

Unannounced Care Inspection Report 30 August 2017



Laganvale (Dementia Unit)

Type of Service: Nursing Home
Address: 37 Laganvale Mews, Moira, BT67 0RE
Tel No: 028 9261 9915
Inspectors: Dermot Walsh

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 36 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual: Dr Maureen Claire Royston	Registered Manager: Mrs Shily Paul
Person in charge at the time of inspection: Mrs Shily Paul	Date manager registered: 7 November 2007
Categories of care: Nursing Home (NH) DE – Dementia.	Number of registered places: 36

4.0 Inspection summary

An unannounced inspection took place on 30 August 2017 from 09.30 to 16.00 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

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

Evidence of good practice was found in relation to staffing arrangements; training and development; risk assessment; governance arrangements; communication and the culture and ethos of the home in respect of privacy and dignity.

Areas requiring improvement were identified in relation to recruitment, administration of medications, the environment and record keeping.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	5	*4

*The total number of areas for improvement includes one which has been stated for a second time and one which has been stated for the third and final time.

Details of the Quality Improvement Plan (QIP) were discussed with Shily Paul, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 27 February 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 27 February 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- 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

During the inspection the inspector met with nine patients, seven staff and two patients' representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

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.

The following records were examined during the inspection:

- duty rota for the period 21 August to 3 September 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- three patient care charts including bowel management, personal care, food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of minutes from staff meetings
- a selection of governance audits
- records pertaining to safeguarding
- complaints record

- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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.

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 27 February 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 validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 27 February 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	The registered person must ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.	Met
	Action taken as confirmed during the inspection: Infection prevention and control issues identified on the previous inspection had been managed appropriately.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 39 Criteria (7) Stated: Second time	The registered person should ensure that basic life support training currently provided through electronic learning is reviewed to ensure the effectiveness of such training.	Partially Met
	Action taken as confirmed during the inspection: Discussion with the registered manager evidenced that since the last care inspection, two registered nurses had received practical training on basic life support. See section 6.4 for further information. This area for improvement has not been fully met and will be stated for the third and final time.	
Area for improvement 2 Ref: Standard 47 Criteria (3) Stated: First time	The registered manager should observe staffs moving and handling of patients within the home to ensure training is embedded into practice.	Met
	Action taken as confirmed during the inspection: Moving and handling practices observed during the inspection where in compliance with current best practice guidelines.	
Area for improvement 3 Ref: Standard 46 Criteria (1) (2) Stated: First time	It is recommended that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home.	Met
	Action taken as confirmed during the inspection: A review of the environment evidenced that best practice compliance in infection prevention and control had been achieved. The registered manager confirmed that this had been achieved through regular audit activity and observation during a daily walk around the home.	

<p>Area for improvement 4</p> <p>Ref: Standard 44</p> <p>Stated: First time</p>	<p>The registered person should ensure that the ambient temperature in the home is reviewed to ensure that it is within recommended parameters at all times.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed that the thermostat controlling the heating had been repositioned to a more suitable area of the home and that the home's maintenance man monitored the temperature in the home on a regular basis.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person should ensure that the identified patient has an individualised care plan created and regularly reviewed in regard to the assessed need for one to one supervision.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The identified patient had an appropriate care plan created and reviewed to reflect the current care needs of the patient in regards to one to one supervision.</p>		
<p>Area for improvement 6</p> <p>Ref: Standard 4 Criteria (9)</p> <p>Stated: First time</p>	<p>The registered person should ensure that patients are repositioned as directed within their individualised care plans and were repositioning did not occur/was not possible; the reason for this is recorded.</p>	<p style="text-align: center;">Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of one patient's repositioning records evidenced that this area for improvement has not been met. See section 6.5 for further information.</p> <p>This area for improvement has not been met and will be stated for a second time.</p>		

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to a regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for the period 21 August to 3 September 2017 evidenced that the planned staffing levels were adhered to. Discussion with patients' representatives evidenced that there were no concerns regarding staffing levels. Consultation with four staff identified concerns regarding the staffing arrangements within the unit. Two respondents in staff questionnaires also indicated concerns in regard to the staffing arrangements. These concerns were passed to the registered manager for review and action as appropriate. Observation of the delivery of care during the inspection evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection. Records were not maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005 in that one of the two references received was not from the staff member's most recent or current employer. This was discussed with the registered manager and identified as an area for improvement. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Supernumerary hours were in place during this time to enable new staff members to work alongside a more experienced staff member to gain knowledge of the home's routines and policies and procedures. Discussion with staff and the registered manager confirmed that where agency nursing and care staff were employed, the same staff were employed to ensure consistency of care. The registered manager confirmed that they maintained a file profiling all agency staff who have worked in the home. The registered manager also confirmed that agency staff received an induction in the home prior to commencing their first shift.

Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. The majority of staff were compliant with mandatory training requirements. Compliance with training was monitored on the monthly monitoring inspections conducted by the regional manager. The registered manager confirmed that two staff had completed practical basic life support training since the last care inspection. Discussion with the resident experience regional manager following the inspection confirmed that they were in the process of reviewing the training provided for basic life support to ensure that the relevant staff receive appropriate training. An area for improvement stated for the second time at the previous inspection has now been stated for the third and final time. The registered manager confirmed that all staff in the home will undergo 'Dementia Care Framework' training which commenced at the beginning of August 2017.

Discussion with the registered manager and staff and a review of records evidenced that staff supervision and appraisals had been conducted appropriately and a system was in place to ensure completion.

Competency and capability assessments for the nurse in charge of the home in the absence of the registered manager had been completed appropriately.

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

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. An adult safeguarding champion had been identified and had attended training pertaining to the role.

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.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. A review of accident records evidenced that the appropriate actions were taken following the accident and that the records had been maintained appropriately. RQIA had been suitably notified of accidents. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Bedrooms and communal areas were clean and spacious. The home was found to be warm, well decorated, fresh smelling and clean throughout. However, during the review of the environment, two identified communal rooms were identified as requiring refurbishment to ensure that they could be cleaned effectively. These areas were discussed with the registered manager and identified as an area for improvement.

Fire exits were observed to be clear of clutter and obstruction. A corridor was observed to be partly obstructed due to the storage of hoists. This was discussed with the registered manager and identified as an area for improvement as the partial obstruction of the corridor could have potential to hinder an evacuation of the home. Parts of the corridor were observed to have wet floors creating a potential slip hazard. Signage was not present to alert anyone walking through the home of the wet floors. This was discussed with the registered manager and identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to training and development and risk assessment.

Areas for improvement

Areas for improvement under regulation were identified on recruitment, the safe storage of hoists when not in use and hazard prevention.

An area for improvement under standards was identified on the environment.

	Regulations	Standards
Total number of areas for improvement	3	1

6.5 Is care effective?

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

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. However, a patient's wound management had not been conducted in accordance with the direction of a tissue viability nurse's recommendations. This was discussed with the registered manager and identified as an area for improvement.

Patient care records evidenced that a second patient's nutritional assessment had not resulted the appropriate responses when the patient was observed to have an almost nine percent of bodily weight loss in one month. This was discussed with the registered manager and identified as an area for improvement.

Supplementary care charts such as personal care, bowel management and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation. Records in relation to repositioning had not been recorded contemporaneously. Gaps between repositioning of up to 14 hours were evident within one patient's care records. This was discussed with the registered manager and an area for improvement identified in the previous care inspection was stated for a second time.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including general practitioners, speech and language therapists, dieticians and/or tissue viability nurses.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that they received appropriate information at the handover to meet the needs of patients.

Discussion with staff and a review of minutes of staff meetings confirmed that regular staff meetings for registered nurses and care assistants had been conducted. Minutes of meetings were available for review and included dates, attendees, topics discussed and decisions made.

Staff stated that there was effective teamwork; each staff member 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 registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

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

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

Patients spoken with expressed their confidence in raising concerns with the home’s staff/management.

There was information available to staff, patients, representatives in relation to advocacy services.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

Areas for improvement

An area for improvement under standards has been stated for a second time in relation to repositioning.

The following areas were identified for improvement under regulation in relation to adhering to the recommendations of other health professionals and timely management of assessed care needs in regards to nutrition.

	Regulations	Standards
Total number of areas for improvement	2	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with nine patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed chatting with patients when assisting them. Staff were observed to knock on patients’ bedroom doors before entering and kept them closed when providing personal care. 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.

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

The serving of lunch was observed in the main dining room on the ground floor. Lunch commenced at 13.00 hours. Patients were seated around tables which had been appropriately laid for the meal. A pictorial menu was displayed on a wall within the dining room. Smaller printed menus were available on patient's dining tables. Food was served directly from the kitchen when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. The mealtime was well supervised. Staff were organised to assist patients in the patients' preferred dining area. Food was covered when transferred from the dining room. Dining aids were observed in use to promote patient's independence at mealtime. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience.

Registered nurses were observed administering medications during the patients' breakfast in the dining room. This was discussed with the registered manager and an area for improvement was identified to review this practice.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

The views and opinions of patients and patients' representatives, on the service provision of the home, was collected electronically as discussed in section 6.5. The registered manager confirmed that feedback to patients and/or their representatives of the opinions raised was provided in a published bulletin which was displayed on the relatives' noticeboard.

Seven staff members were consulted to determine their views on the quality of care within Laganvale Dementia Unit. Ten staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Four of the questionnaires were returned within the timescale for inclusion in the report.

Some staff comments were as follows:

"It's good here."

"It's alright here."

"I like working here."

"I feel very comfortable here."

"Very good."

Nine patients were consulted during the inspection. Eight patient questionnaires were left in the home for completion. One of the patient questionnaires was returned. The respondent indicated that they were 'very satisfied' with the care provided to them.

Some patient comments were as follows:

"It's very nice and friendly. It's lovely."

"I find it very well here."

"It's a quiet life here."

"It's very good and very quiet."

"It's very good but sometimes I have to wait for the toilet."

Two patient representatives were consulted during the inspection. Ten relative questionnaires were left in the home for completion. Two of the relative questionnaires were returned within the timeframe for inclusion in the report.

Some patient representative comments were as follows:

“The care is very good. We have no call for complaint.”
 “I am very happy with the care. His personal care needs are taken care of well.”

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

An area for improvement was identified on the routine administration of medications during breakfast.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. The designated person in charge of the home was displayed on a notice at the entrance to the home.

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

Discussion with the registered 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 Care Standards for Nursing Homes 2015. A copy of the complaints procedure was displayed at the reception area in the home.

A compliments file was maintained to record and evidence compliments received.

Some examples of compliments received are as follows:

“We wish to thank you all for the love and care that you gave ... during his recent stay. We deeply appreciate all that you did for him.”

“Thank you for all the care that you gave to ... over the years.”

“... along with our gratitude for the compassion and care shown to mum by all the staff in Laganvale.”

Discussion with the registered manager evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, regular audits were completed in accordance with best practice guidance in relation to accidents; incidents; complaints; care plans; medication; staff training and infection prevention and control. Infection prevention and control audits were reviewed. The audits were conducted monthly and an action plan had been developed to address shortfalls identified within the audits. There was evidence that the action plans had been reviewed to ensure completion.

Staff consulted confirmed that when they raised a concern, the home’s management would take their concerns seriously.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered 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. A notice at the entrance to the home advised of the availability of the monthly monitoring reports and the annual quality report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Shily Paul, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21 (b) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that a reference is obtained from any applicant's current or most recent employer prior to commencing employment in the home.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: All required documentation has been obtained for identified staff member. Systems are now in place to ensure that references will be obtained from any applicants current or most recent employer prior to commencement in post.</p>
Area for improvement 2 Ref: Regulation 27 (2) (I) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that hoists are stored safely when not in use so as they do not pose as a potential hazard to patients.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Staff have been informed through the supervision process with regards to the safe storage of hoists and equipment. A lack of storage has historically been an issue within the home. There are current plans in place to address.</p>
Area for improvement 3 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that wet floors in the home are signed at all times to prevent a slip hazard.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: This has been addressed via supervision with all staff working in within the domestic department. Compliance will be monitored by the Deputy/Home manager.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that recommendations from other health professionals, such as tissue viability nurses, are documented; adhered to and care provided evidenced within the patients' care records.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: The Recommendations from Health Care Professionals have been transcribed into the identified care record. All records have been reviewed to ensure compliance and the relevant staff have been informed of the same to avoid repetition via supervision</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that appropriate actions are taken when a patient presents with a significant weight loss.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: There are monthly dietitian visits to the home. Visit outcome reports are available which are shared with nursing staff, care staff and kitchen staff. Staff had followed the recommendations accurately.</p>
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 39 Criteria (7)</p> <p>Stated: Third and final time</p> <p>To be completed by: 30 November 2017</p>	<p>The registered person should ensure that basic life support training currently provided through electronic learning is reviewed to ensure the effectiveness of such training.</p> <p>Ref: Sections 6.2 and 6.4</p> <p>Response by registered person detailing the actions taken: Supervisions will be completed with staff to ensure that electronic learning in regards to basic life support is effective and embedded into practice. Where this is noted to be ineffective face to face training will be completed</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4 Criteria (9)</p> <p>Stated: Second time</p> <p>To be completed by: 7 September 2017</p>	<p>The registered person should ensure that patients are repositioned as directed within their individualised care plans and where repositioning did not occur/was not possible; the reason for this is recorded.</p> <p>Ref: Sections 6.2 and 6.5</p> <p>Response by registered person detailing the actions taken: A supervision session has been undertaken with staff to ensure that pressure relief is carried out as per care plan. This includes the importance of recording when pressure relief did not occur and why.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017</p>	<p>The registered person shall ensure that the identified rooms in the home are reviewed/repaired/refurbished as appropriate to ensure that they may be cleaned effectively</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: A program of refurbishment will be put in place to ensure that all identified rooms are reviewed and updated as required to ensure adequate cleaning can take place.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2017</p>	<p>The registered person shall ensure that the routine administration of medications during mealtimes is reviewed.</p> <p>Ref: Section 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: The administration of medication is carried out during meal time only for those residents who require medication covertly administered as per General Practitioner. Compliance will be monitored by the Home Manager/Deputy Manager.</p>

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



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