



The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection Report 23 July 2019



Springhill Residential Care Services

Type of Service: Residential Care Home
**Address: c/o Cairnmartin Court Care Home,
250 Ballygomartin Road,
Belfast BT13 3NG**
Tel no: 028 90722050
Inspectors: Marie-Claire Quinn and Paul Nixon

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Assurance, Challenge and Improvement in Health and Social Care

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

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 31 residents living with dementia.

3.0 Service details

Organisation/Registered Provider: Amore Elderly Care Limited Responsible Individual: Nicola Cooper	Registered Manager and date registered: Fiona Archer 25 February 2019
Person in charge at the time of inspection: Roberta Wilson, Regional Quality Improvement Lead and acting manager	Number of registered places: 31
Categories of care: DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 17

4.0 Inspection summary

An unannounced care inspection took place on 23 July 2019 from 09.50 hours to 15.20 hours. A medicines management inspection also took place from 09.55 hours to 14.00 hours.

The inspection assessed progress with any areas for improvement identified since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led. This was the home's first medicines management inspection since being registered in February 2019.

Evidence of good practice was found in relation to ongoing improvements to the home's environment, the involvement of families to create a more person-centred and dementia friendly home for residents, care delivery, the culture and ethos of the home, activities, management arrangements and openness and transparency.

Areas requiring improvement were identified in relation to the management of medicines, the visitor's bathroom, care records and RQIA notifications.

Residents told us that staff were kind and caring. Those residents unable to clearly express their views appeared content in their surroundings and were observed to be comfortable when interacting with staff.

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

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	6	5

Details of the Quality Improvement Plan (QIP) were discussed with Roberta Wilson, manager and Renata Laszio, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received within the agreed time frame of two weeks.

During the inspection a sample of records was examined which included:

- the care records of three residents
- monthly monitoring reports for April 2019 and June 2019
- accidents and incidents records June 2019
- activities schedule
- diversity and inclusion policy
- personal medication records, medicine administration records, medicines requested and received, medicines disposed, controlled drugs
- management of medicines on admission, distressed reactions, pain, warfarin
- staff medicines management training records
- medicine management audits.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 February 2019

The most recent inspection of the home was an announced pre-registration care inspection.

6.2 Review of areas for improvement from the last care inspection dated 20 February 2019

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

The home was sufficiently staffed to meet the immediate needs of residents. Staff were busy and there were times when additional staff would have ensured that residents' needs were addressed more promptly. Residents told us:

- "I am happy enough here. Staff work hard, you couldn't pay them for all that they do!"
- "I'm very happy and well cared for. Staff couldn't do more. They call in and check on me all day."
- "It's not home. I want my home. But it's okay. Staff are alright."

Staff views were mixed:

- "I think we have enough staff; I spend time with residents and I have time to do the paperwork."
- "It can be busier than the nursing home, as residents are more mobile and some are at a higher risk of falls. You're always vigilant but sometimes I feel we could do with an extra pair of hands."
- "On one shift, staff were under pressure but Roberta (acting manager) sorted it straight away."

At the start of the inspection, the manager had advised that staffing levels were soon to be increased, in light of an increase in the number of residents in the home. During feedback, the manager confirmed that this had already been arranged to commence within the next week, therefore an area of improvement was not required on this occasion.

Overall, the home was clean and tidy. Communal areas were mostly well maintained; the grass was being cut in the gardens on the day of inspection and several workmen were in the home completing repairs. The hot water tap was not working in the visitors' bathroom, which also had insufficient access arrangements. This has been stated as an area of improvement.

There was insufficient signage in the home and we saw several residents express some uncertainty and confusion when trying to move around the home independently. During discussion with staff, they stated that this issue had already been identified. Staff provided a detailed overview of the home's action plan to address this, including the involvement of relatives. This is in progress, and so an area for improvement was not made on this occasion.

The home is a secure environment and had recently reviewed access arrangements to further maintain residents' safety. We identified some areas where the home could improve secure storage and confidentiality in the home. Staff immediately implemented these into practice.

Medicines Management

Medicines were managed by staff who had been trained and deemed competent to do so. However, some observations made during the inspection highlighted the need for staff to be provided with additional training regarding the safe and effective management of medicines. An area for improvement was identified.

Medicines management audits were performed regularly, discrepancies investigated and records maintained. However, the deficiencies in some aspects of the management of medicines that were observed during the inspection indicated that the auditing system was not robust. An area for improvement was identified.

As part of the admission process, written confirmation of medicines was obtained from the prescriber. However, the personal medication records and handwritten entries on medicine administration records were not always signed by two trained staff (a couple of transcription errors were observed in the personal medication record belonging to one resident). Also, the receipts of medicines received from residents on admission were not routinely recorded. The admission process needs to be reviewed in order to ensure it is robust; an area for improvement was identified.

Two medicines prescribed for administration on a "when required" basis had been out-of-stock, for four days and 10 days respectively. Management was not aware of these stock shortages. An area for improvement was identified. The need to report out-of-stock medicines as incidents was discussed; the acting manager gave an assurance that both stock shortages would be reported as notifiable incidents.

The sample of medicines examined had mostly been administered in accordance with the prescriber's instructions. However, two audit discrepancies were drawn to the attention of the acting manager who gave an assurance that the administrations of both medicines would be closely monitored.

Some discrepancies were observed in personal medication records with dosage directions having been inaccurately recorded; these records must be accurately maintained. An area for improvement was identified.

The controlled drugs record book had not been fully completed for two controlled drugs. For one of the controlled drugs the administrations were not recorded and, for the other controlled drug, three recent administrations were not recorded. An area for improvement was identified.

Medicines were safely and securely stored in compliance with legislative requirements, professional standards and guidelines. Medicines were stored in accordance with the manufacturer’s instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened.

The records of two residents who were prescribed medication for administration on a “when necessary” basis for the management of distressed reactions were reviewed. In each instance a care plan detailing the arrangements for the management of the condition was not in place and the reason for and outcome of administration of the medication were not recorded. An area for improvement was identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to ongoing improvements to the home’s environment and the involvement of families to create a more person-centred and dementia friendly home for residents.

Areas for improvement

Eight areas for improvement were identified in this domain. These were in relation to the visitor’s bathroom.

Also, the training needs of individual staff regarding the management of medicines should be identified and arrangements put in place to meet them.

The medicines management auditing programme should be reviewed to ensure it is effective.

A robust medicines management admission process must be in place.

The process of ordering medicines must be reviewed to ensure that residents have a continuous supply of their prescribed medicines.

Personal medication records must be accurately maintained.

The administrations of controlled drugs must always be recorded and signed in the controlled drug record book by the member of staff administering the drug and the witness who is present at its administration.

The management of distressed reactions should be reviewed to ensure that all of the appropriate records are completed.

	Regulations	Standards
Total numb of areas for improvement	4	4

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Residents had been supported to attend to their personal care and looked relaxed and comfortable in their surroundings. Residents who presented with agitation or distress responded well to reassurance and redirection from staff. Residents told us:

- “Staff give you all you need. They got me up early today, because I had an appointment.”
- “I always have company. I get a shower every morning. They (staff) change my sheets every day and I get a good sleep. And the food is good! I love my porridge in the morning.”
- “Yes, I’m happy.”

Staff were observed adjusting care appropriately in light of the warm weather; residents were continually offered and encouraged to accept a choice of drinks, sunscreen was provided, and several residents enjoyed ice lollies and a trip for ice cream.

Staff outlined the training they had received to work in the home. Staff accurately described policy and procedure for adult safeguarding and whistleblowing. Staff were also very positive about the specialist dementia training they had received. Staff stated that care was effective:

- “I would take some of the staff home to look after me!”
- “There’s good team work and good communication.”
- “It’s my first day and I’m really enjoying it. Residents are more independent. It’s great getting to know everyone’s personalities and hear about their lives.”

Review of care records identified several areas for improvement. There was evidence of good practice in some care records, such as an admission checklist for specialist residential services but this was not consistent. Care plans were not person centred and some sections were not fully accurate; care plans had not been signed by residents and/or relatives. The records of two residents who were prescribed medication for the treatment of chronic pain were reviewed; in each instance a pain management care plan was not in place. Photographs of residents were not retained in care records. We discussed this with management, who agreed that, as a newer home, some additional audits and reviews of care records would be beneficial. Management expressed confidence in addressing the issues identified. Two areas of improvement have been made regarding care records.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care delivery.

Areas for improvement

Two areas for improvement were identified within this domain in relation to care records.

	Regulations	Standards
Total number of areas for improvement	1	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Care was delivered in a dignified and respectful manner. Staff were courteous, friendly and cheerful in their interactions with residents and visitors to the home. Staff had good knowledge of individual resident's needs and personalities.

Advocacy services were available and provided regular support to residents in the home. On the day of inspection, two advocates from the Alzheimer's Society were visiting residents, who were delighted to see them. Advocates were also warmly welcomed by staff.

We saw that residents were provided with choice in the home. Some residents were enjoying a lie in or chose to have a lie down after lunch. One resident told us, "Staff will ask me if I want to eat in my room or in the dining room, depends on how I feel. You always get offered tea or coffee, and I can ask for a glass of milk. I like water, so staff always make sure I have a jug of fresh water to drink."

The home was decorated with a range of arts and crafts which had been completed with residents. Birthday parties were celebrated in the home; a notice was displayed reminding everyone that residents can opt out of parties and use the quiet lounge if they wish. The home's diversity and inclusion policy was also displayed; residents and relatives were asked to suggest any additional cultural events they wished to celebrate in the home.

An activities schedule was displayed in the home, in both written and pictorial format. Activities included chair exercises, baking and visits from musical entertainers and schools. A specific social activity group for men was also scheduled weekly. It was positive to note that both the schedule and staff emphasised that activities depended on resident's daily needs and choice, as well as the weather. Residents told us:

- I don't like some of the activities but staff always ask me if I want to go anyway. I did win a medal for playing bowls! I love my wireless and my television – men came in yesterday and moved the plugs in my room to make it easier for me to reach, so I'm pleased."
- "I'm getting my nails done and I got my hair curled. It will be nice to go out; I'll have lots of ice cream."

On the day of inspection, the planned activity - local nursery school children were due to visit – was cancelled at the last minute by the school. Staff promptly arranged an alternative activity, and several residents told us they were looking forward to their bus outing for a walk and some ice cream. This evidenced that staff were flexible and responsive to residents' social needs.

The home currently shares an activities co-ordinator with the nursing home, which is located in the same building. Staff confirmed that they were provided with plans and supplies for activities that can be completed with residents when the activities co-ordinator was not available. Some staff highlighted that this could be difficult to facilitate given their caring duties. It was hoped that the addition of care staff would help to address this.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and activities.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The home's manager is currently on unplanned leave. Staff confirmed that the interim management arrangements are effective:

- "Roberta stepped in, but management have always been good. When I raised an issue, it was totally addressed and I was thanked for bringing it to their attention. I have no concerns now."
- "Roberta has been brilliant. She's supportive and approachable. "
- "I've never really had any issues. I can go to Renata (deputy manager) she's good and I can always phone them (managers) if I need to."

Systems were in place to address any issues in the home and there was evidence of open and transparent communication. Dates of residents meetings were planned and displayed in advance, notices were in place regarding podiatry services and arrangements in place regarding excess laundry. 'You Said, We Did' was used to highlight how the home had listened to and responded to feedback from residents and relatives. The home's complaints policy was visible throughout the home. Residents told us:

- "Oh, I'd soon tell them! (tell staff if any complaints). I have no issues challenging staff or giving my views."
- "Everything is fine. My family visit me a lot and they know I'm well looked after."

Management of accidents and incidents, including falls, was mostly satisfactory and managed appropriately. We did identify several occasions where notifiable events were not reported to RQIA. This was discussed with management and an area of improvement made.

We reviewed a sample of monthly monitoring reports, which were acceptable. These had been completed jointly with the nursing home, however the acting manager was already aware of this and advised that from July onwards, a separate report would be completed for the residential home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management arrangements and openness and transparency in the home.

Areas for improvement

One area for improvement was identified within this domain in relation to the reporting of notifiable incidents to RQIA.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Roberta Wilson, manager and Renata Laszio, deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by: 22 August 2019</p>	<p>The registered person shall ensure that a robust medicines management admission process is in place.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Priory policy: Management of Medication in Specialised Residential Services (including Olderpeople services) clearly outlines the requirement and expectations of the admission of a new service user to the home and how to manage this process, including the receipt of medications.</p> <p>The policy clear outlines the process and how to address any concerns or difficulties that may occur as a result.</p> <p>An admission checklist supports the completion of the needed admission task, risk assessment, and development of care plans.</p> <p>The policy further describes the requirement and management of hand written medication to ensure safe administration of medication in this new situation/admission.</p> <p>In further support of this policy the home management has developed a home specific checklist for admission of medication to ensure that the policy is enacted with each new admission. This checklist is being trialled to assess for usefulness in applying the policy.</p> <p>This tool is then presented to the Senior Staff and/or home management for compliance and cross checking against the completed medication management process at the time of admission</p> <p>All the SCA's have had a formal supervised 1:1 session with management, which has entailed a focussed review of the policy, with each acknowledging they understand the policy and how to apply it to all aspects of medication management.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by: 22 August 2019</p>	<p>The registered person shall ensure that the process of ordering medicines is reviewed to ensure that residents have a continuous supply of their prescribed medicines.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Boots is the pharmacy provider and this organisation has a described process for the ordering and supply of medication to the home. This process is available for all staff to review and use at anytime they are managing medication. Being located in a prominent position for all to see and use in the medication room. GP services provide the prescription and the employees liaise directly with the Pharmacy service to procure the residents individual medication needs. Each week day the home management meets with Senior Care staff and heads of department. Medication management is a standing agenda item and the staff are supported to update the management of all concerns or issues arising with medication management. All issues are recorded as well as reported on the documentation provided in the form of MARs communication records and diaries, protocol administration sheets and documentation provided by the Pharmacy service. The Home Management recognises the time taken to achieve safe medication processes is greatly impacted by time communicating between different parties to achieve even a single item. ie, Phone, calls to GP secretaries, call backs, from GP, emergency supply requests for Pharmacist. Recently Staff have been seeking advice directly GP Pharmacy service. This has markedly improved/reduced the calls being placed directly to the GP. This service has also provided excellent support in coordinating followup on medication in the monthly ordering cycle. Priory policy outlines the requirement for Home Governance/quality monitoring process. This is a find and fix process conducted by Home Management and designees. Issues requiring a prolonged approach or need are outlined in form of an action plan. Where medication errors occur, these are investigated captured resolved and actions taken according to the Principles of managing medication error, according to the Priory Policy and the assessment and Competency process. These completed tools are available for review in home manager office. Medication is on the agenda at the monthly Governance meeting as a fixed discussion point. These meetings are reported to Priory Group/Senior management. An incident reporting process exists and medication issues are reported and reviewed via this process.</p>
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<p>Area for improvement 3</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by: 22 August 2019</p>	<p>The registered person shall ensure that personal medication records are accurately maintained.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: As part of quality monitoring/governance process, Kardex and MARs will be monitored and checked for accuracy, ease of reading, personal details including resident details, GP details, Allergies. Photographs will be in place to facilitate correct identification of a resident at medication administration time. These documents have been updated and reviewed by Senior Staff to ensure these records are a correct reflection of the resident needs.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by: 22 August 2019</p>	<p>The registered person shall ensure that the administrations of controlled drugs are always recorded and signed in the controlled drug record book by the member of staff administering the drug and the witness who is present at its administration.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The Management of Medication in Specialised Residential Services (including Older People Service) Policy specifically outlines the requirements for management, storage and administration of controlled drugs. A specific element of the assessment and competency process is focused upon, for all staff administering controlled drugs. A secondary competency assessment is used for staff who are required to check controlled drugs as the second person. All staff administering medication have completed both these competencies and only staff who have completed the second checker competency are permitted to double check any drug All SCA's have had a formal supervised 1:1 , which has entailed a focussed review of the policy, which includes specific revision of the CD management process. These SCA have also had supervision sessions with Management The Home Management has been present randomly and at no less than 3 times each week to review the day to day process of managing CDs and keeping records accurate and completed at the time of checking and administration. Ongoing review and supervision will continue as per Priory policy and quality/governance requirements.</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 19 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 22 August 2019</p>	<p>The registered person shall ensure that care records contain a recent photograph of the resident.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: All resident files have a current photograph of the resident in place. These can be found on the Kardex, on the front sheets and in the care file. A photograph will be obtained as close to the admission of resident and their medication as is possible, to facilitate safe administration of medications</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 30 (1) (d)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall give notice to the Regulation and Quality Improvement Authority without delay of the occurrence of any event in the home which adversely affects the care, health, welfare of safety of any resident.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The Deputy Home Manager has now been given RQIA portal access for both services on the Cairnmartin Site. It has been noted that a number of Springhill notification in the past weeks/months will have been sent through to the Portal for Cairnmartin- Nursing site in error, as the Deputy Manager did not have access to the Residential Portal site and due to her new appointment to the RQIA portal was unaware of the segregation required in reporting for each service as they are individually registered. The interim manager in the absence of the registered manager did have access to the Springhill Portal and was able to report issues. The Registered Home Manager (now returned) and Deputy Home Manager will report in a timely manner any occurrences that adversely effect the care, health and wellbeing of the service users at home in the Residential Care Service.</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 22 August 2019</p>	<p>The registered person shall ensure that the training needs of individual staff regarding the management of medicines are identified and arrangements put in place to meet them.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: SCA staff with administration of medication responsibilities have face to face and on line training provided by Boots - the pharmacy provider Assessment and competencies is ascertained with workplace experience and review.</p>

	<p>Supervised and observed medication round are conducted for all drugs including CD's, by Senior staff.</p> <p>Records of these trainings are keep on file with the home management.</p> <p>Medication error management is outlined in the Priory Policy and described in full in the Medication Management assessment and competency tool.</p> <p>All (100%)SCA's have completed Boots on line training and successfully have completed assessment and competency framwework, to date. 2 SCA's still require Boots face to face training, this had been organised for wed 28th August 2019, but was cancelled last minute by Boots themselves. Home Management is liaising with Boots for another session in the near future to faciliate this training opportunity</p>
<p>Area for improvement 2</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: 22 August 2019</p>	<p>The registered person shall ensure that the medicines management auditing programme is reviewed to ensure it is effective.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Quality montiring/ Governance process's are outlined in the Priory Management of Medication policy. This is find and fix process which is recorded and actions out lined on the priory provided tool,(Quality Walk Round(QWR)). All action requiring a more prolong review or action need are outlined on the provided action report on the tool. A log of all audits and completed walk round audits are kept on file with the Home manager. QWR records are now held separetely for each service and monitored as as separate identitiy. Medication management and issues are reported as a daily agenda items at staff huddles/flash meetings, and as part of the routinely monthly governance meeting and reporting process's to the senior management of Priory Group</p>
<p>Area for improvement 3</p> <p>Ref: Standard 10</p> <p>Stated: First time</p> <p>To be completed by: 22 August 2019</p>	<p>The registered person shall ensure that the management of distressed reactions is reviewed to ensure that all of the appropriate records are completed.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Distressed reaction documentation is now readily available also aside of the medication administration process to faciliate timely completeion of these records, for all events were medicines are administered following distressed reaction. In additon all PRN medications have an outlined protocol and tracking sheet that describe administration needs and expected outcomes. Reasons for giving medication for a distressed reaction and the effect of the treatment are defined,.</p>

	<p>Home management is monitoring for compliance with completion of this documentation as part of the audit/quality monitoring process. Completion of these elements of the medication process have been included in the supervision and observation process conducted for all the SCA's following the reporting of the medication errors.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 27.8</p> <p>Stated: First time</p> <p>To be completed by: 23 September 2019</p>	<p>The registered person shall ensure that the premises, specifically the visitor's bathroom, are kept suitable and maintained in line with relevant legislation.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The Visitor toilet now has dedicated mechanism for closing and locking the toilet when in use. There is signage that indicates this toilet as a staff or visitor facility. Both water taps now function and a good supply of paper and hand towel is available</p>
<p>Area for improvement 5</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 22 August 2019</p>	<p>The registered person shall ensure that each resident has an individual and up-to date comprehensive care plan.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Care files have been reviewed by Senior Clinical/Care Staff, Teamleader, Deputy Manager and Home Manager to ensure that Care plans are in place, person centred and reflective of resident needs. Specific emphasis has been placed on ensuring that care plans are in place to address an individual residents medication needs including medicines required for management of pain, PRN medication required for anxiety or distressed reaction, specific medical conditions such as epilepsy</p>

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



The **Regulation** and
Quality Improvement
Authority

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Assurance, Challenge and Improvement in Health and Social Care