Unannounced Care Inspection Report
15 January 2021

Hillcrest Care Facility

Type of Service: Nursing Home
Address: 23 Old Mountfield Road, Omagh, BT79 7EL
Tel No: 028 8225 1222
Inspectors: Jane Laird

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 Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for

2.0 Profile of service

This is a registered nursing home which provides care for up to 59 persons. The home is divided into two areas: Hillcrest and Hillview.

3.0 Service details

Organisation/Registered Provider: Knockmoyle Lodge Ltd **Responsible Individual:** Linda Florence Beckett	**Registered Manager and date registered:** Caine McGoldrick Acting
Person in charge at the time of inspection: Caine McGoldrick - manager	**Number of registered places:** 59 This figure includes: • a maximum of 12 patients in category NH-DE • a maximum of one named resident receiving residential care in category RC-I The home is also approved to provide care on a day basis for four persons.
Categories of care: Nursing Home (NH) I – old age not falling within any other category DE – dementia PH – physical disability other than sensory impairment	**Number of patients accommodated in the nursing home on the day of this inspection:** 58

4.0 Inspection summary

An unannounced care inspection took place on 15 January 2021 from 11.00 to 19.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. In response to this, RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- management, leadership and governance arrangements
- staffing arrangements
- infection prevention and control (IPC) measures
- the home's environment
- care delivery
- care records.

Serious concerns were identified during the inspection regarding the management, leadership and governance arrangements within the home. There was a lack of robust systems to regularly review the quality of care and other services provided by the home. This included, but is not limited to, the oversight and management of the home's environment, fire safety, infection prevention and control (IPC) measures, care records, risk management, governance audits and maintenance of duty rotas. These deficits had the potential to impact on the health, safety and well-being of patients and quality of care delivered in the home.

As a consequence, a meeting was held on 28 January 2021 by RQIA with the intention of issuing four Failure to Comply Notices under The Nursing Homes Regulations (Northern Ireland) 2005, in relation to:

- Regulation 10 (1) relating to governance
- Regulation 13 (1) (a) (b) relating to the health and welfare of patients
- Regulation 13 (7) relating to IPC practices
- Regulation 27 (4) (a) (f) relating to fire safety

The meeting was attended via video conference by Linda Beckett, responsible individual and Caine McGoldrick, manager.

At the meeting the home's representatives discussed the actions that had been taken since the inspection and provided an action plan confirming how they would address the deficits going forward. There was evidence of increased awareness in the importance of audits, risk management, staff meetings and training. We were told that storage arrangements had been addressed within communal areas to comply with IPC and fire safety regulations.

Assurances were provided that fire doors had been repaired or replaced where necessary and that regular fire drills had recommenced. The responsible individual said that there would be a robust oversight from the senior management team with additional support for the manager to ensure the implementation of the necessary improvements to achieve compliance with regulations.

Following these assurances the decision was made not to issue the four failures to comply notices; but that RQIA would continue to monitor and review the quality of services and care provided by Hillcrest Care Facility; and would carry out an unannounced inspection to assess the level of improvement and sustained compliance with regulations and standards as stated within the Quality Improvement Plan (QIP) issued as part of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*13	*7

*The total number of areas for improvement includes one regulation stated for a third and final time, two regulations stated for a second time and one standard which has been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Caine McGoldrick, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action was considered given the findings of this inspection but we did not proceed to issuing Failure to Comply Notices based on the outcome of the meeting held with the responsible individual and manager and the level of assurances provided.

The enforcement policies and procedures are available on the RQIA website.
https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

Questionnaires and 'Tell us' cards were provided to give patients 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.

The following records were examined during the inspection:

- duty rota for all staff for weeks commencing 4 January 2021 and 11 January 2021
- records confirming registration with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- five patients' care records
- three patient medication prescription charts

- five patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- incident and accident records
- a sample of monthly monitoring reports for November 2020 and December 2020
- fire risk assessment.

Areas for improvement identified at the last care inspection were reviewed and an assessment of compliance was recorded as not met and carried forward for review at the next inspection.

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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 18 November 2019 by care and pharmacy inspectors.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 13 (1) (a) **Stated:** Second time	The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals. Specific reference to patients' care records and daily evaluation notes: • Where a patient has been repositioned the frequency should reflect the current care plan and state the intervention on each repositioning • Records relating to a patients activities of daily living are reviewed and updated to reflect their current needs • Care plans and risk assessments are reviewed on a monthly basis or more frequently as deemed necessary.	**Not met**

	Action taken as confirmed during the inspection: Review of a sample of care records and supplementary charts evidenced that this area for improvement had not been met. Based on the assurances provided during the meeting held on 28 January 2021 this area for improvement has been stated for a third and final time.	
Area for improvement 2 **Ref:** Regulation 27(4)(b) **Stated:** First time **To be completed by:** With Immediate effect	The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home. Specific reference to ensuring that fire doors are not propped open.	**Not met**
	Action taken as confirmed during the inspection: Observation of the environment evidenced that this area for improvement had not been met. Based on the assurances provided during the meeting held on 28 January 2021 this area for improvement has been stated for a second time.	
Area for improvement 3 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall review and revise the management of thickening agents as detailed in the report.	**Not met**
	Action taken as confirmed during the inspection: Review of a sample of care records, medication recording charts and supplementary records evidenced that this area for improvement had not been met. Based on the assurances provided during the meeting held on 28 January 2021 this area for improvement has been stated for a second time.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 11 **Stated:** Second time	The registered person shall ensure the programme of activities reflects the preferences and choices of the patients and is evaluated regularly. This shall be displayed in a suitable format and a record kept of all activities that take	**Carried forward to the next care inspection**

	place, with the names of the person leading them and the patients who participate. Arrangements for the provision of activities should be in place in the absence of the patient activity leader.	
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.2 Inspection findings

6.2.1 Management, leadership and governance arrangements

On arrival to the home the inspector's temperature and contact tracing details were obtained. The management team confirmed that checks were carried out on all persons entering the home in line with the current COVID-19 guidelines for visiting care homes.

While the manager was able to facilitate the inspection process he was also working as the nurse in charge to 'cover' short notice leave. The manager provided assurances that this was not a regular occurrence.

Audits completed in relation to the home's environment and infection prevention and control (IPC) measures did not identify the significant issues RQIA evidenced during the inspection. Care record audits which contained an action plan did not include information regarding times frames or the name of the person responsible for addressing the issues identified and there was no evidence of follow up by the manager. Details were discussed with the manager and an area for improvement was stated.

Review of the staff training records evidenced that these records had not been updated to reflect training completed. We were unable to establish if all staff had completed mandatory or other training necessary to carry out their role effectively. Following the inspection the manager forwarded an updated training record and we discussed the low level of compliance with staff attendance at mandatory training during the meeting on 28 January 2021. While assurances regarding the ongoing process for recording staff training were provided an area for improvement was stated.

Review of records identified that registration checks for care assistants with the Northern Ireland Social Care Council (NISCC) were not signed or dated as having been reviewed by management and a number of care assistant's names on the check list did not have any information recorded to verify if they were registered with NISCC or in the process of registering. We were therefore unable to determine if all staff working within the home were registered. During the meeting on 28 January 2021 assurances were provided that a review of all staff registration had been completed and the responsible individual confirmed that all staff were registered with their relevant professional body as required. In order to drive and sustain improvement an area for improvement was stated.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the monitoring officer, on behalf of the responsible individual. Copies of the report were available within the home and whilst they provided an overview of the conduct of the home, they failed to identify the areas of concern evidenced during this inspection and in particular the need to identify and address the potential health and safety risks to both patients and staff. During the meeting on the 28 January 2021 the responsible individual acknowledged that some of the monthly reports had been undertaken remotely due to the COVID-19 pandemic and were not sufficiently robust. The responsible individual said that going forward these visits would be closely reviewed by her. Additional management hours had also been allocated to support the manager with implementing the necessary improvements. However, an area for improvement was stated.

6.2.2 Staffing arrangements

The manager confirmed that the planned staffing levels for the home were safe and appropriate to meet the assessed needs of the patients accommodated.

Review of staff duty rotas evidenced that the hours worked by the manager or the capacity in which they were worked were not included; that the person in charge of the home was not identified and staff's full names were not always recorded. In addition night duty shifts were recorded as 'ND' and did not include the hours worked. This was discussed with management and an area for improvement was stated.

Discussion with staff confirmed that they felt supported in their roles and were satisfied with current staffing levels. Comments from staff included:

- "I love working here."
- "Great team."
- "Enjoy my work. I feel that the pandemic has brought everyone closer as a team."
- "Good induction."
- "The new manager Caine is very approachable."

We also sought staff opinion on staffing via the online survey. There were no responses received within the time frame allocated.

6.2.3 Infection prevention and control (IPC) measures

Staff spoken with were knowledgeable regarding the symptoms of Covid-19 and how to escalate any changes in a patient's usual presentation to the person in charge. Staff confirmed that if they felt unwell, they would inform the person in charge and isolate, at home, as per regional guidance and public health agency (PHA) advice. Staff also confirmed that twice daily temperature checks were being carried out on both patients and staff.

We found that there was an adequate supply of PPE at the entrance of the home and personal protective equipment (PPE) stations were well stocked throughout the home. However, the correct type of gloves used in the delivery of personal care was not always available to staff within an identified area of the home. In addition we observed aprons draped over chairs throughout the home despite the presence of PPE dispensers; a number of light pull cords were not covered and laundered net pants were available to staff for communal use. We also identified a member of staff wearing jewellery; another staff member wearing a fabric face

covering and a third member of staff was observed cleaning a toilet whilst not wearing the appropriate PPE. A number of other IPC concerns were identified regarding general storage in bathrooms where there was a toilet and details were provided to the manager during feedback.

RQIA were concerned that management and staff did not understand or recognise their role and responsibility in identifying and challenging the above poor IPC practices. This was discussed in detail with the responsible individual and the manager during the meeting on the 28 January 2021 and assurances were provided that IPC measures and practices had been reviewed with action taken to address concerns identified during the inspection with ongoing monitoring by management. In order to to ensure sustained compliance with guidelines and regulations an area for improvement was stated.

6.2.4 The home's environment

During the inspection we identified significant concerns regarding the day to day management of fire safety throughout the home. A fire door to a sluice room, smoking room and identified bedroom did not close effectively. In addition a bedroom door with surface damage was located close to a corridor where two holes were observed in the ceiling. Multiple boxes of PPE and other combustible materials were stored within a small meeting room on the first floor of Hillcrest and in various other areas including bathrooms and patients en-suites. This was identified as an area for improvement.

Despite recent mandatory fire awareness training we evidenced poor staff knowledge in relation to fire safety which had the potential to compromise the health and safety of both patients and staff. We observed a significant number of fire doors propped or wedged open and discussed this with the manager to action. This was an area for improvement that had been identified at a previous inspection and has been stated for a second time.

We further identified that fire drills had not been completed since the 5 April 2020 and fire safety training was recorded once on the training matrix and not twice yearly as required. These concerns were discussed in detail with management who agreed to monitor staff practice as part of the manager's daily walk around and an area for improvement was stated. During the meeting on the 28 January 2021 the manager said that the training matrix was being updated to reflect twice yearly fire awareness training and that a robust system of regular fire drills has been recommenced.

Within Hillview we observed surface damage to a number of door frames, skirting boards, over bed tables, bedframes and walls that were scuffed. We observed a floor covering within a lounge in Hillcrest with black scuff marks and chairs where the fabric was torn. A malodour was evident on entering an identified bedroom within Hillview and the carpet was worn and stained. On review of the environmental audit these issues had not been identified and were discussed in detail with the manager as an area for improvement.

Further concerns were identified in relation to the safe storage of medicines, out of date food supplements, a topical preparation and the door to a treatment room open with cupboards unlocked containing multiple medicines. This was discussed with the pharmacy inspector at RQIA and an area for improvement was stated.

We discussed the type of container in which hand sanitising gel was located throughout the dementia unit which had the potential to be easily opened by patients. The manager advised that a risk assessment would be completed and necessary measures taken to reduce any potential risks where necessary. We observed a cleaning chemical within an unlocked linen cupboard and a sluice room and discussed the importance of securing such chemicals and an area for improvement was stated in relation to control of substances hazardous to health (COSHH).

Review of two communal shower rooms identified that the showers had been removed and the rooms were being used as storage areas for wheelchairs, boxes and other items. RQIA had not been notified of the change of use of two communal shower rooms as required and an area for improvement was stated. This is discussed further in section 6.2.5 below. During the meeting the manager advised that these shower had been re-installed.

We discussed two identified communal shower rooms with a connecting internal door leading directly into a patient's bedroom with the manager. These doors could only be secured from the patients' bedroom and not the shower room. This meant that patients using these shower rooms could not confidently use these rooms in private. We discussed this with the manager and an area for improvement was stated.

6.2.5 Care delivery

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Hillcrest Care Facility. Whilst most patients were well groomed and presented we observed two patients with a specific aspect of personal care which had not been maintained. Details were discussed with the manager who acknowledged that more robust oversight of the delivery, recording and care planning around specific aspects of personal care was required and an area for improvement was stated.

An identified bedrail was observed to be damaged and it was evidenced that the necessary safety checks were not being completed or recorded for this or any other bedrail in use throughout the home. During the meeting on the 28 January 2021 the manager confirmed that daily bedrail safety checks had commenced and would be monitored through the completion of a monthly environmental audit. However, an area for improvement was stated.

We observed staff throughout the home utilising patient lounge and dining rooms for staff breaks. Patients were not at liberty to use their lounge or dining areas as they wished and in safety as staff were not wearing PPE. As discussed previously in section 6.2.4, regarding the change of use of two shower rooms, the importance of rooms being used for the purpose that they are registered for was discussed with the manager and the responsible individual as an area for improvement. We provided some advice and guidance on how to manage staff breaks more appropriately and in line with IPC guidance. During the meeting on 28 January 2021, the manager advised that a designated staff room has been implemented and agreed that any future changes would be discussed with RQIA prior to making any changes.

6.2.6 Care Records

We observed confidential information regarding patients within an unlocked cupboard and a desk diary containing patient information which was left open at a nurse's station. We discussed this potential breach of confidentiality with the manager and an area for improvement was stated.

Review of five patients' care records identified deficits regarding the management of modified diets to direct patients' care as follows:

- supplementary records evidenced inconsistencies with regard to the use of the International Dysphagia Diet Standardisation Initiative (IDDSI) terminology
- care plans, medication prescription charts and supplementary records contained inconsistent and conflicting information with regards to the patient's nutritional care needs and dietary recommendations from the Speech and Language Therapist (SALT).

This was an area for improvement that had been identified at a previous care inspection as mentioned above in section 6.1 and has been stated for a second time.

Further deficits were identified within patient care records as follows:

- repositioning records did not consistently or accurately record the position that the patient was changed from/to
- the frequency of repositioning was not recorded on relevant charts and there were gaps within the records where the patient had not been repositioned within the recommended time frame as per the care plan
- one patient's repositioning chart recorded them as having a 'bruise on foot' but did not indicate which foot or the action taken
- activities of daily living assessments were either not signed and/or dated by the person who completed them and information within these records was inconsistent with information recorded in other areas of the care records.

This was an area for improvement that had been identified at a previous care inspection as mentioned above in section 6.1 and has been stated for a third and final time. During the meeting on the 28 January 2021 the manager confirmed the actions taken to improve the quality and accuracy of record keeping and care planning through regular monitoring and training.

Areas of good practice

Evidence of good practice was found in relation to the friendly, supportive and caring interactions by staff towards patients.

Areas for improvement

Sixteen new areas for improvement were identified during the inspection. Details can be found throughout the body of the report and in the Quality Improvement Plan (QIP).

	Regulations	Standards
Total number of areas for improvement	10	6

6.3 Conclusion

During the inspection, we observed positive interactions between staff and patients. Staff were observed to have caring, cheerful and friendly interactions with patients.

However, serious concerns were highlighted in regards to the lack of managerial oversight and governance processes within the home; health and welfare of patients; infection prevention and control practices; the internal environment; risk management and fire safety practices.

At a meeting on 28 January 2021 RQIA were assured by the responses from the responsible individual and the manager, that there was an increased awareness of the importance of robust managerial oversight and governance arrangements; and we were informed of the actions taken since the inspection to address the matters identified.

Following these assurances it was decided not to issue the four failure to comply notices but that RQIA would continue to monitor and review the quality of service provided in Hillcrest Care Facility and will carry out an unannounced care inspection to assess the level of improvement with the QIP issued and sustained compliance with these regulations.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Caine McGoldrick, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider 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 nursing 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

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 Nursing Homes Regulations (Northern Ireland) 2005

Area for improvement 1 **Ref**: Regulation 13 (1) (a) **Stated:** Third and final time **To be completed by:** 15 March 2021	The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals. Specific reference to patients' care records and daily evaluation notes: • Where a patient has been repositioned the frequency should reflect the current care plan and state the intervention on each repositioning • Records relating to a patients activities of daily living are reviewed and updated to reflect their current needs • Care plans and risk assessments are reviewed on a monthly basis or more frequently as deemed necessary. Ref: 6.1 and 6.2.6
	Response by registered person detailing the actions taken: All care plans have been reviewed and ammended to include repositioning records. Additional training has been completed with all staff nurses regarding record keeping.
Area for improvement 2 **Ref:** Regulation 27 (4) (b) **Stated:** Second time **To be completed by:** With immediate effect	The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home. Specific reference to ensuring that fire doors are not propped open. Ref: 6.1 and 6.2.4
	Response by registered person detailing the actions taken: The registered manager and training manager have reviewed all training records and updated records to ensure all staff has completed all mandatory training required for their role. A robust system of regular unannounced fire drills, and simulated evacuation drills, have been implemented.
Area for improvement 3 **Ref:** Regulation 13 (4) **Stated:** Second time **To be completed by:**	The registered person shall review and revise the management of thickening agents as detailed in the report. Ref: 6.1 and 6.2.6
	Response by registered person detailing the actions taken:

15 March 2021	All the care plans have been reviewed to ensure that correct SALT terminology is recorded through-out the nutritional pathway within the home.
Area for improvement 4 **Ref:** Regulation 10 (1) **Stated:** First time **To be completed by:** 15 March 2021	The registered person shall ensure that a robust governance system is implemented and maintained to promote and assure the quality of nursing and other services in the home. Ref: 6.2.1
	Response by registered person detailing the actions taken: A deputy manager has been appointed with additional management hours to assist in ensuring robost governance systems are in place. The manager has updated the auditing process to include action plans, responsibilities, and time frames.
Area for improvement 5 **Ref:** Regulation 29 **Stated:** First time **To be completed by:** 1 March 2021	The registered person shall ensure that the monthly quality monitoring visit report is robust, that it provides sufficient information on the conduct of the home; with an action plan and timescales to address any deficits identified in a timely manner. Ref: 6.2.1
	Response by registered person detailing the actions taken: A meeting has been held with the manager the responsible person and the regulation 29 officer to highlight the deficits identified by the RQIA. The regulation 29 officer is commited to ensuring a more robust monthly monitoring report with clear timescales and action plans that address any deficits in adequate time.
Area for improvement 6 **Ref:** Regulation 13 (7) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that all staff employed to work in the home are aware of and adhere to the infection prevention and control guidelines and best practice requirements. With specific reference to ensuring that the deficits in practice are addressed immediately to ensure the safety of patients and staff. Ref: 6.2.3
	Response by registered person detailing the actions taken: A Team Meeting has been held with nursing staff and care assistants to discuss issues identified in the inspection. Staff have received additional training on IPC and Hand hygiene and PPE audits are now completed weekly. The manager has comitted to increased governance focusing on IPC practice moving forward.
Area for improvement 7	The registered person shall take adequate precautions against the risk of fire.

Ref: Regulation 27 (4) (a) (b) **Stated:** First time **To be completed by:** With immediate effect	With specific reference to ensuring that: • all fire doors are able to close fully when activated • fire doors with surface damage are repaired/replaced • the holes in the identified ceiling are repaired • storage arrangements are reviewed to ensure that combustible items are not stored in rooms without appropriate fire detection devices. Ref: 6.2.4
	Response by registered person detailing the actions taken: A review of current fire doors has been completed. All remedial works required have been completed. The providers have supplied additional storage, in the form of a secure outdoor container. As a result all inappropriate storage areas have been cleared. Staff meetings have been conducted to ensure staff practices regarding appropriate storage is in keeping with the regulations.
Area for improvement 8 **Ref:** Regulation 27 (4) (e) (f) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall take adequate precautions against the risk of fire. With specific reference to ensuring that: • fire drills are recommenced and a record is maintained for inspection • fire safety awareness training is provided twice yearly and a record is maintained within the home for inspection. Ref: 6.2.4
	Response by registered person detailing the actions taken: A robust system of regular unannounced fire drills, and simulated evacuation drills, have been implemented and recorded for inspection. The manager has established a new online system for reviewing staff training records. This will be monitored on a monthly basis to ensure training is always accurate and up to date.
Area for improvement 9 **Ref:** Regulation 27 (2) (b) (d) **Stated:** First time **To be completed by:**	The registered person shall ensure that the premises are kept in good state of repair, kept clean and reasonably decorated. With specific reference to: • surface damage to identified door frames, skirting boards, over bed tables, bedframes and walls that were scuffed • floor covering within a lounge in Hillcrest with black scuff marks

1 April 2021	• identified chairs where the fabric was torn • addressing the malodour and replacing the carpet in the identified bedroom. Ref: 6.2.4
	Response by registered person detailing the actions taken: All remedial works have been completed. The identified chairs with torn fabric have been removed and are being reupholstered on a phased basis. A robust system of auditing and a maintenance schedule has now been implemented.
Area for improvement 10 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that medicines are stored securely at all times. Ref: 6.2.4
	Response by registered person detailing the actions taken: All deficits identified during the inspection have been addressed immediately. These practices were also addressed at a staff meeting to ensure compliance with the regulation.
Area for improvement 11 **Ref:** Regulation 14 (2) (a) **Stated:** First time **To be completed by:** With immediate effect	The registered persons must ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected at all times from hazards to their health. Ref: 6.2.4
	Response by registered person detailing the actions taken: All unsecured chemicals were transferred to a secure location with immediate effect. Additional keypad locks have been ordered for sluice room door in Hillview lodge and is awaiting installation.
Area for improvement 12 **Ref:** Regulation 32 (h) **Stated:** First time **To be completed by:** With immediate effect	The registered persons must ensure that that the nursing home, including all spaces, is only used for the purpose for which it is registered. Ref: 6.2.4 and 6.2.5
	Response by registered person detailing the actions taken: Two shower rooms identified have been returned to their original state. Alternative arangements for staff break areas, have been identified.
Area for improvement 13	The registered person shall ensure that procedures are

Ref: Regulation 14 (2) (b) (c) **Stated:** First time **To be completed by:** With immediate effect	implemented for the safe use of all bedrails in accordance with health and safety regulations and records maintained to evidence the checks have be completed and any deficits identified are addressed. Ref: 6.2.5
	Response by registered person detailing the actions taken: Daily and weekly checks of bedrails has been implemented. Bedroom environmental audits now include a check of the bedrails.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 11 **Stated:** Second time **To be completed by:** 18 December 2019	The registered person shall ensure the programme of activities reflects the preferences and choices of the patients and is evaluated regularly. This shall be displayed in a suitable format and a record kept of all activities that take place, with the names of the person leading them and the patients who participate. Arrangements for the provision of activities should be in place in the absence of the patient activity leader. Ref: 6.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2 **Ref**: Standard 39 **Stated:** First time **To be completed by:** 15 March 2021	The registered person shall ensure that a system is in place to ensure that mandatory training requirements are met. Ref: 6.2.1
	Response by registered person detailing the actions taken: The manager has established a new online system for reviewing staff training records. This will be monitored on a monthly basis to ensure training is always accurate and up to date. A process of refreshing all staff training has begun.
Area for improvement 3 **Ref**: Standard 35 **Stated:** First time **To be completed by:** 1 March 2021	The registered person shall ensure that that an effective system is implemented and monitored for managing the professional registration of care staff with NISCC. Ref: 6.2.1
	Response by registered person detailing the actions taken: The registered manager has now been assigned as a lead endorser for NISCC. The manager has reviewed all care staff registration with NISCC to ensure all staff is registered and that their registration is up to date.

Area for improvement 4 **Ref**: Standard 41 **Stated:** First time **To be completed by:** 1 March 2021	The registered person shall ensure the staff duty rota includes: • the hours worked by the manager and the capacity in which they were worked • the person in charge of the home in the absence of the manager • the full names of staff • the exact hours worked by staff. Ref: 6.2.2
	Response by registered person detailing the actions taken: Staff rotas have been updated to meet the identified standard.
Area for improvement 5 **Ref**: Standard 6 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that patients' right to privacy is upheld with specific reference to ensuring that the internal doors within the identified shower rooms are immediately reviewed to ensure that no other patient can access these rooms when occupied by another patient. Ref: 6.2.4
	Response by registered person detailing the actions taken: Remidal works have been completed to address identifed deficit. This work has been completed with the agreement of the identfied fire risk assessor.
Area for improvement 6 **Ref**: Standard 4 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that patients' personal care and grooming needs are met and that care records reflect specific measures on how to maintain patients' personal care where an assessed need is identified. Ref: 6.2.5
	Response by registered person detailing the actions taken: The personal care needs of the patients identified were addressed immediately on the day of inspection. The home manager has addressed with staff at staff meetings the importance of maintaining approriate and accurate care records. This has been reinforced by additional training for nurses. Additional training for care staff in relation to record keeping has also been completed.
Area for improvement 7 **Ref**: Standard 37 **Stated:** First time	The registered person shall ensure that the confidentiality of patients' care records is effectively maintained at all times. Ref: 6.2.6
	Response by registered person detailing the actions taken:

To be completed by: With immediate effect	A locked cupboard has been designated for the storage of patient's records. A Team Meeting has been held with all nursing staff and care assistants to discuss issues identified in the inspection and improvements required moving forward to ensure records are maintained in line with standards. This also included discussion around the storage and confidentiality of recordes.

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

Assurance, Challenge and Improvement in Health and Social Care