

# Unannounced Care Inspection Report

## 21 June 2017



## Beechvale Nursing Home

**Type of Service: Nursing Home (NH)**  
**Address: 35 Beechvale Road, Killinchy, BT23 6PH**  
**Tel No: 028 97541166**  
**Inspector: Donna Rogan**

[www.rgia.org.uk](http://www.rgia.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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 42 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Beechvale Nursing Home Limited Richard Porter	<b>Registered Manager:</b> Kathie-Anne Stevenson (acting)
<b>Person in charge at the time of inspection:</b> Ryan Kelly Nurse in charge from 10.00 to 14.00 hours and Kathie-Anne Stevenson from 14.00 hours	<b>Date manager registered:</b> Kathie-Anne Stevenson (application pending)
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill	<b>Number of registered places:</b> 42

### 4.0 Inspection summary

An unannounced inspection took place on 21 June 2017 from 10.00 to 17.00 hours.

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.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection 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 recruitment procedures, notifications of incidents; staff training; delivery of compassionate care; adult safeguarding, monitoring staffs' registration status with the appropriate bodies and engagement with patients and patient representatives.

Areas requiring improvement were identified; they include the management of medications; the review of staffing levels; the management of the environment and recording the actions taken following auditing.

Patients spoken with stated that they were very satisfied with care and services provided and described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*3	2

\*The total number of areas for improvement includes one part of a regulation which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Kathie-Anne Stevenson, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 4.2 Action/enforcement taken following the most recent inspection dated 1 December 2016

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 1 December 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection. The QIP will be validated by the pharmacist inspector.

## 5.0 How we inspect

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing.
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit.

During the inspection the inspector met with 17 patients, five care staff, two registered nurses and six patients' representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- staffing arrangements in the home
- one staff recruitment and selection record
- staff induction, supervision and appraisal records
- staff training records for 2016/2017
- accident and incident records
- records relating to adult safeguarding
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- three patient care records
- two patient care charts including food and fluid intake charts and repositioning charts
- minutes of staff' and relatives' meetings held since the previous care inspection
- patient register
- annual quality report
- compliments records
- RQIA registration certificate
- certificate of public liability
- audits in relation to care records and falls
- a selection of policies and procedures
- complaints received since the previous care inspection
- monthly quality monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- the system for managing urgent communications, safety alerts and notices.

Areas for improvement 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.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection. One area for improvement was identified. The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 7 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time	<p>The registered provider must ensure the following infection control issues are addressed:</p> <ul style="list-style-type: none"> <li>• unused bedrooms should not be used to store equipment</li> <li>• replace the storage racks in the sluice room as they are rusted</li> <li>• remove the items stored in the identified bathroom, this bathroom should not be used as a store</li> <li>• repair the floor seals in the identified shower room</li> <li>• ensure toiletries are always personalised</li> <li>• ensure personal protective equipment such as aprons and gloves are appropriately stored</li> <li>• identify the designation of storage areas and ensure items stored within are maintained in keeping with best infection control practices</li> </ul>	<b>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the environment evidenced that bedrooms were being appropriately maintained. The storage racks have been replaced in the sluice room. The items stored in the identified bathroom have been removed. The floor seals in the identified shower room have been repaired and toiletries were being maintained personalised. Personal protective equipment was appropriately stored.</p> <p>Storage areas were not always being maintained in keeping with best infection control practices and this part of the regulation is stated for a second time.</p>	

<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 38 <b>Stated:</b> First time	The registered provider should ensure that pre-employment health assessments are completed prior to staff commencing employment.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of one member of staff's personnel file evidenced that the pre-employment health assessment was completed prior to them commencing employment.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	The registered provider should ensure the matrix register for care staff registered with NISCC is updated as information is received; a process should be introduced whereby the information is readily available for inspection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The matrix register for care staff registered with NISCC was up to date and it was readily available for inspection.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time	The registered provider should ensure patients are appropriately assessed to use the nurse call system; where necessary a means for calling for help is provided for patient and staff use.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The nurse call system was observed to be available in all patients' bedrooms.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 21 <b>Stated:</b> First time	The registered provider should ensure that the pro forma used to record accidents is reviewed to ensure all required information is recorded, for example a record of the clinical observations, or who has been informed when an accident occurred or who informed them and when they were informed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A new accident book has been introduced to record all relevant information following an accident.	

<b>Area for improvement 5</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	The registered provider should ensure that a general meeting is held with staff to agree how issues raised following the renovations to the home could be addressed by the deployment of staff and a review of the routine.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of staff minutes evidenced that staff meetings have been held regarding the deployment of staff. The most recent staff meetings were held on 16 and 23 March 2017.	
<b>Area for improvement 6</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	The registered provider should ensure that audits are completed at least monthly.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of audits evidenced that they had been undertaken, however further improvement is needed to ensure that an action plan is put in place and records maintained of the action taken and when the action plan has been addressed. An area for improvement is made in this regard.	
<b>Area for improvement 7</b> <b>Ref:</b> Standard 41.9 <b>Stated:</b> First time	The registered provider should ensure that the administrative roles and responsibilities are defined in order to assist in the management of the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A new management structure is now in place and administrative roles and responsibilities are now clearly defined in assisting with the management of the home.	



<b>Area for improvement 8</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	The registered provider should ensure that registered nurses and patients/relatives meetings are re-established. Minutes of the meetings should be retained alongside and any action taken to address any issues raised.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Registered nurses meetings have been re-established and the most recent meeting was held on 16 March 2017. Minutes are retained. The new manager confirmed that they intend to hold a meeting with patients and relatives the week commencing 26 June 2017. Minutes of the meeting should be maintained.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The nurse in charge confirmed the planned daily staffing levels for the home. A review of the staffing rota for weeks commencing 12 June 2017 and 19 June 2017 evidenced that the planned staffing levels were generally adhered to. Evidence of dependency level checks conducted to determine staffing arrangements were not available on inspection. Discussion with the manager and consultation with staff on duty stated that there were no concerns in regards to the staffing arrangements. The morning medication round was not completed until 11.45 hours. Lunch time medications were prescribed for 14.00 hours which does not leave sufficient time in between the medication round. An area of improvement is made in this regard. Two staff described, 'feeling that the workload is rushed at times' and stated that they were 'constantly rushing to meet the needs of patients' in the returned questionnaires. Two relatives also commented in the returned questionnaires, "there was a delay in tending to toileting needs" and "staff seems under pressure". An area for improvement was identified that the manager reviews staffing levels in the home to ensure the needs of patients are made in a timely way.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Supernumerary hours allow new staff members to work alongside a more experienced staff

member to gain knowledge of the home's routines and policies and procedures before being included in the staffing levels on the duty rota. Staff also confirmed that there was formal orientation/induction for new agency staff prior to commencing their employment.

Discussion with the nurse in charge and review of training records evidenced that they had a system in place to ensure staff attended mandatory training. The majority of staff were compliant with mandatory training requirements. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

Discussion with the nurse in charge and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

Staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Information confirmed that a safeguarding champion would be identified. A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. All falls in the home were reported to the Trust's falls team. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since January 2017 confirmed that these were appropriately managed.

A review of the home’s environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients’ bedrooms were personalised with photographs, pictures and personal items. Bedrooms and communal areas were clean and spacious. Fire exits and corridors were observed to be clear of clutter and obstruction.

The following issues were not managed in accordance with best practice guidelines:

- inappropriate storage in identified rooms
- sluice rooms containing cleaning substances were not locked
- the medication room was left unlocked, medicines were observed unlocked in this area
- storage areas need to be reorganised and the designated item only stored in them

The above issues were discussed with the nurse in charge and the manager and an assurance was provided that these areas would be addressed with staff and measures taken to prevent recurrence. An area for improvement was identified.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment; monitoring the registration status of nursing and care staff; staff training; adult safeguarding and risk assessment.

**Areas for improvement**

Areas for improvement were identified under the regulations in relation to staffing levels and the management of medications. An area of improvement is made under the standards in relation to the management of the environment.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	1

**6.5 Is care effective?**

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

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Care plans had been personalised to meet the individual needs of the patients and had been reviewed monthly.

Supplementary care records in regards to bowel management and repositioning were reviewed. Bowel management and repositioning had been recorded well on all three patient care records reviewed. An individual toileting chart had been developed and diligently recorded for all patients.

Repositioning records were reviewed. Two out of three of the patients reviewed required a repositioning regime following individualised assessments. The repositioning regime had been care planned for both of the patients. The frequency of repositioning was also included and documented.

Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Staff demonstrated an awareness of the importance of patient confidentiality in relation to the storage of records.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift.

Discussion with the nurse in charge and a review of minutes of staff meetings confirmed that since the last inspection there had been staff meetings conducted on 16 and 23 March 2017. The manager confirmed that further meetings will be arranged in the near future.

There have been no recent relatives/patients meetings. The manager states that a relatives/patients meeting will be held on 29 June 2017. Confirmation was also supplied that surveys with patients and/or their relatives will be conducted and results of the survey will be displayed on the relative's notice board reflecting relative comments and management responses.

Staff stated that although they felt stressed and rushed, there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the manager. Two staff consulted were of the opinion that their concerns were taken seriously. Patients and their representatives spoken with expressed their confidence in raising concerns with the home's staff/management. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to risk assessment; care planning; bowel management; communication between members of the multi-disciplinary team and the homes' staff; shift handovers; staffs' knowledge of their roles and responsibilities and contact with relatives/representatives.

### **Areas for improvement**

There were no areas for improvement identified in this domain.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 6.6 Is care compassionate?

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

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with 17 patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed chatting with patients when assisting them. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Patients stated that they were involved in decision making about their own care. Patients were consulted with regarding meal choices and their choice of attire. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

The serving of lunch was observed in the main dining room downstairs. Patients were seated around tables which had been appropriately laid for the meal. Food was served from the kitchen when patients were ready to eat or to be assisted with their meals. Food appeared nutritious and appetising. The mealtime was well supervised. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. Condiments were available on tables and a range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience.

The provision of activities was reviewed. A programme of activities for week commencing 19 June 2017 was displayed.

Two registered nurses, four carers and two ancillary staff members were consulted to ascertain their views of life in Beechvale. Ten staff questionnaires were left in the home to facilitate feedback from staff. Five of the questionnaires were returned within the timescale for inclusion in the report.

Some staff comments made during the inspection and in the returned questionnaires were as follows:

"It's a lovely home. It's very busy."

"I'm happy here. I really enjoy the work."

"Residents are really well cared for."

"I love my job but we need more staff."

"Due to the low staffing levels service users do not get the right care at the right time."

“We do not have enough staff.”  
 “Always under staffed.”  
 “The care is good.”

Seventeen patients were consulted. Eight patient questionnaires were left in the home for completion. Two of the patient questionnaires were returned.

Some patient comments during the inspection and in the returned questionnaires were as follows:

“We are very lucky to be here.”  
 “The staff are very good to me.”  
 “It’s very good here. The girls are all lovely.”  
 “I enjoy it here. The staff are always very busy.”  
 “The home is excellent.”  
 “I find the staff very nice and very attentive.”  
 “It’s very nice here.”  
 “A lot of times there is not enough staff in to take us to the toilet.”

Six patient representatives were consulted during the inspection. Ten relative questionnaires were left in the home for completion. Five of the relative questionnaires were returned.

Some patients’ relative/representative comments made during the inspection and in the returned questionnaires were as follows:

“Very satisfied that my relative is safe and well cared for.”  
 “I am kept well informed.”  
 “This is a lovely home, and the staff are so attentive.”  
 “There is not enough staff about to supervise.”  
 “Staff seem under pressure at times.”  
 “Pillow cases and bed sheets are not changed.”

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to privacy, dignity and respect afforded to patients; staff interaction with patients and the mealtime experience.

**Areas for improvement**

There were no areas for improvement identified in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.7 Is the service well led?

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

Discussion with the nurse in charge and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the nurse in charge evidenced that the home was operating within its registered categories of care.

Discussion with the nurse in charge and review of the home's complaints records evidenced that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. A compliments file was maintained to record and evidence compliments received.

Some examples of compliments received are as follows:

"Sincere thanks from the ... family for the excellent care mum received at Beechvale. We were very impressed at how compassionate staff were."

"I can't thank you enough for the way you looked after ...."

"Just a wee note to thank you all from the bottom of our hearts for all the wonderful care and great compassion that you gave to our mother."

Discussion with the manager evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, regular audits were completed in accordance with best practice guidance in relation to medicines; falls; care plans; environment; continence and IPC. However there was no evidence that the required action was taken to address any issues identified. An area for improvement is identified.

Two staff consulted confirmed that when they raised a concern, they felt that the home's management would take their concerns seriously.

Discussion with the nurse in charge and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements; management of complaints and incidents.

## Areas for improvement

An area for improvement was identified in relation recording the action taken following issues raised during auditing.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kathie Anne Stevenson, 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 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 to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.



## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 June 2017</p>	<p>The registered person shall identify the designation of storage areas and ensure items stored within are maintained in keeping with best infection control practices</p> <p>Ref: Section 6.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> New shelving has been erected in stores. Store rooms have been cleared out and allocated a designated purpose. Storage areas are clearly labelled.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection</p>	<p>The registered person shall ensure that the morning medications are completed in a timely way and that there is sufficient time in between medication rounds.</p> <p>Ref: Section 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> A new morning routine has been implemented. This allows the morning medication round to be completed in a timely way, leaving sufficient time before the lunch time round. A new 'pod' system has been ordered from pharmacy and will be in place from Sept 2017. This will greatly reduce the length of the time the morning medication rounds takes.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 20 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2017</p>	<p>The registered person shall review the staffing levels in the home to ensure the needs of patients are made in a timely way.</p> <p>Ref: Section 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> We have recruited new care assistants and have started to put a 7<sup>th</sup> carer on every morning. The new morning routine allows for the nursing staff to help out in the morning which ensures residents buzzers are answered in a timely manner and all staff feel more supported.</p>

### Action required to ensure compliance with The Care Standards for Nursing Homes (2015)

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2017</p>	<p>The registered person shall ensure appropriate storage in the identified rooms; that cleaning substances are appropriately stored; and that medication is appropriately stored in a locked area.</p> <p>Ref: Section 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Key pads have been ordered for sluice rooms, the treatment room and medication room.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2017</p>	<p>The registered person shall ensure the issues raised by auditing are actioned and recorded in accordance with best practice.</p> <p>Ref: Section 6.7</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A new auditing process is now in place.</p>

***\*Please ensure this document is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\****



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