THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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ANNOUNCED INSPECTION

Inspection No:	**3924**
Establishment ID No:	**1282**
Name of Establishment:	**Pond Park Care Centre**
Date of Inspection:	**7 and 8 September 2010**
Inspector's Name:	**Mrs Linda Thompson**

1.0 GENERAL INFORMATION

Name of Home:	Pond Park Care Centre
Address:	2 Derriaghy Road, Lisburn, BT28 3SF
Telephone Number:	02892 672911
E mail Address:	pondpark@schealthcare.co.uk
Registered Organisation/ Registered Provider:	Southern Cross Healthcare
Registered Manager:	Michelle McIlwaine (registration pending)
Person in Charge of the Home at the time of Inspection:	Mrs Michelle McIlwaine, manager (registration pending)
Categories of Care:	NH-I ,NH-PH ,NH-PH(E) ,NH-TI ,RC-I
Number of Registered Places:	58
Number of Patients Accommodated on Day of Inspection:	53
Scale of Charges (per week):	Nursing £537-£700 Residential £476.00
Date and type of previous inspection:	26 April 2010 Announced Inspection
Date and time of inspection:	7 September 2010 10.00 - 17.30 8 September 2010 09.00 - 17.30
Name of Lead Inspector:	Mrs Linda Thompson

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an announced inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008

Other published standards which guide best practice may also be referenced during the Inspection process.

METHODS/PROCESS

Committed to a culture of learning, the RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment (including completion of self declaration), pre-inspection analysis and the inspection visit by the Inspector.

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

- Analysis of pre-inspection information
- Discussion with the Registered Manager
- Examination of records
- Consultation with stakeholders
- Evaluation and feedback

Any other information received by RQIA about this Registered Provider has also been considered by the Inspector in preparing for this inspection.

CONSULTATION PROCESS

During the course of the inspection, the Inspector spoke to the following users of the service, carers, health and social care professionals and staff:

Patients	**45**
Staff	**10**
Relatives	**5**
Visiting Professionals	**0**

Questionnaires were provided, prior to the inspection, for families, health and social care professionals and staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the Inspector in the course of this inspection.

Issued To	**Number issued**	**Number returned**
Staff	**40**	**3**
Relatives	**40**	**1**
Visiting Professional	**8**	**1**

INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS **Nursing Homes Minimum Standards** and to assess progress with the issues raised during and since the previous inspection.

Standards inspected:

- Standard 5 - Nursing Care
- Standard 6 - Completion of Case Records
- Standard 8 - Nutrition
- Standard 12 - Meals and mealtimes

The Registered Provider or Manager and the Inspector have rated the Home's Level of Achievement against each criterion. The Registered Provider or Manager have also rated the Home's overall maturity against each Standard using a Maturity Matrix.

The definitions for Levels of Achievement and Maturity Matrix are below:

TABLE 1: LEVELS OF ACHIEVEMENT

Level of Achievement	Definition
Not applicable	The criterion is not applicable to this service setting. (A reason must be clearly stated in the service response.)
Unlikely to be Achieved	The criterion is unlikely to ever be achieved. (A reason must be stated clearly in the service response).
Not Achieved	The criterion is unlikely to be achieved in full before end of March 2011. For example, the service has only started to develop a policy and implementation will not take place until after March 2011.
Partially Achieved	Work has been progressing satisfactorily and the service is likely to have achieved the criterion prior to end of March 2011. For example, the service has developed a policy and will have completed implementation by end of March 2011.
Substantially Achieved	A significant proportion of action has been completed to ensure the service performance is in line with the criterion. For example, a policy has been developed and implemented but a plan to ensure practice is fully embedded has not yet been put in place.
Fully Achieved	Action has been completed that ensures the service performance is fully in line with the criterion. For example, a policy has been developed, implemented, monitored and an ongoing programme is in place to review its effectiveness.

TABLE 2: MATURITY MATRIX

Level of Maturity	Definition
Aware	There is awareness of the issues to be addressed but currently there is no plan to develop an action plan to address them.
Responding	There is recognition of issues to be addressed and there is an action plan in place to address them.
Developing	Steps are being taken to address the issues with evidence of progress and improvement throughout the home.
Practising	There are well developed plans being implemented throughout the organisation that address the issues with evidence of evaluation and benchmarking leading to continuous improvement.
Leading	There is evidence of innovative practice, which is being shared across and beyond the organisation/home to others. The home is further developing their approaches to ensure long term sustainability.

3.0 PROFILE OF SERVICE

Pond Park Care Home is situated in the semi-rural area of Pond Park, Lisburn at the junction of the Antrim Road and Derriaghy Road. It is centrally located within the local community and is very convenient to shops and community services. The parking facilities within the grounds of the home adequately meet the needs of current visitors and staff of the home. Public transport facilities are located directly outside the home.

The home is a 58 bedded facility, which provides accommodation and services on two floors.

A range of assisted bathrooms and toilets were positioned throughout the home. Catering and laundry facilities are provided on the premises.

The Certificate of Registration was displayed and accurately reflected the categories of care being accommodated on the day of the inspection

The home is registered to provide care under the following categories of care:

Nursing Care

I	Old age not falling into any other category
PH	Physical disability other than sensory impairment
PH (E)	Physical disability other than sensory impairment over 65 years
TI	Terminally ill

Residential Care (3 residents)

I	Old age not falling into any other category

4.0 SUMMARY

An announced inspection of Pond Park Care Centre was undertaken by Mrs. Linda Thompson aligned inspector on 07 and 08 September 2010. The inspection was carried out over two days and focused on four standards from the DHSSPS Nursing Home minimum standards February 2008. The standards inspected were nursing care, completion of case records, meals and mealtimes and nutrition.

The requirements and recommendations made as a result of the previous inspection were also examined and the outcomes of the action taken can be viewed in section following this summary.

During the course of the inspection, the inspector met with patients, relatives and staff, observed care practices, examined a selection of records and carried out a general inspection of the nursing home environment as part of the inspection process. Questionnaires were issued on behalf of the Regulation and Quality Improvement Authority (RQIA) to patients, relatives, staff and visiting professionals. Prior to the inspection, the registered manager completed a self assessment using the criteria outlined in the standards inspected. The comments provided by the registered manager in the self assessment were not altered in any way by RQIA.

The home manager in Pond Park is newly appointed to post and over the period of the inspection was supported by her Regional Manager Mrs. Mandy Mitchell. Mrs Mary Stevenson the Quality Inspector joined the inspection on day two for feedback. The Southern Cross management team have demonstrated their commitment to driving standards upwards and to developing the management skills of the home manager. With the recent recruitment of experienced nursing sisters for both the Millennium and Pond Park wings it is anticipated care delivery will continue to go from strength to strength.

During the inspection it was evident that patients were treated courteously and with dignity and respect. Patients were evidenced to be encouraged and supported to make decisions affecting their care and life in the home. Good relationships were evident between staff and patients. Patients were observed to be dressed appropriately.

The atmosphere in the home was friendly and welcoming. The home was observed to be maintained to a good standard of cleanliness and was fresh smelling throughout.

The home has evidenced that there are systems in place for pre admission assessments and admission arrangements for patients. The inspector discussed patient needs with staff, observed care delivery, reviewed five care records and examined how care was evaluated. The inspector spoke with forty five patients either individually or in small groups. Those able expressed satisfaction with the care they were receiving and were complimentary regarding the standard of care, staff attitude and management. A review of five care records evidenced significant improvements in recent months. Whilst two recommendations have been raised in respect of care records in general the recording was of a high standard. Mrs. Karen Agnew Quality Assessor is commended for her efforts in developing staff skills in record keeping.

The inspector reviewed the policy of the home in regard to the management of case records. The policy was inclusive of guidance from professional bodies and legislation. Entries were legible and recorded in black ink.

The standards in relation to Nutrition and Meals and Mealtimes were reviewed. Policies and procedures reviewed referenced best practice guidance. There was evidence of nutritional screening in the patient's records and evidence that a review of the screening had taken place in most cases, monthly or more frequently as required. Timely referrals to other healthcare professionals were made as required.

All of the patients expressed satisfaction with the standard of food. Patients informed the inspector that the quantities of food were adequate and choices were always available. A number of patients and family members were praiseworthy of the improvements made to meal delivery in recent months.

The inspector reviewed the current staffing provision maintained in the home. It is appreciated that there is a significant number of agency staff required to supplement the nursing team. The inspector was advised that agency staff are familiar with the layout and demands of work in Pond Park and generally have regular attendance at the home.
Recruitment of qualified nursing staff from the local community remains a challenge. The inspector was advised that there have been successes in recruitment recently and new staff should be cleared the vetting process in the near future. The inspector met with a new nursing sister recently appointed to the Pond Park wing of the home. This member of staff has significant experience in working within the nursing care setting and her knowledge and enthusiasm will be an asset to the home. A further nursing sister is due to commence in the Millennium wing within the next few weeks.
The inspector however requires the registered provider to continue to ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for health and welfare of patients.
Staffing levels should be evidenced to be based on the Rhys Hearn dependency assessment tool and provide a ratio of 35% qualified nursing staff to 65% care staff as directed in "Staffing Guidance for Nursing Homes, June 2009" issued by the RQIA.

There were three requirements and four recommendations were made as a result of the inspection. Details can be found in the main body of the report and in the quality improvement plan (QIP).

The inspector wishes to thank the home manager Mrs. Michelle McIlwaine, Mrs. Mandy Mitchell, Regional Manager and Mrs. Mary Stevenson Quality Inspector, the patients / residents and staff for their helpful discussions, assistance and hospitality throughout the inspection process.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

(i) Issues arising during previous inspection

(ii) Issues arising since previous inspection (i.e. complaints, investigations)

Two issues have been raised prior to the previous inspection in respect of delivery of care. The home management team have ensured that the issues are now fully resolved to the complainant's satisfaction.

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN (Inspector's Comments)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	27 (2) (j)	Ensure the communal and ensuite bathroom facilities in the older section of the building meet the needs of the patients/residents accommodated in the home**.** An agreed plan of works should be submitted to the Regulation and Quality Improvement Authority when returning the Quality Improvement Plan. **This requirement is stated for a second time.**	The inspector can confirm that the issues raised are fully addressed.	**Fully Met**

2	13 (1) (a) (b)	The registered person shall ensure that the nursing home is conducted so as:- to promote and make proper provision for the nursing, health and welfare of patients. To make proper provision for the nursing and where appropriate, treatment and supervision of patients. **This requirement is stated for a second time.**	The inspector can verify that there have been significant improvements made to the management of the health and welfare of the patients within the home. Whilst some care documentation issued are raised as a consequence of this inspection the inspector was satisfied that the issues raised previously have been fully addressed.	**Fully Met**
3	Reg.15 (2) (a) & (b) 16 (2) (b)	Ensure the following issues identified in relation to the care records are addressed: • Ensure all the information obtained on discharge from hospital is the same as the information retained at the home and any discrepancies should be followed up. • Ensure all assessments are updated as changes occur • Ensure all assessed needs have a corresponding care plan to guide and direct care. **This requirement is stated for a second time.**	The inspector was able to verify that the issues identified are fully met.	**Fully Met**
4	Reg.13(7)	The registered manager should ensure that : • The hygiene standards of the home are maintained at a standard in line with Infection prevention and control guidelines. • Ensure that sufficient supplies of moving and handling equipment are available to support the needs of patients with infections.	The inspector was able to verify that the issues identified are fully met.	**Fully Met**

5	Reg. 27(2)(b)	The registered provider will ensure that issues detailed below are addressed with urgency. • Room 32 ensuite wall should be repaired. • Room 24 shower valve should be replaced. Safe hot water management should be maintained at all times with any outlet no longer in regular use. • Storage facilities throughout the home should be reviewed to ensure sufficient storage is available and utilised appropriately. • Room 11b central light fitting should be replaced.	The inspector was able to verify that the issues identified are fully met.	**Fully met**
6	Reg. 20(1)(a)	The registered manager should review the patient dependency assessment tool currently in use against the "Staffing guidance for Nursing Homes June 2009" recommended by the RQIA. A copy of this review should be forwarded to the inspector along with the completed Quality Improvement Plan.	The inspector was able to verify that the issues identified are fully met. Whilst the home continue to complete Southern Cross assessment of dependency tool the inspector was able to confirm that the Rhys Hearn dependency tool is also used.	**Fully Met**
7	Reg. 27(2)(c)	The registered provider should ensure that weighing equipment for use with the hoist is repaired or replaced with urgency.	The inspector was able to verify that the issues identified are fully met.	**Fully Met**

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN (Inspector's Comments)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Standard 13.1	It is recommended that the registered manager review and develop the documentation to be used in assessing the likes and dislikes and interests of each patient in respect of activities. This should ensure that the programme of activities planned is appropriate to each individuals needs.	The management of the activities programme will be reviewed at the next inspection.	**To be validated at the next inspection**
2	Standard 13.7	It is recommended that the registered manager develop a process for quality assuring the work of the activity coordinator.	The management of the activities programme will be reviewed at the next inspection.	**To be validated at the next inspection**
3	Standard 13.8	It is recommended that the registered manager develop a method of recording evidence to confirm that the activity coordinator receives an update on patient well being at the start of her period of duty. This should also provide evidence of feed back from the activity coordinator to staff on the effectiveness of the activity undertaken.	The management of the activities programme will be reviewed at the next inspection.	**To be validated at the next inspection**
4	Standard 13.9	It is recommended that the registered manager ensures that the name of the person leading the activity is recorded in documentation.	The management of the activities programme will be reviewed at the next inspection.	**To be validated at the next inspection**
5	Standard 13.10	It is recommended that the registered manager ensure that the programme of activities is reviewed regularly and that it meets patients changing needs.	The management of the activities programme will be reviewed at the next inspection.	**To be validated at the next inspection**

6	Standard 28.8	The registered manager should review staff training in relation to • The administration of food thickeners. • Staff understanding of principles of infection prevention and control and their ability to embed this theory into practice.	The inspector was able to verify that the training issues raised have been fully met.	**Fully Met**

Section 6.0

NURSING HOME - MINIMUM STANDARDS

STANDARD 5 - NURSING CARE

Patients receive safe, effective nursing care based on an holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.

PROVIDER'S SELF-ASSESSMENT

Please outline (in no more than 200 words) how you are meeting this standard

Criterion Assessed: 5.1 At the time of each patient's admission to the home, a nurse carries out and records an initial risk assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient's immediate care needs. Information received from the care management team informs this assessment.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
Prior to admission A competent nurse carries out an initial risk assessment using the Southern Cross Healthcare preadmission assessment tool. (QR 2024.03) This clearly indentifies key areas of risk and is cross-referenced to any risk identified by Care Manager using the form CM5. Evidence of this will be available during inspection. The preadmission assessment will inform the nurse in developing an agreed plan of care at the time of each resident admission .	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
The home manager confirmed that a pre-admission assessment is carried out by a nurse on all patients prior to admission to the home, with the exception of those arranged as part of the emergency admission process. There was a procedure in the home to guide staff in the event of an emergency admission to the home. Following a review of all information a decision was made in regard to the home's ability to meet the needs of the patient. The home manager informed the inspector that the patient's needs were communicated to care staff to ensure continuity of the admission process The home manager confirmed that a copy of the home's statement of purpose and patient guide were provided at the time of admission to the patient and or their representative. A review of five patients' care records confirmed that a pre-admission assessment was completed. Following admission an assessment of the patients' needs was completed using the Roper Logan and Tierney model of	Fully achieved

nursing within 11 days of admission. A plan of care was derived from the assessment which specified the interventions required to meet the patient's needs. Specific validated risk assessment tools, such as the Braden Scale, Malnutrition Universal Screening Tool (MUST), falls risk, continence, moving and handling were evidenced and used to direct the plan of care. Nursing staff informed the inspector that this assessment is carried out in consultation with the patient and or their representative (if appropriate) and other relevant multidisciplinary staff involved in the patient's care as part of the admission process. Copies of the comprehensive multi-disciplinary assessments, collated by the Trust care manager, were observed in the patient's records. The inspector can confirm that the level of achievement attained within this criterion is more accurately reflected as "Fully Achieved".	

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PROVIDER'S SELF-ASSESSMENT

Please outline (in no more than 200 words) how you are meeting this standard

Criterion Assessed: 5.2 A comprehensive, holistic assessment of the patient's care needs using validated assessment tools is completed within 11 days of admission.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
Holistic assessment of the Service user's care needs involving resident and/or family is completed using the validate assessment forms contained in the care file(eg Braden , MUST). These assessment forms have been formulated usi the Roper,Logan and Tierney model of care (1980). Activities of daily living are dealt with individually; the nurse's assessment is informed by her acquired skills and also by the documentation submitted by Care management. Evidence of completion within 11 days of admission will be within the residents plan of care. Southern Cross holds a comprehensive Admission policy WI 8013, this will be available on the day of inspection.	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
See criterion 5.1 The inspector can confirm that the level of achievement attained within this criterion is more accurately reflected as "Fully Achieved".	Fully achieved

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PROVIDER'S SELF-ASSESSMENT

Please outline (in no more than 200 words) how you are meeting this standard

Criterion Assessed: 5.3 A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professionals.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
Each Service User is assigned a named nurse and Keyworker on admission. The plan of care reflects discussion with the Service User, family, advocate and health professionals. Details within the plan of care reflects liaison with health professionals as recorded in Professional Visitor's Record Sheet (QR 8001.15) and other reports submitted by these health professionals. A record of communication with family is evidenced in Relatives Communication Record Sheet. (QR 8001.39) The individual care plan will demonstrate how independance and rehabilitation is promoted where appropriate.	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
The inspector observed that a named nurse system was operational within the home. The care records reviewed contained evidence that patients and/or their representatives had been involved in discussions in regard to planning and agreeing nursing intervention, relatives were informed of changes to patients' conditions. Care records reflected advice given by healthcare professionals such as the dietician, speech and language therapist, physiotherapist. The inspector can verify that a significant improvement is evidenced with the management of patient records and the delivery of care. The issues identified as requiring improvement as a consequence of this inspection are detailed below:	Substantially achieved

Patient "A"
Documentation for this patient was evidenced to be well maintained and designed to provide a holistic assessment of need.

Assessments were available for the following:

- service user profile
- body mapping tool
- bowel assessment and fluid requirement calculation
- pressure ulcer risk assessment
- falls risk assessment
- safe moving and handling assessment
- dependency assessment
- Malnutrition Universal Screening Tool (MUST)
- continence assessment
- oral health assessment
- general risk assessments for trips, fire, falls

Patient "A" records raised the following concerns :

1. On reviewing the Malnutrition Universal Screening Tool (MUST) it was evidenced that a number of assessments were not signed by the nurse completing.
2. A care management review was undertaken on 17/06/10 and stipulated that pressure mats should be removed from used as they increased the risk of falling with this particular patient. The associated care plan was not evidenced to have been updated.
3. Care plan number one discussed the risk of falling etc. The monthly evaluation was evidenced to record each fall but the general evaluation of the effectiveness of the care planned was not documented.
4. Daily care records failed to evidence a reconciliation of the volume of fluid taken in each twenty four hour period. The care plan stipulates that the required fluid intake was 2355 mls per day. Various daily records from 01/09/10 to 04/09/10 discuss issues around poor urinary output, complaints of low backache and unsettled nights with some elements of increased confusion. There was no evidence that the nurses had linked the difficulties presented to a possible infection.

Patient "B"

Documentation in respect of assessments and care planning were available as listed with patient "A".

Patient "B" records however were evidenced to raise the following concerns:

1. A lack of completion of a pain assessment tool. The Abbey Pain Scale document was in place but found to not be completed.
2. Many references were found in records to "good oral intake" but there was little evidence of fluid reconciliation to the daily records. Dietary records illustrated insufficient detail to evidence the quality of nutrition provided.
3. The turn chart recorded turned from "R" to "L" with comments such as "settled". No reference was made to pressure area conditions or application of creams etc.
4. There was no record of bowel management outcome in the daily records therefore nursing staff were unable to make a professional judgement on the effectiveness of bowel management treatments.
5. Signatures of nurses recording in records failed to contain their designation as required in NMC guidance.

Patient "C"

Documentation in respect of assessments and care planning were available as listed with patient "A".

Patient "C" records however were evidenced to raise the following concerns:

1. Weight loss consistent since 12/10/09 with poor recording of BMI score in June, July and August 2010. risk assessment and weight loss evaluations record the following

- 19/02/10 "no concerns" **weight down 0.6kg**
- 18/03/10 "weight maintained" **weight down 1.2kg**
- 17/04/10 "good appetite, no concerns" **weight down 0.2kg**
- 26/05/10 "weight is being maintained" **weight down 1.1kg**
- **weight loss evidenced as recorded in June but no comment made**
- 23/07/10 "weight maintaining" **weight down 0.4kg**
- 31/08/10 "slight loss" **weight down 1.4kg**

Poor management of risk in respect of weight loss. The inspector did evidence a hospital admission in July 2010 with care planning updated appropriately upon return to the facility. Recent ill health may have contributed to weight loss but this was not identified in the risk assessment or care plan.

Patient "D"

Documentation in respect of assessments and care planning were available as listed with patient "A".

Patient "D" records however were evidenced to raise the following concerns:

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1. Weight loss totalling 7.2kg was evidenced to have been recorded since February 2010. The MUST identifies risk as that greater than 5% of total body weight. In this patient that would equate to 3.63kg. However the MUST documentation consistently scored weight loss as "0". MUST records therefore wrongly completed.
2. Care plan for chest complications evidenced that oral steroid therapy was commenced on 23/11/09. The care plan was evidenced to have been reviewed monthly since November 09 but the steroid therapy was never shown as completed.

Patient "E"

Documentation in respect of assessments and care planning were available as listed with patient "A".

Patient "E" records were evidenced to raise the following concerns:

1. The word "night" was evidenced to have been used to identify the date and time for the night duty entry in the records. This is inappropriate and falls short of the standard required by the NMC.

Care plan records for Patient "C" however were recently updated. Assessments including risk assessments were well recorded and very person centred. The care planning detail was of a very high standard and the inspector was pleased that the assessment and care planning process was clearly understood by the nursing staff responsible. The inspector recommends that this standard of recording is promoted throughout the home.

Action plan required to address assessment and care planning issues:

- **All recording should be in keeping with Minimum Standards and NMC guidance.**
- **Training should be reviewed for MUST**
- **Fluid and food intake records should be maintained to reflect a comprehensive and detailed overview of dietary intake. Fluid intake should be reconciled to daily records.**
- **Reconciliation of bowel function should be recorded in daily records.**
- **Care plan records should be updated to reflect commencement and discontinuation of therapy.**

• **Pain assessment should be maintained for all patients requiring regular analgesia with regular frequent review of effectiveness of treatment prescribed.**	

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PROVIDER'S SELF-ASSESSMENT

Please outline (in no more than 200 words) how you are meeting this standard

Criterion Assessed: 5.4 Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
On-going re-assessment is evidenced within the individual care file in daily information records, planned careplan evaluations and regular reviews of care plans. Agreed timecales may vary from weekly , monthly to six monthly e.g weekly evaluation of Blood Glucose results, monthly evaluation of the care plan and six monthly care management reviews. Other areas of re-assessment will relate directly to Risk Assessments which will be dictated by the Service Users condition or any accidents or incidents which may occur.	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
Care records reviewed evidenced that re-assessment is an ongoing process and is carried out daily and at identified, agreed time intervals as recorded in the care plan. Day and night nursing staff record an evaluation in the daily progress notes of the delivery of care to each patient during their span of duty. Entries correlated to the individual's care plans. Risk assessments and care plans were reviewed on a monthly basis or more frequently as required. The inspector can verify that significant improvements are ongoing in respect of the management of care records. The achievement level recorded in this criterion is raised to fully achieved.	Fully achieved

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PROVIDER'S SELF-ASSESSMENT

Please outline (in no more than 200 words) how you are meeting this standard

Criterion Assessed: 5.5 All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
Southern Cross has an extensive policies and procedures portfolio. The Company has a Quality Team in each region which review these. Southern Cross uses guidelines issued by the Department of Health, Nursing and Midwifery Council Royal Insitiute of Public Health, National Institute for Health and Clinical Excellence; Royal College of Nursing , DSDC, HSE and BAPEN etc to compile these policies. These guidelines will be available on the day of inspection e.g Crest/GAIN Guidelines; Safeguarding Vulnerable Adults; Rights, Risk and Restraint; No Secrets; Evidence of this will be demostrated within the plan of care. A copy of Royal Marsden Hospital Manual of Clinical Nursing Procedures is available for all staff to use as a reference. The home also has access to internet to access current guidance .	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
Examination of records evidenced that validated assessment tools such a the Roper, Logan and Tierney assessment of activities of daily living, Braden pressure risk assessment, nutritional risk assessment and CREST guidelines for wound and pressure care were used to inform and guide care practice in line with evidence based research. The inspector observed that documents such as policies and procedures, NMC guidance and other evidence based research were available to staff in the home. Agreement was reached between the inspector and the home manager that the level of achievement recorded is more accurately reflected as fully achieved.	Fully achieved

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PROVIDER'S SELF-ASSESSMENT

Please outline (in no more than 200 words) how you are meeting this standard

Criterion Assessed: 5.6 Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
Contemporaneous records of all interventions, procedures and activities are kept for Service users in accordance with NMC guidelines. Outcomes are demonstrated in the Daily Information Record (QR 8001.13) and Monthly Evaluation of the Care Plan (QR 8001.12) with reference to the documented 'aim of care'. This is documented by the Nursing staff. All staff hold registration with NMC and as such are aware of these guidelines.	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
In the care records reviewed, nursing staff on day and night duty recorded a daily statement to reflect the care and treatment provided to each patient. There was however poor reconciliation of fluid intake and bowel function in the daily records statement. This is discussed in section 6 criterion 5.3. Statements were recorded in the daily notes that referenced the corresponding care plan. Additional entries were made as required throughout the day. Records reviewed were generally in keeping with the NMC guidance for records and recording keeping. See also section 6 criterion 5.3.	Substantially achieved

NURSING HOME - MINIMUM STANDARDS

STANDARD 5 - NURSING CARE

Patients receive safe, effective nursing care based on an holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.

PROVIDER'S SELF-ASSESSMENT

Please outline (in no more than 200 words) how you are meeting this standard

Criterion Assessed: 5.7 The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
The outcome of care is monitored on a daily basis in Daily Information record. (QR 8001.13) This record is completed each shift by day and night staff. Each Care plan is reviewed monthly or more often as indicated by the condition of the resident or as a result of review by a healthcare professional.	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
Examination of records evidenced that daily progress notes were meaningful and generally reflected the outcome of care delivered. (see section 6 criterion 5.3 reference recording of dietary, fluid and bowel management) Care records examined evidenced that care plan evaluations were carried out monthly or more frequently as required. Evaluations reflected the effectiveness of the care interventions in the care plan.	Substantially achieved

NURSING HOME - MINIMUM STANDARDS

STANDARD 5 - NURSING CARE

Patients receive safe, effective nursing care based on an holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.

PROVIDER'S SELF-ASSESSMENT

Please outline (in no more than 200 words) how you are meeting this standard

Criterion Assessed: 5.8 Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multi-disciplinary review meetings arranged by local HSC Trusts as appropriate.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
Residents are encouraged to attend formal reviews with Multi-discplinary teams, these reviews are planned annually or more often if deemed necessary. There are also internal reviews held six monthly to which Care Managers are invited if they wish to attend.	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
The registered manager informed the inspector that care management reviews are held post admission and then annually thereafter. Reviews can also be arranged in response to changing needs, expressions of dissatisfaction with care or at the request of the patient or family. A member nursing of staff attends each review. A copy of the minutes of the most recent review was held in the patient's care record file. Agreement was reached between the inspector and the home manager that the level of achievement is more accurately recorded as fully achieved.	Fully achieved

NURSING HOME - MINIMUM STANDARDS

STANDARD 5 - NURSING CARE

Patients receive safe, effective nursing care based on an holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.

PROVIDER'S SELF-ASSESSMENT

Please outline (in no more than 200 words) how you are meeting this standard

Criterion Assessed: 5.9 The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
A written record of all reviews is held within the individual's care plan. The review discussion and outcome is recorded on form (QR8001.09) supplied by Southern Cross Healthcare. The written record includes set goals and the level of achievement relating to these goals. A copy of these reviews is held in the resident's care file for reference and inspection - Manager holds a copy of all reviews carried out with dates.	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
The inspector viewed the minutes of five care management reviews which evidenced that, where appropriate patients and their representatives had been invited to attend. Minutes of the review included the names of those who had attended, an assessment of the patients needs and a record of issues discussed. Care plans were generally updated to reflect recommendations made at care management reviews where applicable. (see section 6 criterion 5.3)	Substantially achieved

PLEASE PROVIDE AN OVERALL ASSESSMENT OF THE NURSING HOME'S MATURITY AGAINST THE STANDARD ASSESSED	MATURITY LEVEL
	Practising

EVIDENCE: FOR RQIA INSPECTORS USE ONLY

The inspector acknowledged that there have been significant improvements in the management of nursing care and record keeping within the home in recent months. The senior management team are to be commended for their input. The inspector having reviewed the levels of achievement in each criterion has reached agreement with the registered manager that within the maturity matrix a level of "Developing" is a more accurate recording.

Evidence - Nursing Care

- Discussion with the home manager
- Discussion with four registered nurses
- Discussion with six care staff
- Discussion with two ancillary staff
- Discussion with forty five patients
- Discussion with six visiting relatives
- Review on a sample of policies and procedures
- Review on a sample of care plans
- Reference to a sample of DHSSPS, N.M.C, CREST, NICE, and Safeguarding Vulnerable Adults Guidelines
- Review of the accident records
- Review of three staff questionnaires
- Review of one relatives questionnaires
- Review of one professionals questionnaires

MATURITY MATRIX: RQIA ASSESSED LEVEL OF MATURITY	MATURITY LEVEL
	Developing

NURSING HOME - MINIMUM STANDARDS STANDARD 6 - COMPLETION OF CASE RECORDS Patients' case records are accurate and up to date. PROVIDER'S SELF-ASSESSMENT Please outline (in no more than 200 words) how you are meeting this standard	
Criterion Assessed: 6.1 The policy and procedure for maintaining case records in relation to treatment and care provided for patients complies with guidelines from professional and regulatory bodies.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
The home adheres to the Southern Cross Polices on Record Keeping & The Service User Care File (WI 8101) and Recording Personal Information (WI 8103). Trained nurses must also adhere to the NMC regulations on record keeping as it is integral part of nursing pratice.	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
The inspector reviewed the policies and procedures of the home relating to care records. The policies on the management of records were inclusive of guidance from professional bodies and legislation. For example, policies included reference to confidentiality, access to health records and care planning, the nursing Homes Regulations and NMC guidance. The policy on access to service user's health records references the Data Protection Act 1998 and the Access to Health Records Act 1990. Agreement was reached between the inspector and the home manager that the level of achievement is more accurately recorded as fully achieved.	Fully achieved

NURSING HOME - MINIMUM STANDARDS STANDARD 6 - COMPLETION OF CASE RECORDS Patients' case records are accurate and up to date. PROVIDER'S SELF-ASSESSMENT Please outline (in no more than 200 words) how you are meeting this standard	
Criterion Assessed: 6.2 All entries in case records are contemporaneous; dated, timed, and signed, with the signature accompanied by the name and designation of the signatory.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
All documentation is completed as per policy WI8103 (Recording Personal Information)	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
As discussed in Section 6 criterion 5.3 a number of records reflected a lack of recording of the designation of the staff member. The recording of the word "night" is insufficient to evidence the date and time of an entry in records by night staff.	Substantially achieved

NURSING HOME - MINIMUM STANDARDS STANDARD 6 - COMPLETION OF CASE RECORDS Patients' case records are accurate and up to date. PROVIDER'S SELF-ASSESSMENT Please outline (in no more than 200 words) how you are meeting this standard	
Criterion Assessed: 6.3 Any alterations or additions are dated, timed and signed, and made in such a way that the original entry can still be read.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
All documentation is completed as per policy WI8103 (Recording Personal Information)	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
Alterations to records were made using a single black line, dated and initialled by the person making the amendment. The original entry could still be read. Agreement was reached between the inspector and the home manager that the level of achievement is more accurately recorded as fully achieved.	Fully achieved

NURSING HOME - MINIMUM STANDARDS STANDARD 6 - COMPLETION OF CASE RECORDS Patients' case records are accurate and up to date. PROVIDER'S SELF-ASSESSMENT Please outline (in no more than 200 words) how you are meeting this standard	
Criterion Assessed: 6.4 All treatment given and recommendations made are recorded in case records.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
All documentation is completed as per policy WI8103 (Recording Personal Information)	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
As discussed in Section 6 criteria 5.3 there are omissions to fully record the detail of dietary and fluid intake, bowel management and pain management effectiveness.	Substantially achieved

PLEASE PROVIDE AN OVERALL ASSESSMENT OF THE NURSING HOME'S MATURITY AGAINST THE STANDARD ASSESSED	MATURITY LEVEL
	Aware

EVIDENCE: FOR RQIA INSPECTORS USE ONLY

The inspector can confirm that having reviewed the management of each criterion the level of maturity achieved is recorded appropriately as "Practising".

Evidence - Completion of Care Records

- Discussion with the home manager
- Discussion with four registered nurses
- Review of the Homes policies and procedures for maintaining case records in relation to treatment and care provided
- Review of the Homes policy on access to client files
- Review of a sample of care plans/care records

MATURITY MATRIX: RQIA ASSESSED LEVEL OF MATURITY	MATURITY LEVEL
	Practising

NURSING HOME - MINIMUM STANDARDS STANDARD 8 - NUTRITION Nutritional needs of patients are met. PROVIDER'S SELF-ASSESSMENT Please outline (in no more than 200 words) how you are meeting this standard	
Criterion Assessed: 8.1 Nutritional screening is carried out with patients on admission, using a validated tool such as the 'Malnutrition Universal Screening Tool (MUST)' or equivalent.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
The validated tool used in this Home is the "Malnutrition Universal Screening Tool (MUST)" Document QR 8001.49, Policy and Procedure WI 8076. This is used for all residents on admission and reviewed on at least a monthly basis.	Fully Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
Examination of five patients care records confirmed that nutritional screening is carried out on admission using the Malnutrition Universal Screening Tool (MUST) a validated assessment tool which incorporates the patient's body mass index (BMI) as part of the screening process. The records reviewed had been generally accurately completed. See section 6 criterion 5.3. With the training records review and following discussion with staff the inspector can confirm that staff had received instruction in the use of the MUST nutritional tool. The inspector however given the issues discussed at section 6 criterion 5.3 highlights the need for refresher training in the use of the MUST. Agreement was reached between the inspector and the home manager that the level of achievement is more accurately recorded as substantially achieved.	Substantially achieved

NURSING HOME - MINIMUM STANDARDS STANDARD 8 - NUTRITION Nutritional needs of patients are met. PROVIDER'S SELF-ASSESSMENT Please outline (in no more than 200 words) how you are meeting this standard	
Criterion Assessed: 8.2 Nutritional screening is repeated monthly, or more frequently depending on individual assessed need, and nutritional support is implemented according to the screening protocol.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
The "MUST" is used on admission to assess the residents nutritional needs, and plan care to meet those needs. The "MUST" is reassessed at least monthly to monitor the resident and to identify any changes in their needs. Residents are also weighed on admission and at least montly as a minimum (QR8001.18 - weight recording chart).	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
Perusal of five care records and discussion with the registered manager and four qualified nursing staff confirmed that nutritional screening is routinely reviewed monthly or more frequently depending on the identified needs of the patients. The inspector discussed the completion of the MUST records at length in section 6 criterion 5.3 as a number of inaccuracies were evidenced. Further refresher training in the management of this assessment tool is required. There was evidence that nutritional support was implemented according to the screening protocol. The inspector observed that patients who were assessed as being at (high) risk of malnutrition were referred to the dietician in a timely manner. The records reviewed confirmed that patients and/or their representatives were consulted and informed of any changes to the care plan.	Substantially achieved

NURSING HOME - MINIMUM STANDARDS

STANDARD 8 - NUTRITION
Nutritional needs of patients are met.

PROVIDER'S SELF-ASSESSMENT
Please outline (in no more than 200 words) how you are meeting this standard

Criterion Assessed: 8.3 There are referral arrangements for the dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
Referral to the dietician is made for any individual resident for whom there is concern about nutritional needs. The dietician is encouraged to leave a written report of recommendations or to write into the Homes document QR8001.15 - Professional Visitors Record. These recommendations are incorporated into the plan of care where a risk identified and the planned care aims to reduce this risk. This care plan is evaluated at least monthly or sooner as nutritional screening or other changes in care needs indicate. Referral to other professionals (eg Speech and Language Therapist) may be made and their recommendations will also be incorporated into the planned care. The plan of care is communicated to all staff involved in the nutritional care of all individual residents identified at risk. Adherence is monitored in internal audits. All nursing staff are aware of referral arrangements.	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
Policies and procedures were in place for staff on making referrals to the dietician. These include indicators of the action to be taken and by whom. All nursing staff spoken with were knowledgeable regarding the referral criteria for a dietetic assessment. Five care records reviewed evidenced that patients were referred for dietetic assessment in a timely manner. Examination of the care records confirmed that the recommendations provided by the dietician were included in the respective patient's care plan, which records the nutritional care and treatment to be provided. Records examined were reviewed and evaluated on a regular basis.	Fully achieved

Observation of practice and discussion with patients and staff evidenced that the nutritional care plans were being implemented. Agreement was reached between the inspector and the home manager that the level of achievement is more accurately recorded as fully achieved.	

NURSING HOME - MINIMUM STANDARDS

STANDARD 8 - NUTRITION
Nutritional needs of patients are met.

PROVIDER'S SELF-ASSESSMENT
Please outline (in no more than 200 words) how you are meeting this standard

Criterion Assessed: 8.4 There are up to date nutritional guidelines that are used by staff on a daily basis.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
The Home maintains a file of current guidance relating to nutrition and hydration. This is accessible to nursing and care staff, activities co-ordinators and to catering staff. The Home Manager evidences reading and discusses the available guidance within supervision sessions and team meetings. Practical application of the guidance is monitored within internal audits.	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
The registered manager confirmed that up to date nutritional guidelines were available and staff consulted confirmed they had access to the guidance. The Inspector spoke with ten members of nursing and care staff. All staff spoken with were knowledgeable regarding the individual dietary needs and preference of patients and the principles of providing good nutritional care. All staff consulted could identify patients who require support with eating and drinking. The inspector discussed the availability of fresh fruit with the home manager and cook. Concern was raised regarding the availability of fresh fruit to patients in pond park wing. The cook advised the inspector that patients in this area are served tinned fruit due to their increased frailty. This practice is unacceptable and all patients should have fresh fruit daily in a suitable format to meet their needs. Tinned fruit is suitable for all patients but not as a replacement for any fresh fruit.	Substantially achieved

NURSING HOME - MINIMUM STANDARDS STANDARD 8 - NUTRITION Nutritional needs of patients are met. PROVIDER'S SELF-ASSESSMENT Please outline (in no more than 200 words) how you are meeting this standard	
Criterion Assessed: 8.5 There is nutritional information available in an accessible formal for patients, and their representative.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
General nutritional information is available within each unit. Information regarding the menus is available at reception and within each dining area. This information is also being discussed within resident and relative meetings.	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
The home manager informed the inspector that patients and their representatives receive information on the benefits of a nutritious diet. The daily menu is on display for patients' and their representatives. A variety of appropriate printed/other material is used when discussing food and drink with the patient and their families/representatives. On the day of the inspection a number of leaflets (posters, etc) developed by Southern Cross and offering guidance on the nutritional needs of the elderly were available in the main reception area of the home. Pond Park is also in the process of applying the "NUTMEG" nutritional assessment system to the meals provided. When established this will give substantial dietary information to the patients and relatives. Agreement was reached between the inspector and the home manager that the level of achievement is more accurately recorded as fully achieved.	Fully achieved

NURSING HOME - MINIMUM STANDARDS STANDARD 8 - NUTRITION Nutritional needs of patients are met. PROVIDER'S SELF-ASSESSMENT Please outline (in no more than 200 words) how you are meeting this standard	
Criterion Assessed: 8.6 Nurses have up-to-date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
All staff involved in the care of resident's nutritional needs are provided with education and training opportunities covering the importance of general nutrition and hydration, nutritional screening and techniques of nutritional support including swallowing difficulties. Any instructions drawn up by the speech and language therapist are incorporated into the plan of care. This is monitored in internal audits. All staff are being offered the meal time experience support and assistance module within the Southern Cross Healthcare diploma currently being run throughout the company.	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
The inspector discussed the needs of the patients with the home manager the qualified nursing staff and the cook. It was acknowledged that a number of patients in the home have swallowing difficulties of varying degrees. Nurses maintain their knowledge and skills in this area by ongoing training provided by Nutilis on behalf of Southern Cross Review of five patients care records evidenced that the instructions drawn up by the speech and language therapist are adhered to. A review of records evidenced that a system is in place to assess staff competency in managing feeding techniques for patients with swallowing difficulties. The registered manager confirmed that all staff have been deemed competent in this area. Agreement was reached between the inspector and the home manager that the level of achievement is more accurately recorded as fully achieved.	Fully achieved

NURSING HOME - MINIMUM STANDARDS STANDARD 8 - NUTRITION Nutritional needs of patients are met. PROVIDER'S SELF-ASSESSMENT Please outline (in no more than 200 words) how you are meeting this standard	
Criterion Assessed: 8.7 Nurses have up-to-date knowledge and skills in the provision of enteral tube feeding, and ensuring that feeding regimens drawn up by the dietician are adhered to.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
Regrettably the local trust training is not available until November 2010. Abbot Healthcare are providing training to newly employed nurses and for updates week commencing 23/08/10. Copies of all regimes are kept within each residents' care file and medication records.	Partially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
The CREST guidelines for the management of enteral tube feeding were available in the home. Nursing staff spoken with confirmed they had received training from relevant health professionals, which included the management of the feeding system, stoma site, the feed and the safe administration of medications. Management have systems in place to confirm that agency nursing staff have received training on the management of enteral feeding and the specific feeding pump(s) which are in use The training records verified that nursing staff had received training in the management of enteral feeding. Staff spoken with demonstrated that they had knowledge of problems which may occur and the appropriate action to be taken during a feed. Agreement was reached between the inspector and the home manager that the level of achievement is more accurately recorded as fully achieved.	Fully achieved

PLEASE PROVIDE AN OVERALL ASSESSMENT OF THE NURSING HOME'S MATURITY AGAINST THE STANDARD ASSESSED	MATURITY LEVEL
	Aware

EVIDENCE: FOR RQIA INSPECTORS USE ONLY

The inspector having reviewed the achievement levels attained in each of the criterion can confirm that the assessment of the homes maturity in this standard within the maturity matrix is recorded as practising.

Evidence Nutrition :

- Discussion with the home manager
- Discussion with four registered nurses
- Discussion with six care staff
- Discussion with two ancillary staff
- Review on a sample of policies and procedures
- Review on a sample of care plans
- Review of one relatives questionnaires
- Review of one professionals questionnaires
- Review of three staff questionnaires

MATURITY MATRIX: RQIA ASSESSED LEVEL OF MATURITY	MATURITY LEVEL
	Practising

NURSING HOME - MINIMUM STANDARDS

STANDARD 12 - MEALS AND MEALTIMES
Patients receive a nutritious and varied diet in appropriate surroundings at times convenient to them.

PROVIDER'S SELF-ASSESSMENT
Please outline (in no more than 200 words) how you are meeting this standard

Criterion Assessed: 12.1 Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Full account is taken of relevant guidance documents, or guidance provided by dieticians and other professionals and disciplines.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
The menu provided offers choice and adequate nourishment in accordance with NUTMEG (Nutritional Menu Planning System) and caters to the needs of all residents including those with specific nutritional and physical problems. NUTMEG has been developed with a variety of dishes that have been prepared for reference. The menu cycle is varied to suit local dietary tradition and preferences. Individual dietary needs and preferences are assessed with the resident and/or family on admission using QR 6016.03 Diet Notification record and this is reflected in the plan of care and communicated to all staff involved including catering staff.	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
A policy and procedure is in place to guide and inform staff in regard to nutrition and dietary intake. The policy and procedure in place was reflective of best practice guidance. The current menus have been reviewed. The home manager and the cook informed the inspector that input from Southern Cross executive chef and the "NUTMEG" programme manager was sought to validate the nutritional value of the menu. The inspector discussed with the home manager the systems in place to identify and record the dietary needs, preferences and professional recommendations of individual patients. The management and recording of the dietary and fluid intake of "at risk" patients was discussed at length in section 6 criterion 5.3. Staff spoken with were knowledgeable regarding the individual dietary needs of patients to include their likes and dislikes. During the meal staff were observed offering patients choice.	Fully achieved

Staff spoken with were knowledgeable regarding the indicators for onward referrals to the relevant professionals. e.g. speech and language therapist or dieticians. The inspector reviewed five records in regard to the guidance given to staff following assessment by the relevant professionals. The records reviewed and discussion with staff evidenced that the assessed needs of patients were being met. A copy of The Nutritional Guidelines and Menu Checklist for Residential and Nursing Homes for Older People and for those providing community meals were available within the home and utilised to guide and inform staff. Agreement was reached between the inspector and the home manager that the level of achievement is more accurately recorded as fully achieved.	

NURSING HOME - MINIMUM STANDARDS

STANDARD 12 - MEALS AND MEALTIMES
Patients receive a nutritious and varied diet in appropriate surroundings at times convenient to them.

PROVIDER'S SELF-ASSESSMENT
Please outline (in no more than 200 words) how you are meeting this standard

Criterion Assessed: 12.2 Patients are involved in planning the menus.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
Residents and their relatives are involved in completion of the Diet Notification record QR 6016.03 and the catering services including menus are discussed at resident and relative meetings.	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
The home manager informed the inspector that the views of patients in menu planning are obtained by - • direct questioning • observation of enjoyment of meals • regular nutritional surveys and questionnaires • discussion at patient / relative meeting Agreement was reached between the inspector and the home manager that the level of achievement is more accurately recorded as fully achieved.	Fully achieved

NURSING HOME - MINIMUM STANDARDS

STANDARD 12 - MEALS AND MEALTIMES
Patients receive a nutritious and varied diet in appropriate surroundings at times convenient to them.

PROVIDER'S SELF-ASSESSMENT
Please outline (in no more than 200 words) how you are meeting this standard

Criterion Assessed: 12.3 The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided. A choice is also offered to those on therapeutic or specific diets.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
The NUTMEG menu provides choice at all meals and alternatives are always available. This choice can be offered for all diets.	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
Patients and staff spoken with confirmed that choices are available at each mealtime. Agreement was reached between the inspector and the home manager that the level of achievement is more accurately recorded as fully achieved.	Fully achieved

NURSING HOME - MINIMUM STANDARDS STANDARD 12 - MEALS AND MEALTIMES Patients receive a nutritious and varied diet in appropriate surroundings at times convenient to them. PROVIDER'S SELF-ASSESSMENT Please outline (in no more than 200 words) how you are meeting this standard	
Criterion Assessed: 12.4 The daily menu is displayed in a suitable format and in an appropriate location, so that patients, and their representatives, know what is available at each mealtime.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
Menus are presented on menu boards. Additional table menus are displayed appropriate locations including reception and dining rooms .	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
The daily menu was displayed on individual tables in the dining areas. It was also displayed in the main reception area of the home. Agreement was reached between the inspector and the home manager that the level of achievement is more accurately recorded as fully achieved.	Fully achieved

NURSING HOME - MINIMUM STANDARDS STANDARD 12 - MEALS AND MEALTIMES Patients receive a nutritious and varied diet in appropriate surroundings at times convenient to them. PROVIDER'S SELF-ASSESSMENT Please outline (in no more than 200 words) how you are meeting this standard	
Criterion Assessed: 12.5 Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
The menu includes for each day of the four week cycle suitable dishes for the following times: breakfast, mid morning, lunch, mid afternoon, dinner and evening supper. In addition, drinks and snacks are available outwith these regular mealtimes and outwith normal kitchen hours. The staff will consult individually with residents and their relatives regarding choices available if they miss a conventional mealtime. Fresh fluids are available daily in communal lounge areas and also within individual bedroom areas utilised frequently through the daytime by the resident. All bedrooms have fresh fluids available at night time.	Fully Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
Discussion with the cook confirmed that meals are served at appropriate intervals throughout the day and in keeping with best practice guidance contained within The Nutritional Guidelines and Menu Checklist for Residential and Nursing Homes for Older People and for those providing community meals. A choice of hot and cold drinks and a variety of snacks which meet individual dietary requirements and choices were offered mid morning, afternoon and at supper times. The inspector observed that a choice of fluids to include fresh drinking water were available and refreshed regularly. Staff were observed offering patients fluids throughout the day. The inspector recommends that the provision of fresh fruit is provided to all patients each day. The inspector was advised by the cook that this is currently provided to those on the millennium wing only. The cook advised the inspector that patients in pond park side of the home would be unable to manage fresh fruit due to their increased frailty. This difference is not accepted by the inspector and all patient must receive fresh fruit daily as recommended in Nutritional Guidelines. The fruit should be provided in appropriate formats to meet the individual needs of the	Substantially achieved

patients i.e. fresh fruit salad for those who can manage pieces of fruit and as fresh fruit smoothies for those requiring blended / pureed meals. Agreement was reached between the inspector and the home manager that the level of achievement is more accurately recorded as substantially achieved.	

NURSING HOME - MINIMUM STANDARDS

STANDARD 12 - MEALS AND MEALTIMES
Patients receive a nutritious and varied diet in appropriate surroundings at times convenient to them.

PROVIDER'S SELF-ASSESSMENT
Please outline (in no more than 200 words) how you are meeting this standard

Criterion Assessed: 12.6 Patients can have a snack or drink on request, or have access to a domestic style kitchen.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
The main dining area has a galley kitchen which provides easy access for staff from both units to refill jugs of juice/water and also snacks such as toast can be prepared. Residents can request drinks or snacks at any time and jugs of fresh fluids are always available in the lounge areas with a selection of fresh fruit.	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
Catering staff are available in the home from 08.00 - 18.00 and provide snacks to patients as requested. Snacks available on the day of the inspection included fresh fruit, scones, biscuits, tray bakes, milky drinks, cereals, creamed puddings, tea and coffee. The cook confirmed that in the absence of the catering staff snacks are available and accessible by all staff. Agreement was reached between the inspector and the home manager that the level of achievement is more accurately recorded as fully achieved.	Fully achieved

NURSING HOME - MINIMUM STANDARDS

STANDARD 12 - MEALS AND MEALTIMES
Patients receive a nutritious and varied diet in appropriate surroundings at times convenient to them.

PROVIDER'S SELF-ASSESSMENT
Please outline (in no more than 200 words) how you are meeting this standard

Criterion Assessed: 12.7 Menus provide for special occasions.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
The NUTMEG menu is adjusted for special occasions, this variation is noted by catering staff.	Fully Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
The registered manager and cook informed the inspector that traditional fayre is served at Easter and Christmas. Home made birthday cakes are provided for patients and a list of birthday dates are held in the kitchen. Menus are provided to cover special occasions or activities.	Fully achieved

NURSING HOME - MINIMUM STANDARDS STANDARD 12 - MEALS AND MEALTIMES Patients receive a nutritious and varied diet in appropriate surroundings at times convenient to them. PROVIDER'S SELF-ASSESSMENT Please outline (in no more than 200 words) how you are meeting this standard	
Criterion Assessed: 12.8 Patients are consulted and their views taken into account regarding the home's policy on "take away" foods.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
This policy is currently being developed by Southern Cross Healthcare Quality Assurance Team. a local protocol is now available.	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
The home does have a written policy on take away foods. Discussion with the registered manager confirmed that 'take away' food is not currently included in the menu. Agreement was reached between the inspector and the home manager that the level of achievement is more accurately recorded as fully achieved.	Fully achieved

NURSING HOME - MINIMUM STANDARDS

STANDARD 12 - MEALS AND MEALTIMES
Patients receive a nutritious and varied diet in appropriate surroundings at times convenient to them.

PROVIDER'S SELF-ASSESSMENT
Please outline (in no more than 200 words) how you are meeting this standard

Criterion Assessed: 12.9 Meals are served in suitable portion sizes, and presented in a way and in a consistency that meets each patient's needs.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
Diet notification records are completed for each resident on admission. This identifies any special individual dietary needs and preferences. This record forms part of the nutritional care plan and a copy of the record is also held by the catering staff who use them as a guide when serving meals. The individual nutritional careplan is highlighted to the nursing and care staff on the allocation of needs records which are used daily.	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
The inspector observed the serving of the mid day meal. Food prepared in the main kitchen was brought to the dining areas in hot trolleys. Catering staff served meals for each individual patient thus ensuring that portion size is appropriate for each patient's preference. The inspector spoke with forty five patients all of whom expressed their satisfaction with the meals provided. The home manager and the cook informed the inspector that patients preferences and assessed needs are discussed and recorded in the care records. Patients preferences and needs are communicated to staff in the following ways: • direct questioning • observation of enjoyment of meals • regular nutritional surveys and questionnaires • discussion at patient / relative meeting Patients requiring a meal pureed were served the meal in a manner that allowed different foods and flavours to be recognised.	Fully achieved

Agreement was reached between the inspector and the home manager that the level of achievement is more accurately recorded as fully achieved.	

NURSING HOME - MINIMUM STANDARDS

STANDARD 12 - MEALS AND MEALTIMES
Patients receive a nutritious and varied diet in appropriate surroundings at times convenient to them.

PROVIDER'S SELF-ASSESSMENT
Please outline (in no more than 200 words) how you are meeting this standard

Criterion Assessed: 12.10 Staff are aware of any matters concerning patients' eating and drinking as detailed in each patient's individual care plan, and there are adequate numbers of staff present when meals are served to ensure: • Risks when patients are eating and drinking are managed • Required assistance is provided • Necessary aids and equipment are available for use	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
any issues regarding resident's eating and drinking are detailed in the resident's individual care plan and within the allocation of needs record used daily. Internal audits of the dining experience have commenced. Feedback is also sought via resident and relative meetings.	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
Discussion with staff and a review of care records evidenced that individually assessed needs in regard to eating and drinking were identified. Care staff were knowledgeable regarding specific needs of patients to include any risks identified, assistance required and any necessary aids and equipment. Observation of the mid day meal confirmed that meals were served promptly and assistance required by patients was delivered in a timely manner. Staff were observed: • preparing the patient for their meal • seated appropriately when offering assistance • offering choice of food condiments and fluid • offering an explanation of the meal served	Fully achieved

Agreement was reached between the inspector and the home manager that the level of achievement is more accurately recorded as fully achieved.	

NURSING HOME - MINIMUM STANDARDS

STANDARD 12 - MEALS AND MEALTIMES
Patients receive a nutritious and varied diet in appropriate surroundings at times convenient to them.

PROVIDER'S SELF-ASSESSMENT
Please outline (in no more than 200 words) how you are meeting this standard

Criterion Assessed: 12.11 A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
The recipies for the NUTMEG menu are available. Individual records are also available of menu choices and food intake.	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
The inspector can verify that the cook records what food is served at each mealtime. The inspector however raised some concern regarding the recording of dietary intake for those patients acknowledged to be at risk with weight loss or nutritional issues. Whilst the cook records the meal delivered and the care staff record the percentage of the meal consumed, records failed to reflect sufficient detail over a twenty four hour period of all foods offered but declined, or consumed. Dietary records maintained by care staff were completed as required (by the document available), however the inspector discussed the suitability of the document as it failed to require or allow staff to record the level of detail required which would evidence that a nutritious diet was provided.	Substantially achieved

NURSING HOME - MINIMUM STANDARDS

STANDARD 12 - MEALS AND MEALTIMES
Patients receive a nutritious and varied diet in appropriate surroundings at times convenient to them.

PROVIDER'S SELF-ASSESSMENT
Please outline (in no more than 200 words) how you are meeting this standard

Criterion Assessed: 12.12 Where a patient's care plan requires, or when a patient is unable, or chooses not, to eat a meal, a record is kept of all food and drinks consumed. Where a patient is eating excessively, a similar record is kept. All such occurrences are discussed with the patient and reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
This is addressed within the individual care plan. Nutritional Intake Charts (QR 8001.51) and Fluid Intake/Output Records (QR8001.34) are used for monitoring purposes. Multidisciplinary referrals are placed as required and their recommendations are incorporated into the care plan.	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
The inspector reviewed the care records of five patients. Where a patient was identified of being at risk of inadequate or excessive food and fluid intake, daily records of food and fluid intake were being maintained. Discussed in section 6 criterions 5.3, 12.11. Staff spoken with were knowledgeable regarding the indicators and referral process to involve relevant professionals. Records viewed contained the recommendations made following assessment by the relevant professionals. Following observation of practice and discussion with staff the inspector concluded that the recommendations made are being adhered to. Agreement was reached between the inspector and the home manager that the level of achievement is more accurately recorded as fully achieved.	Fully achieved

NURSING HOME - MINIMUM STANDARDS

STANDARD 12 - MEALS AND MEALTIMES
Patients receive a nutritious and varied diet in appropriate surroundings at times convenient to them.

PROVIDER'S SELF-ASSESSMENT
Please outline (in no more than 200 words) how you are meeting this standard

Criterion Assessed: 12.13 Menus are rotated over a three-week cycle and revised at least six-monthly, taking into account seasonal availability of foods and patients' views.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
NUTMEG menu is a four weekly cycle and the menus are reviewed at least 6 monthly.	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
The cook and the home manager informed the inspector that the home operates a four weekly menu cycle. The menu is formally reviewed every six months and reflects seasonal variations. A record is maintained of the date of the menu review. As previously discussed in 12.2 the registered manager informed the inspector that the process for obtaining patient's views is : • direct questioning • observation of enjoyment of meals • regular nutritional surveys and questionnaires • discussion at patient / relative meeting Agreement was reached between the inspector and the home manager that the level of achievement is more accurately recorded as fully achieved.	Fully achieved

NURSING HOME - MINIMUM STANDARDS STANDARD 12 - MEALS AND MEALTIMES Patients receive a nutritious and varied diet in appropriate surroundings at times convenient to them. PROVIDER'S SELF-ASSESSMENT Please outline (in no more than 200 words) how you are meeting this standard	
Criterion Assessed: 12.14 Variations to the menu are recorded.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
This variation is recorded by the catering staff.	Fully Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
As previously discussed in criterion 12.11 the cook records variations to the menu.	Fully achieved

PLEASE PROVIDE AN OVERALL ASSESSMENT OF THE NURSING HOME'S MATURITY AGAINST THE STANDARD ASSESSED	MATURITY LEVEL
	Aware

EVIDENCE: FOR RQIA INSPECTOR'S USE ONLY

The inspector having reviewed the achievement levels attained in each of the criterion can confirm that the assessment of the homes maturity in this standard within the maturity matrix is recorded as practising.

Evidence Meal and Mealtimes :

- Discussion with the home manager
- Discussion with four registered nurses
- Discussion with six care staff
- Discussion with two ancillary staff
- Discussion with the cook
- Discussion with forty five patients
- Discussion with three relatives
- Observation of the midday meal service
- Review on a sample of policies and procedures
- Review on a sample of care plans
- Review of one relatives questionnaires
- Review of one professionals questionnaires
- Review of three staff questionnaires

MATURITY MATRIX: RQIA ASSESSED LEVEL OF MATURITY	MATURITY LEVEL
	Practising

7.0 ADDITIONAL AREAS EXAMINED

7.1 Nutritional guidance folder

The inspector was impressed with the detail available in the nutritional folder maintained in the home. The guidance information contained information on the following:

- monthly analysis of patient weights
- weight risk assessment
- policy on caring for service users with swallowing difficulties
- MUST assessment information
- policy on caring for patients with gastrostomy tube
- information on Nutrition and nutritional screening
- nutritional menu planning system (NUTMEG)
- four week cycle menu (to commence 27/09/10)
- Southern Cross in house diploma programme which includes "understanding and responding to the service user", "the mealtime experience", "support and assistance" and "nutrition awareness".
- NUTMEG information
- dietician referral flow chart
- CREST guidelines for enteral feeding
- GAIN guidelines on diabetes in care homes.

The document was well presented and comprehensive in the level of detail available. It provides the registered manager with a comprehensive guide to the management of nutrition within the home and is commended.

7.2 Training records

The inspector reviewed the management of training in the home. Evidence was available to verify that training was well maintained in the mandatory issues of:

- Safe Moving and Handling
- Protection of Vulnerable Adults
- Fire safety
- Infection prevention and control

The inspector however raised concern regarding the delivery of training for all staff in First Aid. The home manager advised the inspector that this training was scheduled to be provided within the next two months. A requirement is raised.

7.3 Patient register

The inspector can verify that the patient register as evidenced to be well maintained and an accurate reflection of the current patients in the home.

7.4 Accident / incident register

The inspector reviewed the recording and overall management of the accident / incidents within the home. The records illustrated:

- a detailed account of each individual incident
- increased risks were identified and action plans established as required
- a falls analysis register was updated monthly

The home manager should ensure that the monthly review of falls is patient focused and analysis clearly records the number of falls each individual incurs, the time of the fall and the possible reason for the fall. The patients risk assessment and care plan should be appropriately updated with meaningful evaluation maintained monthly or more frequently as required. In the case of patient "A" who due to medical condition falls frequently, the analysis of his particular issues were not wholly reflected in records.

7.5 Complaints management

The inspector reviewed the records maintained in respect of complaints received in the home. A number of investigation findings failed to reflect if the complainant was satisfied with the outcome of investigation. The home manager advised the inspector that a new documentation template was to be used in future which will prompt the recording of the level of resolution achieved.

7.6 Staffing

The inspector reviewed the staff off duty rota within the home. The current staff rota for both sides of the house is combined and it is therefore challenging when determining the required staffing levels for the individual wings. The inspector recommends that the rota be separated to each wing therefore allowing the nursing sisters to assess patient dependency and determine staffing levels on a more accurate and accountable basis.

Whilst the staffing levels reviewed provided an appropriate number of staff each day the inspector recommends that the registered provider and home manager review the skill mix of the care delivery team ensuring that there is 35% qualified nursing staff to 65% care staff available over a twenty four hour period. Guidance to the staffing calculation is provided in "Staffing Guidance for Nursing Homes, June 2009".

It is essential that the registered provider ensures that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for health and welfare of patients.

7.7 Patients and relatives views of the home

Prior to the inspection a number of questionnaires were issued to relatives of patients. Unfortunately only one questionnaire was returned to the RQIA prior to the inspection visit. The questionnaire returned within the time frame illustrated a significant level of relative satisfaction with the quality of care and service delivered in the home. During the inspection the inspector was able to meet in private with five relatives visiting their family members. All relatives were pleased with the service provided and were very happy with the approachability of the new manager. All stated that they felt that should there be any concerns raised that they would be able to meet and discuss their concerns with staff.

Some comments from family members included:
"The team are very good and my mother is very content in the home"
"The nurses and care staff are always very approachable"
"There is always a good choice of food available"
"The staff are great and I feel I can relax when I go home knowing my loved one is safe"
"The quality of care has improved in recent months"

One relative did raise some negative concerns regarding a number of issues which had occurred within the last few months. Comments included:

- "The home can be very short staffed at weekends"
- "There have been days when the bedroom cleaning was poor"
- "There has been money missing from her family member in past two months"
- "One bath per week is insufficient and whilst I have asked for an additional bath for my family member it has not yet been provided"

The inspector did discuss the quality of care with the relative's family member directly as part of the inspection process and was advised that the patient's level of satisfaction with care delivered was very high. The inspector discussed the concerns raised by the family member with the home manager who will investigate as required and report back directly to the complainant.

The inspector was able to meet and speak in private with a number of patients as part of the inspection process. All patients were in agreement that the staff attending were very good and that they were treated with respect and dignity.

Some of the comments received included:
"The food is good"
"I can always ask for seconds of my meal if required"
"Nurses are very nice and always pleasant to me"
"The staff are great and will do anything I want"
"It is like a home from home"
"Barbara and Alison should be put forward for a prize"
"Stephen is very obliging"
"Johnny in the kitchen is very good"

7.8 Staff and professional views of the home.

Prior to the inspection, questionnaires were forwarded to a number of staff and professionals attending the home.
It was disappointing that only three questionnaires were returned by staff and one from a visiting professional. The findings of the questionnaires however illustrated a good level of training and staff awareness of the needs of the patients.
On the day of the inspection the inspector was able to meet and discuss service delivery with a number of staff. All were very happy with the quality of care delivered and have felt that there has been a significant improvement in standards since the appointment of the new manager.

8.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with the home manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider / home manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

Mrs. Linda Thompson
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

_____ _____

Mrs. Linda Thompson **Date**
Inspector/Quality Reviewer

The Regulation and Quality Improvement Authority

QUALITY IMPROVEMENT PLAN

ANNUAL ANNOUNCED INSPECTION

POND PARK NURSING HOME

7 & 8 SEPTEMBER 2010

The issue(s) identified during this inspection are detailed in the Quality Improvement Plan.

The details of the Quality Improvement Plan were discussed with the home manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

- **Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (NI) 2005 and must be met.**

- **Recommendations are statements based on the Nursing Homes Minimum Standards (2008), research or recognised sources which if adopted by the Registered Person may enhance service quality and delivery.**

It is the responsibility of the Registered Provider/Manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

STATUTORY REQUIREMENTS

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (NI) 2005

NO.	REGULATION REFERENCE	REQUIREMENTS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	Regulation 20 (1)(c)	The registered provider must ensure that staff receive : • Mandatory First Aid training with regular updates as required. • Refresher training on the use of MUST **Ref. section 6 criterion 5.3, 8.2, section 7.2**	One	This will be completed by end of November. 2010.	Within two months
2	Regulation 19 (3)(a)	The home manager must ensure that the patient records identified in the report are updated to reflect all aspects of daily care provision. The following issues should be clearly recorded in the records: • Fluid and food intake records should be maintained to reflect a comprehensive and detailed overview of dietary intake. • Fluid intake should be reconciled to daily records. • Reconciliation of bowel function should be recorded in daily records. • Care plan records should be updated to reflect commencement and discontinuation of therapy. **Ref. section 6 criterion 5.3**	One	Nursing and care staff have been reminded of these requirements. Monitor will occur within internal audits.	Within one month

3	Regulation 20 (1)(a)	The registered provider must ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for health and welfare of patients. The registered provider should ensure that staffing levels are based on the Rhys Hearn dependency assessment tool and provide a ratio of 35% qualified nursing staff to 65% care staff as directed in "Staffing Guidance for Nursing Homes, June 2009" issued by the RQIA. **Ref section 7.7**	one	The staffing levels are being kept under review as discussed.	Immediate and ongoing

RECOMMENDATIONS

These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	Standard 5.4	It is recommended that the home manager review the assessment of pain management within the home. This review should ensure that reassessment of the management of patient pain is an ongoing process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans. **Ref. section 6 criterion 5.3**	one	This will be completed and discussed systems introduced by 5th November 2010.	Within one month
2	Standard 6.2	It is recommended that the home manager ensures that all entries in records are dated, timed and signed, with the signature accompanied by the name and designation of the signatory. **Ref. section 6 criterion 5.3**	one	This has been audited and improvements noted. Ongoing monitoring will occur with internal audits.	Immediate and ongoing
3	Standard 17.10	It is recommended that the home manager ensures that the level of satisfaction of the complainant is recorded following completion of any complaints investigation. **Ref. section 7.5**	one	Going forward this is being addressed.	Within one month

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	Standard 8.4	It is recommended that the home manager in conjunction with the cook review the availability of fresh fruit for all patients. Fresh fruit should be made available on a daily basis to all patients and provided in a suitable format to meet each individual patients need. **Ref. section 6 criterion 8.4, 12.5**	one	Fresh fruit is being made available to all areas of the home. A range of formats are available daily.	Immediate an ongoing
5	Standard 13.1	It is recommended that the registered manager review and develop the documentation to be used in assessing the likes and dislikes and interests of each patient in respect of activities. This should ensure that the programme of activities planned is appropriate to each individuals needs. **Carried forward for validation at the next inspection**	one	A new Activities Coordinator has commenced and she is currently completing assessments for each individual resident under the guidance of the Quality team.	Carried forward
6	Standard 13.7	It is recommended that the registered manager develop a process for quality assuring the work of the activity coordinator. **Carried forward for validation at the next inspection**	one	This is being addressed within the induction for the new Activities Coordinator and going forward will be monitored during Home Manager Walkaround audits and with supervision.	Carried forward

7	Standard 13.8	It is recommended that the registered manager develop a method of recording evidence to confirm that the activity coordinator receives an update on patient well being at the start of her period of duty. This should also provide evidence of feed back from the activity coordinator to staff on the effectiveness of the activity undertaken. **Carried forward for validation at the next inspection**	one	A handover report is being utilized currently for beginning and end of shift.	Carried forward
8	Standard 13.9	It is recommended that the registered manager ensures that the name of the person leading the activity is recorded in documentation. **Carried forward for validation at the next inspection**	one	This is now being recorded within participation records.	Carried forward
9	Standard 13.10	It is recommended that the registered manager ensure that the programme of activities is reviewed regularly and that it meets patients changing needs. **Carried forward for validation at the next inspection**	one	The planned programme will change seasonally and with changing needs.	Carried forward

The Registered Provider / Manager is required to detail the action taken in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the Registered Provider and Registered Manager and returned to:

The Regulation and Quality Improvement Authority
9th floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

SIGNED: _____

NAME: _____
Registered Provider

DATE 20/10/10

SIGNED: _____

NAME: A. M. STEVENSON (SERVICE EQUALITY INSPECTOR)
Registered Manager

DATE 19/10/10.

Home Manager is currently on sick leave.

DATE APPROVED	SIGNATURE OF INSPECTOR
3/11/10	Linda Thom