

Inspection Report

26 and 27 April 2021



Wood Green Residential Home

Type of service: Residential Care Home
Address: Wood Green, Circular Road, Jordanstown, BT37 0RJ
Telephone number: 028 9036 9901

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Wood Green Management Company (NI) Limited	Registered Manager: Ms Debby Gibson
Responsible Individual: Mrs Yvonne Diamond	Date registered: 21 September 2018
Person in charge at the time of inspection: Ms Debby Gibson	Number of registered places: 49 A maximum of 23 residents accommodated on the Ground Floor and a maximum of 26 residents accommodated on the 2nd Floor.
Categories of care: Residential Care (RC): DE – dementia	Number of residents accommodated in the residential care home on the day of this inspection: 48
Brief description of the accommodation/how the service operates: This is a residential care home which is registered to provide care for up to 49 residents. This home is situated on the same site as Wood Green Nursing Home.	

2.0 Inspection summary

This was an unannounced inspection. It was undertaken by two pharmacist inspectors on 26 April 2021 from 10:15am to 4:30pm and a care inspector on 27 April 2021 from 10.10am to 20.10pm.

The inspection sought to assess progress with issues raised in the quality improvement plan from the last inspection and to establish whether the home was providing safe, effective, compassionate and well led care.

Significant concerns were identified during the inspection in relation to the governance and leadership arrangements of the home and medicines management. Following the inspection, the findings were discussed with senior management in RQIA.

As a consequence of the inspection findings, RQIA invited the registered persons from Wood Green Residential Home to attend two meetings in RQIA on 4 May 2021, with the intention of issuing two Failure to Comply Notices (FTC) under The Residential Care

Homes Regulations (Northern Ireland) 2005 and the intention of serving a Notice of Proposal to place conditions on the registration of the home.

The meeting was attended virtually by Mrs Yvonne Diamond, Responsible Individual, Ms Debby Gibson, Registered Manager, the Residential Unit Manager and the Home Owner. At the meeting, an action plan which detailed an account of the actions that had been taken to date was provided and the arrangements that had been made to ensure the improvements necessary to achieve full compliance with the required regulations were discussed. However, the representatives were unable to offer RQIA full assurance, as a number of areas required time to ensure that new processes were fully embedded into practice.

It was therefore decided that both FTC notices would be issued with the date of compliance to be achieved by 15 June 2021.

A notice of proposal to impose conditions on the home was not issued. The registered persons agreed that:

- the home will not admit any new residents until compliance with the two FTC notices is achieved,
- quality monitoring reports will be submitted to RQIA on a fortnightly basis,
- management arrangements will be reviewed with the outcome submitted to RQIA within an agreed timescale.

A number of areas for improvement in addition to the FTC notices were also identified and are included in the Quality Improvement Plan included in this report. These relate to pain care plans, records of prescribing and administration of thickening agents, activities provision, staff meeting minutes, duty rota, the dining experience, care records and the positioning of call bells.

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 inspections findings, registration information, and any other written or verbal information received.

During our inspection we:

- spoke to staff and management about how they plan, deliver and monitor the care and support provided in the home,
- observed practice and daily life,
- reviewed documents to confirm that appropriate records were kept.

A sample of the following records was examined and/or discussed during the inspection:

- personal medication records
- medicine administration records
- medicine receipt and disposal records
- controlled drug records
- care plans related to medicines management
- governance and audit
- staff training and competency records
- medicine storage temperatures
- duty rota
- three residents' care records
- staff competency and capability assessments
- a selection of quality assurance audits
- staff professional registration information for Northern Ireland Social Care Council (NISCC)
- regulation 29 monthly quality monitoring reports
- complaints and compliments records
- incident and accident records
- minutes of residents meetings
- minutes of staff meetings
- RQIA registration certificate.

4.0 What people told us about the service

On 27 April 2021 we spoke with 21 residents, eight staff, the manager, responsible individual and owner of the home. Overall residents spoke positively about their experiences of living in the home and their relationships with staff. Two negative comments were shared about the food, and ability to participate in events outside of the home. These comments were shared with the manager.

Review of information received through RQIA duty desk indicated that three concerns had been raised by relatives' families or friends in the last eight months regarding some aspects of the management of medicines. The concerns raised were consistent with the findings identified from inspection including medicine management issues during the transfer of residents' care.

Feedback methods included a staff poster and paper questionnaires which were provided to the registered manager for any resident or their family member / representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, two completed staff questionnaires were returned within the identified timescale, respondents indicated that they were very satisfied working at the home. There were no completed questionnaires returned by residents or representatives within the identified timescale.

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 7 January 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13.1.(b) Stated: First time	The registered person shall ensure that the residential care home is conducted so as to make proper provision for the supervision of residents.	Met
	Action taken as confirmed during the inspection: Observations made during the inspection and discussion with the manager and staff confirmed supervision levels were being maintained for residents as required.	
Action required to ensure compliance with Residential Care Homes Minimum Standards (2011)		Validation of compliance summary
Area for Improvement 1 Ref: Standard 6.2 Stated: First time	The registered person shall ensure that the care plan for the identified resident is reviewed and updated to fully reflect their needs.	Met
	Action taken as confirmed during the inspection: The record was not reviewed for the identified resident due to a change of circumstances. See main body of the report regarding area for improvement for care records generally.	
Area for improvement 2 Ref: Standard 35 Stated: First	The registered person shall ensure gloves available for staff use are in keeping with best practice.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and	

	observations made during the inspection confirmed gloves available for use were in keeping with best practice guidelines.	
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5.2 Inspection findings

5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times the residents' needs will 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.

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

Personal medication records were in place for each resident. 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, medication reviews, hospital appointments.

We identified that these records were not always reflective of the residents' current medication regime and some were incomplete. This could result in medicines being administered incorrectly or the wrong information being provided to another healthcare professional. It was evident that staff did not use these records as part of the administration of medicines process as discrepancies were not identified by staff. This was included in the Failure to Comply Notice.

All residents should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets, self-administration etc.

Residents 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 staff on 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 staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident.

We reviewed the management of medicines prescribed on a "when required" basis for the management of distressed reactions.

Care plans detailing the parameters for administration of medicines for distressed reactions were not in place for residents whose records were reviewed. The reason and outcome of administration of medicines for distressed reactions was not consistently documented in the residents' daily notes. This was included in the Failure to Comply Notice.

The management of pain was discussed. Care plans to direct staff in the management of pain had not been completed for those reviewed during the inspection. It is essential these care plans are in place as residents can often find it difficult to verbalise pain and rely on care staff to recognise they may be in pain. An area for improvement was identified.

Some residents 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 resident should be supported with their food and fluid intake should be in place to direct staff.

We reviewed the management of thickening agents for three residents. A speech and language assessment report and care plan was in place. However, records of prescribing and administration which included the recommended consistency level were not always complete. An area for improvement was identified

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the residents' 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.

During the inspection, it was noted that two medicines were not available for administration to one resident. The registered manager advised that sometimes there were difficulties obtaining prescriptions and medicines in a timely manner. Out of stock medicines should always be followed up promptly with the general practitioner and community pharmacy to ensure residents have a supply of their prescribed medicines. This was included in the Failure to Comply Notice.

Medicines storage areas inspected were not securely locked in order to prevent unauthorised access. In the ground floor treatment room, medicine refrigerator keys and controlled drug safe keys were stored in unlocked drawers. This treatment room had a code lock, however the code was displayed above the door meaning anyone who could access this room had access to the medicines refrigerator and controlled drugs cabinet. Medicine trolleys were not secured to the walls when not in use. Safe systems must be implemented to improve the safe and secure storage of medicines. This was included in the Failure to Comply Notice.

We reviewed the disposal arrangements for medicines. Discontinued medicines were returned to the community pharmacy for disposal. Records were maintained of the

medicines disposed; however they were not signed by two members of staff. This was included in the Failure to Comply Notice.

5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

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

Within the home, a record of the administration of medicines is completed on pre-printed medicine administration records (MARs) or occasionally handwritten MARs, when medicines are administered to a resident. A sample of these records was reviewed.

A review of the MARs showed that on the morning of the inspection medicines had been administered by two senior care assistants and a record of the administration had not been made for the majority of residents. As a result, changes to medicine regimes had not been identified. Three residents had not been administered all of their prescribed medicines and discrepancies were not followed up. This was highlighted to the manager on the day of inspection. Full and contemporaneous records of the administration of medicines must be made at each medicine round. This was included in the Failure to Comply Notice.

When MARs had been handwritten by staff, they had not been verified for accuracy by a second staff member. This can increase the risk of transcribing errors which can result in medicines not being administered as prescribed. This was included in the Failure to Comply Notice.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs are recorded in a controlled drug record book. It was noted on the morning of the inspection the controlled drug reconciliation check had not been completed at the commencement of the morning shift. Should there have been a discrepancy it would not have been identified. Robust reconciliation checks must be completed at each transfer of responsibility. This was included in the Failure to Comply Notice.

5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

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.

The management of medicines for three residents who had a recent hospital stay and were discharged back to the home was reviewed. Significant discrepancies in relation to medicines management during transfer of care were identified. This was included in

the Failure to Comply Notice. It was noted that some medicine changes that had been initiated in hospital had not been followed through on return to the home. For one resident, the changes had been made, but when medicines for the new cycle were received, the changes had not been carried on and had reverted back to what had been previously prescribed. District nursing was required to support one resident on admission to the home and this was not followed up in a timely manner by staff.

A procedure detailing the admission and readmission process including arrangements for obtaining written confirmation of currently prescribed medicines, checking timely supply of prescribed medicines and how discrepancies and changes to medication regimes will be managed is necessary to drive improvement in medicines management during transfer of care. This was included in the Failure to Comply Notice.

5.2.5 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

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

Training in medicines management and competency assessments had been completed by staff within the last year, however given the poor practice demonstrated on inspection it was deemed that learning from training had not been fully implemented and competency assessments had not been effective in identifying poor practice.

A comprehensive review of training and competency of all staff that have responsibility for managing medicines must be undertaken. Any concerns in relation to knowledge, skills or practical application must be identified and a plan for improvement put in place. A plan in relation to the staff members' roles and responsibilities while this is being managed must also be in place. This was included in the Failure to Comply Notice.

5.2.6 How does this service ensure that staffing is safe?

Despite ineffective staff training and competency assessments in relation to medicines management, there was evidence that staff were trained and supported to carry out other aspects of their role. Competency and capability assessments ought to be completed for any staff member that has been assessed as being capable to be in charge of the home in the manager's absence. Competency and capability assessments had been completed and recently reviewed for senior care staff that would be left in charge of the home.

Records showed staff received regular training in a range of topics and regular staff meetings were held. Review of minutes of staff meetings showed actions identified but did not show the names of staff who attended the meetings. This issue was discussed with the manager; an area for improvement was identified.

Staff said there was good team work and that they felt well supported in their role, they were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota should accurately reflect all staff working over a twenty four hour period. The staff duty rota did not reflect occasions when senior carers stayed on to cover extra hours; this information was provided by the manager from another source following the inspection. An area for improvement was identified.

Staff told us that there was enough staff on duty to meet the needs of the residents. If there was short notice sickness management would usually get cover for those periods.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met in keeping with their dependency levels. Records available showed resident dependencies were reviewed on a monthly basis.

It was noted that staff were visible across the home to respond to the needs of the residents in a timely way and to provide residents with a choice on how they wished to spend their day. For example, one resident was able to have a lie in and was supported with personal care later in the morning.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. One to one supervision of residents was maintained as allocated throughout the day.

Residents said staff were kind and helpful.

5.2.7 How does this service ensure residents feel safe from harm and are safe in the home?

Review of staff training records confirmed that all staff were required to complete adult safeguarding training. Staff told us they were aware of types and signs of abuse to be aware of and would report any concerns about residents' safety and poor practice.

Residents and their relatives were provided with written information on how to raise a concern or complaint about care or any service they received in the home. Review of the home's record of complaints showed a complaints process was in place. This included recording the nature of complaint received, investigations undertaken, communication with the complainant and outcome when the investigation was complete. Some complaints were open at the time of the inspection. Learning from complaints should be used to improve the quality of services provided by the home. This was discussed with the management team during the meeting on 4 May 2021.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, the use of alarm mats. Review of resident records and discussion with the manager and staff confirmed that the correct procedures were

followed if restrictive equipment was required; the use of alarm mats was recorded in residents' individual care plans as required.

5.2.8 Is the home's environment well managed to ensure residents are comfortable and safe?

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces, servery kitchens, and communal areas such as lounges and bathrooms. There was evidence that the environment was well maintained with fresh paintwork recently completed.

Residents' bedrooms were personalised with individualised mementoes. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

The outdoors area was clean and tidy with tables and seating areas for residents to enjoy.

The home environment was well maintained internally and externally.

5.2.9 How does this service manage the risk of infection?

The manager told us 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 residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as face masks.

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 were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.10 What arrangements are in place to ensure residents receive the right care at the right time? This includes how staff communicate residents care needs, ensure resident rights to privacy and dignity; manage falls and nutrition.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. One staff member said they thought there was a very substantial handover and they were fully informed regarding any changes.

With the exception of medicines management related records, resident care records were maintained which reflected the needs of the residents. The need to ensure end of life information and preferences was recorded was discussed with the manager as it was noted this information was not included in two care plans reviewed. The manager confirmed this issue would be addressed when a suitable time could be arranged with the resident and their relatives. This will be followed up at a future inspection.

Staff were knowledgeable of individual residents' needs, their daily routine and preferences.

It was observed that staff respected resident privacy by their actions such as knocking on doors before entering, and by offering personal care to residents discreetly.

Residents were clean and tidy with time given to support their personal care. The importance of good nail care for residents was discussed with the manager.

When a resident has had a fall it is good practice to complete a review to determine if anything more could have been done to prevent the fall. This is known as a post fall review. Such reviews were being completed.

There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA. There was evidence of onward referral to the falls team as a result of post falls review.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this could include simple encouragement through to full assistance from staff.

The dining experience is an opportunity for residents to socialise, and is a focal point of the day. The daily menu should be displayed, with a choice offered, and tables appropriately set to include for example condiments, napkins and appropriate clothing protectors for residents if required. Observations made during the dining experience showed these were not in place and it could be improved upon to enhance the residents' experience. The observations made were discussed with the manager. An area for improvement was identified.

The majority of residents spoken with were satisfied with the food provided, two residents were dissatisfied, comments received were shared with the manager.

5.2.11 What systems are in place to ensure care records reflect the changing care needs of residents?

Residents' 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 residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held on an electronic records system.

With the exception of medicine records, care records were regularly reviewed and updated to ensure they continued to meet the residents' needs.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them. However, two of the care records reviewed contained information that was not written in a person centred way. This issue was discussed with the manager. An area for improvement was identified.

Daily electronic records were kept which showed the care and support provided by staff. Inspection of care records showed they were reviewed and updated regularly.

As detailed above, robust procedures were not in place for the management of medicines for residents being admitted to the home.

5.2.12 How does the service support residents to have meaning and purpose to their day?

Feedback from residents was mixed on how they spent their day. Some expressed frustration due to Covid-19 restrictions as their ability to go to events outside of the home was reduced. Other residents expressed contentment and were happy for example to watch TV, listen to music, and engage in nail art or musical events.

Observations made showed that activity staff were engaged with planning visits and care partner arrangements and hairstyling. This issue was discussed with the manager. Although it was recognised the extra work required to ensure visiting was safe and available for residents, the need to maintain an appropriate level of activities and events for residents to participate in throughout the day was also discussed. An area for improvement was identified.

A residents meeting was held most recently in March 2021. The minutes available showed residents that attended and were provided with an opportunity to comment on aspects of the running of the home for example accommodation, meals and snacks, staffing and communications.

It was observed that the majority of residents relaxed in communal areas, whilst others relaxed in their bedrooms. Staff were present and offered choices to residents throughout the day which included preferences for getting up, food and drink options, and where and how they wished to spend their time. The need to ensure call bells

were easily accessible for those residents who relaxed in their bedrooms during the day was discussed. An area for improvement was identified.

Staff spoken with recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the Covid-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place which were reported to have had positive benefits to the physical and mental wellbeing of residents.

Residents said they were content, others that they had no complaints whilst some wanted to be more engaged especially in community events. The impact of the Covid-19 restrictions on resident's ability to participate in community events is recognised. The limitations in this area should provide a greater onus to ensure extra activities / events are available for residents to participate in within the home environment.

5.2.13 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

Staff were aware of who the person in charge of the home was, they reported that in the first instance they would likely go to the team leader if they had any questions but they found the manager approachable and supportive. Staff confirmed that they were aware of how to raise any concerns or worries about residents, care practices or the environment.

There has been no change in the management of the home since the last inspection. Ms Debby Gibson has been the manager in this home since September 2018.

Staff commented positively about the management team and described them as being supportive and available for guidance.

There was evidence of a regular system of auditing in place to monitor the quality of care and other services provided to residents. The manager or members of the team completed regular audits of accidents and incidents, the environment, wound care, falls analysis, housekeeping, first impressions and kitchen safety, for example. The need to ensure full oversight of the completion of audits and checks and to ensure these are used to monitor and improve the quality of care delivered should be maintained on an ongoing basis.

The audit system in place for medicines management was completed regularly and had identified some deficits in the management of medicines. However, the action taken to address the deficits was insufficient and did not result in improvement. Medicine incidents reported to RQIA showed that similar incidents were reoccurring which indicates that the action taken following incidents is not effective.

The issues identified at this inspection are similar to those identified in February 2019 which also resulted in a Failure to Comply Notice; and indicates that a robust audit system was not in place to ensure that the improvements made were sustained.

The need for a robust audit system which covers all aspects of medicines is necessary to ensure that safe systems are in place and any learning from errors/incidents can be

actioned and shared with relevant staff. When a deficit is identified through the audit process, there must be an action plan in place that evidences the action(s) that have been put in place to prevent reoccurrence of the deficit in the short, medium and long term and the action(s) that have been implemented to ensure the necessary improvements are made and sustained across the home. This was included in the Failure to Comply Notice.

A comprehensive review of managerial arrangements and who has responsibility for managing medicines must be completed. The review should conclude who has responsibility for audit, monitoring and governance of medicines and who will drive improvement when deficits or concerns are identified.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. However, the reports were not effective in highlighting any shortfalls in the management of medicines. An effective, comprehensive and meaningful quality monitoring report must be completed which reviews and monitors progress with the actions specified in Failure to Comply Notices FTC000145 and FTC000146. Where progress is still required, the quality monitoring report must evidence:

- the monitoring officer's escalation of deficits and concerns
- an impact assessment of concerns on safe care and residents welfare
- the improvement plan that assures residents safety and welfare is protected.

The quality monitoring report must be forwarded to RQIA, on a fortnightly basis until further notice. This was included in the Failure to Comply Notice.

6.0 Conclusion

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the home was well led.

The outcome of this inspection concluded whilst there were aspects of good care, robust arrangements were not in place for medicines management. This is not safe or effective and could adversely affect residents' health and well-being. A review of the management and governance arrangements is required to ensure that the home is being well led.

Enforcement action resulted from the findings of this inspection.

Two failure to comply notices were issued on 6 May 2021 under The Residential Care Homes Regulations (Northern Ireland) 2005 as follows:

FTC Ref: FTC000145 with respect to Regulation 10.-(1)

FTC Ref: FTC000146 with respect to Regulation 13.-(4)

Compliance with these notices is to be achieved by 15 June 2021. A follow up inspection will be undertaken to determine if compliance has been achieved.

Areas for improvement were also identified in relation to pain care plans, prescribing and administration of thickening agents, activities provision, staff meeting minutes, duty rota, the dining experience, care records and the positioning of call bells.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

	Regulations	Standards
Total number of Areas for Improvement	1	7

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Debby Gibson, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 18(2)(n) Stated: First time To be completed by: 8 May 2021	<p>The registered person shall having regard to the size of the home and the number and needs of residents ensure that activities are planned and provided with regards to the needs of the residents and residents are consulted about the planned programme of activities.</p> <p>Ref: 5.2.12</p>
	<p>Response by registered person detailing the actions taken:</p> <p>An activities programme is in place and available in the Nurses Station on each unit. The planned activities for the day are also displayed on the Virtual Noticeboard in the reception Area. Residents are able to request specific activities and these will be facilitated where possible.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 6 Stated: First time To be completed by: 27 May 2021	<p>The registered person shall ensure that care plans to direct staff in the management of pain are completed for the relevant residents.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A review of all care plans has been completed and each resident has a care plan in place detailing the actions to be taken when a resident presents with pain. These care plans will be monitored as part of the monthly audit process by the Home Manager, Deputy Managers. the Responsible Person will also complete random checks during the monitoring visit.</p>
Area for improvement 2 Ref: Standard 31 Stated: First time To be completed by: 27 May 2021	<p>The registered person shall ensure that records of prescribing and administration of thickening agents contain the recommended consistency level as outlined in the residents' SALT care plan.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All Nutrition care plans have been reviewed and updated to</p>

	<p>include all current SALT recommendations. These will be monitored by the Home Manager and Deputy Managers during the monthly audits and also by the Responsible Person during the monitoring visit.</p>
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<p>Area for improvement 3</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: 27 May 2021</p>	<p>The registered person shall ensure staff meetings take place on a regular basis and at least quarterly. Records are kept that include:</p> <ul style="list-style-type: none"> The date of all meetings The names of those attending Minutes of discussions Any actions agreed <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken:</p> <p>A Meeting Schedule is in place. Action Plans are available for all meetings held and they include the date, names of the attendees, record of discussions and any actions agreed.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> <p>To be completed by: 28 April 2021</p>	<p>The registered person shall ensure a record is kept of staff working over a 24 hour period and the capacity in which they worked.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken:</p> <p>A comprehensive record of all staff and the shifts worked. A copy is held on file and it is also accessible on the Staff Portal.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 11 May 2021</p>	<p>The registered person shall ensure a full review of the residents' meal time experience to ensure residents receive a nutritious and varied diet in appropriate surroundings at times convenient to them.</p> <p>Ref: 5.2.10</p> <p>Response by registered person detailing the actions taken:</p> <p>A full review of the dining experience has been completed. An action plan was developed and included the purchase of the following - new tableware and centre pieces which has been actioned. The menu is displayed on the Virtual Notice Board in the Reception Area and in pictorial form on the dining room door.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure care plans are individualised and person centred with attention given to language used to ensure the resident's dignity is maintained at all times.</p> <p>Ref: 5.2.11</p>

<p>To be completed by: 28 April 2021</p>	<p>Response by registered person detailing the actions taken: A review of all care plans has been carried out to ensure they are person centred and the language used is both appropriate and ensures the resident's dignity. This will be monitored as part of the governance audits carried out by the Home Manager, Deputy Managers and also by the responsible person during the monitoring visit.</p>
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<p>Area for improvement 7</p> <p>Ref: N9</p>	<p>The registered person shall ensure call bells are positioned in an accessible way to meet the general needs of residents.</p> <p>Ref: 5.2.12</p>
<p>Stated: First time</p> <p>To be completed by: 27 April 2021</p>	<p>Response by registered person detailing the actions taken:</p> <p>The accessibility of call bells for residents is being monitored by the Deputy Managers, Home Manager and the Responsible Person during the monitoring visit. Staff have completed supervisions regarding the availability of call bells and evidence is available in care plans if a resident is unable to use a call bell.</p>

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



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