



Unannounced Enforcement Care Inspection Report 15 and 18 August 2019



Owen Mor Care Centre

Type of Service: Nursing Home

Address: 167 Culmore Road, Londonderry, BT48 8JH

Tel No: 028 7135 3631

**Inspectors: Lyn Buckley, Julie Palmer, Judith Taylor
and Paul Nixon**

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 81 patients.

3.0 Service details

<p>Organisation/Registered Provider: East Eden Ltd</p> <p>Responsible Individual: Dr Una McDonald – (acting)</p>	<p>Registered Manager and date registered: Ms Ronagh McCaul (application not required)</p>
<p>Person in charge at the time of inspection: 15 August 2019 - Ronagh Mc Caul</p> <p>18 August 2019 - Jean Browne (Assistant Manager)</p>	<p>Number of registered places: 81 comprising: 68 – NH- DE 7 - NH- LD and LD (E) accommodated in Strule Unit 6 – NH-MP and MP(E) accommodated in Erne Unit</p> <p>A maximum of 68 patients in category NH-DE; 24 accommodated in the Foyle/Faughan Unit, 13 accommodated in the Roe Unit, 10 accommodated in the Derg Unit, 10 accommodated in the Mourne Unit and 11 accommodated in the Finn Unit.</p>
<p>Categories of care: Nursing Home (NH) DE – Dementia LD – Learning disability LD(E) – Learning disability – over 65 years MP – Mental disorder excluding learning disability or dementia MP(E) - Mental disorder excluding learning disability or dementia – over 65 years</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 67</p>

4.0 Inspection summary

An unannounced inspection took place on 15 August 2019 from 09.30 to 15.25 and on 18 August 2019 from 18.50 to 23.40. The inspection was to evidence compliance with the four Failure to Comply Notices that were issued on 15 May 2019.

The inspection was undertaken by two care and two pharmacist inspectors.

Following an inspection in the home between 2 and 7 May 2019, four Failure to Comply (FTC) Notices were issued by RQIA on 15 May 2019. These were in relation to the management and governance arrangements (FTC000035); the health and welfare of the patients (FTC000036); health and welfare of patients regarding medicines management (FTC000039); and staffing (FTC000040). The date of compliance with the notices was 26 June 2019.

An inspection of the home was undertaken on 26 June 2019 during which evidence was not available to validate compliance with the above FTC Notices. However, there was evidence of some improvement and progress made to address the required actions within the notices. RQIA senior management made a decision to extend the compliance date to 15 August 2019. FTC notices - FTC000035E1, FTC000036E1, FTC000039E1 and FTC000040E1 were issued. Compliance with these notices was to be achieved by 15 August 2019.

During the inspection of 15 August 2019, we were unable to validate compliance with the four FTC Notices. Given the non-compliance and the continued risk and potential impact on the health and welfare of a number of patients, RQIA senior management held a meeting on 16 August 2019. They were concerned that limited and insufficient progress had been made over the three month period since the notices had been issued and as a result decided to implement RQIA's Urgent Procedures. This resulted in an Order being issued by a Lay Magistrate to East Eden Ltd to impose conditions on the registration of Owen Mor Care Centre (see section 6.4).

On 18 August 2019 RQIA returned to the home to review the areas of the home not inspected on 15 August 2019.

As part of the inspection, four areas for improvement in the QIP from the last inspection were reviewed; these related to fire safety, the completion of personal medication records, the storage of medicines and staffing skill mix (see section 6.1 for details).

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*2	*5

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

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ronagh McCaul, Manager, Therese McGarvey, Regional Manager, Dr Una McDonald, Acting Responsible Individual on 15 August 2019; and Dr Brendan McDonald, Director of East Eden Ltd and Jean Browne, Assistant Manager, on 18 August 2019, as part of the inspection process. The timescales for completion commence from the date of inspection.

Further enforcement action resulted from the findings of this inspection. (See section 6.4)

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

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

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

5.0 How we inspect

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

- the registration status of the home
- written and verbal communication received since the last care and medicines management inspection
- notifiable events received since the last care and medicines management inspections
- the previous inspection reports
- four FTC Notices.

During the two day inspection the inspectors spoke with a number of patients, staff on duty during the inspection and a director from East Eden Ltd.

The following records were examined during the inspection:

- samples of personal medication records, medicine administration records and records of receipt/disposal of medicines
- medicines storage temperatures
- controlled drug record books
- medicine audits
- staff training compliance and planner
- a sample of patient incident and accident records from 5 May 2019
- 10 patient care records in relation to the management of medicines, infections, challenging behaviours, weight loss/gain and falls
- governance audits/records and in particular those relating to the management of falls and accidents; bedrails, weight loss and gain; effectiveness of training, staff supervision and appraisal
- reports of visits by the registered provider undertaken since 26 June 2019.

Actions required as detailed within the four FTC Notices were reviewed and assessed as met or not met and feedback was provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last inspection dated 26 June 2019

The QIP from the last inspection had not been completed and forwarded to RQIA.

This inspection focused primarily on the actions contained within the four FTC Notices issued on 15 May 2019 and the four areas for improvement identified on 26 June 2019. Areas for improvement not reviewed during this inspection are carried forward for review during subsequent inspections.

Quality Improvement Plan		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (4) Stated: First time	<p>The registered person shall ensure that a review is undertaken of the system used to record the amount of monies held on behalf of patients. The outcome of the review should provide an explanation for the significant reduction in the amount held for the patient identified during the inspection.</p> <p>Any monies owed to the patient should be refunded immediately following the review. RQIA should be informed of the outcome of the review and the amount refunded to the patient.</p>	Carried forward to the next care inspection
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	
Area for improvement 2 Ref: Regulation 13(4) Stated: First time	<p>The registered person shall ensure that personal medication records are accurately maintained.</p>	Not met
	<p>Action taken as confirmed during the inspection: We examined a sample of personal medication records in each of the seven units in the home. We found that whilst these were well maintained in four units, they were not accurately completed in three units. It is concerning that there is no system in place to check the accuracy of these records against the patient's prescription on a regular basis.</p> <p>This area for improvement is stated for a second time.</p>	
Area for improvement 3 Ref: Regulation 27 (4) (d) (i) Stated: First time	<p>The registered person shall ensure that automatic fire doors are not wedged or propped open in keeping with fire safety regulations.</p>	Met
	<p>Action taken as confirmed during the inspection: From observations, over two days of inspection; and discussion with staff we were satisfied that this area for improvement has been met.</p>	

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for improvement 1 Ref: Standard 14.21 Stated: First time	<p>The registered person shall ensure that a record confirming the name of the person authorised to act as appointee, for the patient identified during the inspection, is retained within the patient's file.</p> <p>Written authorisation from the Social Security Agency for the Registered Person or staff member to act as an appointee should also be retained within the file.</p>	Carried forward to the next care inspection
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	
Area for improvement 2 Ref: Standard 2.2 Stated: First time	<p>The registered person shall ensure that the written agreement for the patient identified during the inspection is updated to show the current fee paid by, or on behalf of, the patient.</p> <p>A copy of the updated agreement should be retained within the patient's file.</p>	Carried forward to the next care inspection
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	
Area for improvement 3 Ref: Standard 14.4 Stated: First time	<p>The registered person shall ensure that the name of the bank account used to retain patients' monies is updated to show that monies held within the account belongs to patients.</p>	Carried forward to the next care inspection
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	

<p>Area for improvement 4</p> <p>Ref: Standard 14.25</p> <p>Stated: First time</p>	<p>The registered person shall develop and implement a system to ensure that monies held in the patient's bank account are included in the reconciliations of patients' monies and valuables held at the home.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>
<p>Area for improvement 5</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the temperatures of medicines storage areas do not exceed 25°C.</p> <p>Action taken as confirmed during the inspection: The records indicated that satisfactory arrangements were in place to monitor and manage the room temperature in the treatment rooms. An air conditioning unit had been obtained for one treatment room.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Standard 41.4</p> <p>Stated: First time</p>	<p>The registered person shall review the staffing skill mix for the home to ensure it meets with the DHSSPS Care Standards for Nursing Homes minimum recommendation.</p> <p>Action taken as confirmed during the inspection: We were satisfied, from discussion with the home's management team, that a review of the staff skill mix had been undertaken since the last inspection.</p> <p>However, the minimum skill mix still required to be met.</p> <p>Management did confirm that they were recruiting registered nurses and hoped to be compliant with the minimum standard as soon as possible. This area for improvement is partially met and is stated for a second time.</p>	<p>Partially met</p>

6.2 Inspection findings

Breach of Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005

Reference: FTC000035 and extended FTC000035E1

Regulation 10. – (1) The registered provider and the registered manager shall, having regard to the size of the home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.

In relation to this notice the following four actions were required to comply with this regulation.

The acting registered person must ensure that:

- systems are in place to advise management when patients do not have a supply of their prescribed medicines
- the manager delivers services effectively on a day-to-day basis in accordance with legislative requirements
- robust auditing systems are put in place to quality assure the delivery of nursing and other services provided. This includes, but is not limited to, audits of wounds, patient care records, patient weights, accidents and incidents and infection prevention and control audits
- the monthly monitoring reports, are completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, and contain clear, time-bound action plans, detailing all areas of improvement required. The completed Regulation 29 report should be shared with the manager and the senior management team to ensure that the required improvements are made.

Through review of records, observations of staff practice and discussion with staff and management we evidenced and acknowledged the progress made in relation to this FTC Notice in some but not all areas of the home.

We evidenced from a review of a sample of patients' medicine administration records and audits which were completed during the inspection that a number of patients did not have a continuous supply of one of their medicines and this had not been reported to management. This has the potential to affect their health and well-being.

Since the last care inspection in June 2019 the day to day management arrangements for the nursing home have not changed.

We evidenced that since the last inspection governance systems and processes had been put in place in relation to the management of falls, accidents and incidents, bed rails and patients weight loss or gain.

The management team were confident that the audit of falls, accidents and incidents occurring in the home was "working for them". However, there was evidence to show that the records were not accurate and further work was needed to ensure robust audit systems were in place. For example, nursing staff were required to complete at least three different records when a patient sustained a fall, accident or incident.

We reviewed the audit tool for the use of bed rails and for patients with a weight loss/gain. Since the last inspection these tools had been developed further to provide the manager with assurances that bed rails and weight loss/gain were appropriately managed.

We reviewed the planner/audit tool for staff supervision and appraisals. The planner consisted of a list of staff names with no planned or actual dates recorded. This requires to be further developed.

The acting responsible person continues to undertake visits on behalf of the registered provider in accordance with Regulation 29. The report of the visit undertaken on 24 July 2019 was available in the home.

Evidence was not available to confirm compliance with this Failure to Comply Notice.

Breach of Regulation 13 (1) (a) (b) of The Nursing Homes Regulations (Northern Ireland) 2005

Reference: FTC000036 and extended FTC000036E1

Health and welfare of patients

Regulation 13. – 1 (a) (b) The registered person shall ensure that the nursing home is conducted so as -

(a) to promote and make proper provision for the nursing, health and welfare of patients;

(b) to make proper provision for the nursing and where appropriate, treatment and supervision of patients.

In relation to this notice the following 14 actions were required to comply with this regulation:

The acting registered person must ensure that:

- patients' care records accurately reflect their assessed needs and are kept under review
- falls are managed in accordance with best practice, regional guidelines and protocols
- an accurate record of falls occurring in the home is maintained
- bed rails are managed in accordance with the patient's care plan and these are kept under review
- care records for any patient requiring enteral feeding must demonstrate clearly and accurately the feeding regime
- the daily records regarding 24 hour intake is recorded accurately and consistently
- patients' weights are monitored on at least a monthly basis and action taken where deficits are identified
- staff are able to demonstrate their knowledge in relation to best practice in modification of food and fluids
- staff adhere to best practice in relation to infection prevention and control
- the environment is managed to ensure compliance with COSHH regulations
- any patient with a wound and/or pressure ulceration has an up to date care plan in place to direct staff in the provision of wound care
- individual patient records must reflect the wound care recommendations of the multi professional team

- accurate records are maintained in relation to the number, type and status of wounds in the home
- RQIA is notified of all incidents/accidents occurring in the home in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.

Through review of records, observations of staff practice and discussion with staff and the manager we evidenced and acknowledged the progress made in relation to this FTC Notice.

We evidenced that patient care records in relation to the management of falls and accidents were not accurate. For example, a new accident book commenced on 27 June 2019 was not reflective of falls/accidents recorded within patient's care records.

In addition we evidenced that patients' care records did not reflect the management of topical medicines, antibiotics, behaviours that challenge and conversations had between nursing staff and a named patient's General Practitioner (GP) regarding omissions in the delivery of their eye drops. For example, care plans to inform staff on the management of behaviours that challenge did not describe how staff were to prevent other patients from being hit or what the "supervision" of one named patient actually meant. Details of care records reviewed were provided during feedback.

We raised concerns with management regarding the management of patient care records as some were available on the computer system and some in paper form. It was evident that this may lead to confusion in the delivery of safe and effective care. For example, nursing staff not aware of where the current records were available may miss vital information contained within care plans and/or daily evaluations.

We evidenced all grades of staff spoken with were aware of their role and the actions to be taken when a patient sustained a fall. Care records evidenced that nursing staff reviewed fall risk assessments and the associated care plan when a patient sustained a fall.

We evidenced that staff were aware of and adhering to best practice in relation to infection prevention and control measures. For example, we observed a member of care staff to correctly wash their hands between patients. However, we observed that nursing staff were reusing single use syringes to deliver liquid medications. This was discussed with the nurse in charge of one of the units who agreed that this would be addressed immediately.

From patient records we identified at least two falls/accidents/incidents that should have been reported to RQIA in accordance with Regulation 30.

Evidence was not available to confirm compliance with this Failure to Comply Notice.

Breach of Regulation 13(4) of The Nursing Homes Regulations (Northern Ireland) 2005

Reference: FTC000039 and extended FTC000039E1

Health and welfare of patients

Regulation 13 - (4) Subject to paragraph (5), the registered person shall make suitable arrangements for the ordering, storage, stock control, recording, handling, safe keeping, safe administration and disposal of medicines used in or for the purposes of the nursing home to ensure that –

(b) medicine which is prescribed is administered as prescribed to the patient for whom it is prescribed, and to no other patient; and

(c) a written record is kept of the administration of any medicine to a patient.

In relation to this notice the following eight actions were required to comply with this regulation.

The acting registered person must ensure that:

- systems are in place so that patients have a continuous supply of their prescribed medicines
- where patients have no supply of their prescribed medicines registered nurses recognise the need to report this as a notifiable incident
- patients are administered their medicines in strict accordance with the prescribers' instructions
- any ongoing non-administration of a medicine is reported to the prescriber
- robust arrangements are in place for the management of eye preparations
- controlled drugs records are fully and accurately maintained
- medicine administration records are fully and accurately maintained
- a robust auditing process is developed and implemented for medicines management.

Through review of records and discussion with staff and management, we evidenced and acknowledged the progress made in relation to this FTC Notice in some but not all areas of the home. We inspected medicines management in each of the seven units and noted the improvements made in four of these units. However, in relation to three units it was disappointing to note that any improvements noted previously had not been sustained.

We observed that a number of patients had missed doses of their medicines, as staff had not ensured there was a continuous supply. There was no evidence of ongoing review to ensure each of these medicines were received or that these missed doses had been reported to management, the patient's doctor or RQIA. These included medicines prescribed for the management of constipation, oral nutrition and sleep. The ongoing non-administration of a prescribed medicine poses a risk to the patient; it is fundamental that patients are administered their prescribed medicines to achieve the therapeutic benefit, and so promote their health and well-being.

We were unable to evidence that all patients' medicines were administered as prescribed. Doses were missed due to lack of supply, discrepancies were noted in the audit trails, one controlled drug pain relieving medicine had been administered one day late and three eye preparations had not been administered as prescribed. For one of these eye preparations, the prescribed dose had not been adhered to for several months and had not been noted by staff or management. In addition, we were unable to determine if two external preparations had been administered as prescribed, as records were not available. As stated above patients must be administered their medicines as prescribed. If this does not happen, their health and well-being may be affected. It is disappointing that despite the assurances given by management, we continue to identify failings by staff and management in ensuring that all patients receive their prescribed care and treatment.

We identified further concerns regarding the record keeping and administration of controlled drugs. As already stated, one pain relieving patch had been administered late and the relevant records were not accurately maintained.

We reviewed a sample of medication administration records and found evidence that when medicines were not administered at the times printed on the medication administration records, due to the patient's preference, the actual time of administration was not recorded. Therefore the records were not accurate. In relation to one medicine, there was no evidence that the registered nurses had considered the timing of the next prescribed dose to ensure doses were not administered too close together.

The auditing process had been developed, with increased frequency and oversight by clinical leads and the management team. However, the auditing process was still not identifying the deficiencies in the administration and management of medicines and ensuring safe administration of patients' medicines.

Evidence was not available to confirm compliance with this Failure to Comply Notice.

Breach of Regulation 20 (1) of The Nursing Homes Regulations (Northern Ireland) 2005

Reference: FTC000040 and extended FTC000040E1

Staffing

Regulation 20.—(1) The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients – (a) ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients;

In relation to this notice the following five actions were required to comply with this regulation:

The acting registered person must ensure that:

- registered nurses are able to demonstrate their knowledge and safe practice in relation management of medicines
- registered nurses are deemed competent and capable for the job they are employed to undertake in the nursing home
- registered nurses and care staff are provided with training in relation to their roles and responsibilities in relation to the safe and effective management of wounds and pressure ulcers
- registered nurses can describe accurately the position and grading of pressure ulcers using professional anatomical terms and the nationally recognised pressure ulcer grading system (EUPAP)
- the effect of the training provided is evaluated to assure that the necessary improvements have been made.

We were unable to evidence that all registered nurses had the necessary knowledge and understanding to ensure that safe systems were in place for medicines management and that all patients were in receipt of their prescribed care and treatment.

In addition, we had concerns regarding the management of constipation, nutrition and pain in patients living with dementia as they may be unable to express their needs; there is a risk that missed doses of medicines may have an impact on the patient's health and well-being.

We reviewed how management assured themselves that the training programme delivered had been effective.

The management team confirmed that they had received feedback from the trust regarding training evaluation and certificates of competency were being issued to registered nurses who had completed the enteral feeding training.

Post training questionnaires had been issued to staff for training courses delivered. The information gathered from the questionnaires would be collated and reviewed by the manager to inform future training sessions.

Staff demonstrated their knowledge and skill in relation to the areas inspected.

The manager and senior staff undertook daily reviews of the home's environment, adherence to IPC practices and staffing arrangements. Records were maintained to confirm any action taken.

Evidence was not available to confirm compliance with this Failure to Comply Notice.

Additional areas examined

We reviewed the late evening and night duty routines on Sunday 18 August 2019.

Staffing levels were observed to meet the needs of patients. Nurse call bells were answered promptly and any patient requiring one to one assistance had their carer allocated to them. The nurse in charge of the nursing home confirmed that she had had to cover two day duty shifts earlier and that this was due to short notice sick leave. Night duty staffing levels were as planned.

Staff spoken with as they came on duty confirmed that knew which unit they were allocated to from the allocation sheet in the front foyer of the home. One staff member had gone to the wrong unit but this was quickly resolved. They confirmed they had not been in the home recently and had not checked the allocation sheet in the foyer before going to the unit.

All night staff coming on duty received a verbal handover report from the nurse in charge of each unit. The nurse went through each patient and advised colleagues of any changes or concerns with their condition. Day duty care staff remained on duty to supervise patients while the handover report took place.

Staff spoken with commented positively regarding the staffing arrangements for the home, that they were part of a good team and that they were delivering good care.

Staff were knowledgeable of the needs, preferences and wishes of their patients. Staff were observed working as a team to support patients and each other.

6.4 Conclusion

Evidence was not available at the inspection on 15 August 2019 to validate full compliance with the four FTC Notices.

Post Inspection

RQIA held an enforcement decision making meeting on the 16 August to consider the outcome of the inspection conducted on 15 August 2019. Given the sustained non-compliance and the continued potential impact on the health and welfare of patients, it was decided that RQIA's Urgent Procedures would be implemented to seek an Order to impose conditions on the registration of the home.

RQIA sought legal advice in relation to the proposed enforcement action.

A Decision Making Panel of the RQIA Board, consisting of two RQIA Board members and the Chief Executive met on 16 August 2019 to consider the proposal to seek an Order to impose conditions on the registration of Owen Mor Care Centre. The inspectors presented their findings to the panel. The panel considered the evidence in private and the approval was given to apply to a Lay Magistrate to seek an Order to place conditions on the registration of the home.

A Lay Magistrate approved and signed the Order on 16 August 2019 and the conditions imposed took effect immediately. East Eden Ltd was served with the order on 16 August 2019.

The following conditions were imposed:

- no further admissions are to be made to the nursing home with immediate effect
- East Eden Limited to immediately set in place an arrangement for the assessment of registered nurses' competency and capability in the safe administration of medicines by a suitably qualified person not a member of Owen Mor current staff. This is to ensure that patients receive their medications as prescribed
- an application for registration of a permanent Responsible Individual for the organisation to be submitted forthwith
- a manager is to be appointed with the qualifications, skills and experience necessary to manage the nursing home forthwith.

Actions in the failure to comply notices Ref: FTC000035; FTC000036; FTC000039 and FTC000040 issued on 15 May 2019 must be complied with.

7.0 Quality improvement plan

This inspection mainly focused on the actions contained in the Failure to Comply Notices and no new areas for improvement were identified during this inspection. The attached QIP contains two areas for improvement which have been stated for a second time and other areas are carried forward from a previous inspection.

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

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p> <p>To be completed by: 7 June 2019</p>	<p>The registered person shall ensure that a review is undertaken of the system used to record the amount of monies held on behalf of patients. The outcome of the review should provide an explanation for the significant reduction in the amount held for the patient identified during the inspection.</p> <p>Any monies owed to the patient should be refunded immediately following the review. RQIA should be informed of the outcome of the review and the amount refunded to the patient.</p> <p>Ref: 6.1</p>
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Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.

<p>Area for improvement 2</p> <p>Ref: Regulation 13(4)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure that personal medication records are accurately maintained.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Medicines capability and competency assessments of all registered Nurses.</p> <p>Increased input and supervision from supplying pharmacist.</p> <p>Increased supernumary hours allocated to clinical leads and senior staff to have increased oversight of medication management within the unit.</p> <p>Thorough review and update of medicines policy and our ordering process/ systems.</p> <p>Increased frequency of audits, review of the quality and effectiveness of the audits and the auditor. This has been overseen by an independent nursing consultant and her input/ supervision is ongoing.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 14.21</p> <p>Stated: First time</p> <p>To be completed by: 7 June 2019</p>	<p>The registered person shall ensure that a record confirming the name of the person authorised to act as appointee, for the patient identified during the inspection, is retained within the patient's file.</p> <p>Written authorisation from the Social Security Agency for the Registered Person or staff member to act as an appointee should also be retained within the file.</p> <p>Ref: 6.1</p>
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	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
ENFArea for improvement 2 Ref: Standard 2.2 Stated: First time To be completed by: 7 June 2019	The registered person shall ensure that the written agreement for the patient identified during the inspection is updated to show the current fee paid by, or on behalf of, the patient. A copy of the updated agreement should be retained within the patient's file. Ref: 6.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 3 Ref: Standard 14.4 Stated: First time To be completed by: 7 June 2019	The registered person shall ensure that the name of the bank account used to retain patients' monies is updated to show that monies held within the account belongs to patients. Ref: 6.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 4 Ref: Standard 14.25 Stated: First time To be completed by: 31 May 2019	The registered person shall develop and implement a system to ensure that monies held in the patient's bank account are included in the reconciliations of patients' monies and valuables held at the home. Ref: 6.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 5 Ref: Standard 41.4 Stated: Second time To be completed by: 1 September 2019	The registered person shall review the staffing skill mix for the home to ensure it meets with the DHSSPS Care Standards for Nursing Homes minimum recommendation. Ref: 6.1
	Response by registered person detailing the actions taken: We have successfully recruited registered nurses, this is ongoing and progress so far has been positive.

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



The Regulation and Quality Improvement Authority
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