

# Inspection Report

## 3 and 5 May 2022



## Bradley Manor

**Type of service: Nursing Home**  
**Address: 420 Crumlin Road, Belfast, BT14 7GE**  
**Telephone number: 028 9074 5164**

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Healthcare Ireland (Belfast) Limited</p> <p><b>Responsible Individual:</b> Ms Amanda Mitchell</p>	<p><b>Registered Manager:</b> Miss Methyl Dagooc – not registered</p>
<p><b>Person in charge at the time of inspection:</b> Miss Methyl Dagooc</p>	<p><b>Number of registered places:</b> 60</p> <p>This number includes a maximum of 41 places in category NH-DE to be accommodated on the first floor and a maximum of 19 places in category NH-I to be accommodated on the ground floor.</p>
<p><b>Categories of care:</b> Nursing Home (NH) I – old age not falling within any other category DE – dementia.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 57 (3 May 2022) 56 (5 May 2022)</p>
<p><b>Brief description of the accommodation/how the service operates:</b> Bradley Manor is a registered nursing home which provides nursing care for up to 60 patients. The home is divided into three units over two floors. The Linen unit on the ground floor provides general nursing care. The City View and North View units on the first floor provide care for patients living with dementia. Patients have access to communal lounges, dining rooms and a large enclosed garden.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 3 May 2022 from 10.00 am to 3.50pm and 5 May 2022 from 9.35 am to 7.15 pm and was completed by pharmacy and care inspectors.

Prior to the inspection RQIA received information from the Belfast Health and Social Care Trust (BHSCCT) with regard to care provision and managerial oversight. In response to this information RQIA decided to undertake a combined care and pharmacy inspection to assess progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The first day of the inspection focused on medicines management within the home and concluded that improvements in some areas for the management of medicines were necessary. Areas for improvement are detailed in the quality improvement plan and include records related to the management of prescribed thickeners and to the management of distressed reactions.

Whilst areas for improvement were identified, it was concluded that overall, with the exception of a small number of medicines, the patients were being administered their medicines as prescribed.

The second day focused on care provision to patients and managerial oversight of the day to day operation of the home.

Patients were happy to engage with the inspectors and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients unable to voice their opinions were observed to be comfortable and content in their surroundings and in their interactions with staff.

Staff reported that they enjoyed working in the home, although some staff commented that staffing levels could be better but reported positively on management support and increased teamwork. Areas requiring improvement were identified regarding the system in place to monitor pressure mattress settings and recording of patients' oral care.

RQIA were assured that the delivery of care and service was provided in an effective and compassionate manner. Addressing the areas for improvement will further enhance the quality of the care and services in Bradley Manor.

RQIA would like to thank the staff and management for their assistance throughout the inspection.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for the inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided, to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

#### **4.0 What people told us about the service**

The Manager, and other members of the management team were consulted and spoken with; seven patients, three relatives and fourteen staff, were also spoken with during the inspections.

Patients told us that they felt well cared for and spoke positively about staff. Patients confirmed that staff treated them with dignity and respect and that they would have no hesitation in raising any concerns with staff. Patients who were less able to tell us about how they found life in the home were seen to be relaxed in their surroundings and in their interactions with staff. Patients' comments included that "the staff are great" and "it's not home but it's okay".

Staff acknowledged the challenges of working through the COVID-19 pandemic and spoke of how much they enjoyed working with the patients. Some staff felt that staffing levels could be improved and acknowledged that it takes time for new staff and agency staff to become familiar with patients, and the daily routine; however the majority acknowledged that management are proactively taking steps to minimise their concerns. Staff reported an increased level of teamwork, and were complementary of the management team.

We spoke with a number of relatives during the care inspection; one relative stated that they were happy with the care and the staff members are great. Another relative stated "the staff members are lovely, very attentive".

One response was received from the staff online survey, which indicated a high level of satisfaction. The staff member included a positive comment pertaining to the supportive management and improvement in team working. No feedback was received from the questionnaires.

#### **5.0 The inspection**

##### **5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

<b>Areas for improvement from the last inspection on 3 February 2022</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>  Ref: Regulation 13 (1) (a) (b)  Stated: First time	The registered person shall ensure that the mealtime experience is a well organised and positive experience which provides all patients with the level of assistance and supervision required. There should be sufficient numbers of staff present to provide the level of support required. Patients should be seated appropriately to avoid distractions which could impact on their ability to focus on their meal.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the meal time evidenced that, while improvements had been made to ensure this was a more positive experience for patients, staff deployment was not sufficiently well organised. This is further discussed in section 5.2.2.  This area for improvement has been stated for the second time.	
<b>Area for Improvement 2</b>  Ref: Regulation 13 (7)  Stated: First time	The registered person shall ensure that there is a system in place to ensure that clinical waste bins are emptied on a regular basis in order to prevent malodours and maintain communal bathrooms in a clean and hygienic condition.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observations of the environment confirmed that this area for improvement was met.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 44 <b>Stated:</b> Second time	The registered person shall ensure that cleaning schedules for the small kitchens are reviewed in order to clearly identify which staff team are responsible for cleaning all areas in these kitchens on a daily basis. A record of daily and deep cleaning should be maintained. There should be an effective system in place to maintain daily oversight of these kitchen areas in order to ensure that they are kept clean and tidy.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observations of the small kitchens and cleaning schedules confirmed that this area for improvement was met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 4.9 <b>Stated:</b> First time	The registered person shall ensure that accurate and consistent records of patients' total daily fluid intake are maintained, monitored and acted upon by nursing staff, as appropriate.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of care records confirmed that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients. There was a system in place to monitor that staff were appropriately registered with the Nursing and Midwifery Council (NMC) and/or the Northern Ireland Social Care Council (NISCC). There was evidence that staff are provided with opportunities to complete supervision and annual appraisals.

The staff duty rota accurately reflected the staff working in the home on a daily basis and identified the person in charge when the manager was not on duty. The manager informed us that patients' dependencies were reviewed at least monthly to determine required staffing levels.

It was observed that staff responded to the needs of the patients in a timely way. Staff members were seen to be responsive to requests for assistance and to treat patients with respect and kindness.

Staff said that they were always very busy and some commented that it can sometimes be difficult to have a meaningful break; especially when staff members who were new to the home were on duty. This was discussed with the management who provided assurance that consideration was routinely given to duty rotas to balance the staff level of experience on duty.

Staff reported an increased level of teamwork and it was noted that management have introduced regular one to one sessions with staff. Staff members stated that they found the manager approachable and helpful.

There were systems in place to ensure staff were trained and supported to do their job. Staff received mandatory training in a range of topics relevant to their role.

Patients spoke positively in relation to staff, one patient commented “the staff members are great” and relatives expressed satisfaction in relation to staff. One relative commented “the staff members are lovely, very attentive”. A comment made by a relative regarding oral care was shared with the manager. See section 5.2.2.

Comments made by staff and relatives were discussed with the management team who acknowledged that there could be an occasional, unavoidable reduction in staffing levels in the event of short notice sick leave although efforts were always made to provide cover. The management team said they endeavoured to use their own staff and/or block booked agency staff to provide cover and are actively recruiting new staff.

### **5.2.2 Care Delivery and Record Keeping**

Staff members said they met for a handover at the beginning of each shift to discuss any changes in the needs of patients.

Staff members were seen to respect patients’ privacy; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

Staff members demonstrated their knowledge of individual patients’ needs, preferred daily routines, likes and dislikes, for example, where patients preferred to sit and what they liked to eat. Staff members were seen to be skilled in communicating with the patients and to treat them with patience and understanding.

Where a patient was assessed as being at risk of falling, measures to reduce this risk were put in place, for example, equipment such as bedrails and alarm mats were in use. Whilst the use of this type of equipment can be considered to be restrictive there were systems in place to ensure this aspect of care was safely managed. Those patients also had relevant care plans in place.

Patients who are less able to mobilise were assisted by staff to mobilise or change their position regularly. It was observed that, where required, there were care plans in place to direct care for the prevention of pressure ulcers and pressure relieving equipment was in use if directed.

A review of the settings on a selection of the pressure relieving equipment evidenced that they were set at a position not consistent with the care record. This was discussed with the Manager who readily agreed to review the system in place; an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals from simple encouragement through to full assistance from staff. Staff made an effort to ensure patients were provided with hand hygiene prior to their meal and offered them a choice as to where they wanted to eat their meal, for example, the lounge, dining room or their bedroom.

The previous inspection identified an area for improvement in relation to the mealtime organisation, supervision and experience of patients. It was noted that there had been an improvement from the previous inspection; patients were offered clothing protectors and drinks prior to their meal being served. The dining arrangements had been reviewed to create an additional dining room to facilitate the needs of patients. However, it was observed that staff deployment over the meal time was not sufficient to effectively meet the needs of all the patients present. This area for improvement is stated for a second time.

A review of records identified that staff maintained a record of what patients had to eat and drink on a daily basis. Patients' total daily fluid intake was recorded and up to date and there is a system in place to ensure appropriate action is taken if there are any concerns regarding individual patient's total daily fluid intake.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet patients' needs. Care plans included any advice or recommendations made by other healthcare professionals. Patients' care records were held confidentially.

Care records were well maintained and regularly updated to ensure they continued to meet the patients' needs. Patients where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Discussion with staff and a review of care records evidenced that specific detail concerning oral care was not always clearly recorded; this was discussed with management and an AFI was identified.

Informative daily records were kept of how each patient spent their day and the care and support provided by staff. Management informed us that patients' records were in the process of being migrated to an electronic system to enhance the overall governance of care delivery.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was observed to be warm, clean, tidy and fresh smelling. Patients' bedrooms were personalised with items that were important to them such as family photographs and ornaments. Communal lounges and dining rooms were observed to be welcoming spaces for patients. Fire exits and corridors were observed to be clear of clutter and obstruction.

Snack kitchens were observed to be clean and tidy. Up to date cleaning schedules were maintained.



There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Patients said the home was clean and tidy and reported no concerns regarding the level of cleanliness.

#### **5.2.4 Quality of Life for Patients**

It was observed that staff offered patients choices throughout the day. Staff members were seen to be attentive to patients and to take time to ask them, for example, where they wanted to sit and if they wanted to go to the dining room at lunchtime. Staff members were seen to speak to patients in a friendly and caring manner.

Staff members were observed to take time to chat to patients as they were going about the daily routine; they asked patients how they were, if they would like a drink and if they needed anything. The atmosphere throughout the home was warm, welcoming and friendly.

The provision of activities rests with care staff at present as there was no activity co-ordinator. Staff said that they generally have limited opportunities to assist patients with meaningful activities as the majority of their time is devoted to ensuring care needs are met. The management team advised us that they are actively recruiting for activity staff; progress in this area will be reviewed at the next care inspection.

Staff recognised the importance of maintaining good communication with families, and visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

Patients spoken with did not raise any concerns about the daily routine. Patients said that they felt staff listened to them and took time to chat and enquire how they were.

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Miss Methyl Dagooc has been the Manager in this home since the 18 October 2021. Miss Dagooc has submitted an application to RQIA to be registered as the Manager of Bradley Manor. Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise concerns or worries about patients, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Management confirmed that staff meetings take place on a regular basis and drop in sessions with the manager for relatives have been advertised within the home.

The Regional Area Manager was the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

The Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints. The management team confirmed that they continue to work closely with the BHSCT and patients' relatives to ensure that concerns and complaints are dealt with satisfactorily.

The home was visited each month by a representative of the Registered Provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

## 5.2.6 Medicines Management

### Personal medication records

Patients in nursing homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Patients in the home were registered with a GP and medicines were dispensed by a community pharmacist.

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews and hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second nurse had verified and signed the personal medication records when they were written and updated to provide a check that they were accurate. Copies of patients' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is safe practice.

## **Medicine supply and storage**

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

Records of medicines received into the home must be accurately maintained to provide a clear audit trail to show that medicines have been received into the home in a timely manner, commenced without delay and administered as prescribed.

Records of receipt were accurately maintained. With two exceptions there was evidence that medicines were available for administration when patients required them, these two examples were discussed with the management team who investigated. The outcomes and the action taken to prevent any recurrence were discussed during telephone feedback with the manager on 4 May 2022.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each patient could be easily located. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. Medicine refrigerators and controlled drugs cabinets were available for use as needed. There were gaps in refrigerator temperature records recently in the Linen unit, it was agreed with the management team that this would be discussed with staff and compliance monitored through the audit process.

Satisfactory arrangements were in place for the safe disposal of medicines.

## **Medicine administration**

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

A sample of the medicine administration records was reviewed. Records were found to have been accurately completed. Records were filed once completed and were readily retrievable for audit/review.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice.

## **Care plans in relation to medicines management**

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct nurses when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If nurses record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient.

The management of medicines prescribed on a "when required" basis for distressed reactions was reviewed.

Directions for use were recorded on the personal medication records; and care plans directing the use of these medicines were in place. Records did not consistently include the reason for and outcome of each administration. An area for improvement was identified.

The management of pain was discussed and was examined. Nurses advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. Care plans were in place.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patient.

The management of thickening agents was reviewed. Speech and language assessment reports and care plans were in place. Records of prescribing and administration usually included the consistency level. However, these records did not always correlate and in some cases differed from the handover sheet in use. These must match and reflect the most recent prescribed instructions to ensure that the correct consistency is administered on all occasions. An area for improvement was identified.

Nurses were reminded that insulin doses should be recorded in units. The abbreviation "IU" should not be used as this may lead to dosing errors.

### **Staff training and competency assessment**

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that staff members are competent in managing medicines and that staff are supported. Policies and procedures should be up to date and readily available.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal. Medicines management policies and procedures were in place.

### **Controlled drugs**

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. There were satisfactory arrangements in place for the management of controlled drugs.

### **The management of medicines on admission and medication changes**

People who use medicines may follow a pathway of care that can involve both health and social Care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new patients or patients returning from hospital. Written confirmation of the patient's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. The medicine records had been accurately completed and there was evidence that medicines were administered in accordance with the most recent directions.

## Governance and audit

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that these incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence. The type of incidents that should be reported and reporting responsibilities were discussed with the manager.

The audits completed at the inspection indicated that the majority of medicines were administered as prescribed (see medicine supply and storage section). However, audit discrepancies were observed in the administration of a small number of liquid medicines. A review of the audits undertaken within the home indicated that the issues raised at this inspection were not being identified and it was agreed these would be included within audit procedures.

## 6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1*	4

\*The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan identified on 3 May 2022 were discussed with Ms Mandy Mitchell, Registered Person (by teleconference), then with Miss Methyl Dagooc, Manager, by telephone on 4 May 2022, as part of the inspection process.

Areas for improvement and details of the Quality Improvement Plan identified on 5 May 2022 were discussed with Ms Mary Stevenson, Regional Area Manager and Miss Methyl Dagooc, Manager.

The timescales for completion commence from the date of inspection.

<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 13 (1) (a) (b)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that the mealtime experience is a well organised and positive experience which provides all patients with the level of assistance and supervision required. There should be sufficient numbers of staff present to provide the level of support required. Patients should be seated appropriately to avoid distractions which could impact on their ability to focus on their meal.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>            Mealtimes are staggered in unit of concern to promote a well organised and positive experience , providing all patients with level of assistance and supervision required.            Outcome is being audited within internal governance systems including review during Home Manager walk rounds and senior management visits</p>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	<p>The registered person shall ensure that the system in place to monitor pressure mattress settings in the home is effective.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>            Pressure mattress settings are checked twice over 24 hour period. Auditing of this further has been added to internal governance systems</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 21.5  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	<p>The registered person shall ensure that the delivery of oral care is clearly recorded.</p> <p>Ref:5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>            Face to face training has been provided and appropriate staff reminded regarding their responsibilities to record appropriately. Compliance is being monitored as part of the internal governance systems</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that the reason for and the outcome of administration of “when required” medicines in the management of distressed reactions, is recorded in a consistent manner and on every occasion.</p> <p>Ref: 5.2.6</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p><b>Response by registered person detailing the actions taken:</b> Nursing staff have been reminded of responsibility to record appropriately the reason for and outcome of administration of " as required " medication in the management of distressed reactions. Internal audits continue to monitor and promote compliance.</p> <p>The registered person shall ensure that all records referencing the prescribed consistency of thickened fluids correlate and reflect the most recent prescribed instructions.</p> <p>Ref: 5.2.6</p> <p><b>Response by registered person detailing the actions taken:</b> Audits have been completed to ensure consistency between the care records, medication records and most recent SALT report. The Home is presently involved with a Dysphagia Project with BHSCT SALT team and this is audited again within that and Dysphagia Champions developed to continue audits. Registered Manager and senior management will also continue to audit compliance</p>

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



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