

Unannounced Follow Up Care Inspection Report 25 April 2018



Glenmachan Tower House

Type of Service: Nursing Home
Address: 13 Glenmachan Road, Belfast, BT4 2NL
Tel No: 028 9076 3441
Inspector: Kieran McCormick

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 provider 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 39 persons

3.0 Service details

Organisation/Registered Provider: Church of God – Glenmachan Responsible Individual: Dr Albert Alan Stephens	Registered Manager: Helen Jane Murphy
Person in charge at the time of inspection: Mike Cocisiu – Registered Nurse	Date manager registered: 01 April 2005
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of registered places: 39 comprising NH I, PH, PH(E) and TI

4.0 Inspection summary

An unannounced inspection took place on 25 April 2018 from 09.30 to 16.00.

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 sought to gain assurance that improvements and compliance with regulation and standards had been achieved following issues raised at the last care inspection on the 28 February 2018.

As a result of the inspection, RQIA was concerned that some aspects of the quality of care and service delivery within Glenmachan Tower House were below the minimum standard expected. A decision was taken to hold an intention to issue a failure to comply notice meeting and a separate serious concerns meeting in relation to the care and treatment of patients. Both meetings took place at RQIA on 3 May 2018.

During the intention to issue a failure to comply notice meeting the registered manager acknowledged the failings, however she was unable to provide a full account of the actions and arrangements needed to ensure the improvements necessary to achieve compliance with the required regulation. RQIA were not satisfied with the assurances provided and a decision was made to serve a failure to comply notice in relation to a breach of regulation 12 (1) (a)(b). During the serious concerns meeting sufficient assurances were provided by the registered manager in regards to planned improvements in respect of staff skill mix, the management of

infection prevention and control and the management of an appropriate meaningful activity program for patients. No further action was required to be taken. A further inspection will be undertaken to validate sustained compliance and drive necessary improvements.

Areas requiring improvement were identified as outlined in the quality improvement plan (QIP). Please refer to section 7.0.

The findings of this report will provide Glenmachan Tower House 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	7*	3*

*The total number of areas for improvement include two which have been stated for a second time and which have been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Dr Albert Alan Stephens, Responsible Person and Jacci Wilson, Admin Assistant 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.

Concerns were identified regarding the quality of care delivered in Glenmachan Tower House. There was a lack of evidence to demonstrate that safe and effective care and treatment was being delivered and recorded, in regards to the management of wound care and the use of pressure relieving equipment. Care records reviewed did not provide assurances that the wound management needs of individual patient's had been maintained in accordance with multiprofessional advice. As a result of the findings a failure to comply notice was issued with regard to a breach of regulation 12 (1) (a)(b).

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

A serious concerns meeting was also required to address the issues identified in regards to the staffing skill mix, a deficit of management hours for governance, the management of infection prevention and control and the provision/management of a meaningful activity program for patients. During the meeting the registered manager provided assurances of actions implemented/planned to address the deficits identified. No further action was required at this time and the improvements delivered will be validated at the next inspection.

4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 28 February 2018. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 28 February 2018.

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.
- pre-inspection audit

During the inspection the inspector met with eight patients, six staff and one visiting professional. Ten questionnaires for relatives and ten for patients were left for distribution. One questionnaire response was received from a patient, the response indicated that they were very satisfied with the delivery of safe, effective, compassionate and well led care, a comment recorded stated "I am very happy with all of my care". A further eight questionnaire responses were received, five from relatives and the other three from an unknown source, in each case the respondents expressed a rating of being very satisfied across all four domains, a comment recorded stated "mum is very pleased with her care, the staff are excellent and friendly too, would prefer some more group activities like quizzes or one to one time with a carer".

A poster was also displayed for staff inviting them to provide feedback to RQIA via an online survey. A poster informing visitors to the home that an inspection was being conducted was displayed on the front door of the home.

The following records were examined during the inspection:

- duty rota for all staff from 16 to 29 April 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- three patient care records
- a review sample of patient care charts including food and fluid intake charts, reposition charts and weights records
- patient activity records
- a selection of policies and procedures
- RQIA registration certificate
- certificate of employers liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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 person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 28 February 2018

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 28 February 2018

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 21 Stated: First time	The registered person shall ensure that all required employment checks are completed prior to the commencement of employment of any staff member. Evidence should be available for inspection.	Met
	Action taken as confirmed during the inspection: The inspector reviewed the personnel files for two recently recruited staff. Records reviewed demonstrated that all necessary checks and records were obtained prior to the commencement of employment.	
Area for improvement 2 Ref: Regulation 20 (1) Stated: First time	The registered person shall ensure that staff resources are appropriately deployed to ensure the safe and effective delivery of care to all patients, particularly during meal times.	Met
	Action taken as confirmed during the inspection: Observation of care delivery on the day of inspection, particularly during the meal time	

	experience, demonstrated that patients' needs were appropriately, promptly and safely being met.	
Area for improvement 3 Ref: Regulation 14 (2) (c) Stated: First time	The registered person shall ensure that all patient wardrobes are secured to the wall. Action taken as confirmed during the inspection: An observation of a number of bedroom wardrobes throughout the home evidenced that these were appropriately secured to the wall.	Met
Area for improvement 4 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are addressed in accordance with best practice guidance. Action taken as confirmed during the inspection: Infection prevention and control issues identified during the last inspection appeared to have not been addressed and were evidenced again during the course of this inspection. This area for improvement has not been met and has been stated for a second time.	Not met
Area for improvement 5 Ref: Regulation 20 (3) Stated: First time	The registered person shall ensure that the nurse in charge of the home, in the absence of the registered manager, has a competency and capability assessment completed prior to taking charge. Action taken as confirmed during the inspection: The inspector reviewed the records for two registered nurses. Records reviewed evidenced that relevant competency documentation had been completed and signed off.	Met
Area for improvement 6 Ref: Regulation 15 (1)	The registered person shall ensure that at all times they adhere to the registered categories of care for Glenmachan Tower House.	Met

Stated: First time	Action taken as confirmed during the inspection: On the day of inspection patients in Glenmachan Tower House were appropriately placed in accordance with the existing registered categories.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 39 Criteria (1) Stated: Second time	<p>The registered person shall ensure that all staff newly appointed to the home, including agency staff, complete a structured orientation/induction appropriate to their role and records are maintained and available for inspection.</p> <p>Action taken as confirmed during the inspection: The inspector reviewed the personnel files for two recently recruited staff. Records reviewed demonstrated that an appropriate induction had been completed; records were completed and had been signed off by the inductee and the person facilitating the induction.</p>	Met
Area for improvement 2 Ref: Standard 6 Criteria (1) Stated: Second time	<p>The registered person shall ensure that locking mechanisms are in place and in working order on doors leading to areas where personal care may be delivered.</p> <p>Action taken as confirmed during the inspection: Locking mechanisms were evidenced as having been repaired on the two identified areas.</p>	Met
Area for improvement 3 Ref: Standard 11 Criteria (1) Stated: Second time	<p>The registered person shall review the programme of activities in the home to ensure meaningful activities are offered to patients.</p> <p>Action taken as confirmed during the inspection: On the day of inspection the home had no structured programme of activities in place. Patients who met with the inspector and/or completed questionnaires discussed the absence of a structured and meaningful activity programme, which they felt was impacting negatively upon their quality of life in the home. Since the last inspection only four activities had been recorded as having been</p>	Not met

	<p>carried out in the home.</p> <p>This area for improvement has not been met and has been subsumed into an area for improvement under regulation.</p>	
<p>Area for improvement 4</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the checking of the registration status of registered nurses and care staff is carried out in a timely and robust manner to ensure that staff do not work unregistered. A robust system of checks should be established and maintained. This should be countersigned by the registered manager.</p> <p>Action taken as confirmed during the inspection: A new system for the robust checking of NMC and NISCC registrations had been implemented. This had been completed monthly and signed off by the registered manager.</p>	Met
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patients repositioning records clearly state the frequency of repositioning in accordance with the prescribed care plan.</p> <p>Action taken as confirmed during the inspection: A review of a sample of supplementary care records evidenced that the frequency of required repositioning was clearly documented on individual patient repositioning records.</p>	Met
<p>Area for improvement 6</p> <p>Ref: Standard 5</p> <p>Stated: First time</p>	<p>The registered person shall ensure that confidential patient information is maintained in accordance with best practice guidance and legislative requirements.</p> <p>Action taken as confirmed during the inspection: On the day of inspection the inspector did not observe any confidential patient information inappropriately displayed.</p>	Met
<p>Area for improvement 7</p> <p>Ref: Standard 44</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a review is completed of the use of CCTV within the home; this should include consultation with patients and/or their representatives. Records of the review should be available for</p>	Met

	<p>inspection.</p> <p>The CCTV policy and procedure should be updated in accordance with practice guidance and relevant legislation.</p>	
<p>Area for improvement 8</p> <p>Ref: Standard 5</p> <p>Stated: First time</p>	<p>Action taken as confirmed during the inspection:</p> <p>Consultation on the use of CCTV within the home had been completed; this was reflected within the policy and procedure. The policy and procedure had also been updated in accordance with RQIA and relevant best practice guidance/legislation.</p>	
<p>Area for improvement 9</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure that 'net pants' are not used communally but individually labelled for any patient requiring their use.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector observed that throughout the home net pants, stockings, tights and socks were being used communally. Items were observed to be badly stained and in a bad state.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	<p>Not met</p>
	<p>The registered person shall ensure that a review of the meal time experience is completed. This should focus on time spent for patients awaiting their meal, consultation with patients and/or their representatives should be included.</p> <p>Action taken as confirmed during the inspection:</p> <p>On the day of inspection the inspector observed the breakfast and lunchtime routine. Appropriate care staff and a dining room assistant were available at meal times. The meal time experience was observed to be well organised and calm. Staff responded promptly and efficiently to individual patient need. Patients requiring assistance were supported discreetly and in a dignified manner.</p>	<p>Met</p>

6.3 Inspection findings

On the day of inspection there were 36 patients in the home.

Following the inspection of 25 April 2018 a number of issues were identified. The issues were in relation to:

6.3.1 Management of wound care and associated care records

Care records reviewed did not provide assurances that the wound management needs of individual patient's had been maintained in accordance with multiprofessional advice.

For one identified patient there were no care plans in place despite the patient having multiple wounds. For the same patient the renewal of dressings was not maintained in keeping with the directions of the Tissue Viability Nurse (TVN). Other than a care plan for catheter management and chest infection, there were no other care plans completed to meet the patient's needs since admission. An area for improvement under the regulations, was made. For the same patient a dressing on a pressure wound on the right shoulder was last dressed on the 19.04.18, records reviewed did not provide assurance that the dressing had been changed since this date despite a recommendation to be changed on alternate days as prescribed by the TVN. An area for improvement under the regulations, was made.

For a second patient the wound management care plan did not reflect the guidance from the Clinical Nurse Facilitator. There were two pressure ulcer assessment records on file; it was difficult to ascertain which was being followed. The main wound on the second patient did not have a wound assessment on file. As a consequence a risk of confusion was identified for staff as they tried to establish which wound the wound progress records related to. An area for improvement under the standards, was made.

Care records failed to evidence the type of pressure relieving equipment used or the setting at which the equipment should be set. It is of significant concern that the registered nurses in Glenmachan Tower House have failed to ensure sufficient governance arrangements, which would ensure that pressure relieving equipment was being used appropriately to meet the patient's assessed needs. Care plans reviewed did not reflect the correct type of pressure relieving mattress that should be used for individual patients. The inspector noted that for patients being nursed on pressure relieving mattresses that the mattress had been set for a patient of weight between 125-150kg. None of the patients were of this weight. Care plans did not reflect the required setting for each patient in accordance with their weight. An area for improvement under the regulations, was made.

The governance and management of wound care, the skills of the registered nursing team, and the use of pressure relieving equipment all formed part of the failure to comply notice issued on 4 May 2018.

Areas for improvement

Four areas for improvement have been made regarding the management of pressure relieving equipment relevant to individual patient need, the duplication of care records, adherence to multiprofessional recommendations and timely completion of person centred care plans following admission to the home.

	Regulations	Standards
Total number of areas for improvement	3	1

6.3.2 Staffing arrangements

Concerns on the day of inspection were identified regarding the skill mix for registered nursing staff within the home to meet both the dependency and complexity of patients' needs. It was further noted that management hours for the registered manager were utilised on a weekly basis to support the registered nursing compliment required in the home. This appears to have had a direct impact on the day to day management and governance of the home.

On the morning of inspection the inspector was advised that there were two registered nurses on duty. One nurse had come in to support her colleague then finished shift at 13.00. After this time there was only one registered nurse in the home for the 36 patients accommodated. The change in rota to reflect this staffing had been signed by the registered manager. RQIA are aware from previous discussions with the registered persons that the home is supposed to be staffed by three registered nurses during the day. It was further noted that after 17.00 throughout the week/weekend the registered nursing staffing dropped to one registered nurse onsite. Set in the context of patient need and dependency the concerns identified regarding the management of wounds and completion of records it appears that the consistency of staffing levels for registered nurses is having a direct impact on patient care. An area for improvement under the standards, was made. In addition the registered manager was noted to be working an average of 24 hours of her working week on the floor as one of the two registered nurses; this appears to be having a direct impact on the day to day management and governance of the home. An area for improvement under regulations, was made.

This matter was discussed as part of the serious concerns meeting held in RQIA on 3 May 2018.

Areas for improvement

Two areas for improvement have been made regarding the staffing and skill mix of registered nurses in the home and the allocation and use of the registered manager's hours.

	Regulations	Standards
Total number of areas for improvement	1	1

6.3.3 Storage of medications

The inspector observed on the day of inspection a box of 26 tablets of olanzapine left unattended in the front admin office. The tablets were removed by the inspector and given to the nurse in charge for safe storage. The inspector also observed a bottle of prescribed cream

stored in the unlocked hair salon, the bottle was not labelled. An area for improvement under the regulations, was made.

Areas for improvement

An area for improvement has been made regarding the safe storage and custody of prescribed medicines at all times.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3.4 Infection Prevention and Control

Infection prevention and control concerns during the course of the most recent inspection were again identified. This included the inappropriate management of clinical waste, paper notices throughout the home not laminated to ensure ease of cleaning and the inappropriate storage of equipment in bathrooms. An area for improvement has been stated for a second time. The inspector observed that throughout the home net pants, stockings, tights and socks were being used communally. An area for improvement has been stated for a second time. This matter was discussed as part of the serious concerns meeting held in RQIA on 3 May 2018.

Areas for improvement

Two areas for improvement have been restated for a second time regarding the management of infection prevention and control practice and the communal use of clothing amongst patients.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.5 Provision of activities

The home on the day of inspection had no records of a structured programme of activities being in place. Patients who met with the inspector and/or completed questionnaires discussed the absence of a structured and meaningful activity programme, which they felt was impacting negatively upon their quality of life in the home, patients stated how "the day can be long". The inspector was informed that the home was currently working to recruit an activities person for ten hours a week, so far without success. Since the last inspection on 28 February 2018 only four activities had been recorded as having been carried out. A previous area for improvement regarding the provision of activities had been stated for a second time and following the most recent inspection has now been subsumed into an area for improvement under regulation.

This matter was discussed as part of the serious concerns meeting held in RQIA on 3 May 2018.

Areas for improvement

An area for improvement in relation to the provision of structured and meaningful patient activities has been subsumed from a standard into a regulation.

	Regulations	Standards
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Total number of areas for improvement	1	0
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7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Dr Albert Alan Stephens, Responsible Person and Jacci Wilson, Admin Assistant, 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 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 DHSSPS 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	
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time To be completed by: Immediate action required	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are addressed in accordance with best practice guidance.</p> <p>Ref: Section 6.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: Black bags for clinical waste are no longer on "clean" trolleys and a new double skip has been purchased to facilitate this</p>
Area for improvement 2 Ref: Regulation 16 (1) Stated: First time To be completed by: Immediate action required	<p>The registered persons must ensure that individualised, patient care plans based upon the pre admission assessment are available from day one of an admission. The care plans should be further developed and enhanced in the following five days post admission.</p> <p>Ref: Section 6.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: Individualised Care Plans are available from day one of admission based on pre - admission assessment. A tick list has been drawn up with time specific limits for all documentation</p>
Area for improvement 3 Ref: Regulation 12 (1) (a)(b) Stated: First time To be completed by: Immediate action required	<p>The registered persons must ensure the following in relation to patients receiving wound care:</p> <ul style="list-style-type: none"> • all patient care plans accurately reflect the prescribed care and treatment which should be delivered in compliance with recommendations made by the multiprofessional care team • the delivery of care complies with the recommendations of the multiprofessional team and relevant care plans at all times • any decision by nursing staff to deviate from such recommendations must be documented and demonstrate evidence based rationale. <p>Ref: Section 6.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: There is now a tick list in place detailing all documentation required for wound care. All nurses have been aware of the importance of complying with multiprofessionals recommendation and the need to document the reason for any deviation from these recommendations and their rationale for doing so</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 12 (2) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that patients care records accurately reflect the type of pressure relieving mattress required and the prescribed setting for individual patients. Governance arrangements should be established to ensure ongoing compliance with the prescribed settings.</p> <p>Ref: Section 6.3.1</p> <p>Response by registered person detailing the actions taken: All mattresses have been checked and are all at the correct setting and documented in care plans. These are checked weekly. Tissue viability nurses, Oonagh Galway and Nicky Jefferson, are assisting with charts, care plans and mattress settings - this is ongoing. The TVN has not issued a date as yet to update Nursing Staff on wound care, prevention of pressure damage but they have spoken informally to several Nurses and Senior Carers on their roles and responsibilities.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that the existing management arrangements are reviewed and that the hours worked by the registered manager are sufficient to ensure the smooth running and wider governance needs of the home.</p> <p>Ref: Section 6.3.2</p> <p>Response by registered person detailing the actions taken: We are now keeping our occupancy at 35 or under so this ensures that the Registered Manager works sufficient management hours</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that prescribed medicines are securely stored at all times in the home.</p> <p>Ref: Section 6.3.3</p> <p>Response by registered person detailing the actions taken: All medicines are stored securely at all times as per safe administration and storage of medicines</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 18 (2)(n)(i)(ii)</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2018</p>	<p>The registered person shall review the programme of activities in the home to ensure meaningful activities are offered to patients and records of same are appropriately maintained.</p> <p>Ref: Section 6.3.5</p> <p>Response by registered person detailing the actions taken: A Care Assistant now carries out activities within the Home daily with input from the residents and recorded in activity book. There are also activities on a regular monthly basis secured from outside</p>

Action required to ensure compliance with The Care Standards for Nursing Homes 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 5</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that 'net pants, tights, socks and stockings' are not used communally but individually labelled for any patient requiring their use.</p> <p>Ref: Section 6.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: There is no longer communal use of net pants, tights and socks. Wash bags with individual room numbers now in use</p>
<p>Area for improvement 2</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person must ensure that a minimum skill mix of at least 35% registered nurses and up to 65% care assistants is maintained over 24 hours to meet the dependency and assessed need of all patients in the home.</p> <p>Ref: Section 6.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: As we are keeping occupancy at 35 or under we feel staffing levels are adequate to meet dependency levels and assessed needs of patients. Nursing vacancies continue to be listed with five agencies Recruitment advert also listed for Nursing Sister/Deputy Manager post - job share would be considered Registered manager hours as a Registered Nurse have been reduced but unfortunately one of our full time RGNs had an emergency medical procedure, agency unable to cover all shifts so Registered Manager was required to fill in. The Agency Nurse who had agreed to cover 5 - 9 shifts unfortunately decided not to do these so we have not admitted any Residents with complex needs. Therefore the Registered Manager is not required to work.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that patients care records must only contain the current and live assessment/plan of care for the identified area of need.</p> <p>Ref: Section 6.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: All Care Plan/Assessments have been reviewed and only current and live assessments/plan of care are held in files</p>

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



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Authority

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