



# Unannounced Enforcement Monitoring Inspection 18 & 19 September 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 Rachel Lloyd**

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Assurance, Challenge and Improvement in Health and Social Care

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

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

## 1.0 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><b>Organisation/Registered Provider:</b> East Eden Ltd</p> <p><b>Responsible Individual:</b> Dr Una McDonald (acting)</p>	<p><b>Registered Manager and date registered:</b> Lynn O'Brien Acting Manager</p>
<p><b>Person in charge at the time of inspection:</b> Lynn O'Brien</p>	<p><b>Number of registered places:</b> 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><b>Categories of care:</b> 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><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 64 on 18 September 2019 63 on 19 September</p>

### 4.0 Inspection summary

An unannounced inspection took place on 18 September 2019 from 10.39 to 16.05 hours; and 19 September 2019 from 10.20 to 15.35 hours. The inspection was undertaken by care and pharmacist inspectors.

This inspection was to assess the level of progress with the ongoing enforcement action; and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

On 16 August 2019, due to ongoing non-compliance with regulations and care standards and potential risks to patients' health and welfare; RQIA implemented Urgent Procedures to impose conditions on the registration of Owen Mor Care Centre. An Urgent Order was approved by the Lay Magistrate and was served on 16 August 2019. Five conditions were imposed as detailed in section 6.3.

During this inspection we were able to evidence significant progress in developing and implementing new systems within the home. This included a review of the management structure, staff training, assessment of staff competency and governance arrangements to assure the quality of patient care and other services provided by the nursing home across various aspects of the home.

However, whilst we acknowledged the improvements and progress made, compliance with the conditions imposed on the registration of the home had not yet been achieved.

There were no new areas for improvement identified as a result of this inspection.

We saw patients relaxed and comfortable in their surroundings and in their interactions with other patients and with staff.

We spoke with staff on duty who commented positively in respect of the training and support they were receiving from the management team.

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
<b>Total number of areas for improvement</b>	*1	*4

\*The total number of areas for improvement includes five which have been carried forward for review at the next inspection.

The findings of the inspection were discussed with Lynn O'Brien, Manager and Dr Una McDonald, Acting Responsible Individual.

In relation to this home, enforcement action is ongoing. 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 inspection
- notifiable events received since the last inspection
- previous inspection reports
- enforcement documentation.

During the two day inspection the inspectors spoke with patients, family members, staff and the home's management team.

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 and action plans
- nursing and care staff duty rotas from 9 to 22 September 2019
- a sample accident and incidents records from 19 August 2019
- a sample of complaint records
- a sample of compliments received
- seven patient care records in relation to management of infections, bedrails, nutritional needs, falls, incontinence and wound care
- governance audits/records and in particular those relating to the management of falls and accidents; bedrails, weight loss, competency and capability of staff and staff training
- reports of visits by the registered provider undertaken since 18 August 2019.

Areas for improvement identified at the last inspection were reviewed and either carried forward for review or an assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were 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 15 and 18 August 2019**

This inspection focused primarily on the actions contained within the conditions imposed on the home's registration; as set out in the Order which was served on 16 August 2019.

<b>Quality Improvement Plan</b>		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> 7 June 2019	<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>	<b>Carried forward to the next inspection</b>
<b>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.</b>		
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate action required	<p>The registered person shall ensure that personal medication records are accurately maintained.</p>	<b>Met</b>
<b>Action taken as confirmed during the inspection:</b> All of the personal medication records examined were well maintained and included the necessary information. A system was in place to review patient prescriptions and personal medication records to ensure correlation.		
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>		
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 14.21  <b>Stated:</b> First time  <b>To be completed by:</b> 7 June 2019	<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>	<b>Carried forward to the next inspection</b>

	<b>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.</b>	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 2.2 <b>Stated:</b> First time <b>To be completed by:</b> 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.  <b>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.</b>	<b>Carried forward to the next inspection</b>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 14.4 <b>Stated:</b> First time <b>To be completed by:</b> 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.  <b>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.</b>	<b>Carried forward to the next inspection</b>
<b>Area for improvement 4</b> <b>Ref:</b> Standard 14.25 <b>Stated:</b> First time <b>To be completed by:</b> 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.  <b>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.</b>	<b>Carried forward to the next inspection</b>
<b>Area for improvement 5</b> <b>Ref:</b> Standard 41.4 <b>Stated:</b> Second time <b>To be completed by:</b> 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.  <b>Action taken as confirmed during the inspection:</b> Review of staff duty rotas, observation of the staffing levels within each unit and discussion with the management team evidenced that this area for improvement had been met.	<b>Met</b>

## 6.2 Inspection findings

The conditions imposed on the registration of the home on 16 August 2019 are as follows:

**1. No further admissions are to be made to the nursing home with immediate effect.**

There have been no new admissions to the home since 16 August 2019.

**2. 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.**

There was evidence of the arrangements in place to assess each registered nurse's competency and capability in the safe administration of medicines. These assessments were completed by an external assessor and are being reviewed within the organisation's action plan and governance arrangements.

**3. An application for registration of a permanent Responsible Individual for the organisation to be submitted forthwith.**

RQIA has received an application for a permanent Responsible Individual; this is being processed.

**4. A manager is to be appointed with the qualifications, skills and experience necessary to manage the nursing home forthwith.**

The acting responsible individual confirmed that a new manager has been recruited and appointed. She is due to commence post on 7 October 2019.

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

**Progress with the actions in the Failure to Comply Notices:**

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

**Reference: FTC000035/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.**

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.

There was evidence that new systems had been implemented to ensure patients had a continuous supply of their medicines, this included identification of potential shortfalls in medicine supplies. These were raised with management and followed up in a timely manner with the prescriber and community pharmacist.

We evidenced progress in the development of robust systems to enable the manager to assess that the home was delivering care and other services effectively on a daily basis. For example, a daily manager's walk around report had been implemented to highlight areas of concern within each unit and nursing staff were asked to complete a 'shift report' and forward this information to the manager. Discussion with the management team confirmed that they were reviewing and revising these documents to ensure they provided the information needed.

We evidenced significant progress in developing and implementing new systems of governance. We reviewed records pertaining to management of falls, complaints, accidents and incidents, bed rails and patients' weight loss or gain, incidences of infection and wound care. Records were organised and easy to navigate. There was evidence that the manager had analysed the information received and identified any actions that may be required.

We reviewed the monthly monitoring report for 24 August 2019. The report was detailed and comprehensive. An action plan had been developed with clear timescales for action.

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

**Reference: FTC000036/FTC00036E1**

#### **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.**

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.

We reviewed a sample of seven patients' care records from across the home.

Patients' care records were found to be reflective of their assessed needs and were reviewed when their needs or condition changed.

Records pertaining to the management of falls evidenced that nursing staff managed falls effectively and in accordance with best practice, guidance and protocols.

We reviewed the record of falls and accidents/incidents occurring in the home in comparison to individual patients' care records. It was evident that there was an accurate record of falls maintained and that falls were managed in accordance with best practice guidance.

We reviewed the record of the use of bedrails throughout the home and individual patient care records regarding the management of bedrails. Records evidenced that the use of bedrails in the home was managed appropriately and kept under review.

There were no patients requiring enteral feeding in the home during this inspection. The manager confirmed that training for new staff was ongoing.

Review of a sample of daily charts such as fluid intake and repositioning confirmed that these were generally recorded accurately. There were some discrepancies in recording found in computer records but staff had recorded the paper records accurately. Discussion with management confirmed that the decision to computerise all records was still to be decided. Management were encouraged to operate one records management system.

There was evidence that patient weights were monitored on at least a monthly basis or more frequently if required. Nursing staff confirmed the referral system for weight loss.

Observation and discussion with staff evidenced that they had received training and were skilled in how to modify diets in accordance with speech and language therapist (SALT) recommendations. Nursing staff spoken with were also aware of the needs of their patients and the skill of their team in meeting the patients' needs. Nursing staff said that modification of food and fluids was only delegated to competent staff. Care plans reviewed were reflective of SALT recommendations.

Observation and discussion evidenced that staff were aware of and adhered to IPC best practice measures. The environment was fresh smelling, clean and tidy and the housekeeping staff were commended for their efforts.

Staff demonstrated their awareness and responsibility in relation to COSHH regulations. There were no concerns identified in this regard.

We reviewed care records in relation to the management of wounds. These records accurately reflected the assessed needs of the patient and were kept under review.

The manager held an overview of wounds occurring in the nursing home. This management record was reflective of the patient care records we reviewed.

We reviewed the record of falls and accidents/incidents occurring in the home in comparison to the notifications received by RQIA. It was evident that RQIA had been notified appropriately and in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.

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

**Reference: FTC000039/FTC00039E1**

#### **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, observations of staff practice and discussion with staff and management we evidenced and acknowledged the progress made in relation to this FTC Notice.

We examined medicines management in three units of the home. New systems to assist with ordering and stock control of medicines had been implemented, including management of potential shortfalls in medicines supplies. Staff were clear that where there is no supply, this must be reported and managed as a notifiable incident.

Of the sample selected, we evidence that patients were being administered their medicines as prescribed. This included a range of medicines formulations, such as eye preparations, inhaled medicines, liquid medicines and high risk medicines.

There was evidence of improved record keeping regarding medicines. Records of incoming medicines and administered medicines were well maintained and included the necessary detail. The medicine codes to denote non-administration were clearly stated. The benefit of highlighting these (e.g. by circling the code) was discussed. There were no examples of any ongoing non-administration of medicines; staff were knowledgeable regarding patients' medicines and advised that the patient's doctor, family and management were advised if doses were being missed. There was evidence that some patient's medicines had been reviewed by the patient's doctor/consultant as a result of the findings at the last inspection.

In relation to controlled drugs we also evidenced improvements in record keeping and administration. A simplified system is currently in use in two units and is planned to be implemented across all units in the home.

The auditing arrangements for medicines management have been further developed and were being implemented across the home. New documentation has been put in place and was already in use in some units. There was evidence that the internal audits were effective and identifying issues; these issues were detailed in action plans and followed up by clinical lead nurses and management.

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

**Reference: FTC000040/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.

The registered nurses we met with had the necessary knowledge and understanding to ensure that safe systems were in place for medicines management; and that patients were in receipt of their prescribed care and treatment. There was evidence of the arrangements to review competency assessments regarding medicines management and the plans to continue to provide ongoing training.

We did not review the competency and capability records of nursing staff from a care perspective on this occasion. However, from discussion with nursing staff it was clearly demonstrated that they knew their patients' assessed needs and what action to take if someone experienced a fall, became unwell or required their fluids to be modified. Care records pertaining to the management of wounds evidenced that nursing staff recorded clearly the position and grading of pressure ulcers.

Discussion with the management team and review of audit records evidenced that the effectiveness of training was monitored and evaluated to ensure staff adhered to their training/best practice.

### Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Number of areas for improvement</b>	0	0

## 6.3 Conclusion

Evidence was available to indicate that East Eden Ltd had made significant progress in implementing robust systems in the management and governance of patient care.

Whilst RQIA acknowledge the progress made, we could not validate compliance with all of the conditions which were imposed by the Urgent Order approved by the Lay Magistrate. Further monitoring inspections will be undertaken until full compliance is achieved.

## 7.0 Quality improvement plan

This inspection mainly focused on the conditions imposed on the registration of the home as set out in the Urgent Order approved by the Lay Magistrate.

No new areas for improvement were identified during this inspection. The attached QIP contains five areas 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> 7 June 2019	<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>
	<b>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.</b>
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 14.21  <b>Stated:</b> First time  <b>To be completed by:</b> 7 June 2019	<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>
	<b>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.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 2.2  <b>Stated:</b> First time  <b>To be completed by:</b> 7 June 2019	<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> <p>Ref: 6.1</p>
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<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 14.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 June 2019</p>	<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> <p>Ref: 6.1</p> <hr/> <p><b>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.</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 14.25</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2019</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>Ref: 6.1</p> <hr/> <p><b>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.</b></p>

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





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

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews

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