

Inspection Report

30 June 2022



Rose Court Residential Home

Type of service: Residential Care Home

Address: 30 Westbourne Avenue, Ballymena BT43 5LW

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Kathryn Homes Ltd Responsible Individual: Mr Stuart Johnstone	Registered Manager: Miss Gemma Boyd – not registered
Person in charge at the time of inspection: Miss Gemma Boyd –manager	Number of registered places: 82 A maximum of 60 residents in category RC-DE to be accommodated in the Maine Suite and Slemish Suite, a maximum of 22 residents in category RC-I to be accommodated in the Galgorm Suite.
Categories of care: Residential Care (RC) DE – Dementia. I – Old age not falling within any other category.	Number of residents accommodated in the residential care home on the day of this inspection: 77
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides residential care for up to 82 residents. The home is divided in three units over two floors. The Maine Suite is located on the ground floor with the Slemish and Galgorm Suites located on the first floor. There are a number of communal lounges and dining rooms throughout the home. There is a registered nursing home located within the same building.	

2.0 Inspection summary

An unannounced inspection took place on 30 June 2022 from 9.00am to 6.10pm by care inspectors. RQIA received concerns from the Northern Health and Social Care Trust (NHSCT) on 28 June 2022 in relation to staffing levels, cleanliness, management of laundry and the delivery of personal care. In response to this information, RQIA decided to undertake an unannounced care inspection which focused on the concerns raised.

Enforcement action resulted from the findings of this inspection. Serious areas of concern were identified regarding: the lack of robust managerial oversight and governance arrangements within the home; staffing arrangements; the provision of basic personal hygiene for residents; the cleanliness and availability of clean bed linen; and adherence to best practice in relation to infection prevention and control (IPC).

Given the seriousness of the concerns raised, a meeting was held on 6 July 2022 with the intention to issue five failure to comply (FTC) notices under the Residential Care Home Regulations (Northern Ireland) 2005, in relation to:

- Regulation 10 (1)
- Regulation 13 (1) (a)(b)
- Regulation 13 (7)
- Regulation 18 (2) (c) (e) (j)
- Regulation 20 (1) (a) (b)

The meeting was attended by Ms Leanne McGaffin, Regional Operations Director, on behalf of the Responsible Individual; Mr Gavin O'Hare-Connolly, Consultant Nurse, and Miss Gemma Boyd, Manager, who discussed the actions they had taken since the inspection to address the shortfalls identified and provided an action plan to confirm how these deficits would be managed in a sustained manner.

None of the above FTC notices were issued as RQIA were sufficiently assured that the Responsible Individual and senior management had and were actively addressing the areas for improvement.

A further meeting was also held on 6 July 2022 with the intention of issuing a Notice of Proposal (NOP) to place conditions on the registration of the home. RQIA were sufficiently assured at the meeting with the responses made by the senior management team on behalf of the Responsible Individual managers and the decision was made not to issue the NOP.

RQIA will continue to monitor and review the quality of services provided in Rose Court Residential Home. It should be noted that continued non-compliance may lead to further enforcement action.

New areas requiring improvement were identified during this inspection and this is discussed within the main body of the report and Section 6.0. One area for improvement was not met and has been stated for a third and final time; a further two areas for improvement were partially met and have been stated for a second time and one area for improvement has been carried forward for review at the next medicines management inspection.

Residents were happy to engage with the inspectors and to share their experiences of living in the home. Residents expressed positive opinions about the home and the care provided. Residents said that staff members were helpful and pleasant in their interactions with them.

Staff were familiar with residents care needs and personal preferences, however were not always able to address these needs due to reduced staffing levels.

Addressing the areas identified for improvement will further enhance the quality of care and services provided in Roses Court Residential Home.

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

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection residents, relatives and staff were asked for their opinion on the quality of the care and their experience of living or working in Rose Court Residential Home. 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.

Questionnaires and 'Tell Us' cards were provided to give residents 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 findings of the inspection were provided to the management team at the conclusion of the inspection.

4.0 What people told us about the service

Residents spoke positively about the care that they received and about their interactions with staff. Residents confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. One resident told us, "I am happy as I can be. The staff treat me well, they help me to get dressed and with getting washed. The grub is great, you couldn't fault it" while another resident said, "we are spoilt rotten".

Relatives were complimentary of the care provided in the home and spoke positively about communication with the home.

Staff spoken with discussed frequent changes in management and staffing challenges the home was experiencing recently. Staff told us at times they felt stressed and tired during and after work although spoke of how much they enjoyed working with the residents.

No questionnaires were returned by patients or relatives and one response was received from the staff online survey. The respondent said they were satisfied that care was effective and services users were protected from harm; they stated they were very satisfied that residents were treated with compassion and the service was well led.

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 3 March 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 20 (3) Stated: Second time	The registered person shall ensure competency and capability assessments are completed and reviewed regularly for any staff who have responsibility of being in charge of the home in the absence of the manager.	Met
	Action taken as confirmed during the inspection: Examination of records evidenced this area for improvement was met.	
Area for improvement 2 Ref: Regulation 10 (1) Stated: Second time	The registered person shall implement robust governance and management systems to ensure effective managerial monitoring and oversight of the day to day service provided by the home. This relates specifically to the robust completion, action planning and management oversight of all governance quality assurance audits.	Not met
	Action taken as confirmed during the inspection: Given the inspection findings, this area for improvement had not been met. Details of actions to be taken to bring the home into compliance were discussed at the enforcement meeting held on 6 July 2022. Please refer to section 5.2.5 for details. This area for improvement is stated for a third time.	

<p>Area for improvement 3</p> <p>Ref: Regulation 27 (2) (b)</p> <p>Stated: First time</p>	<p>The registered person shall, having regard to the number and needs of the residents, ensure that all parts of the home are kept clean. This includes oversight arrangements of the domestic provision within the home and environmental audits.</p> <hr/> <p>Action taken as confirmed during the inspection: Examination of the environment evidenced deficits in environmental cleaning. In addition, there were ongoing challenges to domestic provision.</p> <p>This area for improvement was discussed in detail at the enforcement meeting on 6 July 2022. Please refer to section 5.2.3 for details.</p> <p>This area for improvement is partially met and is stated for a second time.</p>	<p>Partially met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure robust IPC arrangements are implemented and regularly audited. This includes but is not limited to:</p> <ul style="list-style-type: none"> - Hand hygiene; - PPE compliance; - Donning and doffing of PPE <hr/> <p>Action taken as confirmed during the inspection: There was evidence of some improvement against this area for improvement. For example, IPC audits were in place and were completed on a regular basis. However deficits in the availability of some personal protective equipment were noted along with shortfalls in staff practice and knowledge. This is discussed further in section 5.2.3.</p> <p>This area for improvement was partially met is stated for a second time.</p>	<p>Partially met</p>

Area for improvement 5 Ref: Regulation 30 Stated: First time	The registered person shall ensure effective systems are in place to ensure that any notifiable event is reported to RQIA in a timely manner.	Met
	Action taken as confirmed during the inspection: Examination of records evidenced this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for Improvement 1 Ref: Standard 6 Stated: First time	The registered person shall review the care plans relating to medicines management to ensure they are detailed and include the name of the medicine prescribed.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Standard 12 Stated: Second time	The registered person shall ensure that: <ul style="list-style-type: none"> the daily menu is displayed in a suitable format and is reflective of the meal choices available. 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 17.15 Stated: Second time	The registered person shall ensure that a robust complaint procedure is in place and if appropriate associated learning from complaints is embedded into improving practice.	Met
	Action taken as confirmed during the inspection: Examination of records evidenced this area for improvement was met.	

Area for improvement 4 Ref: Standard 25 Stated: First time	The registered person shall ensure that the duty rota accurately reflects the person in charge of the home in the manager's absence.	Met
	Action taken as confirmed during the inspection: Examination of the staffing duty rota evidenced this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Serious concerns were highlighted in regard to staffing arrangements within the home. Observations and review of records evidenced the home relied on using agency care staff to cover shifts while they tried to recruit permanent staff. Deficits in domestic staff availability were also identified.

Discussion with staff and review of staff rotas highlighted the inconsistent provision of required staffing levels. Staff spoken with, reported that while they were able to take on extra shifts, they were feeling tired and stressed during and after work.

Staff spoke of their concerns regarding the skill mix of staff in the Slemish Unit in comparison to the other two units in the home. Observations of the delivery of care throughout the home and discussion with other staff evidenced that this was the case. Staff said they felt significant pressures on them to deliver basic care needs.

Staffing arrangements and the observed impact on the delivery of basic care need to residents were discussed with the home's senior management team, during the failure to comply meeting. While RQIA accept and acknowledge staffing and recruitment is challenging for all care homes at this time; the need to ensure that the staff on duty meet the assessed needs of residents is the responsibility of the Provider.

Assurances were provided by the management team that staffing would continue to be kept under review and action had already been taken to employ additional staff. In addition, it was agreed that on any occasion when the home was operating below the planned staffing level that RQIA would be notified in accordance with Regulation 30. Two areas for improvement were identified in relation to staffing.

Residents spoke positively about the care that they received and confirmed that staff attended to them in a timely manner; residents also said that they would have no issue with raising any concerns to staff. It was observed that staff responded to residents' requests for assistance in a prompt, caring and compassionate manner.

Relatives spoken with expressed no concerns regarding staffing arrangements and were complimentary about the care delivered in the home.

Examination of records confirmed checks were made to ensure that staff maintained their registrations with the Northern Ireland Social Care Council (NISCC).

5.2.2 Care Delivery and Record Keeping

Significant concerns were identified regarding the personal care of residents, particularly within the Slemish Unit, as multiple residents looked unkempt, unwashed and had greasy hair. Some residents were observed to be wearing dirty clothes or nightwear in the dining room during the breakfast time meal. Residents were not wearing clothing protectors during breakfast. It was observed that clothing, which had been laid out in one resident's bedroom by staff, appeared to be dirty/stained.

Observation and discussion with residents and staff confirmed that a number of residents had not received personal care and/or been offered a shower/bath for some time. Examination of records identified significant gaps in personal care records particularly in relation to residents' showers and baths.

Details were discussed with senior management during inspection feedback and assurances were provided in writing to RQIA that all residents' personal care needs had been attended to by the following day. These matters were also discussed during the failure to comply meeting and assurances were provided regarding actions taken to address the cause of the shortfalls in care delivery and to ensure a similar situation would not arise. An area for improvement was identified.

With the exception of Slemish Unit, staff in the other two units were knowledgeable of individual residents' needs, their daily routine wishes and preferences. They recognised and responded to residents' needs, including those residents who had difficulty in making their wishes or feelings known. Staff members were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering and discussing residents' care in a confidential manner.

Medication was observed on a bedside table of an identified resident. Discussions with staff confirmed these medicines had likely been administered to the resident the previous evening. Medication was also observed lying on the floor of another resident's bedroom. This was discussed with staff who arranged for disposal of the medication. The manager who gave assurances that medicine administration competencies would be addressed with staff. An area for improvement was identified.

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 may include simple encouragement through to full assistance from staff. It was observed that residents were enjoying their meals and snacks. Staff made an effort to ensure residents were comfortable, and had a meal that they enjoyed while maintaining written records of what they had to eat and drink, as necessary.

Observation of staff practice evidenced that food and fluid intake records were not always completed contemporaneously which could also be linked to reduced staffing levels. Details were discussed with the management team during feedback and assurances were provided that this would be monitored by the manager. An area for improvement regarding staffing has already been identified.

Residents spoke positively in relation to the quality of the meals provided. It was noted that the correct menu was not displayed in the dining room of two of the units in the home. This was discussed with staff who agreed to update the menu's to reflect accurate meals provided.

Review of care records confirmed care plans had not been updated to reflect the changing needs of two residents. Records confirmed that care plans had not been updated to reflect skin concerns. In addition, one resident who had sustained four falls in one month; did not have their care plan or risk assessment regarding falls reviewed consistently after each fall. An area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

There was a lack of clean bed linen to meet the needs of the residents. Discussion with staff and observation of linen stores confirmed this. Some beds did not have waterproof protectors on pillow cases, while some duvets did not have a cover. Some beds had been 'made up' with stained/soiled bed linen and some bedding required to be replaced, this included pillows that were frayed.

In addition, one of the washing machines in the laundry room was broken and a significant amount of unlaundered clothing and linen was observed to be piled up on the floor of the laundry. Discussion with the manager evidenced there were contingency measures in place to deal with this laundry backlog. However, despite this matter having been raised previously by the Trust during their monitoring visit to the home the previous weekend, the laundry backlog had not been addressed. Inspectors offered advice and possible solutions to the manager and it was confirmed that these measures had been taken before the conclusion of the inspection.

The issues around the management of laundry were discussed with the senior management team during the failure to comply meeting who accepted the shortfalls identified. Assurances were provided that an audit of bed and other linen had been completed and there was enough linen in the home with a large order for new linen placed. Contingency arrangements were also in place to address the backlog of unlaundered clothing and linen. To ensure the necessary improvements are made and sustained, an area for improvement was identified.

Shortfalls were identified in regard to the effective management of potential risk to residents' health and wellbeing; this included inappropriate supervision of cleaning chemicals; electrical services rooms left unlocked; access to matches in an unlocked drawer in an open office and several fire doors had been inappropriately propped open throughout the home. This was discussed with identified staff who ensured that the risks identified were reduced or removed immediately. During the failure to comply meeting assurances were provided that further action had been taken to reduce risks to residents in the home. An area for improvement was identified.

Observation of practice and discussion with staff evidenced that personal protective equipment (PPE) such as aprons, gloves and alcohol hand gels were not always available for staff to use. Concerns were identified regarding staff knowledge and practice relating to infection prevention and control (IPC) measures. For example, staff did not consistently carry out hand hygiene at appropriate times or use PPE correctly; armchairs were observed to be inappropriately stored in two bathrooms in the Slemish Unit, and incontinence products were inappropriately stored throughout the home. IPC arrangements were identified as an area for improvement at the previous care inspection; this is stated for a second time.

Flooring in corridors and dining areas were found to be sticky and some resident equipment was not clean; this included bath chairs, soap dispensers and armchairs. As previous discussed in section 5.2.1, deficits in domestic staff availability were also identified. Malodours were identified in some ensuite bathrooms throughout the home. Environmental cleanliness and domestic provision were identified as an area for improvement at the previous care inspection; this is stated for a second time.

Housekeeping staff spoken with were not aware or familiar with dilution requirements for cleaning products. This was discussed with senior management who confirmed additional training had been arranged for housekeeping staff.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. Some residents told us they liked the privacy of their bedroom, but would enjoy going to the dining room or a lounge for meals.

Residents were observed enjoying listening to music, reading newspapers/magazines and watching TV. One resident said they enjoyed going outside and working on the flower beds or sometimes they would take part in bingo or sing-a-longs.

There was evidence that a planned activities programme was in place. Staff told us residents had taken part in bowls and a sing-a-long that morning. An activity planner displayed in the Slemish Unit confirmed varied variety of activities were scheduled which included movies, singing and dancing, garden club and one to one activities. However, no activity planner was noted in the Galgorm or Maine Units.

Activities should be planned and delivered in each unit with records maintained even when the activity co-ordinator is on leave. Staff said that activities were not planned at present because they found it difficult to provide activities and to meet residents' care needs. Issues regarding staffing have been discussed previously in section 5.2.1 of this report. An area for improvement to review the provision of activities was identified.

5.2.5 Management and Governance Arrangements

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

There has been a change in the management of the home since the last inspection. Miss Gemma Boyd has been the acting manager in this home since 11 April 2022. RQIA were notified appropriately.

There has been a change of manager in Rose Court Residential Home five times since April 2021 which is impacting on the continuity of care and effective governance. Based on this intelligence and the inspection findings RQIA were concerned about the effectiveness of the current management and governance arrangements to organise effective care delivery and drive the required improvements to achieve compliance with regulations and standards. These concerns included deficits in the management of resident's personal care, management of the environment, IPC practices, effective management of potential risk to residents' health and wellbeing, staffing arrangements, safe administration of medicines and falls management.

Staff also spoke of their concern regarding the availability and visibility of the manager 'on the floor'. Staff said they did not feel supported by the manager as they did not engage with them or residents and 'spends her time in the office'.

These concerns were discussed with the manager and senior management team during the failure to comply meeting. Assurances were provided that the manager and the senior management team had been working to a plan to improve the governance arrangements in the home. This service improvement plan was reviewed on a weekly basis by the senior management team in terms of progress or any further actions required. In addition, the NHSC were carrying out regular monitoring visits to the home to ensure the action plan submitted to them was being addressed. RQIA identified an area for improvement regarding the managerial oversight on two previous occasions, following discussion with the senior management team at the failure to comply meeting this area for improvement is now stated for a third time.

The home was visited each month by a representative of the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. These reports were available in the home for review by residents, their representatives, the Trust and RQIA. During the failure to comply meeting senior management agreed to submit these reports to RQIA on a monthly basis. An area for improvement was identified.

6.0 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 Residential Care Homes' Minimum Standards (August 2011) (Version 1.1).

	Regulations	Standards
Total number of Areas for Improvement	11*	2*

*The total number of areas for improvement includes one that has been stated for a third and final time, two that have been stated for a second time and one that has been carried forward for review at the next medicines management inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Gemma Boyd, 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 10 (1) Stated: Third time To be completed by: 30 July 2022	<p>The registered person shall implement robust governance and management systems to ensure effective managerial monitoring and oversight of the day to day service provided by the home.</p> <p>This relates specifically to the robust completion, action planning and management oversight of all governance quality assurance audits.</p> <p>Ref: 5.1 and 5.2.5</p>
	<p>Response by registered person detailing the actions taken: Action plans are in place and reviewed post the completion of governance quality assurance audits. Daily walk arounds are completed and a clear plan for on-call managerial cover is in place. The Home Manager receives ongoing support from the Senior Management Team and Clinical Lead at Kathryn Homes. A quality Regulation 29 visit is completed each month.</p>
Area for improvement 2 Ref: Regulation 27 (2) (b) Stated: Second time To be completed by: 30 July 2022	<p>The registered person shall, having regard to the number and needs of the residents, ensure that all parts of the home are kept clean. This includes oversight arrangements of the domestic provision within the home and environmental audits.</p> <p>Ref: 5.1 and 5.2.3</p>
	<p>Response by registered person detailing the actions taken: Three domestic staff have been employed and recruitment to enhance this staff base and a Housekeeper is ongoing. The home has also deployed Agency domestic staff to assist cover vacancies and any unplanned / long term sick leave. Monthly Infection Prevention & Control (IPC) audits continue to be completed and regular review of these audits are monitored throughout daily walk arounds.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p> <p>To be completed by: 30 July 2022</p>	<p>The registered person shall ensure robust IPC arrangements are implemented and regularly audited. This includes but is not limited to:</p> <ul style="list-style-type: none"> - Hand hygiene; - PPE compliance; - Donning and doffing of PPE. <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: Hand hygiene and donning doffing supervisions have been completed with the staff (please note some staff remain on long term sick or maternity leave). A matrix is in place to ensure all staff have recieved these supervisions. Hand hygiene audits continue to be completed by management. Five Moments of Hand Hygiene reminders have been renewed on all Units and visible in all bathrooms. This provides staff with a prompt to ensure good quality and regular hand washing is being performed and completed.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 20 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that at all times suitably qualified, competent and experienced persons are working in the home in such numbers as are appropriate for the health and welfare of residents. The employment of any persons on a temporary basis at the home will not prevent residents from receiving such continuity of care as is reasonable to meet their needs.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: A new plan is in place to separate Slemish Unit into two sides offering two Care Team Leaders (CTL) throughout the day which will offer increased supervision of the Unit. Staff have volunteerd to move from day to night shift to ensure an adequate skill mix is maintained. A Unit Manager has also been appointed within Slemish Unit to allow for ehanced supervision and governance oversight. A Unit Manager remains in place in Maine Unit and currently working towards appointing a Unit Manager within the Galgorm Unit. Where possible, Agency staff are block booked to allow for continuity of care and inductions are completed by the Manager or Unit Manager. Handover (RAP) reports are provided to all staff working within the Unit at the commencement of the handover.</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure RQIA are notified of each occasion when the home operates below the planned staffing level. The notification should include details of which unit was affected, the grade of staff shift not covered and the contingency plan put in place.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Regulation 30 reports are sent when staffing levels fall below planned staffing levels and this will continue to be completed if levels are not maintained in the future.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2022</p>	<p>The registered person shall ensure residents' personal care and grooming needs are met and that any records maintained are accurate and up to date.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: New hand written documentation has been implemented to assist accurate record keeping. Manager signs this documentation off on a regular if not daily basis and the CTL staff monitor and ensure this is completed prior to the end of their shift both on day and night shift.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that staff adhere to safe practice for the administration of medicines.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Supervisions have been completed and CTL competencies performed to ensure best practice regarding the safe administration of medications.</p>

<p>Area for improvement 8</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that patient's care plans and risk assessments are kept under review to reflect any change in their assessed care needs.</p> <p>This area for improvement is made with specific reference to falls management and skin integrity.</p> <p>Ref: 5.2.2</p>
<p>Area for improvement 9</p> <p>Ref: Regulation 18 (2) (c) (e)</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2022</p>	<p>Response by registered person detailing the actions taken: Care plan audits continue and throughout this process, action plans are developed and reviewed following incidents, accidents, untoward events or complaints. Care plan training has been completed with CTL staff. The personalisation of care plans continues to be carried out dependant on the residents needs and personal abilities.</p> <p>The registered person shall ensure adequate bedding is available suitable to the needs of residents. Arrangements must be in place for the regular laundering of linen and clothing.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Extra bedding was ordered on the day of inspection and further new bedding sourced from within Kathryn Homes facilities on the days following the inspection. There are two laundry staff in place daily and all machinery is in working order. There has been no backlog of laundry or issues with access to clean linen since inspection.</p>
<p>Area for improvement 10</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that all staff are made aware of their responsibility to recognise potential risks and hazards to resident and others and how to report, reduce or eliminate the hazard.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Signage is in place on electrical and store cupboards to ensure doors are kept locked. Staff are aware that all fire doors must be kept closed and the Manager and CTL staff monitor this throughout the day. All cleaning supplies are locked within key padded storage cupboards when not in use and domestic staff are aware to always have their cleaning trolley within sight when they are completing cleaning duties within the home.</p>

Area for improvement 11 Ref: Regulation 29 Stated: First time To be completed by: 30 July 2022	The registered person shall ensure that monthly monitoring reports are forwarded to RQIA by the third day of each month until further notice. Ref: 5.2.5 Response by registered person detailing the actions taken: Reports have been forwarded as requested.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 6 Stated: First time To be completed by: With immediate effect	The registered person shall review the care plans relating to medicines management to ensure they are detailed and include the name of the medicine prescribed. Ref: 5.1 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 13 Stated: First time To be completed by: 30 July 2022	The registered person shall review the provision for the delivery of a planned activity programme. Arrangements should be made for the provision of activities in the absence of the activity co-ordinator. Ref: 5.2.4 Response by registered person detailing the actions taken: There is currently a full time supernumerary Wellbeing Lead (WBL) who takes lead with the planning of activities and the completion of activity care plans. Staff on the floor have adopted the "tools down time" event at 3pm daily. This event enables direct tasks to be put on hold for a period of time so staff can engage on a personal level by completing activities and conversing with residents.

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



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