

# Unannounced Care Inspection Report 20 April 2017



## Clareview House

**Type of Service: Nursing Home**  
**105 Doagh Road, Ballyclare BT39 9ES**  
**Tel No: 0289334 9694**  
**Inspector: James Lavery**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Clareview House took place on 20 April 2017 from 10.45 to 16.20.

The inspection followed a serious concerns meeting which took place on 13 March 2017 at which the registered provider/manager had been requested to attend. The inspection sought to confirm that the concerns which had been identified had been addressed in full and that a management plan was in place to ensure compliance. Furthermore, the inspection sought to assess progress with any issues raised 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.

For the purposes of this report, the term 'patients' will be used to describe those living in Clareview House, which provides both nursing and residential care.

### **Is care safe?**

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of the patients were met. All staff spoken with were knowledgeable in relation to their specific roles and responsibilities. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. A number of fire doors were observed to have been inappropriately wedged open. One requirement in this regard was made to ensure compliance and drive improvement.

### **Is care effective?**

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. There was also evidence of multi-disciplinary working and collaboration with members of the multidisciplinary team such as General Practitioners (G.P.s), dieticians and speech and language therapists (SALT). All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. Weaknesses were identified in relation to the timely preparation of care plans for patients following admission. A requirement has been stated for a second time.

### **Is care compassionate?**

The interaction between staff and patients was observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Patients and members of staff spoken with confirmed that patients were listened to, valued and communicated with in an appropriate manner. 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. No requirements or recommendations were made in this domain.

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

There was evidence that systems and processes were generally in place to help promote the delivery of safe, effective and compassionate care. Discussion with staff evidenced that there was a clear organisational structure within the home. Complaints were managed in accordance with legislation. Notifiable events were reported to RQIA or other relevant bodies appropriately. Shortfalls were identified with regards to the auditing of care records. Deficits were also

evidenced in relation to record keeping for the induction of agency nursing and care staff. Two recommendations have been stated. One of these has been stated for a second time.

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.

## 1.1 Inspection outcome

|   | Requirements | Recommendations |
|---|--------------|-----------------|
| <b>Total number of requirements and recommendations made at this inspection</b> | 2*           | 2*              |

\*The total number of requirements and recommendations includes one requirement and one recommendation which have been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Sharon Bell, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 1.2 Actions/enforcement taken following the most recent care inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 6 March 2017. Enforcement action resulted from the findings of this inspection. Following this care inspection the registered provider/manager was contacted and asked to attend a serious concerns meeting at RQIA to provide assurances that the areas of concern identified in relation to the delivery of care, the management of care records and staffing arrangements were being addressed. Following this meeting, on 13 March 2017, RQIA were provided with assurances that the concerns had been addressed in full and that a management plan was in place to ensure compliance.

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.

## 2.0 Service details

|   |  |
|---|--|
| <b>Registered organisation/registered person:</b><br>Hutchinson Homes Ltd<br>Naomi Carey                                      | <b>Registered manager:</b><br>Sharon Bell          |
| <b>Person in charge of the home at the time of inspection:</b><br>Sharon Bell   | <b>Date manager registered:</b><br>8 November 2010 |
| <b>Categories of care:</b><br>RC-I, RC-PH(E), NH-I, NH-PH(E)<br><br>A maximum of 8 residents in categories RC-I and RC-PH(E). | <b>Number of registered places:</b><br>35          |

## 3.0 Methods/processes

Specific methods/processes used in this inspection include the following:

- notifiable events submitted since the previous 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 the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection we met with five patients, four relatives, three care staff and one catering staff member.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector. Questionnaires were left with the registered manager for distribution to patients, their representatives and staff.

The following information was examined during the inspection:

- three patient care records
- staff duty rotas for the period 10 April 2017 to 23 April 2017
- staff training records
- accident and incident reports
- complaints records
- a sample of audits
- minutes of staff meetings
- minutes of patients/relatives meetings
- monthly monitoring reports in keeping 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 06 March 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be followed up during this inspection.

### 4.2 Review of requirements and recommendations from the last care inspection dated 06 March 2017

| Last care inspection statutory requirements   |  | Validation of compliance |
|---|--|--------------------------|
| <b>Requirement 1</b><br><b>Ref:</b> Regulation 12, (1) (a) (b) (c)<br><b>Stated:</b> First time | <p>The registered provider must ensure that all patients requiring enteral feeding via a PEG tube receive such care in adherence with multidisciplinary advice and best practice guidance. Robust arrangements must also be in place so as to ensure that any equipment required for the management of patient's requiring PEG feeding is ordered and available in a timely manner.</p>  | <b>Met</b>               |
|   | <p><b>Action taken as confirmed during the inspection:</b><br/>           Following discussion with the registered manager and a review of records it was evidenced that a robust system was in place to ensure the timely ordering of required percutaneous endoscopic gastrostomy (PEG) equipment. Discussion with the registered manager also confirmed that all registered nurses have received training with regards to PEG management and a PEG link nurse has now been nominated within the home. Observation of patients requiring nutrition via a PEG tube evidenced that care was being delivered in adherence with multidisciplinary advice and best practice guidance.</p> |                          |

|   |   |                |
|---|---|----------------|
| <p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p>   | <p>The registered provider must ensure that all notifiable incidents are reported to RQIA and any relevant bodies in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.</p>  | <b>Met</b>     |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of available records confirmed that all notifiable incidents had been reported to RQIA and any relevant bodies in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.</p>  |   |                |
| <p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 16 (1) (2)</p> <p><b>Stated:</b> First time</p>   | <p>The registered provider must ensure that all patients who are admitted into the home have a written care plan prepared by registered nursing staff in a timely manner which is reflective of all assessed needs.</p>   | <b>Not Met</b> |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of three patient care records indicated that care plans were not being prepared by registered nursing staff in a timely manner. Please refer to section 4.4. for further detail</p> <p>This requirement has not been met and is therefore being stated for the second time.</p>  |   |                |
| <p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 21 (1) (a) (b)</p> <p><b>Stated:</b> First time</p>   | <p>The registered provider must ensure that staff are not employed within the home until all the legislative requirements as stated in Regulation 21 (1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005 have been met. Recruitment and selection records should also evidence the date on which information obtained from an Access N.I. disclosure application is confirmed by the registered manager.</p> | <b>Met</b>     |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of a sample of selection and recruitment records evidenced that all the legislative requirements as stated in Regulation 21 (1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005 had been met. Recruitment and selection records also evidenced the date on which information obtained from an Access N.I. disclosure application was confirmed by the registered manager.</p> |   |                |

| Last care inspection recommendations   |  | Validation of compliance |
|--|--|--------------------------|
| <b>Recommendation 1</b><br><b>Ref:</b> Standard 46<br><b>Stated:</b> First time    | The registered person should ensure that all incontinence products are stored within the home in adherence with best practice guidance on infection prevention and control (IPC) and that commodes are cleaned immediately after use.  | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>A review of the home's environment evidenced that all incontinence products were stored in adherence with best practice guidance on infection prevention and control. Commodes were observed to be clean and stored appropriately.  |                          |
| <b>Recommendation 2</b><br><b>Ref:</b> Standard 12.11<br><b>Stated:</b> First time | The registered provider should ensure that staffing levels and the deployment of staff during the lunch time meal facilitate staff to deliver care to patients in a safe, effective and compassionate manner.  | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>Observation of the lunchtime meal evidenced that staff were appropriately deployed to ensure that patients who were being assisted with eating and drinking either in the dining room or throughout the home received care in a safe, effective and compassionate manner. |                          |
| <b>Recommendation 3</b><br><b>Ref:</b> Standard 47<br><b>Stated:</b> First time    | The registered provider should ensure that all wheelchairs actively used within the home are fit for purpose and used safely at all times.   | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>Observation of wheelchairs being used throughout the home evidenced that they were fit for purpose and used safely at all times.  |                          |

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|--|---|-----------------------------|
| <p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p>   | <p>The registered provider should ensure that a written record is maintained of inductions given to all agency nursing staff.</p>   | <p><b>Partially Met</b></p> |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the registered manager and a review of records confirmed that an induction checklist for all agency staff was available within the nursing station. Nevertheless, the use of this induction checklist was found to be inconsistent. Please refer to section 4.6 for further detail.</p> <p>This requirement has been partially met and is therefore being stated for the second time.</p>      |   |                             |
| <p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p>   | <p>The registered person should ensure that where restraint or restrictive practices are being employed by staff, relevant care plans and risk assessments which evidence that the intervention is necessary and proportionate, should be in use and regularly reviewed. Patient consent and / or evidence of best interest procedures should also be recorded in patient's care records.</p> | <p><b>Met</b></p>           |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the registered manager and a review of care records evidenced that where restraint or restrictive practices were being employed by staff, relevant care plans and risk assessments evidenced that the intervention was necessary and proportionate, and was regularly reviewed. Patient consent and / or evidence of best interest procedures was also recorded in patient's care records.</p> |   |                             |

|   |  |                   |
|---|--|-------------------|
| <p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> Second time</p> | <p>The registered person should ensure that a more robust system of audits is implemented to ensure the home delivers services effectively in accordance with legislative requirements, minimum standards and current best practice. Specifically, records of recruitment and selection, care records, infection prevention and control (IPC).</p> <p><b>Action taken as confirmed during the inspection:</b><br/>Discussion with the registered manager and a review of records confirmed that robust systems were now in place with regards to selection and recruitment and IPC processes. An 'Admission checklist' was also being used by nursing staff when admitting a patient. However, some deficits were identified in regards to the auditing of care records. Please refer to section 4.6 for further detail.</p> | <p><b>Met</b></p> |
| <p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p>  | <p>The registered person should ensure that appropriate governance arrangements are in place to ensure that all staff attend adult safeguarding training and therefore have sufficient awareness of the home's adult safeguarding policy to help ensure that it is embedded into practice.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>Discussion with the registered manager and care staff along with a review of training records evidenced that appropriate governance arrangements were in place to facilitate all staff attending adult safeguarding training and to help ensure that the home's adult safeguarding policy is embedded into practice.</p>   | <p><b>Met</b></p> |

#### 4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of the patients were met. A review of the staffing rota for weeks commencing 10 April 2017 and 17 April 2017 evidenced that the planned staffing levels were adhered to. Observation of the delivery of care provided assurance that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients and staff confirmed that they had no concerns regarding staffing levels.

Review of the training records indicated that training was planned to ensure that training requirements were being met. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

The registered manager and staff spoken with were also aware of their specific roles and responsibilities in relation to adult safeguarding. Discussion with the registered manager and care staff along with a review of training records evidenced that appropriate governance arrangements were in place to facilitate all staff to attend adult safeguarding training and to help ensure that the home's adult safeguarding policy was embedded into practice. A review of records further evidenced that systems were in place to ensure that notifiable events relating to safeguarding were investigated and reported to RQIA or other relevant bodies appropriately in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

An inspection of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be well decorated, warm and comfortable. Incontinence products were found to be stored in adherence with best practice guidance on infection, prevention and control (IPC). Commodes were also noted to be clean and stored appropriately. Observation of wheelchairs being used throughout the home evidenced that they were fit for purpose and used safely at all times.

Weaknesses were identified with regards to maintaining fire safety measures. Three patients' bedroom doors which should act as fire doors were observed to have been wedged open. This was brought to the immediate attention of the registered manager and the doors were closed. The importance of ensuring that all necessary fire safety measures are embedded into practice was discussed with the registered manager. A requirement was made.

Following discussion with the registered manager and a review of records it was evidenced that a robust system was in place to ensure the timely ordering of required PEG equipment. Registered nurses now complete a weekly audit stock sheet for PEG giving sets after which the registered manager orders the necessary equipment. Discussion with the registered manager also confirmed that all registered nurses have received training with regards to PEG management and a PEG link nurse has now been nominated within the home. Observation of patients requiring nutrition via a PEG tube evidenced that care was being delivered in adherence with multidisciplinary advice and best practice guidance.

A review of a sample of selection and recruitment records evidenced that all the legislative requirements as stated in Regulation 21 (1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005 were met. Recruitment and selection records also evidenced the date on which information obtained from an Access N.I. disclosure application was confirmed by the registered manager.

### Areas for improvement

The registered persons must ensure that fire doors are not propped or wedged open by staff.

|                               |   |                                  |   |
|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 1 | <b>Number of recommendations</b> | 0 |
|-------------------------------|---|----------------------------------|---|

#### 4.4 Is care effective?

Staff confirmed that there was effective teamwork; this was also evidenced through discussion and observation of interactions. Each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager. All staff stated that they felt well supported by the registered manager.

Observation of the lunchtime meal evidenced that staff were appropriately deployed to ensure that patients who were being assisted with eating and drinking either in the dining room or throughout the home received care in a safe, effective and compassionate manner. There was a menu on display within the dining room which accurately reflected the meal being served. Patients were gently encouraged and assisted throughout the meal and suitable alternatives were offered when necessary. One care staff member was observed within the dining room pouring orange juice into patients’ glasses from a large plastic container. This was discussed with the registered manager and it was agreed that a more suitable container should be used to decant from.

The home used an electronic system for assessing, planning and recording patients’ care needs. Care records evidenced that a range of validated risk assessments were used and informed the care planning process. There was also evidence of multi-disciplinary working and collaboration with professionals such as G.P.s, dieticians and SALT.

Staff spoken with demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

Discussion with the registered manager and a review of care records evidenced that where restraint or restrictive practices were being employed by staff, relevant care plans and risk assessments evidenced that the intervention was necessary and proportionate, and was regularly reviewed. Patient consent and/or evidence of best interest procedures was also recorded in patient’s care records.

Weaknesses were identified concerning the delivery of effective care in relation to the provision of timely care plans for patients admitted into the home. Three patients’ care records were reviewed. Two of the three care records reviewed did not have care plans in place within five days of admission. In one record relevant care plans were not in place for up to 27 days following admission. A requirement was stated for a second time.

**Areas for improvement**

No new areas for improvement were identified during this inspection.

|                               |   |                                  |   |
|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 0 |
|-------------------------------|---|----------------------------------|---|

**4.5 Is care compassionate?**

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were observed to be afforded choice, privacy, dignity and respect. Patients were positive in their comments regarding the staffs’ ability to deliver care and respond to their needs and/or requests for assistance. Feedback received from patients during the inspection included the following comments:

- “It’s good here.”
- “Everybody’s very nice.”
- “The girls look after me well.”

Feedback received from relatives during the inspection included the following comments:

- “It’s a wonderful place.”
- “Sharon’s good to speak to.”
- “It’s very good.”

Staff demonstrated a good knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plans. 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.

Discussion with patients and staff evidenced that arrangements were in place to meet patients’ religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

In addition to speaking with patients, relatives and staff, RQIA provided 10 questionnaires for staff to complete, 10 for relatives and eight for patients. At the time of writing the report two staff questionnaires were returned. Both respondents indicated that they were either ‘very satisfied’ or ‘satisfied’ with the delivery of care within the home. Other comments received were shared with the registered manager.

### Areas for improvement

No areas for improvement were identified during the inspection.

|                               |   |                                  |   |
|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 0 |
|-------------------------------|---|----------------------------------|---|

### 4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. All 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.

The certificate of registration issued by RQIA and the homes certificate of public liability insurance were appropriately displayed in the home.

Discussion with the registered manager, a review of care records and observations confirmed that the home was operating within its registered categories of care.

The registered manager was able to demonstrate that all complaints had been recorded and managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and that complaints were audited on a monthly basis.

Discussion with the registered manager and a review of records evidenced that monitoring visits were completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 and that copies of the reports were available for patients, their representatives, staff and trust representatives. The monthly monitoring report provided a comprehensive overview of areas that were meeting standards and areas where improvements were required. It was noted that no monitoring visit occurred in March 2017 due

to unforeseen circumstances. This was discussed with the registered manager and the importance of ensuring that these monthly visits are conducted was emphasised.

A review of governance and audit processes within the home confirmed that robust systems were in place with regards to selection and recruitment and IPC processes. Records also evidenced that an 'admissions checklist' is now at the front of each patient file to help ensure that essential documentation is completed. However, deficits were identified in regards to the auditing of care records. The registered manager stated that while nursing staff use the 'admissions checklist' as an auditing tool, she does not conduct a regular audit of care records although does intend to commence this as soon as possible. A recommendation was made.

Deficits were also identified in relation to the maintenance of written records which evidence that inductions have been given to all agency nursing and care staff. Discussion with the registered manager and a review of these records confirmed that an induction checklist for all agency staff is available within the ground floor nursing station. However, the use of this checklist was found to be inconsistent. Three agency staff who had worked within the home between 10 April 2017 and 19 April 2017 had no record of induction available. A recommendation was stated for a second time.

### Areas for improvement

The registered person should ensure that a more robust system of audits is implemented to ensure the home delivers services effectively in accordance with legislative requirements, minimum standards and current best practice. Specifically, care records.

|                               |   |                                  |   |
|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 1 |
|-------------------------------|---|----------------------------------|---|

## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Sharon Bell, registered manager 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 [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

**Requirement 1**

**Ref:** Regulation 16 (1) (2)

**Stated:** Second time

**To be completed by:**  
20 April 2017

The registered provider must ensure that all patients who are admitted into the home have a written care plan prepared by registered nursing staff in a timely manner which is reflective of all assessed needs.

**Ref: Section 4.4.**

**Response by registered provider detailing the actions taken:**  
Addressed at trained staff meeting 21/03/17 in regards to the requirement in legislation, NMC guidelines, homes policies and procedures and as good practice to complete care plans in timely manner, minutes of meeting given to staff who were unable to attend, to read and sign as understood. Guidance sheet now in place for staff to complete during admission process in place this ensures that the staff follow on with the completion of care plans and risk assessments to ensure continuity and completion in a contemporaneous manner. Guidance/audit tool in place and being used to audit all care plans especially new admissions to ensure all records completed in a contemporaneous manner.

**Requirement 2**

**Ref:** Regulation 27 (4)

**Stated:** First time

**To be completed by:**  
20 April 2017

The registered persons must ensure that fire doors are not propped or wedged open by staff.

**Ref: Section 4.3**

**Response by registered provider detailing the actions taken:**  
All staff reminded that any doors are not to be propped open by staff, this will be regularly checked by head housekeeper and staff nurses on a daily basis

### Recommendations

**Recommendation 1**

**Ref:** Standard 39

**Stated:** Second time

**To be completed by:**  
20 April 2017

The registered provider should ensure that a written record is maintained of inductions given to all agency nursing staff.

**Ref: Section 4.6**

**Response by registered provider detailing the actions taken:**  
Induction relevant to home in place and completed by the trained staff with any new agency staff to the home. Records held in Nurses station. This has been reiterated to all trained staff to ensure that any agency staff whether trained or care staff must complete the first time in the home or if it has been a long period since they have been in the home.

|  |   |
|--|---|
| <p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>20 April 2017</p> | <p>The registered person should ensure that a more robust system of audits is implemented to ensure the home delivers services effectively in accordance with legislative requirements, minimum standards and current best practice. Specifically, care records.</p> <p><b>Ref: Section 4.6</b></p> |
|  | <p><b>Response by registered provider detailing the actions taken:</b><br/>Auditing system in place for care records and any issues that are found during the audit is documented and passed onto the named nurse it is then re auditted to ensure that the issues have been addressed.</p>         |



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