

Unannounced Care Inspection Report 20 April 2017



County

Type of Service: Nursing Home
Address: 42 Tempo Road, Enniskillen, BT74 6HR
Tel no: 028 6632 3845
Inspector: Sharon Loane

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of the County commenced on 20 April 2017 at 18.15 and finished at 12.40 hours on 21 April 2017.

This inspection was undertaken to determine what progress had been made in addressing the requirements and recommendations made during the previous care inspection on 20 February 2017, to re-assess the homes level of compliance with legislative requirements and the DHSSPS Minimum Standards for Nursing Homes and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The unannounced inspection on 20 February 2017 raised concerns that the quality of care and services within the County was below the minimum standard expected. As a consequence of the inspection, management personnel representing the registered person attended a serious concerns meeting at RQIA on 28 February 2017. During the serious concerns meeting, management representatives of Four Seasons Healthcare submitted an action plan and gave assurances to RQIA that the identified issues would be addressed in a timely manner to achieve compliance.

This inspection evidenced that despite the assurances which had been provided by the registered person, sufficient progress had not been made and additional concerns were identified that had the potential to impact negatively on patient outcomes.

As a consequence, a meeting was held with senior management in RQIA and it was agreed that a meeting with the registered persons would be held with the intention of issuing two Failure to Comply Notices in regards to the quality of nursing care and governance arrangements.

The registered persons were required to attend a meeting in RQIA on 28 April 2017. The registered person; Dr Maureen Claire Royston was unable to attend the meeting and nominated the Managing Director, Carol Cousins, to attend the meeting on her behalf. The Resident Experience Regional Manager, Ruth Burrows, and John Coyle, Acting Manager, also attended the meeting. The registered manager was unable to attend.

During the intention meeting management representatives acknowledged the failings and provided a full account of the actions and arrangements made to ensure the improvements necessary to achieve full compliance with the required regulations. RQIA were satisfied with the action plan and assurances provided and a decision was made not to serve the two Failure to Comply Notices in regard to the above regulations.

It was agreed at the meeting that robust management arrangements would be in place going forward and that Four Seasons Healthcare would undertake to communicate our concerns and the proposed actions to the relevant stakeholders including the Western Health and Social Care Trust (WHSCT).

A further inspection will be undertaken to validate compliance and drive necessary improvements.

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 term 'patients' is used in throughout the report to describe those living in the County which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	*7	*6

*The total number above includes three requirements and four recommendations which have been stated for the second time. Two recommendations not reviewed have also been carried forward from a previous inspection.

Details of the Quality Improvement Plan (QIP) within this report were discussed as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 20 February 2017.

Other than those actions detailed in the QIP there were no further actions required. Enforcement action resulted 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 most recent inspection.

2.0 Service details

Registered organisation/registered person: Four Seasons Healthcare Dr Claire Royston	Registered manager: Ms Tanya Taylor-Smith
Person in charge of the home at the time of inspection: Hanna McGovern , Nurse in Charge Kathleen Lee, Nurse in Charge	Date manager registered: 15 April 2016
Categories of care: RC-I, NH-DE, NH-I, NH-PH A maximum of 22 patients in category NH-DE and maximum of 6 residents in category RC-I. The home is also approved to provide care on a day basis to 5 persons	Number of registered places: 58

3.0 Methods/processes

Prior to inspection we analysed the following records:

- notifiable events received by RQIA since the last care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from inspections undertaken in the previous year
- the previous care inspection report
- pre-assessment audit
- the action plan submitted in response to the inspection undertaken 20 February 2017

During this inspection, care delivery and care practices were observed and a review of the general environment of the home was undertaken. We also spoke with six patients individually and with others in small groups, four registered nurses, and three care staff individually, the administrator and three patient's representatives.

The following information was examined during the inspection:

- validation evidence linked to the previous care inspection QIP
- a review sample of staff duty rotas
- observation of the staff handover
- three patient care records
- supplementary care records
- monthly monitoring reports in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 20 February 2017

The most recent inspection of the County was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP was not fully validated due to the focus and time of the inspection and therefore have been carried forward for validation at the next care inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 20 February 2017

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 12 (1)	The registered person must review the current staffing arrangements with particular reference to the general nursing unit to ensure that safe and effective care is being delivered.	Met

<p>Stated: Second time</p>	<p>Action taken as confirmed during the inspection: A discussion with staff, a review of information and observations made at the time of this inspection evidenced that this requirement was met. A review had been undertaken of the staffing arrangements and the routines within the home which resulted in positive outcomes for patients and staff. Patients were observed being assisted to and responded to in a timely manner. Staff spoken with in the majority were satisfied that the reviewed staffing arrangements and routines were sufficient and appropriate to meet the needs of the patients although advised that when staff cover is not obtained to manage annual leave, sickness and absences this impacts their ability to deliver effective and compassionate care.</p> <p>This requirement has been met in regards to the observations made at the time of this inspection; however management should ensure that the staffing arrangements are kept under review to assure they are adequate and appropriate at all times to meet the needs of patients accommodated.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p>	<p>The registered person must ensure that the provision and deployment of staffing in the home is reviewed to ensure that there is adequate staff on duty to meet the needs of the patients.</p> <p>Records of the necessary action taken to address staff shortages should also be maintained.</p> <p>Action taken as confirmed during the inspection: This requirement was not met and has been stated for a second time. Please refer to section 4.3.1 for further details.</p>	<p>Not Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person must ensure that the treatment and care provided to each patient meets their identified assessed needs and reflects their plan of care in relation to the management of pressure damage and/or wounds. This should include the completion of all documentation pertaining to this area of practice.</p>	<p>Not Met</p>

	<p>Action taken as confirmed during the inspection: A review of care records for two identified patients continued to identify shortfalls in this area of practice.</p> <p>This requirement was not met and has been stated for a second time. Please refer to section.4.3.2.</p>	
<p>Requirement 4 Ref: Regulation 14 (4) Stated: First time</p>	<p>The registered person must ensure that the entrance doors to the nursing dementia unit are secured to prevent patients being placed at risk of harm.</p> <p>Action taken as confirmed during the inspection: At the time of the inspection, the doors as outlined above were observed closed. Signage was displayed regarding the importance of same.</p>	Met
<p>Requirement 5 Ref: Regulation 13 (7) Stated: First time</p>	<p>The registered person must make suitable arrangements to minimise the risk of infection and the spread of infection between patients and staff.</p> <p>Action taken as confirmed during the inspection: Observation made at this inspection evidenced that some staff practices was not consistent with infection control and prevention guidance. During care interventions, some staff observed did not adhere to infection prevention and control best practice for example; wearing no aprons. This requirement has not been met and has been stated for a second time. Please refer to section 4.3.3 for further details.</p>	Not Met
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1 Ref: Standard 12 Criteria 11 Stated: First time</p>	<p>The registered person should ensure that adequate numbers of staff are present when meals are served to ensure risks when patients are eating and drinking are managed; and required assistance is provided.</p> <p>Action taken as confirmed during the inspection: Due to the focus and time of inspection this recommendation was not reviewed during this inspection. Carried forward for review at a future care inspection.</p>	To be validated at the next care inspection

<p>Recommendation 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered manager should ensure that the dining experience for patients, particularly in the general nursing unit, is reviewed in line with current best practice guidance and actioned accordingly.</p>	<p>To be validated at the next care inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>Due to the focus and time of inspection this recommendation was not reviewed during this inspection. Carried forward for review at a future care inspection.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 35 Criteria 16</p> <p>Stated: First time</p>	<p>The registered person should make available a copy of the monthly quality monitoring report to patients, patient representatives, staff and stakeholders.</p>	<p>Not Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A discussion with staff indicated a lack of knowledge in regards to the monthly monitoring report and that these were not made available to them. There was no signage displayed advising that the reports were available for review.</p> <p>This recommendation was not met and has been stated for a second time.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered person should ensure that the staff duty record is maintained in accordance with Care Standards for Nursing Homes, DHSSP's 2015.</p>	<p>Not Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Shortfalls were still identified in regards to the management of the duty rota. Please refer to section 4.3.1 for further details.</p> <p>This recommendation has not been met and has been stated for a second time.</p>		

<p>Recommendation 5</p> <p>Ref: Standard 39 Criteria 1</p> <p>Stated: First time</p>	<p>The registered person should ensure that all staff who are newly appointed and agency staff complete an induction and records are retained for inspection.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>A review sample of three induction records including agency staff evidenced that induction records were completed. A discussion with a staff member recently appointed also confirmed that they had completed an induction at the commencement of their employment.</p>		
<p>Recommendation 6</p> <p>Ref: Standard 4 Criteria 9</p> <p>Stated: First time</p>	<p>The registered person should ensure that nursing records are completed contemporaneously.</p> <p>This recommendation was made in relation to food and fluid intake records but not limited to.</p>	Not Met
<p>Action taken as confirmed during the inspection:</p> <p>This recommendation was not met and has been stated for a second time. Refer to section 4.3.2 for further detail.</p>		
<p>Recommendation 7</p> <p>Ref: Standard 44 Criteria 1</p> <p>Stated: First time</p>	<p>The registered person should ensure there is an established system to assure that the home is kept tidy, clean and hygienic at all times in accordance with infection control best practice.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Observations made at this inspection evidenced that the home was clean and free from odours.</p>		

4.3 Inspection findings

4.3.1 Staffing arrangements

Concerns in regards to staffing arrangements were identified at inspections undertaken on 21 April 2016 and 20 February 2017. These concerns were discussed at a serious concerns meeting held in RQIA on 28 February 2017. An action plan and assurances were provided by Four Seasons Healthcare, that staffing arrangements would be reviewed to ensure the delivery of safe, effective and compassionate care.

Some improvement and progress was evident from the observations made at the time of inspection. The staffing arrangements for night duty had been reviewed which included the introduction of an additional care assistant resulting in positive outcomes for both patients and staff. Patients were responded to and assisted in a timelier manner, for example patients were assisted to bed as per their personal choice and the majority of patients were in bed at 22.00 hours.

However, shortfalls continued to be identified in the management of the duty rota and the deployment of staff. The staff duty record reviewed for the week commencing 17 April 2017 was not accurately updated to reflect staff working in the home and the deployment of staff was not managed effectively. Contingency records were not being maintained consistently and were unavailable for some shifts where staffing levels were below planned staffing levels. Additional comments included in a questionnaire returned by a relative stated “that staff can appear overworked, short staffed both nursing and carers”.

A requirement and a recommendation made at the last inspection were not met and have been stated for a second time.

4.3.2 Quality of care delivery, care practices and care records

During the inspection, significant deficits were identified regarding the quality of care delivered in the County. There was a lack of evidence to demonstrate that safe and effective care and treatment was being delivered and consistently recorded, in regards to the management of nutrition and weight loss, wounds and restrictive practice.

Care records examined did not evidence a systematic approach to assessing, planning and evaluating care. Risk assessments and care plans were either not in place, or not sufficiently reviewed in response to changing needs of patients. Discrepancies were identified in relation to some of the information recorded. There was also no evidence that records were being monitored and reviewed by registered nurses and management, or that appropriate actions had been taken to minimise potential risks to patients. A requirement has been made.

There was insufficient evidence within care records reviewed, to confirm that patient weight loss was being appropriately managed. There was a lack of robust systems to monitor this area of practice. Food and fluid intake records evidenced that records were not being completed comprehensively and /or accurately. A comparison of information recorded within food and fluid charts and daily progress notes for a named patient identified inconsistencies and inaccuracies. For example, one registered nurse had recorded “assisted with diet and fluids” when the food and fluid chart indicated that the patient had “refused all meals”. There were other examples of similar inaccuracies. Entries in the daily progress notes were often vague and meaningless, for example, “diet and fluids encouraged”, and with no indication if this was accurate. Similar shortfalls were also identified in relation to fluid intake. A review of information evidenced that on two separate occasions the patient had a fluid intake of 125mls and 250mls, again this information was not recorded in the daily progress and no actions were taken. Registered nurses did not make any record of the action they had taken when food and/or fluid intake was inadequate. A requirement has been made.

Shortfalls were also identified in the prevention and management of pressure ulcers and wounds. A review of care records for two identified patients evidenced that care plans were not in place to direct care delivery. The treatment and care delivered was inconsistent and it was difficult to determine if it was appropriate to meet the patient’s needs. Repositioning charts were not being recorded accurately and repositioning was not carried out in accordance with the instructions outlined in the repositioning record. For example, the information reviewed and communicated at the handover indicated that one patient required three hourly positioning; however, a review sample of records evidenced gaps of up to and including eleven hours between positional changes. Again there was no evidence that these records were being monitored and reviewed by registered nurses and corrective actions taken. There was therefore, potential for nursing staff to fail to prevent, identify or manage pressure care and/or pressure ulcers appropriately. This had the potential to impact negatively on the patients’ health and welfare. A requirement made at the last care inspection was not met and has been stated for a second time.

Shortfalls were also identified in relation to the use of restraint and restrictive practice. A patient observed was seated in a specialised chair with a lap strap applied. A record of consent and a care plan were both unavailable. Records to evidence “release and repositioning” were being completed however restraint was still being implemented even though the records indicated the patient was “settled” no rationale for its continued use was documented. A discussion with staff indicated a lack of knowledge in this regard. A requirement has been made.

The findings outlined above were concerning, as there was a lack of information to direct and inform the care required to meet patients’ health and welfare needs.

Given the identified concerns and the potential impact to patients’ health and welfare, as previously discussed a meeting was held with the intention to serve a Failure to Comply Notice in respect of Regulation 12 (1) (a) and (b). At this meeting an action plan was provided and assurances given that necessary actions had been taken to ensure the quality of nursing care afforded to patients in the areas outlined. These included but not limited to; a full review of documentation of all patients who have wounds; weight loss and who are subject to the use of restraint; a full review of patients weights over past 6 months; a full review on the use of supplementary charts. Where omissions had been identified appropriate measures had been implemented including but not limited to; referral to care management and/or relevant member of multi-disciplinary, supervision and training for staff. Management representatives advised that enhanced monitoring and governance systems have been implemented to assure the safe delivery of quality care. Information has been shared with the Trust accordingly.

Given the actions taken, information and assurances provided a decision was made by RQIA not to serve the notice. However, requirements have been made to address the shortfalls identified at this inspection and a further inspection will be undertaken to ensure that compliance with regulations is achieved. Further noncompliance may lead to enforcement action.

4.3.3 Environment

Following the last inspection, a recommendation was made in regards to the standard of cleanliness and the tidiness of the environment. At this inspection, a review of the environment which included a random sample of bedrooms, bathrooms, shower and toilet facilities and communal areas evidenced improvement and progress. Areas reviewed were clean and tidy. Although, one comment included in a questionnaire returned by a relative stated “there can be a smell of urine on the corridors from toilets”. At the time of the inspection, this recommendation was met; however management should continue to ensure that this standard of cleanliness is maintained.

Despite a requirement made at the last inspection, some practices observed were still not consistent with infection prevention and control best practice. For example; personal protective equipment was not being used appropriately. Also, some items of equipment observed were damaged and could not be cleaned effectively therefore posing potential risks of infection. A requirement previously made was not met and has been stated for a second time.

4.3.4 Consultation with patients, relatives and staff

Following the last inspection, some comments received from patients, relatives and staff were negative regarding the staffing and management arrangements in the home which impacted on the delivery of safe effective and compassionate care. The comments received were referred to the responsible person, for action under separate cover and a response was received by RQIA, to include actions taken.

During this inspection, we met with six patients, three care staff individually and others in small groups, four registered nurses and three patients' representatives. We also issued ten questionnaires to staff and relatives respectively; and five questionnaires were issued to patients. One relative returned their questionnaire, within the timeframe for inclusion in this report. No questionnaires were returned by patients and staff.

Patients spoken with commented positively in regard to the care they received and were generally happy in their surroundings. Patients were observed to be sitting in the lounges, or in their bedroom, as was their personal preference. Observations of care delivery confirmed that patients were assisted appropriately, with dignity and respect and in the majority; staff were observed responding to patients' needs in a timely manner.

As previously discussed, a number of staff including (day and night duty) staff were spoken with. The majority of staff spoken with acknowledged that some improvement and progress was evident since the last care inspection. For example; a review of staffing arrangements for night duty meant that patients were receiving safe, effective and compassionate care. Some staff were still of the opinion that management were not readily available in the home and indicated that they were unapproachable. Additional comments included in a questionnaire returned by a relative stated "that staff can appear overworked, short staffed both nursing and carers".

Two relatives spoken with also acknowledged that since the last care inspection, improvements were noted however these were inconsistent. For example, staffing arrangements in the majority were better and the environment was cleaner and tidier. The third relative spoken with commented positively about the care and services provided in the home and no concerns were raised. As discussed above, one relative returned their questionnaire. Although, additional comments were made, the respondent indicated that they were "very satisfied" across all four domains.

4.3.5 Management and governance arrangements

Following the last inspection, undertaken on 20 February 2017 concerns were identified in regards to the staffing arrangements in the home which impacted on the delivery of safe effective and compassionate care.

Although some actions had been taken to improve these shortfalls a lack of progress was identified to ensure compliance was achieved within the timescales identified in the last Quality Improvement Plan (QIP). It could not be evidenced that governance arrangements were sufficiently robust to ensure the delivery of safe effective care.

Furthermore, a discussion with staff and a review of information indicated that there was a lack of management oversight in regards to the operational needs of the home. This was further evidenced in the management of the duty rota, the standard of care records, negative feedback from staff and the monthly monitoring report for February 2017 did not reference any issues. The report for March 2017 was unavailable.

Despite assurances provided by Four Seasons Healthcare following the last inspection, it is concerning that appropriate actions have not been taken to ensure compliance and drive the necessary improvements.

Given the inspection findings, we were not assured about the effectiveness of the systems that were in place to monitor and report on the quality of nursing and other services provided and that the service was “well led”. Therefore, as referred to earlier a meeting was held with the intention to serve a Failure to Comply Notice in respect of Regulation 10 (1). At this meeting, management representatives from Four Seasons Healthcare advised that the management arrangements had been reviewed and that there are enhanced structures and processes in place to discharge, monitor and report on the delivery of nursing and other services provided, in accordance with legislative requirements and related standards for nursing homes.

RQIA were satisfied that the actions taken were sufficiently robust and a decision was made not to serve the failure to comply notice. A requirement has been made to address the identified shortfalls and as previously referred to a further inspection will be undertaken to ensure compliance and the necessary improvements have been made. The registered person was advised at the meeting held that continued noncompliance may lead to further enforcement action.

Areas for improvement

Four requirements have been made as an outcome of this inspection to include: care planning, the quality of nursing care in relation to food and fluids, the use of restraint and restrictive practice. A requirement has also been made in regards to the management and governance arrangements within the home. Three requirements made at the last inspection in regards to staffing arrangements, infection prevention and control practice and the management of wounds and pressure ulcers were not met and have been stated for a second time.

One recommendation was also made in regards to provision of training for staff in areas of practice where shortfalls were identified. Four recommendations made at the last inspection were not met and have been stated for a second time. Two recommendations made at a previous care inspection were not examined and have been carried forward to the next care inspection.

Number of requirements	4	Number of recommendations	1
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5.0 Quality improvement plan

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to RQIA's offices 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 20 (1)
(a)

Stated: Second time

To be completed by:
Immediately from date
of inspection

The registered person must ensure that the provision and deployment of staffing in the home is reviewed to ensure that there is adequate staff on duty to meet the needs of the patients.

Records of the necessary action taken to address staff shortages should also be maintained.

Ref: Section 4.2.1 & 4.3.1

Response by registered provider detailing the actions taken:

Since the date of this inspection there has been a transfer of Ownership and new management arrangements in place. Since inception we have fully reviewed the staff shortages and recruited to fulfil these needs. Recruitment agencies are no longer used within this Care Home, which assists to provide a continuity of care and ensures that the appropriate skill mix is apparent at all times. So as to effectively manage absenteeism robust Human Resources measures and tools have been introduced

Requirement 2

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

Stated: Second time

To be completed by:
Immediately from date
of inspection

The registered person must ensure that the treatment and care provided to each patient meets their identified assessed needs and reflects their plan of care in relation to the management of pressure damage and/or wounds. This should include the completion of all documentation pertaining to this area of practice.

Ref : Section 4.2.1 & 4.3.2

Response by registered provider detailing the actions taken:

The manager has conducted a review of all care records for patients with wounds or pressure care needs. Wound care Competencies and Capabilities are to be completed for all registered Nurses and supervisions carried out accordingly. The care records reviewed with regards to wound management have a care plan in place and are updated accordingly with any changes in the condition of the wounds. The care plans include the treatment of actions and recommendations made by health care professionals. Wound assessment charts are now completed in accordance with best practice guidelines. Care plan evaluations are completed and include meaningful evaluations in regards to process and progress. Risk assessments are completed in relation to pressure care management with repositioning schedules.

<p>Requirement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p> <p>To be completed by: 26 May 2017</p>	<p>The registered person must make suitable arrangements to minimise the risk of infection and the spread of infection between patients and staff.</p> <p>Ref: Section 4.2.1 & 4.3.3</p>
<p>Requirement 4</p> <p>Ref: Regulation 16</p> <p>Stated: First time</p> <p>To be completed by: 26 May 2017</p>	<p>The registered person must ensure care records are kept under review and updated in accordance with any changes in the patient's condition and reflect any recommendations made and/or treatment required by the general practitioner and multidisciplinary team.</p> <p>Ref: Section 4.3.2</p> <p>Response by registered provider detailing the actions taken:</p> <p>The manager has reviewed resident's weights. Clinical supervision has been arranged with Registered Nurses with regards to nutritional training, care plan and associated risk assessments are kept under review. Any change in condition is updated in care records and the team will liaise with the patients General Practitioner and multidisciplinary team.</p>
<p>Requirement 5</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from date of inspection</p>	<p>The registered person must ensure that the home is conducted to make proper provision for the nursing, and where appropriate, treatment and supervision of patients. This relates particularly to, but is not limited to, the management of patients' food and fluid intake.</p> <p>Ref: Section 4.3.2</p> <p>Response by registered provider detailing the actions taken:</p> <p>The manager has reviewed supplementary care records for food and fluid intake charts. Staff have received training on the completion of the charts. Daily records reflect fluid and food intake and are used to inform treatment and supervision of patients. The manager reviews a sample of these charts on an ongoing basis.</p>

<p>Requirement 6</p> <p>Ref: Regulation 14 (5)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from date of inspection</p>	<p>The registered person must ensure that the use of restraint and/or restrictive practices is in accordance with legislative requirements and best practice guidance.</p> <p>Ref: Section 4.3.2</p>
<p>Requirement 7</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2017</p>	<p>The registered person must ensure that robust management and governance arrangements are in place that assures the safe delivery of quality care within the home and that the home is well led. These structures and processes should include; comprehensive auditing systems and monthly monitoring reports. Robust action plans should be developed and evidence available that actions have been followed up to ensure the quality improvements. This requirement is also made to ensure compliance is achieved within the timescale identified in this and subsequent Quality Improvement Plans (QIP).</p> <p>Ref: Section 4.3.5</p> <p>Response by registered provider detailing the actions taken: A range of audits in situ include, accident, wound, medication care records, infection prevention, hand hygiene, health and safety audits. The action plans ensure quality improvement is achieved.</p>
<p>Recommendations</p>	
<p>Recommendation 1</p> <p>Ref: Standard 12 Criteria 11</p> <p>Stated: First time</p>	<p>This recommendation was not reviewed at this inspection and has been carried forward until the next care inspection</p> <p>The registered person should ensure that adequate numbers of staff are present when meals are served to ensure risks when patients are eating and drinking are managed; and required assistance is provided.</p> <p>Ref: Section 4.2</p> <p>Response by registered provider detailing the actions taken: The manager, ensures that adequate levels of staffing are in place to minimise the risks when patients are eating and drinking and to provide assistance where required.</p>

<p>Recommendation 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>This recommendation was not reviewed at this inspection and has been carried forward until the next care inspection</p> <p>The registered manager should ensure that the dining experience for patients, particularly in the general nursing unit, is reviewed in line with current best practice guidance and actioned accordingly.</p> <p>Ref: Section 4.2</p>
	<p>Response by registered provider detailing the actions taken: The manager has completed a dining room experience audit to address shortfalls accordingly. The manager is currently working with all care and kitchen staff to ensure that all meals provided adhere to regional nutritional guidelines and that each patients meal provided is person centred as per their likes and dislikes while meeting their individual needs as advised by both the dietican and S.A.L.T.</p>
<p>Recommendation 3</p> <p>Ref: Standard 35 Criteria 16</p> <p>Stated: Second time</p> <p>To be completed by: 26 May 2017</p>	<p>The registered person should make available a copy of the monthly quality monitoring report to patients, patient representatives, staff and stakeholders.</p> <p>Ref: Section 4.2 & 4.3.5</p>
	<p>Response by registered provider detailing the actions taken: The manager has made the monthly quality monitoring report available in the premises.</p>
<p>Recommendation 4</p> <p>Ref: Standard 41</p> <p>Stated: Second time</p> <p>To be completed by: 21 April 2017</p>	<p>The registered person should ensure that the staff duty record is maintained in accordance with the DHSSPS Care Standards for Nursing Homes, 2015.</p> <p>Ref: Section 4.2 & 4.3.1</p>
	<p>Response by registered provider detailing the actions taken: The manager has reviewed the rotas and they have been newly formatted, clearly identifying the Nurse in Charge of the home and are now in accordance with best practice guidelines.</p>
<p>Recommendation 5</p> <p>Ref: Standard 4 Criteria 9</p> <p>Stated: Second time</p> <p>To be completed by: 26 May 2017</p>	<p>The registered person should ensure that nursing records are completed contemporaneously.</p> <p>This recommendation relates particularly to, but is not limited to, food and fluid intake records.</p> <p>Ref: Section 4.3.2</p>
	<p>Response by registered provider detailing the actions taken: The manager has issued further training on the completion of care records regarding in particular supplementary charts. A daily audit process and control record is completed.</p>

<p>Recommendation 6</p> <p>Ref: 39 Criteria 4</p> <p>Stated: First time</p> <p>To be completed by: 2 June 2017</p>	<p>The registered person should provide training for staff in relation to their roles and responsibilities in the following identified areas:</p> <ul style="list-style-type: none"> • the management of wounds and pressure care • the management of nutrition and weight loss • the management of restraint and restrictive practices • the nursing process including record keeping <p>All of the training provided should reference the documentation to be completed as outlined in relevant best practice guidance.</p> <p>Ref: Section 4.3.2</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>The manager has scheduled training for all staff in accordance with wounds, pressure care, nutrition, weight loss, restraint and record keeping. Management and governance systems continue with a scheduled implementation in place to manage the changes to new documents and reporting processes.</p>



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