

# Inspection Report

07 & 13 April 2022



## Shaftesbury Mews

**Type of Service: Nursing Home (NH)**  
**Address: 646 Shore Road, Newtownabbey, BT37 0PR**  
**Telephone Number: 028 9085 2866**

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## 1.0 Service information

<p><b>Organisation:</b> Amore (Watton) Limited</p> <p><b>Responsible Individual:</b> Miss Sarah Elizabeth Perez</p>	<p><b>Registered Manager:</b> Ms Carina Douglas– not registered</p>
<p><b>Person in charge at the time of inspection:</b> Marius Coman – Registered Nurse (8am – 8pm)</p>	<p><b>Number of registered places:</b> 18</p> <p>A maximum of 12 patients in category NH-LD/LD(E) to be accommodated in bungalows 1 and 3 and a maximum of 6 patients in category NH-PH/PH(E) to be accommodated in bungalow 2.</p>
<p><b>Categories of care:</b> Nursing Home (NH) LD – Learning disability LD(E) – Learning disability – over 65 years PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 17</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 18 patients. The home is comprised of three detached bungalows: Eden (Bungalow 1), Sleepy Hollow (Bungalow 2) and Sea Breeze (Bungalow 3).</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 7 April 2022 from 9.00 am to 7.15 pm by a care inspector. A finance inspector attended on 7 April 2022 from 10.30 am to 3.00 pm and continued the inspection on 13 April 2022 from 11.00 am to 3.00 pm.

The inspection assessed 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.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients and staff, are included in the main body of this report.

Five new areas for improvement were identified from this inspection, four areas for improvement have been stated for a second time and a further area for improvement has been carried forward for review at a future inspection.

Some of the controls surrounding the systems for managing patients' finances required strengthening within the home. As a result of the finance inspection three areas for improvement were identified in relation to updating patients' agreements, strengthening financial controls within each of the bungalows and updating patients' property records. These areas for improvement will be reviewed at a future inspection to ensure that they have been addressed.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

### **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 this 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.

The finance inspection was completed by reviewing a sample of patients' financial and property records, the systems for retaining and distributing patients' monies and property and the audit systems for the management of patients' finances and property.

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 and 'Tell Us' cards 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 Carina Douglas, manager and Tracy Henry, Regional Director, at the conclusion of the inspection.

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

We spoke with two patients and 15 staff. No questionnaires or staff survey responses were returned within the indicated timeframe. Patients who were not able to voice their opinions verbally were seen to be relaxed and comfortable in their interactions with staff. Staff said that they enjoyed their job and providing care to the patients.

#### 5.0 The inspection

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

Areas for improvement from the last inspection on 16 November 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 15 (2) (a)(b) <b>Stated:</b> Third and final time	The registered person shall ensure patient care plans and risk assessments are reviewed regularly and consistently.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of care records confirmed this area for improvement has been met.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (1)(b) <b>Stated:</b> Second time	The registered person shall ensure that all unwitnessed falls are managed in line with best practice guidance:  This specifically relates to: <ul style="list-style-type: none"> <li>• The consistent recording of neurological observations</li> <li>• If observations are stopped before the recommended timeframe a clear rationale must be recorded.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records confirmed this area for improvement has been met.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 20 (1) (c)(i)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 December 2021</p>	<p>The registered person shall ensure that newly appointed staff are provided with a robust induction programme, and this is completed in a timely manner, signed off by the manager and available for inspection in staff recruitment records.</p>	
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 20 (1) (c)(i)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all staff receive and complete mandatory training appropriate to their job role.</p>	<b>Met</b>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) and (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all chemicals are securely stored in accordance with COSHH legislation, to ensure that patients are protected from hazards to their health.</p>	
	<p><b>Action taken as confirmed during the inspection:</b> Review of training records and discussion with the manager confirmed this area for improvement has been met.</p>	
	<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 27 (b) (d) and (p)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the environmental deficits identified as part of this inspection are effectively addressed.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• the integrity flooring in Bungalows 2 and 3</li> <li>• the heating system in Bungalow 2</li> <li>• the identified walls are repainted</li> <li>• ripped or torn furniture is replaced.</li> </ul>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the environment confirmed the heating in Bungalow 2 was working effectively and the painting of the walls has been completed. The manager confirmed on the telephone 3 May 2022 that the flooring is in the progress of being replaced and new furniture has been ordered. This area for improvement can be met.</p>		
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection.</p> <p>This relates specifically to the following:</p> <ul style="list-style-type: none"> <li>• the use of fluid repellent surgical masks by all staff members when required</li> <li>• shower chairs are effectively cleaned</li> <li>• staff are bare below the elbow in keeping with best practice guidance</li> <li>• notices are laminated</li> <li>• the storage of continence products.</li> </ul>	<p><b>Partially met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>All staff were observed wearing the correct face mask and continence aids were appropriately stored. However, a number of notices were seen not laminated, shower chairs required a more effective clean and two staff members were observed with nail polish or jewellery on.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>		

<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the home is free from unnecessary risks to the health and safety of patients. This relates specifically to:</p> <ul style="list-style-type: none"> <li>• The safe storage of razors</li> <li>• The storage of patients' toiletries in communal bathrooms.</li> </ul>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b> Review of the environment confirmed this area for improvement has been met.</p>	<p><b>Met</b></p>	
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Regulation 27 (4) (b)</p> <p><b>Stated:</b> First time</p>		<p>The registered person shall ensure the laundry environment is effectively managed in regard to fire safety arrangements.</p>
<p><b>Action taken as confirmed during the inspection:</b> Review of the environment confirmed this area for improvement has been met.</p>	<p><b>Met</b></p>	
<p><b>Area for improvement 10</b></p> <p><b>Ref:</b> Regulation 10 (1)</p> <p><b>Stated:</b> First time</p>		<p>The registered person shall ensure that robust governance arrangements and managerial oversight is maintained at all times.</p> <p>This relates specifically to the robust completion and application of quality assurance audits for all three bungalows in the home.</p>
<p><b>Action taken as confirmed during the inspection:</b> Review of governance records confirmed this area for improvement has been met.</p>	<p><b>Met</b></p>	
<p><b>Area for improvement 11</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p>		<p>The registered person shall ensure that RQIA are notified of any event in the home in accordance with Regulation.</p>
<p><b>Action taken as confirmed during the inspection:</b> Review of records confirmed this area for improvement has been met.</p>		

<p><b>Area for improvement 12</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that patients have a continuous supply of their prescribed medicines.</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Area for improvement 13</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the medicine refrigerators temperatures are accurately monitored and recorded each day to ensure that medicines are stored at the manufacturer's recommended temperature.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of records evidenced the checking of medicine refrigerator temperature was not consistently recorded.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	<p><b>Not met</b></p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> Second time time</p>	<p>The registered person shall ensure the number and ratio of the staff on duty at all times meet the assessed care needs of the patients.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of the duty rota confirmed this area for improvement has been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a robust system is devised and implemented which facilitates the accurate assessment of all patient dependencies so as to inform staffing levels.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of care records confirmed this area for improvement has been met.</p>	<p><b>Met</b></p>



<b>Area for improvement 3</b> <b>Ref:</b> Standard 41 <b>Stated:</b> First time	The registered person shall ensure that staff allocated to cooking duties at the weekend is clearly identified on the duty rota.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Additional kitchen staff have been recruited and kitchen staff now provide cover all week including weekends. Discussion with the manager provided assurance that if care staff are required to cover kitchen duties this is clearly evidenced on the rota but this is not a common occurrence. This area for improvement has been met.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 47 <b>Stated:</b> First time	The registered person shall review the dining experience. With specific reference to the location of the main kitchen for the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The main kitchen for the home is now relocated back to Bungalow 2. This area for improvement has been met.	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 39.4 <b>Stated:</b> First time	The registered person shall ensure that International Dysphagia Diet Standardisation Initiative (IDDSI) training is provided for identified staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of training records confirmed this area for improvement has been met.	
<b>Area for improvement 6</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time	The registered person shall ensure fluid recording charts are accurately and comprehensively maintained at all times and reconciled daily.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records identified the daily fluid balance was not consistently recorded or reconciled.  This area for improvement has not been met and is stated for a second time	

<b>Area for improvement 7</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time	The registered person shall ensure that care record audits are completed for all three bungalows and are completed in accordance with legislative requirements, minimum standards and best practice.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of care record audits evidenced completion however; action plans were not formulated nor were identified deficits addressed.  This area for improvement has not been met and is stated for a second time.	

## 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 and that the required information was included in recruitment records. Induction programmes were ongoing for some newly recruited staff.

There were systems in place to ensure staff were trained and supported to do their job. The Manager had good oversight of staff compliance with the required training.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the Manager on a monthly basis.

The duty rotas accurately reflected the staff working in the home over a 24 hour period. Staff absences were recorded on the rota and the person in charge in the absence of the Manager was clearly highlighted.

Staff members were seen to respond to patients needs in a timely manner and were seen to be warm and polite during interactions. It was clear through these interactions that the staff and patients knew one another well.

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Patient care records were well maintained which reflected the needs of the patients. Staff members were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

The staff members were seen to speak to patients in a caring and professional manner; they offered patients choice and options throughout the day regarding, for example, where they wanted to spend their time or what they would like to do.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them. Informative daily records were kept by the registered nurses however; additional records titled "how I spent my day" which are completed by the care staff over 24 hours detailing daily activities were observed incomplete and did not evidence oversight by the registered nurse. This was discussed with the manager and an area for improvement was identified.

The daily recording of the temperature of medicine refrigerators in all three bungalows was examined; all three records did not evidence the consistent recording of the temperature. This was discussed with the manager who advised that a recent audit of these records had identified this deficit and an action plan was in place to ensure the temperatures were recorded as recommended. This deficit was discussed with the pharmacy inspector and an area for improvement was stated for a second time.

Discussion with the manager and a review of records confirmed that the risk of falling and falls were well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. The appropriate care records were reviewed and updated post fall.

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; this may include simple encouragement through to full assistance from staff. The cook had freshly prepared the lunch and patients were observed enjoying their meal.

If required, records were kept of what patients had to eat and drink daily. Review of fluid intake charts evidenced that patients' fluid intake over 24 hours were not consistently recorded, reconciled for the 24 hours and a number of charts were not completed appropriately. An area for improvement was stated for a second time.

It was observed that the Nutritional assessment; the Malnutrition Universal Screening Tool (MUST) was being kept separately to the other care records and gaps were observed in the regular review of this risk assessment. This was brought to the managers attention and all the MUST scores were brought up to date before the end of the inspection. The manager has reviewed this system and the MUST risk assessments are now located back in the main care record file with all the other patient information.

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

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, communal areas such as lounges, laundry and the kitchen for each bungalow.

Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as photos, toys and games.

Observation of the environment and staff practices highlighted a number of shortfalls in regard to infection prevention and control practices. A number of staff were observed not adhering to 'bare below the elbow' best practice guidance and/or were observed wearing jewellery or nail polish. Also, several shower chairs were observed to require cleaning and some notices required laminating. An area for improvement was partially met and will be stated for a second time.

Thickening agents was observed sitting out on the bench in the kitchen of Bungalow 3, although the kitchen doors are secured with an entry code thickening agents should be kept secured when not in use; an area for improvement was made.

The home has recently had some painting of the internal walls completed. New furniture has been ordered for all three bungalows and delivery is awaited. The integrity of the flooring in two of the bungalows was still in need to repair; this was discussed with the manager who advised she will contact the contractors and provide an update. RQIA was informed 3 May 2022 that the work to replace the floor had commenced.

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

Activity schedules were developed by the home's activity staff member. The schedules were individualised to reflect the activities which the patients found most enjoyable. Staff described how patients who were able to go out and about frequently enjoyed bus trips with staff. Patients were seen enjoying doing puzzles with staff, out in the garden and one patient recently enjoyed a trip to see some horses.

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

Since the last inspection there has been a change in the management arrangements. Mrs Carina Douglas has been acting manager of the home since 10 January 2022. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Audits were reviewed for the various aspects of care and services provided by the home. Although care record audits were being done there was no evidence the identified deficits were brought forward to an action plan and addressed. This was discussed with the manager and an area for improvement was stated for a second time.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that 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.

Discussion with the manager in regard to complaints management established that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

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 Findings from finance inspection

A safe place was provided within the home for the retention of patients' monies and valuables. At the time of the inspection there were satisfactory controls around the physical location of the safe place and the members of staff with access to it. Records of monies held at the home on behalf of patients were up to date at the time of the inspection. No valuables were held on behalf of patients.

A bank account was in place to retain patients' monies. Discussion with staff and a review of records confirmed that reconciliations (checks) of the bank account were undertaken at the home's head office on a monthly basis. The records of the reconciliations were signed by the member of staff undertaking the reconciliation and countersigned by a senior member of staff.

Four patients' finance files were reviewed. No file was available for one of the patients, the files for the remaining patients contained copies of written agreements. The agreements set out the terms and conditions for residing at the home. Two of the agreements were signed by the patients, or their representatives, and a representative from the home. One agreement was only signed by a representative from the home. The agreements reviewed did not show the current weekly fee paid by, or on behalf of, the patients. The agreements contained a list of items which provided authorisation for staff to make purchases on behalf of patients. The lists were not completed for all of the agreements reviewed. These findings were discussed with the manager and identified as an area for improvement.

Review of records and discussion with staff confirmed that all patients' weekly fees were paid to the home's head office by the Health and Social Care Trusts. Staff also confirmed that no patient was paying an additional amount towards their fee over and above the amount agreed with the Health and Social Care Trusts.

Discussions with the manager confirmed that no member of staff was the appointee for any patient, namely a person authorised by the Department for Communities to receive and manage the social security benefits on behalf of an individual.

Discussion with staff confirmed that a vehicle, owned by the Priory Group was available for patients to undertake journeys. Patients were not charged for these journeys.

Discussion with staff confirmed that records of transactions undertaken on behalf of patients, such as purchases, were updated by members of staff within each of the three bungalows. The records and accompanying receipts from the transactions were subsequently forwarded to the home's main administration office on a weekly basis which were checked and verified.

A sample of records of transactions undertaken on behalf of three patients was reviewed. The inspector raised concerns as to the standard of recording by staff in the bungalows. Records reviewed showed that in some instances the details of the items purchased were not recorded. A number of the transactions only had one signature recorded against the entries in the transaction sheets rather than the required two signatures. Some of the receipts attached to one of the weekly transaction sheets did not correspond with the transactions recorded on the sheet.

Records from one bungalow showed that on two occasions two patients had insufficient funds to complete the purchases. Monies were taken from other patients' funds in order to pay for the items. The inspector highlighted that patients with available funds should not be subsidising patients with insufficient funds and this practice was to cease immediately.

Records showed that the discrepancies were identified when checked by the administration office and subsequently rectified. This included the two patients being refunded the monies owed for subsidising other patients.

Although adequate controls were found to be in place within the administration office, the level of controls within the bungalows was inadequate. Following discussions the manager agreed to review the current procedures within each of the bungalows to ensure that adequate controls are implemented. This was identified as an area for improvement.

A sample of records of monies deposited at the home on behalf of patients was reviewed. Records were up to date at the time of the inspection. Receipts were provided to the person depositing the monies on behalf of the patient.

A sample of two patients' records evidenced that property records were in place for both patients. The records were not up to date with items brought into the patients' rooms, or when items were disposed of, following admission to the home. The records were not checked and signed at least quarterly. This was discussed with the manager and identified as an area for improvement.

Policies and procedures for the management and control of patients' finances were available for inspection. The policies were readily available for staff use. The policies were up to date and reviewed at least every three years.

## 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/or the Care Standards for Nursing Homes (April 2015)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4*	6*

\* the total number of areas for improvement includes two areas under regulation and two areas under the standards that have been stated for a second time a further one area under regulation has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Carina Douglas, manager and Tracey Henry, regional director, as part of the inspection process. 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>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection.</p> <p>This relates specifically to the following:</p> <ul style="list-style-type: none"> <li>• shower chairs are effectively cleaned</li> <li>• staff are bare below the elbow in keeping with best practice guidance</li> <li>• notices are laminated.</li> </ul> <p>Ref: 5.1 and 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Home Manager and Domestic staff completed a review of all the shower chairs on site. Eleven new shower chairs have been purchased, and the chairs identified on the day of inspection removed from use. A review of the cleaning procedure for the shower chairs has been completed with all housekeeping staff to include underneath and legs of chair. This is checked on an ad hoc basis and recorded on the Home Manager daily walk round. The cleaning of these chairs is also documented/evidenced on a cleaning schedule.</p> <p>The important of adherence to IPC measures re: dress code, jewellery and nail care has been addressed as a supervision with all staff and through the Flash Meeting.</p> <p>Following discussion with the staff team and the Regional Director the staff have agreed to wearing a set uniform when on with a polo shirt and or tunic to promote best practice of 'bare below the elbow'. Uniform standards are checked on Manager's daily Quality walk round and a performance tracker is in place to monitor issues</p> <p>The relevance of laminating notices has been shared in regular flash meetings, particularly to maintain compliance with IPC measures.</p> <p>All notice boards have been reviewed and laminated posters in place.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that the medicine refrigerators temperatures are accurately monitored and recorded daily to ensure no gaps in recording and to confirm medicines are stored at the manufacturer's recommended temperature.</p> <p>This will continue to be reviewed through the monthly Quality Medication Audit and ad hoc checks through the Home Manager Quality Walk Round. Safety huddles have been held regarding the importance of maintaining correct storage temperatures for medications</p> <p>Ref: 5.1and 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Fridge temperatures in each medication room will be checked and recorded twice within 24-hour period. All nursing staff have been requested to complete this following the 8am and 8pm controlled drug check to ensure that this is completed by all staff including agency staff, and that the process is embedded as routine practice. This will continue to be reviewed through the Monthly Medication Quality Walk round and on an ad hoc basis through the Daily Manager Daily Walk Round.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (4) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure thickening agents are securely stored when not in use.</p> <p>Ref: 5.1 and 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All thickening agents are securely stored in the medication room and only when in use in the kitchen area, to be retained in a locked cupboard for safe storage.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that patients have a continuous supply of their prescribed medicines.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>



<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 April 2022</p>	<p>The registered person shall ensure fluid recording charts are accurately and comprehensively maintained at all times and reconciled daily.</p> <p>Ref: 5.1 and 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Review of the needs for each resident requiring the Home Manager has completed a fluid record sheet and only those who require this recording have this in place. I can confirm that the qualified staff have been advised to complete the 24-hour reconciliation of fluids. The nurse in charge of each bungalow must ensure full oversight of all the care records for allocated shift and sign off the support worker care records for each 12-hour shift. Fluid target audits and any issues arising for individual service users are a standing agenda item for discussion at the daily flash meeting</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 April 2022</p>	<p>The registered person shall ensure that care record audits are completed for all three bungalows and are completed in accordance with legislative requirements, minimum standards and best practice.</p> <p>Ref: 5.1 and 5.2.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> As part of governance processes for site, a Quality audit log is completed for each bungalow for each month. The Home manager maintains for all audits and logs. Care record logs are now completed each month, with an action plan, the audit is reviewed at the end of month to assess if actions set have been completed and evidence 'closing the loop' and compliance with best practice processes. Any themes and trends are discussed at the monthly governance meeting with actions set as appropriate</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 April 2022</p>	<p>The registered person shall ensure that support staff records are completed in full with sufficient detail as to how the patients “spent their day”. This should also include daily review by the nurse in charge of the bungalow.</p> <p>The Home Manager will carry out an ad hoc check of daily records as part of daily walk round.</p> <p>Ref: 5.1and 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Support staff complete daily records for each individual resident. The nurse in charge is to review the documentation for accuracy and detail and sign off at the end of allocated shift.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2022</p>	<p>The registered person shall ensure that patients’ written agreements are updated to show the current weekly fee paid by, or on behalf of, patients.</p> <p>The agreements should reflect the items staff are authorised to purchase on behalf of patients. The agreements should be signed by the patients, or their representatives.</p> <p>Ref: 5.2.6</p> <p><b>Response by registered person detailing the actions taken:</b> Administration staff have forwarded updated weekly agreements, which illustrates the weekly fee funded by the trust on behalf of the residents. Awaiting the return of signed agreements.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 35.21</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection onwards</p>	<p>The registered person shall ensure that adequate controls for undertaking and recording transactions on behalf of patients are implemented within each of the bungalows.</p> <p>The practice of using patients’ monies to subsidise other patients to make purchases should cease immediately.</p> <p>Ref: 5.2.6</p> <p><b>Response by registered person detailing the actions taken:</b> A strict process is in place for transactions for each resident. There is no authorisation for the subsidising of patients purchases from other patient’s money. Any client funds money withdrawn for their use must have two witnessing signatures to ensure effective controls in place. This will continue to be monitored through the financial quality audit.</p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 14.26</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2022</p>	<p>The registered person shall ensure that the patients' inventory of personal possessions is maintained up to date with adequate details of the items brought into the patients' rooms. The records will be reconciled at least quarterly and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 5.2.6</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The staff have updated and completed inventories for all residents for any item of monetary or personal value. A schedule has been set for routine review every Quarter and signed by nurse in charge or House manager of each bungalow.</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**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

Assurance, Challenge and Improvement in Health and Social Care