed by: 30 April 2018	The registered person shall ensure that staff receives training and or supervision in developing care plans. Ref: Section 6.5
	Response by registered person detailing the actions taken: All staff have been informed for the need for care plans to be further developed. Supervision has been carried out with staff who require most improvement. All trained staff have received training on care plans.
Area for improvement 5 Ref: Standard 35 (7) Stated: First time To be completed by: 30 April 2018	The registered person shall ensure that the monthly monitoring reports are developed to ensure that the organisation is being managed in accordance with legislation and minimum standards. These should focus on areas for improvement identified at this inspection. Ref: Section 6.7
	Response by registered person detailing the actions taken: Area managers has been informed of the areas of improvement and will implement these on further visits. These will be added to Reg 29 form used

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



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