



Unannounced Care Inspection Report 6 and 9 September 2019



Laurelhill House

Type of Service: Residential Care Home
Address: 1a Ballymacash Park, Lisburn BT28 3EX
Tel no: 028 9260 2116
Inspectors: Alice McTavish and Judith Taylor

www.rqia.org.uk

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 30 residents who are living with dementia. The home is a single storey building which comprises The Maple Suite and The Oak Suite.

3.0 Service details

Organisation/Registered Provider: South Eastern HSC Trust Responsible Individual: Seamus McGoran	Registered Manager and date registered: Sue Curry 31 August 2018
Person in charge at the time of inspection: 6 September 2019 Sue Curry 9 September 2019 Deirdre Brush, Senior Care Assistant until 14.00 Gareth Gibson, Senior Care Assistant after 14.00	Number of registered places: 30
Categories of care: Residential Care (RC) DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 26

4.0 Inspection summary

An unannounced inspection took place on 6 September 2019 from 10.30 to 15.15 and on 9 September 2019 from 09.40 to 17.30.

This inspection was undertaken by the care inspector and the pharmacist inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care and medicines management inspections and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing, staff induction, training, supervision and appraisal, administration of prescribed medicines, safe storage of medicines, record keeping, audits and reviews, dignity and privacy and governance arrangements.

Areas for improvement were identified. These related to the home's environment, notification to RQIA of reportable events, the management of controlled drugs, distressed reactions, record keeping and audit. In addition, there were four areas for improvement from the last medicines management inspection, one of which is stated for the third and final time and the other three for the second time. The need to ensure that the necessary improvements are made was discussed with the registered manager.

Residents described living in the home in positive terms; residents' relatives told us that they were happy with the quality of care provided in the home.

Comments received from residents, people who visit them and staff during and after 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 residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*4	*5

* The total number or areas for improvement includes three which have been stated for a second time and one which has been stated for the third and final time.

Details of the Quality Improvement Plan (QIP) were discussed with Gareth Gibson, Senior Care Assistant and with Sue Curry, Registered Manager. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 8 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 8 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings of the last care and medicines management inspections, 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 questionnaires were returned to RQIA.

A lay assessor was present during this inspection and the comments provided to the lay assessor are included within this report. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections.

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

- staff duty rotas from 6 September to 19 September 2019
- staff training schedule
- two staff induction records
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records from 15 June to 9 September 2019
- reports of visits by the registered provider for June and July 2019
- RQIA registration certificate
- Legionella Risk Assessment
- Fire Risk Assessment
- medicines received
- personal medication records
- medicine administration records
- medicines disposed of
- controlled drug record books
- medicine storage temperatures
- medicine audits
- medicine management care plans
- medicines training records

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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

6.1 Review of areas for improvement from the last care and medicines management inspections

Areas for improvement from the last care inspection on 8 January 2019		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 2 c Stated: Second time	The registered person shall ensure the following arrangements are put in place: <ul style="list-style-type: none"> • a Legionella Risk Assessment is completed for the home • such Legionella Risk Assessments are completed regularly 	Met
	Action taken as confirmed during the inspection: Inspection of the Legionella Risk Assessment, submitted to RQIA after this inspection, confirmed that this was completed in February 2019.	
Areas for improvement from the last medicines management inspection on 12 March 2018		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13(4) Stated: Second time	It is a requirement that the registered person ensures that all medicines are stored at appropriate temperatures.	Met
	Action taken as confirmed during the inspection: There was evidence that medicines were being stored correctly and daily room and refrigerator temperatures were being monitored and recorded.	
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that that administration of external preparations is recorded on every occasion.	Not met
	Action taken as confirmed during the inspection: Senior care staff and care staff administer external preparations. Whilst staff advised that a new system had been put in place to ensure	

	<p>care staff recorded administration, this had not been sustained.</p> <p>This area for improvement is stated for a second time.</p>	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 30 Stated: Second time	<p>It is recommended that the registered person ensures that detailed care plans are in place for the management of distressed reactions for all designated residents.</p>	Not met
	<p>Action taken as confirmed during the inspection: We examined three residents' records and care plans. Detailed information was not in place regarding the management of distressed reactions.</p> <p>This area for improvement is stated for a third and final time.</p>	
Area for improvement 2 Ref: Standard 31 Stated: First time	<p>The registered person shall ensure that any transcribing of medicine details on medication administration records involves two staff and both staff sign the entry.</p>	Partially met
	<p>Action taken as confirmed during the inspection: There was evidence that two staff were involved in transcribing on some but not all occasions.</p> <p>This area for improvement is stated for a second time.</p>	
Area for improvement 3 Ref: Standard 6 Stated: First time	<p>The registered person shall ensure that details of the reason for and the outcome of any medicines administered for distressed reactions are recorded on each occasion; and any regular use is referred to the prescriber.</p>	Not met
	<p>Action taken as confirmed during the inspection: A review of three residents' records indicated that when these medicines were administered, the reason for and outcome of each administration was not recorded.</p>	

	This area for improvement is stated for a second time.	
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6.2 Inspection findings

6.3 Is care safe?

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

The people who live in this home said that they felt safe. They said that there was always staff around to help them if they needed help, and that this included during the night. The person in charge confirmed that staffing was safe and kept under review. There was care staff, laundry, kitchen, domestic and administrative staff on duty during the day and care staff in the evenings and overnight.

Staffing and recruitment

We could see that the duty rota accurately reflected all of the staff working within the home; all staff who were to be on duty were present and were carrying out their duties.

We could see that there was enough staff in the home to quickly answer any requests by residents for help, to assist with care when needed and to provide residents with a range of activities.

The person in charge told us that the Trust ensures that all staff were properly vetted and suitable to work with the residents in the home. We saw evidence that the Trust confirmed this to the manager in writing.

Staff induction, supervision and appraisal

We spoke with staff who told us that they had a good induction to working in the home and that they got regular supervision. We saw that all staff got a corporate induction and a thorough local induction which prepared them to work in the home. We saw that there was a system in place for planning supervisions and annual appraisals with staff. Senior staff had a formal supervision with the manager on alternative months. This exceeds the Standards and is good practice.

Staff training and registration with professional body

We looked at the training records to make sure that staff had been given the core training they needed to do their jobs safely. We could see that staff either had the training, or if it was out of date, there was a plan in place for staff to get the training.

Staff told us that they received mandatory training and they were registered with their professional body, the Northern Ireland Social Care Council (NISCC). Registration with

NISCC is necessary to ensure that social care staff are safe practitioners and adhere to NISCC standards of conduct and practice. We saw from records kept by the manager that staff registrations were checked regularly.

Safeguarding residents from harm

The person in charge was able to describe how residents in the home were protected from abuse or harm. The home had a policy and procedure which was in keeping with current regional adult safeguarding guidance. The home had a safeguarding champion.

Staff who we spoke with were able to describe what they might look out for if a resident was being abused or harmed. They were aware of the need to report all suspected abuse and keep accurate records. Staff told us that their training helped them feel confident about what they should do in such situations.

Staff were also familiar with the home's whistleblowing policy and were able to describe what they should do if they witnessed poor practice by colleagues; staff reported that their first obligation was to the safety of the residents and that they felt confident about reporting such poor practice.

The person in charge was able to describe how safeguarding referrals would be made to trusts, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

Environment

We saw that the home was kept clean, tidy and comfortable for residents. The Maple Suite, which had been recently refurbished, was in good decorative state although there was some damage evident on the paintwork in bedrooms. The Oak Suite had yet to be refurbished and it was evident that the paintwork on the plaster and wood in this area was damaged and tired.

We spoke with staff who told us that there had been no consultation by the Trust in regard to the colour scheme in The Maple Suite and this had resulted in a dark colour scheme. Staff were keen to ensure that the residents, their relatives and the staff team would have an input into the choices of colours in The Oak Suite, when the redecoration was to begin.

The manager advised that she had visited another home and had got ideas about how the physical environment of Laurelhill could be improved to provide an enhanced experience for the residents. She had the full support of her line manager to include residents, families and staff in the planning of the refurbishment. The manager reported that monies had been identified for redecoration of The Oak Suite and repainting of identified areas of The Maple Suite but she had not been informed by the Trust of the specific timeframe for this. This was identified as an area for improvement to comply with the Regulations.

We found that bedrooms were personalised and there were no malodours. Residents told us that they liked their rooms and felt they had their own space and privacy.

There were communal lounges and dining rooms for the use of residents which also allowed space for activities and meetings. The internal courtyard was well planted with seasonal flowers and there was garden furniture for the use of residents and their visitors. All fire exits were free from obstruction. Furniture in bedrooms and communal areas was in good repair.

Restrictions

The person in charge told us that the manager makes sure that residents living in Laurelhill House enjoyed as much freedom as possible whilst remaining safe and some restrictions were necessary to achieve this.

The person in charge advised there were restrictive practices within the home, notably the use of locked internal doors with keypad entry systems, night checks and the management of smoking materials. When we looked at care records for residents we saw that any restrictions were discussed and agreed with residents and their relatives, kept under review and removed when they were no longer needed.

Infection prevention and control (IPC)

The person in charge told us about the arrangements in place to make sure that the home was kept clean and fresh. We could see from training records that all staff had received training in IPC in line with their roles and responsibilities. We saw how staff used gloves and aprons to keep hands and clothing clean to reduce the risk of spreading infection.

Medicines Management

There was evidence that residents were being administered their medicines as prescribed.

Satisfactory systems for the following areas of the management of medicines were observed: staff training and competency assessment, medicine incident management, the safe storage of medicines, the administration of medicines, the completion of most medication records, the management of medicine changes, high risk medicines and antibiotics.

We examined the management of controlled drugs. Whilst there were no discrepancies in the stock balances of controlled drugs, staff should ensure that any discontinued controlled drugs which are subject to safe custody legislation, remain in the controlled drug cabinet and continue to be checked at each transfer of responsibility, until returned to the community pharmacy. In addition, regarding the record keeping, we noted there were amended entries and the entries had been part signed in advance of the next shift reconciliation check. Records should not be amended and entries should only be made at the actual time of checking or administration. An area for improvement was identified to ensure compliance with the Regulations.

The completion of medicine records was reviewed. In relation to the personal medication records, staff should ensure that in addition to recording the date when a medicine is discontinued, a line is struck through the entire medicine entry; this ensures clarity. A number of obsolete personal medication records remained in the current medicines folder; these should be discontinued and archived. An area for improvement was identified to ensure compliance with the Standards.

At the last medicines management inspection we had raised the issue of ensuring that care staff responsible for the administration of external preparations should record this activity; there was no system in place to demonstrate that these medicines were administered. Staff we met with advised that these medicines were administered as prescribed and could provide details of the medicines prescribed. We had also asked that when staff are transcribing medicines information, this should be signed by two staff to ensure the entry is accurate. Two staff were

not routinely involved in transcribing on medication administration records. The areas for improvement are stated for a second time (see also section 6.2).

The management of distressed reactions was examined. We reviewed three residents' records; detailed care plans were not in place and when administered there was no information regarding the reason for administering the medicine or the outcome of the administration. It is disappointing as these issues had been raised previously. Therefore, these areas for improvement are stated again, one for the third and final time (see also section 6.2).

The inspection findings indicated that a robust auditing system was not in place to oversee all aspects of medicines management. The benefit of ensuring that the QIP is used as part of the organisation's audit process, to assist with driving and sustaining improvements was discussed with the registered manager. An area for improvement was identified to ensure compliance with the Standards.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff induction, training, supervision and appraisal, adult safeguarding and infection prevention and control. In relation to medicines management, there were examples of good practice in ensuring residents were administered their medicines as prescribed, management of compliance issues, incident management and the safe storage of medicines. Staff were knowledgeable regarding the residents' medicines.

Areas for improvement

Four new areas were identified for improvement. These were in relation to the home's environment, the governance arrangements for medicines, management of controlled drugs and completion of personal medication records.

	Regulations	Standards
Total number of areas for improvement	2	2

6.4 Is care effective?

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

We could see that the residents were getting the right care and that the staff knew the residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff told us that generally there was good communication between staff for the benefit of residents and there was good team work; an issue was raised by a member of staff in relation to the communication during one shift handover. This was later discussed with the manager who advised that some changes to the staff handover were planned for the near future.

Management of risks relating to residents

The person in charge described a robust assessment and admissions process before residents could be admitted to Laurelhill House. When risks are identified and assessed, a plan is put in place to meet the care needs of the resident and to reduce any risks. Staff described

collaborative relationships between professionals and how this ensured residents were provided with safe and effective care.

Practice relating to the management of falls in the home was good. We saw that the manager completed an audit of accidents or incidents in the home each month which included falls. This looked for any patterns or trends and considered actions to reduce the likelihood of falls happening. Staff were aware of how they could get professional advice from medical or trust staff.

Care records

The care records for residents were kept securely to ensure that they were confidential. The records were written in a professional manner and used language which was respectful of residents.

There was a care plan in place and appropriate risk assessments; staff kept detailed daily notes of the care provided. We saw how a care review was completed with the resident, their family, care staff and staff from the Trust each year. We also saw evidence that the care records were audited regularly to make sure that they were accurate and up to date.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews and communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

Culture and Ethos of the home

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents laughing and joking with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff.

We could see that residents' wishes, interests and preferences were reflected in care records, for example, there was information about what activities each resident would like to do and residents' daily routines were recorded. We also saw that the care records noted preferences such as what time residents liked to get up or go to bed and how they like to be helped with

care. Staff told us that the residents' routines depended on what they wanted to do and that the staff took a flexible approach.

Activities

Staff told us about the wide range of activities available and how they worked to make sure that each resident could have access to meaningful pastimes, hobbies, crafts or outings. We saw that residents, their relatives and staff had been consulted about activities and the menu of available activities had been adjusted to take new ideas into account, for example, there had been bus outings and a fish supper and 'mocktails' evening; there was visits from primary school children on alternative weeks and an interactive 'magic' table was used daily. A programme of available activities was displayed with photographs of residents who participated.

Residents said that they enjoyed the activities on offer. The lay assessor observed how staff let residents know what activities were happening during the day, encouraged residents to join in and supporting them to do so.

Resident involvement

We looked at the minutes of residents' meetings and could see that this gave residents an opportunity to discuss any issues and to make suggestions about what they would like. The person in charge told us that these meetings took place regularly and that there was also a separate meeting for family members. We saw from the minutes of these meetings that they were held each quarter and it gave the manager opportunity to share information about new developments in the home with residents' families.

In addition, staff reported that the manager was always available to speak with any residents or their family members if they wished to discuss any issues or concerns.

There was also a satisfaction survey completed annually by residents, their family members and staff. We looked at the summary report for the last survey completed in 2018 and this indicated that all parties were satisfied with the care, services and facilities in the home.

Residents made the following comments:

- "The staff are excellent, they are always telling us jokes."
- "Staff are available at all times."
- "Staff are very quick to respond at night."

A resident's relative said, "I am very happy with the care provided to my dad." The relative also raised an issue relating to the range of choices at supper time. This was discussed with the manager after the inspection. The manager advised that the menu was recently reviewed in consultation with residents, relatives, staff and dieticians and additional choices had been introduced from 9 September 2019. This would be displayed on the notice board so that families would be aware of this development.

The lay assessor noted that staff 'showed and treated residents with dignity and respect...staff seemed to be available at all times and checked with each other...(to make sure that) services were offered to match the needs of residents'.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and their relatives and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

Staff in the home said that they got good support from their manager who was supportive and approachable. The person in charge described the staff team as being committed, dedicated and reliable with a focus on delivering a high quality of care to residents.

Managerial oversight

Staff told us how the manager completes managerial tasks to make sure she is satisfied that the home runs well. She completes audits of areas such as accidents and incidents, hand hygiene and IPC and looks for any ways in which these areas can be improved. The manager makes sure that staff are properly supported to do their jobs through providing regular supervision, appraisal and training. The manager makes sure, too, that all of the systems are in place to ensure the safety of the home, for example, that all fire checks are completed. We looked at a range of audits and saw that these were completed regularly.

Complaints and Compliments

The manager deals with any complaints raised by residents or their family members. We looked at the records of complaints since the last inspection and could see that they were managed appropriately. Staff told us that they would not hesitate to raise issues with the manager, if needed.

The manager also shared compliments received from residents, their families and professionals as this is important for staff morale and learning.

Some compliments received were as follows:

- “Just a shout to express our appreciation for all your care over the past three weeks. We have all been touched by the interest and support shown by everyone we have met and words cannot express our thanks. Each time we have visited we have been impressed by

the level of care and respect shown to all the residents and the professional way in which the staff work together.”

- “Many thanks for all your care and love to (my relative) over the past year and a half – it means so much. And for the support at the funeral – we really appreciate it.”
- “Just a few words to thank you all so much for the wonderful care and attention that (my relative) received over the past year, and also the support that I received from you all...”
- “...can I just say how immensely grateful we are for the care and devotion offered to (our relative)...the staff spent so much time with him, making his stay as comfortable as possible, especially in the last few weeks as his dementia deteriorated, we all know it wasn't an easy time, but the staff showed a great deal of commitment towards his care...a truly wonderful team of staff.”

Accidents and incidents

The person in charge told us about the system for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. We looked at these records and found that two events had occurred which were not notified to RQIA. This was identified as an area for improvement to comply with the Regulations.

Additional training

The manager and staff told us that there was training provided for areas not part of the mandatory training. We looked at the training records and saw that staff had been trained in oral hygiene, diabetes, Parkinson's Disease and the management of complaints.

Communication

The manager made sure that there were regular staff meetings and that information was shared with the staff team about any issues arising. She also made sure that any best practice guidance, for example, the International Dysphagia Diet Standardisation Initiative (IDDSI), was shared with the staff team and could be used in the home for the benefit of residents, if necessary.

Annual Quality Review

We looked at the report completed in 2019 and found that it provided a comprehensive overview of the quality of care, services and facilities across the residential.

Visits by the registered provider

The home was visited by a representative of the registered provider each month and all aspects of the running of the home were reviewed, analysed and evaluated. We looked at the reports of the visits in June and July 2019 and found that these were comprehensive. The reports showed evidence of how the provider engaged with residents, their families and staff to get their views on the care in the home; the provider also checked that audits, complaints and reports were properly managed and shared, where necessary. Where any improvements could be made, these were documented in a way that they could be tracked until they had been satisfactorily completed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

One area was identified for improvement in relation to notifications to RQIA of notifiable events.

	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 Sue Curry, Registered 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	
Area for improvement 1 Ref: Regulation 13 (4) Stated: Second time To be completed by: 6 October 2019	<p>The registered person shall ensure that that administration of external preparations is recorded on every occasion.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Action completed. Best practice template implemented on for each resident to record each external application administration. Staff awareness sessions in completing documentation shared at each shift Handover meeting.</p>
Area for improvement 2 Ref: Regulation 13(4) Stated: First time To be completed by: 6 October 2019	<p>The registered person shall ensure that robust arrangements are in place for the management of controlled drugs.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Action completed. Senior Care Assistants are aware of the correct procedure to record each Controlled Drug count and obtain two signatures on administration.</p>
Area for improvement 3 Ref: Regulation 27 (2) (b) and (d) Stated: First time To be completed by: 31 December 2019	<p>The registered person shall ensure that the planned refurbishment and redecoration of The Oak Suite and repainting of identified areas of The Maple Suite are progressed in a timely manner.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Work in progress. Resources have been identified to redecorate and repaint throughout the Home. This resource would support a 12 month Quality Improvement Project (commencing 14/10/2019) to implement the 'Butterfly Household Model Approach to create a person-centred dementia-friendly environment.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 30 (1)</p> <p>Stated: First time</p> <p>To be completed by: 9 September 2019</p>	<p>The registered person shall ensure that all accidents, incidents and notifiable events, including unplanned activations of the fire alarm, are notified to RQIA in line with current guidance.</p> <p>Ref: 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: Action completed. Any identified outstanding notifications have been submitted to RQIA via the Portal. Learning has been shared with all staff on the reporting process requirements.</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 30</p> <p>Stated: Third and final time</p> <p>To be completed by: 6 October 2019</p>	<p>It is recommended that the registered person ensures that detailed care plans are in place for the management of distressed reactions for all designated residents.</p> <p>Ref: 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: Action completed. A new best practice Care Plan specific ally for distressed reactions has been introduced into practice for every resident who may be prescribed PRN medication.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 31</p> <p>Stated: Second time</p> <p>To be completed by: 6 October 2019</p>	<p>The registered person shall ensure that any transcribing of medicine details on medication administration records involves two staff and both staff sign the entry.</p> <p>Ref: 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: Action completed. Robust monthly audit tool has been introduced to measure compliance with standards. The last audit undertaken on 03/10/2019 demonstrated 100% compliance.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 6</p> <p>Stated: Second time</p> <p>To be completed by: 6 October 2019</p>	<p>The registered person shall ensure that details of the reason for and the outcome of any medicines administered for distressed reactions are recorded on each occasion; and any regular use is referred to the prescriber.</p> <p>Ref: 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: Action completed. The RQIA template for recording any distressed reactions, actions and outcomes has also been implemented into practice on 04/10/2019</p>

<p>Area for improvement 4</p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: 6 October 2019</p>	<p>The registered person should closely monitor the completion of personal medication records.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Actioned on 04/10/2019. Robust monthly audit activity in place to monitor compliance with standards.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: 6 October 2019</p>	<p>The registered person should develop and implement an effective auditing system which covers all aspects of medicines management.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Action completed. Best practice audit tool implemented into practice 04/10/2019 to cover all aspects of medicine management compliance.</p>

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



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Assurance, Challenge and Improvement in Health and Social Care