

Inspection Report

21 July 2022



Abingdon Manor Care Centre

Type of service: Nursing Home
Address: 949 Crumlin Road, Belfast BT14 8FG
Telephone number: 028 9071 7878

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation: Electus Healthcare (Abingdon) Ltd Responsible Individual: Mrs Hazel McMullan	Registered Manager: Ms Julie McGlinchey Date registered: 23 June 2017
Person in charge at the time of inspection: Ms Julie McGlinchey - Registered Manager	Number of registered places: 60 A maximum of 20 patients in category NH-I, NH-PH, NH-PH(E), NH-TI to be accommodated in the Antrim & Down Suites A maximum of 10 patients in category NH-PH, NH-PH(E) to be accommodated in the Londonderry Suite A maximum of 19 patients in category NH-LD, NH-LD(E) in the Tyrone & Fermanagh Suites; and 1 named patient in category NH-PH to be accommodated in the Fermanagh Suite A maximum of 10 patients in category NH-DE to be accommodated in the Armagh Suite.
Categories of care: Nursing Home (NH) PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years LD – Learning disability LD(E) – Learning disability – over 65 years category DE – Dementia I – Old age not falling within any other TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 56
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 60 patients. The home is divided in six suites over two floors. The Tyrone and Fermanagh suites on the ground floor provide care for people with learning disabilities and the Londonderry suite which is also situated on the ground floor provides care for people with physical disabilities.	

The Antrim and Down suites on the first floor provide general nursing care and the Armagh suite which is also on the first floor provides care for people with dementia.

2.0 Inspection summary

An unannounced inspection took place on 21 July 2022 from 9.00am to 6.00pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 6.0. Two areas for improvement identified at the previous care inspection were partially met and are stated for a second time, while an additional six areas for improvement have been carried forward for review at the next medicines management inspection.

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

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

RQIA were assured that the delivery of care and service provided in Abingdon Manor Care Centre was provided in a compassionate manner by staff that knew and understood the needs of the patients.

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

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

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

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in Abingdon Manor Care Centre. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. One patient told us, "I am well looked after, the food and staff are good" while another patient said, "they are all very good here".

Staff acknowledged occasional challenges but all staff agreed that Abingdon Manor Care Centre was a good place to work. Staff members were complimentary in regard to the home's management team and spoke of how much they enjoyed working with the patients.

One questionnaire was returned from a relative who indicated they were happy with the care that was provided. No feedback was received from the staff online survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 13 January 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 16 (2) (b) Stated: First time	The registered person shall ensure choking risk assessments are in place for those patients at high risk of choking.	Met
	Action taken as confirmed during the inspection: Examination of care records confirmed that this area for improvement has been met.	

<p>Area for Improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • Donning and doffing of personal protective equipment • Appropriate use of personal protective equipment • Staff knowledge and practice regarding hand hygiene • Adherence to best practice guidance in relation to being bare below the elbow. <p>Action taken as confirmed during the inspection:</p> <p>Although some improvements were noted, particularly in relation to decluttering of the environment and the reusing of single use syringes, discussion with staff and observation of staff practice evidenced continued shortfalls in infection prevention and control knowledge and practice. This is discussed further in section 5.2.3.</p> <p>This area for improvement is partially met and is stated for a second time.</p>	<p>Partially met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the personal medication records are accurate and up to date.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>

Area for improvement 4 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that records for the prescribing and administration of thickening agents are accurately maintained.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 5 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that the medicines refrigerator temperature is accurately monitored each day and corrective action taken if temperatures outside the required range are observed.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 6 Ref: Regulation 13 (4) Stated: First time	The registered person should implement a robust auditing system which covers all aspects of the management and administration of medicines, including those detailed in the report. Action plans to address any shortfalls should be developed and implemented.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 39.1 Stated: First time	The registered person shall ensure that all agency staff complete a structured orientation and induction in a timely manner and such records are retained within the nursing home at all times.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 2 Ref: Standard 39.9 Stated: First time	The registered person shall ensure that mandatory training requirements are met.	Partially met
	Action taken as confirmed during the inspection: Examination of training records evidenced some improvements in staff training. However, further improvements in uptake of mandatory training are required. This is discussed further in Section 5.2.1. This area for improvement has been partially met and is stated for a second time.	
Area for improvement 3 Ref: Standard 21.1 Stated: First time	The registered person shall ensure that patients' wound care plans are updated in a timely manner to reflect any changes in care and treatment and those daily evaluations evaluate the condition of the wound.	Met
	Action taken as confirmed during the inspection: Examination of wound care records evidenced that this area for improvement has been met.	
Area for improvement 4 Ref: Standard 48.8 Stated: First time	The registered person shall ensure that evidence is present to confirm all staff have participated in a fire evacuation drill at least once per year.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 5 Ref: Standard 30 Stated: First time	The registered person shall ensure that medicines are stored safely in accordance with infection prevention and control standards and disposed of when expired.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Area for Improvement 6 Ref: Standard 29 Stated: First time	The registered person shall ensure that records for the disposal of medicines are accurately maintained.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff told us they were provided with a comprehensive induction programme to prepare them for providing care to patients. Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC). However, review of audit records evidenced deficits in oversight of staff registration with the NMC. This was discussed with the manager who provided assurances that all nursing staff members were appropriately registered with their professional body. An area for improvement was identified.

Staff members who take charge of the home in the absence of the manager should complete a competency and capability assessment to be able to do so. Discussion with the manager confirmed that these had been completed although no records were available for review on the day of the inspection; evidence of completion was shared with RQIA via email following the inspection.

Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety. However, review of training records evidenced that although some improvements were made since the last care inspection, further work was required to ensure compliance with mandatory training, particularly with infection prevention and control (IPC) training. An area for improvement identified at the previous care inspection was stated for a second time.

Review of staff training records confirmed that all staff members were required to complete adult safeguarding training on an annual basis. Staff members were able to correctly describe their roles and responsibilities regarding adult safeguarding.

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty.

Staff said they felt supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work and said that when planned staffing levels were adhered to they had no concerns regarding the staffing levels. However, some staff told us that the use of agency staff can be challenging, particularly if the agency staff are not familiar with the home and patients.

No relatives were available to be spoken with during the inspection. One questionnaire was returned from a relative who indicated they were happy with the care that was provided in the home. They stated that another member of staff would be beneficial to allow staff to attend to patients needs and not feel under pressure.

Patients spoke positively about the care that they received and it was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner. Two patients told us that while they were very happy with the care provided, they have experienced delays in receiving medication and in having their nurse call bell responded to during the night shift in the home. They also commented on the visibility of staff for periods of up to 90 minutes during the night shift.

This was discussed with management during inspection feedback. Assurances were provided that staffing was kept under review and following the inspection management confirmed the staffing levels in the home at night had been increased to meet the needs of the patients.

5.2.2 Care Delivery and Record Keeping

Staff members meet at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff members were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning evidenced these records were generally well completed, although deficits in recording were noted in one identified suite. These were discussed with the manager who agreed to meet with staff and discuss the shortfalls identified.

Management of wound care was examined. Review of one identified patient's care records confirmed that wound care was provided in keeping with care plan directions.

Falls in the home were monitored on a monthly basis to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. There was a system in place to ensure that accidents and incidents were notified to patients' next of kin, their care manager and to RQIA, as required.

Examination of patients' care records regarding the management of falls indicated that at times nursing staff did not consistently evaluate the status of the patient following a fall. In addition, review of the specific patients care plan evidenced that these records were not reviewed, post fall, to ensure they reflected the needs of the patients in preventing or managing falls or that nursing staff had evaluated the previous falls history and the potential impact on the patient. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. A variety of drinks were served with the meal. Although menus were displayed in each suite, these were not always in a suitable format to meet the needs of all patients, specifically those with a diagnosis of dementia. This was discussed with the manager who agreed to review current menu format. This will be reviewed at a future care inspection.

Patients may need support with meals; ranging from simple encouragement to full assistance from staff. Staff attended to patients' dining needs in a caring and compassionate manner while maintaining written records of what patients had to eat and drink, as necessary. Patients spoke positively in relation to the quality of the meals provided.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and the administration of food supplements in addition to meals. Care plans examined detailed how patients should be supported with their food and fluid intake. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Review of one identified patient's care records evidenced that care plans had been developed within a timely manner to accurately reflect their assessed needs.

Review of records such as personal care records and food and fluid intake evidenced that these were well maintained. Examination of additional care records evidenced some deficits in record keeping. These were discussed with staff who arranged for corrective actions to be taken before the end of the inspection.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced the home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were decorated, suitably furnished, clean and tidy. A small number of environmental issues were identified which included some flooring and furniture that required replacing as well as some walls that needed painting. These were discussed with the manager who provided assurances that a new environmental audit had been recently introduced. Once completed the outcomes will contribute to the refurbishment plans for the home. This will be reviewed at a further care inspection.

Shortfalls were identified in regard to the effective management of potential risks to residents' health and wellbeing; this included inappropriate supervision and storage of cleaning chemicals and food and fluid thickening agents. These deficits were discussed with staff who took the necessary actions to mitigate any risk. During feedback assurances were provided by the manager that further actions would be taken to manage risks in the home. An area for improvement was identified.

A number of bedrooms did not have a table top facility. The manager agreed to audit the bedrooms in the home to ensure they were in keeping with relevant care standard. This will be reviewed at a future care inspection.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks. Two isolated incidents relating to fire safety were highlighted during the inspection and discussed with staff who took immediate action to mitigate any risks. This was discussed with the manager who agreed to meet with staff and discuss the issues raised. A fire risk assessment had been completed on 13 December 2021. The manager confirmed that all actions identified by the fire risk assessor had been addressed.

The manager said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Any outbreak of infection was reported to the Public Health Authority (PHA).

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE. There was an adequate supply of PPE and hand sanitisers were always readily available throughout the home.

During the previous care inspection personal protective equipment (PPE), which was not indicated for use in a healthcare setting, was observed to be used by some staff. Assurances were provided by the manager that the use of such PPE would cease immediately. It was disappointing to note that this PPE was still in use in the home. This was discussed with the manager who advised they would arrange for its immediate removal from patient care areas.

Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided. As discussed in Section 5.2.1 review of training records confirmed IPC training was outstanding for some staff. While some staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. In addition, some staff members were not familiar with the correct procedure for the donning and doffing of PPE. This area for improvement was stated for a second time.

Discussion with the manager confirmed there was no identified nurse to lead on IPC procedures and compliance within the home. Assurances were given that a registered nurse would be identified to lead on this role.

5.2.4 Quality of Life for Patients

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

Patients were observed enjoying listening to music, reading newspapers/magazines and watching TV. One patient said they enjoyed going outside for walks with the activity co-ordinator.

There was evidence that a planned activities programme was in place. An activity planner displayed in the Armagh, Antrim and Down suites confirmed a variety of activities were scheduled which included tea parties, arts and crafts, massage, walks, armchair exercises and one to one activities. However, these activity planners were reflective of the activities planned for the previous week. There was no evidence that activities had been planned in any of the suites for the week of the inspection.

Activities should be planned and delivered in each suite with records maintained, even when the activity co-ordinator is on leave. This was discussed with the manager who confirmed activity provision had been identified internally as an area for review and this was being addressed by senior management. Information shared by the provider with RQIA prior to the inspection confirmed recent meetings were held with activity co-ordinators in order to drive improvement. Given these assurances and to allow time for activity provision to be reviewed additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

5.2.5 Management and Governance Arrangements

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

There has been no change in the management of the home since the last inspection. Ms Julie McGlinchey has been the registered manager since 23 June 2017.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager, or delegated staff members, completed regular audits to quality assure care delivery and service provision within the home.

Review of the IPC audit system identified some concerns. Review of audit records and discussion with staff identified additional training was required to ensure that staff completing these audits had sufficient knowledge to be able to do so. There was evidence of inconsistent audit activity regarding oversight of hand hygiene and PPE use. In addition, review of restrictive practice audits confirmed these had not been consistently completed. To drive the necessary improvements, areas for improvement were identified.

Discussion with the manager confirmed that systems were in place for staff appraisal and supervision, although these were not up to date. The manager confirmed in correspondence received by RQIA on 15 August 2022 that outstanding staff supervisions and appraisals had been completed.

There was a system in place to manage complaints although deficits in record keeping were identified. Examination of one complaint confirmed that although a complaints log was in place to monitor complaints received, there were no records available detailing the nature of the complaint, actions taken and the complainant's level of satisfaction regarding the outcome of the complaint. This was discussed with the manager who advised a new electronic system was recently introduced to ensure that complaints were managed correctly and that accurate records are maintained. Given these assurances and to provide the manager with sufficient time to fully address and embed these changes into practice, additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

A review of the records of accidents which had occurred in the home found that these were generally well managed and reported appropriately; although one notifiable event had not been reported. This was discussed with the manager and submitted retrospectively. Shortfalls were identified in the recording and auditing of incidents. This was discussed with the manager who provided assurances that their current processes would be reviewed to ensure it meets the needs of the service. An area for improvement was identified.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. These are available for review by patients, their representatives, the Trust and RQIA. It was noted that no visit had been completed for April 2022; this was discussed with the operations manager during feedback who confirmed this was due to unforeseen circumstances. They confirmed arrangements had been reviewed and contingencies are in place for completion of monthly monitoring visits in the absence of senior management.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	8*	6*

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

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate action required	The registered person shall ensure that the personal medication records are accurate and up to date. Ref. 5.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate action required	The registered person shall ensure that records for the prescribing and administration of thickening agents are accurately maintained. Ref. 5.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate action required	The registered person shall ensure that the medicines refrigerator temperature is accurately monitored each day and corrective action taken if temperatures outside the required range are observed. Ref. 5.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 4 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate action required	The registered person should implement a robust auditing system which covers all aspects of the management and administration of medicines, including those detailed in the report. Action plans to address any shortfalls should be developed and implemented. Ref. 5.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.

<p>Area for improvement 5</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • Donning and doffing of personal protective equipment • Appropriate use of personal protective equipment • Staff knowledge and practice regarding hand hygiene • Adherence to best practice guidance in relation to being bare below the elbow. <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: A clinical IPC nurse has been identified for the home and will undertake training for the role. All staff are to complete donning and doffing competencies and weekly hand hygiene and PPE audits to be completed. Twelve new danicentres have been provided for the units. Manager to monitor on daily walk around.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 21 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that a robust system is maintained to monitor staff registration with the Nursing and Midwifery Council at all times.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Manager will ensure there is a robust auditing process in place for monitoring staff registration with the Nursing and Midwifery Council at all times. Any new nurses commencing employment will be added to the matrix prior to commencing. This will also be monitored during Regulation 29 visits.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that nursing staff manage falls in keeping with best practice. All actions taken post fall should be appropriately recorded in the patient's care record.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Supervisions held with all nursing staff to ensure staff manage falls in keeping with best practice. New falls auditing tool and post falls tracker being implemented.</p>

<p>Area for improvement 8</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the residents have access are free from hazards to their safety, and unnecessary risks to the health and safety of residents are identified and so far as possible eliminated.</p> <p>This area for improvement is made with specific reference to the safe storage and supervision of cleaning chemicals and food and fluid thickening agent.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Supervisions held with all staff to ensure kitchen and utility doors are locked at all times when unoccupied. Nurses to monitor and Manager to check on daily walk around.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for Improvement 1</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that medicines are stored safely in accordance with infection prevention and control standards and disposed of when expired.</p> <p>Ref. 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that records for the disposal of medicines are accurately maintained.</p> <p>Ref. 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 39.9</p> <p>Stated: Second time</p> <p>To be completed by: 31 August 2022</p>	<p>The registered person shall ensure that mandatory training requirements are met.</p> <p>Ref: 5.1 and 5.2.1</p> <p>Response by registered person detailing the actions taken: Online training has commenced for all staff. Face to face training scheduled and a new training matrix has been implemented.</p>

Area for improvement 4 Ref: Standard 46.2 Stated: First time To be completed by: Immediate action required	The registered person shall ensure staff compliance with hand hygiene and the use of personal protective equipment (PPE) is monitored to ensure the necessary improvements are sustained. Ref: 5.2.5 Response by registered person detailing the actions taken: Weekly hand hygiene and PPE audits to be completed. Clinical IPC nurse identified. Manager to ensure the that necessary improvements are sustained.
Area for improvement 5 Ref: Standard 18.7 Stated: First time To be completed by: 31 August 2022	The registered person shall ensure that there are regular reviews or audits of incidences of restraint and/or restrictive practices. Ref: 5.2.5 Response by registered person detailing the actions taken: Manager will ensure that robust monthly audits of incidents / restraint and restrictive practices are in place. Audits will be reviewed at Regulation 29 visits.
Area for improvement 6 Ref: Standard 35.3 Stated: First time To be completed by: 31 August 2022	The registered person shall ensure that the process for recording and monitoring incidents in the home is reviewed to ensure it meets the needs of the service. Ref: 5.2.5 Response by registered person detailing the actions taken: The process for monitoring and recording incidents in the home has been reviewed and updated.

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care