

Inspection Report

27 and 29 July 2021



Carryduff Nursing Home

Type of service: Nursing (NH)
Address: 19 Church Road, Carryduff, BT8 8DT
Telephone number: 028 9081 4862

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/Registered Provider: Carryduff Nursing Home Registered Persons: Mr Edwin Samuel Johnston Mr Gerald William Beattie	Registered Manager: Miss Louise Riley Date registered: 23 October 2020
Person in charge at the time of inspection: Miss Louise Riley – Registered Manager	Number of registered places: 23
Categories of care: 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.	Number of patients accommodated in the nursing home on the day of this inspection: 20
Brief description of the accommodation/how the service operates: This is a registered Nursing Home which provides nursing care for up to 23 patients. The home is divided into two floors with patients' bedrooms located on both floors.	

2.0 Inspection summary

An unannounced inspection took place on 8 July 2021 from 9.15 am to 5.30 pm by a care inspector and 29 July 2021 by a pharmacist 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 in relation to management of wounds and falls, storage and supervision of thickening agents, infection prevention and control practices and training, record keeping, the daily menu and the management of insulin. Further areas requiring improvement were identified in relation to the planning of care, fire evacuation drills, activities, audit systems, staff supervision and appraisal and the administration of bisphosphonate medicines.

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.

RQIA were assured that the delivery of care and service provided in Carryduff Nursing Home was provided in a compassionate manner.

The findings of this report will provide the management team 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, staff and relatives were asked for their opinion on the quality of the care and their experience of living, visiting or working in Carryduff Nursing Home. 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

We spoke with 13 patients, four relatives, one visitor and six staff. No questionnaires were returned and we received no feedback from the staff online survey.

Patients spoke highly of 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. Varied opinions were given about staffing and activity provision in the home; the manager was informed of this information prior to the issue of the report for their attention and action as required.

Staff acknowledged the challenges of working through the COVID – 19 pandemic but all staff agreed that Carryduff Nursing Home was a good place to work. Staff were complimentary in regard to the home's management team and spoke of how much they enjoyed working with the patients.

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 07 October 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Standard 23.5 Stated: First time	<p>The registered person shall ensure that pressure relieving mattresses which required the setting to be completed manually are set accurately.</p> <p>Systems to ensure that correct setting is maintained must be implemented.</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
Area for Improvement 2 Ref: Standard 4.9 Stated: First time	<p>The registered person shall ensure that food and fluid charts are fully completed and patients' nutritional and fluid intake evaluated in the daily evaluation notes.</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
Area for Improvement 3 Ref: Standard 35.7 Stated: First time	<p>The registered person shall ensure that all issues identified during the monthly monitoring visit are included in the action plan. Issues on the action plan must be addressed in a timely manner.</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	

5.2 Inspection findings

5.2.1 Staffing Arrangements

A review of staff selection and recruitment records evidenced that staff were recruited safely ensuring that all pre-employment checks had been completed prior to each staff member commencing in post. All staff 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).

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC), fire safety and medicines management. The majority of training during the COVID-19 pandemic had been completed electronically.

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on an annual basis. Staff were able to correctly describe their roles and responsibilities regarding adult safeguarding although some staff confirmed they had not completed recent training with regards to Deprivation of Liberty Safeguards (DoLS). This was discussed with the regional manager who provided assurances updated training is being organised. This will be reviewed at a future care inspection.

Staff said there was good team work and that they felt well supported in their role and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The manager reported some staffing challenges on the day of the inspection although arrangements were made to ensure sufficient staff were available to meet the needs of all patients.

Patients spoke highly about the care that they received and confirmed that staff attended to them in a timely manner; patients also said that they would have no issue with raising any concerns to staff. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner. Relatives gave varied opinions about staffing in the home. This was discussed with the management during feedback the inspection who agreed to follow up with relatives as required.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff 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 were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff 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 records evidenced deficits in record keeping. Similar deficits in recording were noted following review of personal care records. An area for improvement was identified.

Deficits were identified regarding the management of wound care. Review of care records for one identified patient evidenced that appropriate care plans had not been developed to manage the patient's wounds. Wound assessments and evaluations were not completed after the wounds were redressed and daily progress notes did not reflect on the patient's skin condition. This was discussed with staff who arranged for appropriate care plans to be implemented. An area for improvement was made.

Where a patient was at risk of falling, measures to reduce that risk were put in place, for example, through use of an alarm mat. Falls in the home were monitored monthly 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. However, review of the management of one fall evidenced appropriate actions were not consistently taken following the fall in keeping with best practice guidance. Staff spoken with were not clear regarding how long they should complete clinical and neurological observations post fall. An area for improvement was identified.

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Review of patients' records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was used. It was good to note that, where possible, patients and/or their families were actively involved in the consultation process associated with the use of restrictive interventions and their informed consent was obtained.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need support with meals ranging from simple encouragement to full assistance from staff. 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. Staff attended to patients' dining needs in a caring and compassionate manner while maintaining written record of what patients had to eat and drink, as necessary. Patients spoke positively about the food provision in the home. It was noted that a menu showing what is available at each mealtime was not displayed in a suitable format or location; an area for improvement was identified.

Staff told us how they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure mistakes about modified food and fluids were not made.

Review of records evidenced care plans and personal medication records had not been fully updated to reflect the current speech and language therapist (SALT) assessment report or written reflecting the international dysphagia diet standardisation initiative (IDDSI) guidance. In addition, food and fluid thickening agent was observed to be stored in an area accessible to patients. This was discussed with staff who arranged for its safe storage. To ensure thickening agent is safely stored at all times and that nutritional care plans are reflective of the current SALT guidance, areas for improvement were identified.

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 all care plans had been developed within a timely manner to accurately reflect the patient's assessed needs. An area for improvement was identified.

Patients' individual likes and preferences were reflected throughout the care records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from and consultations with any healthcare professional was also recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced it was warm and comfortable. Some deficits in environmental cleaning were identified, although patient equipment was seen to be clean. This was discussed with the manager who advised that due to short notice staffing challenges, housekeeping staff were not available for the morning of the inspection. Relief housekeeping staff did attend the home mid-morning and the manager arranged for the deficits identified to be addressed.

Corridors were clear of clutter and obstruction and most fire exits were maintained clear. One fire exit was observed to be partially blocked with patient equipment. This was discussed with the manager who arranged for the equipment to be appropriately stored. Fire extinguishers were easily accessible. The manager confirmed in an email received following the inspection that there were no outstanding actions required from the last fire risk assessment which was conducted on 17 December 2020. Discussion with staff and review of records confirmed not all staff had taken part in a recent fire drill. This was discussed with the manager who gave assurances this would be prioritised. An area for improvement was identified.

Patients' bedrooms were personalised with items important to them. An electrical socket for a nurse call bell had been damaged and exposed wires were noted in one identified bedroom. This was also discussed with the manager who arranged for it to be fixed immediately. Bedrooms and communal areas were well decorated and suitably furnished. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

The nurse in charge said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

The home was participating in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check when they arrived. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

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 although hand sanitiser was not always readily available in some areas of the home. This was discussed with the manager who agreed to review this.

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. However, examination of training records confirmed not all staff were up to date with their training. While some of the staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly; some staff did not. An area for improvement was identified.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients told us they could go outside when they wanted, remain in their bedroom or go to a communal room when they requested.

Patients were observed enjoying listening to music, reading newspapers/magazines and watching TV, while others enjoyed a visit from relatives. Patients in one of the lounges were doing crosswords. An activity board was displayed in the home with photos of patient's baking and examples of arts and crafts made by service users were on display. Patients' told us they sing sometimes.

Varied comments were received from both relatives and patients regarding activity provision with one patient telling us the activity planner had not been updated in a long time. Discussion with staff confirmed that no staff are allocated to provide activities in the absence of the activity co-ordinator. Staff spoken with confirmed that the activity programme had not been reviewed recently in consultation with the patients; also, review of care records confirmed that individual activity assessments had not been completed and that activity provision was not regularly commented on in patients' daily progress notes. This was discussed with the manager and an area for improvement was identified.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Staff 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. Miss Louise Riley has been the Registered Manager in this home since 23 October 2020.

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. The manager should enhance the current governance systems to ensure they are robust enough to identify the deficits identified in IPC practices, wound management and care records. An area for improvement was identified.

Discussion with staff confirmed that systems were in place for staff supervision and appraisal. Review of records evidenced that twice yearly supervisions were completed for some but not all staff. Annual appraisals had not been planned. To ensure supervision and appraisal requirements were met, an area for improvement was identified.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. Patients said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

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

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

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.

5.2.6 Medicines Management

Patients in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews and hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they are written and updated to provide a double check that they are accurate.

Insulin is considered a high risk medicine; therefore a detailed care plan and written confirmation of the dosage regime must be in place. Review of the management of insulin for one patient identified a detailed care plan, including actions to take in episodes of low blood sugar was not in place to direct staff. An area for improvement was identified.

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment. A sample of medication administration records (MARs) was reviewed. The majority of records reviewed were found to be fully and accurately completed. We identified that bisphosphonate medications were not being administered according to the specific administration instructions. These medicines must be administered separately from food and other medicines as instructed by the manufacturer. This was discussed with staff. An area for improvement was identified.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each patient could be easily located.

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

The management of medicines for one patient recently admitted to the home from another nursing home was reviewed. Medicines had been accurately received into the home and administered in accordance with the most recent directions. There was evidence that staff had followed up any discrepancies in a timely manner to ensure that the correct medicines were available for administration.

6.0 Conclusion

Patients were observed to be comfortable in their surroundings and were attended to by staff in a timely and effective manner.

Patients' privacy and dignity were maintained throughout the inspection and staff were observed to be polite and respectful to patients and each other. Patients, staff and relatives did not express any concerns about the nursing care. Comments received regarding the food in the home were discussed with the manager for action as required.

Areas requiring improvement were identified in relation to management of wounds and falls, storage and supervision of thickening agents, infection prevention and control practices and training, record keeping, the daily menu and the management of insulin. Further areas requiring improvement were identified in relation to the planning of care, fire evacuation drills, activities, audit systems, staff supervision and appraisal and the administration of bisphosphonate medicines

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing care in a compassionate manner.

7.0 Quality Improvement Plan/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).

	Regulations	Standards
Total number of Areas for Improvement	5	9

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Louise Riley, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure care plans for the management of wounds are developed in a timely manner and are updated to reflect the assessed needs of the patient. Wound assessment and evaluations should be completed in keeping with best practice guidance. Daily progress notes should comment on the patient's skin condition.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The Registered Manager has addressed with her nursing staff that daily progress notes reflect the patient's skin condition and will ensure that care plans for the management of wounds are developed in a timely manner and updated to reflect the assessed needs of the patient. The Registered Manager will ensure that wound assessments and evaluations are completed in keeping with best practice guidance.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The Registered Manager has addressed with nursing staff the importance that clinical/ neurological observations are carried out following a fall and that these are recorded in the patient's care record.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure suitable arrangements are in place for the safe storage and supervision of thickening agents.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered manager has addressed with staff safe storage of thickening agents and will keep this area under review.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</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 training, knowledge and practice regarding infection prevention and control. <p>Ref: 5.2.4</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Manager will ensure that the areas of infection prevention and control identified are managed to minimise the risk and spread of infection which includes donning and doffing of personal protective equipment and appropriate use of personal protective equipment. The Registered Manager will ensure that all staff have updated training and that this training and knowledge is embedded into practice.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure that detailed care plans are in place for patients prescribed insulin, including the management of episodes of low blood sugar.</p> <p>Ref: 5.2.6</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Manager has developed care plans for any diabetic resident who is prescribed insulin. These care plans include the management of episodes of low blood sugar.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure repositioning and personal care charts are completed in full. These should be signed by staff with the accurate date and time of care delivery recorded.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The Registered Manager has addressed with all staff the completion of all supplementary charts to ensure staff sign and that the accurate date and time of care delivery is recorded. This is an area the Registered Manager will keep under review.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure a daily menu is displayed in a suitable format and in an appropriate location, showing what is available at each mealtime.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The Registered Manager will ensure a daily menu is displayed showing what is available at each mealtime. These are displayed in the dining areas of the home.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure risk assessments are completed and care plans developed within five days of the patient's admission to the home. These should be reviewed and updated in response to the changing needs of the patient.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The Registered Manager will ensure that risk assessments and care plans are developed and completed within five days of admission to the home. The Registered Manager will ensure these are updated in response to the changing needs of the patient.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that nutritional care plans for residents prescribed a modified diet are reflective of the current SALT and IDDSI guidance.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The Registered Manager will ensure that nutritional care plans for residents prescribed a modified diet are reflective of the current SALT and IDDSI guidance.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 48.8</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure that all staff participate in a fire evacuation drill at least once a year.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The Registered Manager will ensure that all staff attend a fire evacuation drill at least once a year.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure that the provision of activities in the home is reviewed to make sure that meaningful activities are provided to patients on a regular and consistent basis.</p> <p>A contemporaneous record of activities delivered must be retained. Activities must be integral part of the care process and care planned for with daily progress notes reflecting activity provision.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: The Registered Manager is at present reviewing the activity timetable within the home to ensure that meaningful activities are regular and consistent and that a contemporaneous record of activities delivered is maintained. The Registered manager has addressed with nursing staff the importance that progress notes reflect activity that occurs daily.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 35.3</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure a robust audit system is in place to ensure compliance with best practice on infection prevention and control, wound care and care records.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The Registered Manager with support from the Regional Support Manager have increased the auditing process to ensure compliance with best practice on infection prevention and control. The Registered Manager is monitoring all wound care and care records in the home.</p>

<p>Area for improvement 8</p> <p>Ref: Standard 40.2</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure all staff have a recorded annual appraisal and supervision no less than every six months. A supervision and appraisal schedule shall be in place, showing completion dates and the name of the appraiser/supervisor.</p> <p>Ref: 5.2.5</p>
<p>Area for improvement 9</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection onwards</p>	<p>Response by registered person detailing the actions taken: The Registered Manager has a matrix of all planned supervision and appraisal schedules and dates of completion are shown. The Registered Manager will ensure that all staff have supervision twice a year.</p> <hr/> <p>The registered person shall review the management of bisphosphonate medicines to ensure these are administered as prescribed.</p> <p>Ref: 5.2.6</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Manager has reviewed the management of bisphosphonate medicines to ensure these are administered as prescribed. This will be further monitored through the home's auditing process..</p>

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews