

# Unannounced Care Inspection Report 16 and 17 November 2016



## Mahon Hall

**Type of Service: Nursing Home**  
**Address: 16 Mahon Hall, Portadown, Craigavon, BT62 3EF**  
**Tel No: 028 3835 0981**  
**Inspector: Dermot Walsh**

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Mahon Hall took place on 16 November 2016 from 09.50 to 17.00 hours and 17 November 2016 from 10.15 to 15.30 hours.

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.

During the inspection, patients were observed to be using the hairdressing room which had been converted from a quiet room. RQIA had received an application for these works to commence; however, the room had not been registered prior to the patients being able to make use of it.

Following consultation with senior management in RQIA an agreement was made to address the breach in regulations through correspondence which was sent to the registered persons reminding them of their roles and responsibilities with the process regarding making changes to registered rooms. An urgent estates inspection was arranged to review the hairdressing room. As a result of this inspection, the hairdressing room was approved for use on 17 October 2016.

### **Is care safe?**

Safe systems were in place for monitoring the registration status of current nursing and care staff. Relevant checks were conducted within the recruitment process prior to a staff member commencing in post. RQIA were suitably informed of notifications under Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. A safe system for monitoring compliance with mandatory training was in place. One requirement was made and one recommendation was stated for a second time regarding compliance with best practice in infection prevention and control. A second requirement was made regarding environmental issues identified on inspection.

### **Is care effective?**

Staff were aware of the local arrangements for referral to health professionals and communications with health professionals were recorded within the patients' care records and recommendations were adhered to. Patients and staff demonstrated confidence and awareness in raising any potential concerns to the relevant people. Staff meetings were held regularly. Two recommendations were made in regards to restrictive practice and patient and/or relative involvement in the care planning process.

### **Is care compassionate?**

There was evidence of good communication in the home between staff and patients. Patients and their representatives were very praiseworthy of staff and a number of their comments are included in the report. Two recommendations were made around mealtimes and activities provision.

## Is the service well led?

Monthly monitoring visits were conducted consistently and reports were available for review. Many compliments had been received by the home in relation to the care and compassion provided to patients/relatives and some of these comments are contained within this report. Appropriate certificates of registration and public liability insurance were on display. One recommendation was made around the management of urgent communications.

The term 'patients' is used to describe those living in Mahon Hall which provides both nursing and residential care.

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	6*

\*The total number of recommendations made includes one recommendation which has been stated for the second time.

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

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

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

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 13 October 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result 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.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Four Seasons Health Care Dr Maureen Claire Royston	<b>Home manager:</b> Cheryl King
<b>Person in charge of the home at the time of inspection:</b> Cheryl King	<b>Date manager registered:</b> Acting – No Application received
<b>Categories of care:</b> NH-PH, RC-DE, RC-I, RC-PH, RC-PH(E), NH-I  There may be a maximum of 14 residents in Cat. RC-DE accommodated within the designated dementia unit only. Category NH-PH for 1 identified individual only.	<b>Number of registered places:</b> 60

## 3.0 Methods/processes

Prior to inspection we analysed the following information:

- 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 previous care inspection report and the returned QIP
- pre inspection assessment audit.

During the inspection we met with 17 patients individually and others in small groups, four patient representatives, four care staff, two registered nurses and two ancillary staff members.

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 also left in the home to facilitate feedback from patients, their representatives and staff not on duty. Nine patient, nine staff and seven patient representative questionnaires were left for completion.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- three patient care records
- staff training records
- staff induction template
- complaints records
- incidents/accidents records since the last care inspection minutes of staff meetings
- a selection of audit documentation
- a staff recruitment file
- competency and capability assessments for nurse in charge
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- duty rota for the period 7 October to 20 November 2016

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 13 October 2016

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

### 4.2 Review of requirements and recommendations from the last care inspection dated 1 September 2015

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 5.3 <b>Stated:</b> Third time	Repositioning charts should contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of three repositioning charts evidenced good reference made to skin checks undertaken.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 34.1 <b>Stated:</b> Second time	The registered person should review the provision of hairdressing for all patients to ensure that it is in keeping with good infection, prevention and control practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A new hairdressing provision had been established within the home which was in keeping with good infection, prevention and control practice.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 32 <b>Stated:</b> First time	The registered person should ensure that a protocol for timely access to any specialist equipment or drugs is developed.	<b>Met</b>
	A system to implement the protocol should confirm that all relevant staff have read the document with evidence of staff signature and date.  <b>Action taken as confirmed during the inspection:</b> A protocol had been developed and was located within a 'What to do in the event off ... ' file. Staff consulted had good knowledge of the protocol and the location of the file.	

<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 46 Criteria (1) (2)</p> <p><b>Stated:</b> First time</p>	<p>The registered person should ensure that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home.</p> <p>Particular attention should focus on the areas identified on inspection.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> During a review of the environment there was evidence that compliance with best practice in infection prevention and control within the home had not been achieved. This will be discussed further in section 4.3.</p> <p>This recommendation has not been met and will be stated for the second time.</p>	<p><b>Not Met</b></p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 32 Criteria (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered person should ensure that registered nurses develop care plans, as relevant, on patients requiring end of life care.</p> <p>Care plans should include patients' and/or their representatives':</p> <ul style="list-style-type: none"> <li>• Individual needs and wishes</li> <li>• Cultural, spiritual and religious preferences</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of an end of life care plan evidenced that this had been completed appropriately.</p>	<p><b>Met</b></p>

### 4.3 Is care safe?

A review of the staffing rota for the period 7 to 20 November 2016 and discussion with the manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. Discussion with staff, patients and a patients' representative evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the numbers and skill mix of staff on duty.

Discussion with staff and review of records confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. An induction booklet was completed and signed by the new employee and the staff member responsible for inducting the new employee.

Discussion with the manager and review of training records evidenced that a system was in place to monitor staff attendance at mandatory training. Monthly audits were conducted on compliance with eLearning. Formal procedures were adopted to address any non-compliance with training requirements. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Compliance in mandatory training had been achieved, to date, in the following areas: moving and handling theory (89%), fire safety (93%), adult safeguarding (97%), first aid (83%) and infection prevention and control (97%). Overall compliance with eLearning was at 88 percent. Observation of the delivery of care, with the exception of infection prevention and control, evidenced that training had been embedded into practice.

Discussion with staff and the manager confirmed that supervision and appraisals were being conducted appropriately.

Competency and capability assessments of the nurse in charge of the home in the absence of the manager had been completed appropriately. The completed assessments had been signed by the registered nurse and verified by the registered manager as successfully completed.

Discussion with the manager and review of records evidenced that the arrangements for monitoring the registration status of current nursing and care staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) were appropriately managed.

A review of the recruitment file for one recently employed staff member, evidenced a safe system was in practice. Relevant checks and interviews had been conducted prior to the staff member commencing in post.

The manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Discussion with the manager confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process.

Review of notifications forwarded to RQIA from 1 September 2015 confirmed that these were appropriately managed. Accidents and incidents were reviewed monthly to identify any potential patterns or trends.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Bedrooms and communal areas were clean and spacious. Fire exits and corridors were observed to be clear of clutter and obstruction.

The following issues were not managed in accordance with best practice guidelines in infection prevention and control (IPC):

- inappropriate storage in identified rooms
- shower chairs and toilet aids not effectively cleaned after use
- rusted commode chairs and shower chairs in use

The above issues were discussed with the manager and an assurance was provided by the manager that these areas would be addressed with staff and measures taken to prevent recurrence. A requirement was made. A recommendation made to ensure that management systems are put in place to ensure compliance with best practice in infection prevention and control has now been stated for a second time.

During the review of the home environment, there was good evidence of an ongoing painting programme in progress in patients' bedrooms. However, architraves, skirting boards and kick plates on doors were observed requiring repair/replacement. Locking mechanisms on access doors to communal toilet/shower rooms were also not effective and a requirement was made.

### Areas for improvement

It is required that the infection prevention and control issues identified on inspection are managed appropriately.

It is required that the environmental issues identified on inspection are managed appropriately.

<b>Number of requirements</b>	2	<b>Number of recommendations</b>	0
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### 4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Care plans had largely been personalised to meet the individual needs of the patients and had been reviewed monthly.

A concern arose during the review of patient care records pertaining to the use of restrictive practice. Evidence was not present that registered nurses had gained any consent from the patients and/or their representatives prior to the engagement of the restrictive practice commencing. There was no evidence of any communication between staff and the patient or their representatives within the records reviewed. A recommendation was made.

There was also no evidence within three patient care records reviewed of patient and/or representative involvement in the care planning process. A recommendation was made.

Registered nurses were aware of the local arrangements and referral process to access relevant healthcare professionals, for example General Practitioner's (GP), speech and language therapist (SALT), dietician and tissue viability nurse (TVN).

Discussion with staff and the manager confirmed that general staff meetings were conducted regularly. There was evidence of regular meetings having been conducted. Minutes of meetings were available for review and included attendees, dates, topics discussed and decisions made. There was also evidence of patients' meetings having been conducted on 19 August 2016 and 14 January 2016.

A patients' survey had been conducted in September 2016. This survey requested feedback from patients on their opinions of services provided by the home including catering and food, personal care and support, daily living, social activities and home comforts.

A separate dining audit had been conducted in August 2016. There was evidence of an action plan developed to address shortfalls identified within the audit. Evidence was also available were the action plan had been reviewed.

A Mahon Hall Care Home Newsletter was available in the home and was published quarterly. The newsletter was designed to inform patients and/or their representatives of any new information in regards to the home such as upcoming events, refurbishment works, new staff, feedback from meetings and advice on hand hygiene.

The manager confirmed that they operate an 'open door policy' and are available to discuss any issues with staff, patients and/or relatives. The manager also confirmed that they would undertake a daily walk around the home and would avail of the opportunity to engage with patients and relatives at this time.

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

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

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

Information leaflets were available at the front reception of the home. Leaflets included advice on infection control issues, dementia, stroke, quality of life and residents' guides to care standards for nursing homes.

### Areas for improvement

It is recommended that consent is obtained from patients or their representatives where possible, prior to the application of restrictive practice.

It is recommended that patients and/or their representatives are involved in the care planning process and this is evidenced within the patients' care records.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	2
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### 4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information and confidentiality.

On inspection two registered nurses, four carers and two ancillary staff members were consulted to ascertain their views of life in Mahon Hall. Nine staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Two of the questionnaires were returned within the timescale for inclusion in the report.

Some staff comments were as follows:

“I really like it here.”

“It’s hard work but it’s a really good home.”

“It’s lovely to work with the elderly.”

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Consultation with 17 patients individually, and with others in smaller groups, confirmed that, in their opinion, the care was safe, effective, compassionate and well led.

Some patient comments were as follows:

“It’s very good here. The care is excellent.”

“It’s great here.”

“It is very good but sometimes the food is cold.”

“I’m very happy here.”

“It’s ok, I’m happy enough here.”

“They (the staff) are very good.”

“I love it here.”

Nine patient questionnaires were left in the home for completion. No patient questionnaires were returned within the timeframe.

Four patient representatives were consulted with on the day of inspection.

Some relative comments were as follows:

“All the care provided here is very good.”

“The home is very clean and the girls are very nice.”

“The care here is very good.”

“I am disappointed with the environment and have never seen activities taking place.”

Seven relative questionnaires were left in the home for completion. No relative questionnaires were returned within the timeframe.

All areas of feedback were passed on to the manager for review.

The serving of lunch was observed in the main dining room on the first floor. The mealtimes were well supervised. Staff wore appropriate aprons when serving or assisting with meals and patients were provided with clothing protectors. Patients were observed to wear clothing protectors in their bedrooms and the dining room for long periods of time before the meal was served. Adequate spacing was observed between the patients seated at tables. A selection of condiments was available on the tables and milk was served to the patients in the dining room. A range of drinks were offered to patients who were having their meal in a lounge. The food was served when patients were ready to eat or be assisted with their meal. Food was not always covered when being transferred from the dining room to the patients preferred location to have their meal. A patient had commented that they found their food cold on occasion.

One carer was observed to stand beside a patient when assisting them with their meal. Staff were knowledgeable with regards to patients' special dietary requirements. A recommendation was made to ensure the manager reviews the management of mealtimes for patients to ensure it was in accordance with best practice guidance and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the manager and staff confirmed that the religious needs of patients were met through weekly religious services conducted in the home and members of the clergy coming to the home to visit patients.

The provision of activities in the home was reviewed. A programme of activities was on display on a noticeboard at the reception area to the home. The activities scheduled for 16 November 2016 were making snowballs, name that tune, musical greats and inspirational poetry. Discussion with the personal activities leader (PAL) confirmed that outside groups such as choirs and individual singers would also come to the home to entertain patients and plans were in place for Christmas celebrations. Activities were identified for each of three areas within the home in the activity programme. However, the activities programme identified that one area per week would only have one day of scheduled activity. Discussion with the PAL and the manager confirmed that patients in this area, if able, could join other patients in another area of the home to enjoy outside guests, when they are performing and that care assistants would also carry out activities with the patients. A recommendation was made to review the provision of activities in the home to ensure that the needs of patients are met.

### Areas for improvement

It is recommended that the management of mealtimes is reviewed to ensure it is in accordance with best practice guidance and the DHSSPS Care Standards for Nursing Homes 2015.

It is recommended that the provisions of activities in the home are reviewed to ensure that the patients' needs are met.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	2
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### 4.6 Is the service well led?

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. The manager had not submitted an application to RQIA for registration of manager. This was discussed during the inspection and an assurance was given by the manager that they would ensure an application for registration of manager would be submitted to RQIA. Staff were able to describe their roles and responsibilities.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the manager evidenced that the home was operating within its registered categories of care.

Discussion with the manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

A compliments file was maintained to record and evidence compliments received. Some examples of compliments received are as follows:

“Thank you for all the care and attention our mother received.”

“..... writing to express our sincere thanks for the care that mum received. The staff were magnificent and all the love, care and support mum received was superb.”

“We would like to convey our sincere thanks to you all for the exceptional care and attention our mother received.”

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

Discussion with the manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, monthly audits were completed in accordance with best practice guidance in relation to wound analysis, care records, falls, medicines management, complaints, restraint, bed rails, hand hygiene, personal protective equipment, hoists/slings, health and safety and incidents/accidents.

Online ‘TRaCA’ audits were conducted to assess standards in housekeeping, medications management, health and safety, resident care, weight loss and the home’s governance arrangements. All TRaCA audits demand an ‘actions taken’ section to be completed for every audit; even if the audit had achieved 100 percent compliance. For example, the action taken could be confirmation that the information was shared with staff. All actions taken are documented online by the manager. The system would notify the manager of any audit that had not been actioned.

The auditing process was overseen by the regional manager and informed the monthly monitoring visits.

Urgent communications, safety alerts and notices were reviewed by the manager on receipt and, where appropriate, were shared with staff. A system was not in place to ensure that all relevant staff had read the communication or had been notified about it. A recommendation was made.

Discussion with the manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and trust representatives.

### **Areas for improvement**

It is recommended that a system is in place to manage urgent communications, safety alerts and notifications.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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 with Cheryl King, acting home 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.

<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 December 2016</p>	<p>The registered person must ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p><b>Ref: Section 4.3</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> The identified shower chairs and commodes have now been replaced. Registered Manager will continue to monitor any breach in equipment through infection control audits.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 27 (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2016</p>	<p>The registered person must ensure that premises are kept in a good state of repair. This is particularly in relation to the following:</p> <ul style="list-style-type: none"> <li>• Damage to architraves, skirting boards and kick plates</li> <li>• Inappropriate locking mechanisms leading to communal toilet/shower rooms.</li> </ul> <p><b>Ref: Section 4.3</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> The locking mechanisms in the communal toilets and shower areas have all been replaced. Property manager will complete a review of architraves, skirting boards and kick plates and those requiring replacement will be prioritised.</p>
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 46 Criteria (1) (2)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 14 December 2016</p>	<p>The registered person should ensure that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home.</p> <p>Particular attention should focus on the areas identified on inspection.</p> <p><b>Ref: Section 4.2, 4.3</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Registered Manager undertakes a daily walkaround as part of the QoL which will highlight any non compliance in infection and control. Staff have been reminded to ensure no inappropriate items are stored in the bathrooms.</p>

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 18 Criteria (1)(4)(5)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 December 2016</p>	<p>The registered person should ensure that patients and their representatives are involved in decision making prior to restrictive practices being implemented and where possible consent is obtained.</p> <p><b>Ref: Section 4.4</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Registered Manager has discussed this with staff at team meetings and under supervision. All care files have been checked and all consents have been signed.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 4 Criteria (5)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2016</p>	<p>The registered person should ensure that patients and/or their representatives are involved in the care planning process and evidence of this involvement is included within the patients' care records. Where this is not possible, the reason why should be included within the patient care records.</p> <p><b>Ref: Section 4.4</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Registered Manager has discussed this with staff at team meetings and will continue to monitor this closely during audit process in QoL.</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 December 2016</p>	<p>The registered manager should review the management of mealtimes for patients to ensure it is in accordance with best practice guidance and the DHSSPS Care Standards for Nursing Homes 2015.</p> <p><b>Ref: Section 4.5</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Registered manager has conducted spot checks during meal times. Supervision has been completed with staff regarding the importance of offering choice and promoting dignity during meal times.</p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2016</p>	<p>It is recommended that the provisions of activities in the home are reviewed to ensure that the patients' needs are met.</p> <p><b>Ref: Section 4.5</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Registered manager has met with PAL and have reviewed the provision of activities. The activity planner ensures all units within the Home are included and patients needs are met.</p>

<b>Recommendation 6</b>  <b>Ref:</b> Standard 17  <b>Stated:</b> First time  <b>To be completed by:</b> 14 December 2016	The registered person should ensure a system is in place to manage urgent communications, safety alerts and notifications.  <b>Ref: Section 4.6</b>
	<b>Response by registered provider detailing the actions taken:</b> On the day of inspection only one staff member had signed the sheet to confirm they had read the alert. Registered Manager has now communicated again to staff the location of the file which includes communications, safety alerts and notifications.

*\*Please ensure this document is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\**



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