

# Unannounced Inspection Report 6 & 11 August 2020



## Colinvale Court

**Type of Service: Nursing Home (NH)**  
**Address: Glen Road, Belfast, BT11 8BU**  
**Tel No: 028 9060 4314**  
**Inspectors: Gillian Dowds and Helen Daly**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home which is registered to provide nursing care for up to 50 patients who are living with dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Raymond Liam Murphy  <b>Responsible Individual(s):</b> Raymond Liam Murphy	<b>Registered Manager and date registered:</b> Vincy Vincent  13 June 2016
<b>Person in charge at the time of inspection:</b> Vincy Vincent	<b>Number of registered places:</b> 50
<b>Categories of care:</b> Nursing Home (NH) DE – dementia	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 43

### 4.0 Inspection summary

An unannounced medicines management inspection took place on 6 August 2020 between 10.10 and 16.00 and an unannounced care inspection took place on 11 August 2020 from 10.00 to 18.00.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan from the previous care inspection on 12 December 2019.

The following areas were examined during the inspection:

- the internal environment and infection prevention and control(IPC)
- personal protective equipment (PPE)
- staffing
- care delivery
- care records
- governance and management
- medicines management.

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.

The term 'patients' is used to describe those living in Colinvale court that provides nursing care.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*8	4

\*Two areas for improvement will be stated under regulation for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Vincy Vincent , Manager and Paula Kennedy, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

The inspection assessed progress with all areas for improvement identified in the home 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.

As a result of this inspection RQIA were concerned that some aspects of the quality of care and service delivery in Colinvale Court were below the standard expected. Deficits were identified in the internal environment and environmental cleanliness. A decision was made to invite the registered persons to a serious concerns meeting to discuss the breaches under regulation 27 (2) (b) (d) (i).

The meeting was held via teleconference on 26 August 2020. At this meeting Mr Raymond Murphy, Responsible Individual, Vincy Vincent , Manager, and Paula Kennedy, Deputy Manager, acknowledged the deficits identified and provided a full account of the actions and arrangements put into place to ensure the necessary improvements. RQIA were provided with appropriate assurances and the decision was made to take no further enforcement action at this time.

A further inspection will be undertaken to validate sustained compliance and to drive necessary improvements. Please refer to the main body of the report and the quality improvement plan (QIP) for details.

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

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

## 5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- care records for patients who required modified diets
- care records for the management of pain, distressed reactions and warfarin
- personal medication records, medicine administration records, medicine receipt and disposal records
- controlled drug record book
- governance and audits
- medication related incidents

During the inspection the inspector met with four patients and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients'/relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA online. The inspector provided the registered manager with 'Tell Us' cards which were then placed in a prominent position to allow patients and their relatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

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

The following records were examined during the inspection:

- duty rotas from 10 to 16 August 2020
- staff training records
- staff supervision matrix
- a selection of quality assurance audits
- regulation 29 monthly quality monitoring reports
- complaints and compliments records
- incident and accident records
- activity records
- three patients' care records

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 last inspection 12 December 2019

The most recent inspection of the home was an unannounced care and medicines management inspection undertaken on 12 December 2020.

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 16 <b>Stated:</b> First time	The registered person shall ensure that patient care plans regarding pressure relief and continence management are completed in a comprehensive, accurate and contemporaneous manner in accordance with legislative and best practice guidance to reflect patients' needs in respect of their health and welfare. This should be monitored and reviewed.	<b>Not met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Records reviewed lacked comprehensive or accurate detail to reflect patients' needs.</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 30 (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that medication related incidents are investigated and reported to RQIA in a timely manner.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> The registered manager advised that she is aware that medicine related incidents need to be investigated and reported to RQIA; this area for improvement as written has been met.</p> <p>However, the findings of this inspection indicated that the auditing system is not robust and therefore medicine related incidents may occur but not be identified. An area for improvement regarding the auditing system was identified. See Section 6.2.</p>	
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 16</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that care plans in relation to pain, distressed reactions and covert administration contain sufficient detail to direct the appropriate care.</p>	<p><b>Partially met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> Care plans in relation to pain and the covert administration of medicines contained sufficient detail to direct the appropriate care.</p> <p>It was acknowledged that medicines to manage distressed reactions were infrequently used. However, care plans in relation to distressed reactions did not provide details on how the patient expressed their distressed reaction, any potential triggers which could be avoided and engagement strategies that could be used to prevent the use of medication.</p> <p><b>This element of the area for improvement was partially met and is therefore stated for a second time.</b></p>	



<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Nursing Homes Care Standards (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 38 <b>Stated:</b> First time	<p>The registered person shall ensure that staff are recruited in accordance with relevant statutory employment legislation and mandatory requirements. Gaps in employment history and reasons for leaving employment should be explored and recorded and a reference from the applicant's most recent employer should be obtained.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>  Records reviewed evidenced this area for improvement was met.</p>	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 43 <b>Stated:</b> First time	<p>The registered person shall ensure that the areas relating to the environment identified in the report are addressed.</p> <p>A detailed refurbishment action plan for the internal environment of the premises, with firm timescales for improvement should be forwarded to RQIA along with the completed QIP.</p>	<b>Not Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>  A review of the environment evidenced that some of the areas identified had not been addressed. Due to the deficits identified this area for improvement will be subsumed into an area for improvement under regulation.</p> <p>This will be discussed further in section 6.2.</p>	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 46 <b>Stated:</b> First time	<p>The registered person shall ensure that identified commodes and chipped enamel on baths are repaired or replaced in order to adhere to infection prevention and control policies and best practice.</p>	<b>Not Met</b>
	<p><b>Action taken as confirmed during the inspection</b>  A review of a sample of commodes and baths evidenced that this area for improvement was not met. Due to the deficits identified this area for improvement will be subsumed into an area for improvement under regulation and will be discussed further in section 6.2.</p>	

<b>Area for improvement 4</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered person shall ensure that emollient preparations are stored securely to prevent unauthorised access.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager stated that this had been reviewed and risk assessed. She advised that all emollient preparations are stored out of reach of the patients.	

## 6.2 Inspection findings

### Care

#### The internal environment and Infection Prevention and Control (IPC).

We reviewed the home's environment; we found corridors and fire exits clear from obstruction. We also observed good examples of personalisation of some patients' bedrooms. However, we identified inappropriate storage of items in various shower rooms and bathrooms.

Various chairs were reviewed and some were torn and/or ineffectively cleaned. Chipped furniture also was evident in some of the bedrooms. A lack of attention to detail was identified for the cleaning of equipment and floors.

Two baths were noted to have chipped enamel. These had been identified during the previous inspection and subsequently repaired. However the repair work had worn off meaning these could not be effectively cleaned. We are aware that during the covid-19 pandemic removal of the baths would not be practical. We did observe that further repair work to the baths had not been undertaken.

Rust was apparent on various pieces of equipment such as a shower chair, commode and hand rails within the some of the toilets and shower rooms. Two areas for improvement in relation to these deficits stated from the previous inspection under standards have now been stated as an area for improvement under regulation.

The environment in the home lacked methods to promote and orientate patients to their surroundings and a lack of visual aids to assist patients to find their way from room to room in the course of their daily routines. An area for improvement was identified.

These matters were discussed during the serious concerns meeting held in RQIA. During the meeting we were provided with an action plan to address the deficits found. This was accepted and will be reviewed at a further inspection.

### PPE

We considered infection prevention and control (IPC) practices. Staff were observed to use personal protective equipment (PPE) which was readily available throughout the home and that PPE donning (putting on ) and doffing (taking off) stations were identified throughout the home. Staff confirmed that they had training on the donning and doffing procedures and also in IPC.



We observed on one occasion staff wearing their mask under the chin. This was addressed at the time of the inspection and the manager agreed to discuss this further with staff.

## **Staffing**

The manager confirmed the staffing levels for the home and that these levels were kept under review. A review of the staff rota from the 10 July to the 16 August 2020 indicated that these staffing levels were generally well adhered to and short notice sick leave was managed appropriately. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that staff were attending to patients' needs. However, staff raised concerns about the staffing levels stating that it was "busy morning and evenings."

Staff concerns were discussed with the manager who advised that staffing levels were currently under review in the home. We will review staffing arrangements further during a future care inspection.

## **Care delivery**

We observed staff attending to patients' needs in a caring manner. Patients looked well cared for and were observed to be content in their surroundings and in their interactions with staff. Staff were aware of their patients' needs; staff were observed to display a warm and friendly attitude towards the patients.

We observed some patients were seated in the lounge and some patients were resting comfortably in their bedrooms.

The food on offer at lunchtime looked appetising and was well presented. Patients were offered assistance and staff demonstrated knowledge of their likes and dislikes. Staff were observed wearing PPE appropriately. However observation during the meal evidenced the use of plastic spoons for patients to eat with. We discussed this with the manager and she agreed to address this. An area for improvement was identified.

Patients spoken with commented positively about their experience of living in Colinvale Court, they told us:

- "Wonderful."
- "lovely"
- "Food is alright, get some nice staff."
- "Get a laugh."
- "It's good here"
- "I get on well."

## **Care Records**

We reviewed the care records for three patients and evidenced that care plans were in place to direct the care for these patients. We did identify that some of the care plans lacked sufficient details to direct the care for the patients' for example specific care required for continence management was not written in the care plan. An area for improvement identified at the previous inspection will be therefore stated for a second time.

We reviewed the care records for the management of a wound. We identified that the body map was completed and ongoing wound assessment was being maintained. However the care plan had not been updated to reflect the current dressing regime and also there was no ongoing evaluation of the wound care provided. This was discussed with the manager at the time of the inspection and the care plan was updated. An area for improvement for the wound care documentation was identified.

We reviewed the supplementary care records pertaining to food and fluid and repositioning. The records reviewed were completed in a timely manner. However, we observed a lack of oversight of this care by the registered nurses through the monthly and daily evaluation of care. An area for improvement was identified.

We observed the provision of activities in the home. We identified that the provision of activities had been undertaken during the covid-19 pandemic by the care staff due to a period of absence of the activity coordinator. However this had not been documented at this time. Staff were observed in the lounges with patients and we observed a lack of engagement. This was discussed with the manager in relation to staff taking opportunity to engage in meaningful activities with patients during these times. Activities will be further reviewed at a future inspection.

## **Governance**

We reviewed a sample of the governance audits including those focused on IPC, wound care and the environment. These audits were in place to monitor the quality of the service provided. However, given the deficits identified during the inspection in relation to these areas, further development of these audits is required to address these. An area for improvement was identified.

## **Medicines management**

Robust systems were not in place for all aspects of the management of medicines including care planning for distressed reactions, disposal of medicines at expiry, medication changes, eye preparations and inhaled medicines. The registered manager was requested to provide additional training for registered nurses and to implement a robust audit tool which covers all aspects of medicines management.

## **Personal medication records and associated care plans**

Patients in care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs may change and therefore their medicines should be regularly monitored and reviewed. This may be done by the GP, medical consultant or the pharmacist.

Patients in the home were registered with local GPs and medicines were reviewed and dispensed by the community pharmacist.

Personal medication records were in place for each patient. These contained a list of all 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 e.g. medication reviews, at hospital appointments. The records reviewed had been fully and accurately completed. In line with best practice, a second registered nurse had checked and signed these records when they are written and at each update to provide a double check that they were accurate.

Satisfactory systems were in place for the management of pain, the covert administration of medicines, warfarin and thickening agents.

We reviewed the management of medicines prescribed on a “when required” basis for the management of distressed reactions. The registered manager and registered nurses advised that these medicines were used infrequently and this was evidenced by review of the corresponding records. Records of prescribing and administration were maintained and the reason for and outcome of each administration was recorded. However, as identified at the last medicines management inspection, the care plans did not detail how the patient may express their distress, any potential triggers and any activities that staff could engage in to prevent the need for medication. Staff were able to tell us this information but it had not been recorded. Where two medicines were prescribed to manage distressed reactions the care plans did not specify which should be used first. This element of the area for improvement was stated for a second time.

### **Medicine storage and stock control**

Medicines must be available to ensure that they are administered to patients as prescribed and when they require them. It is important that they are stored safely and securely and disposed of promptly so that there is no unauthorised access.

The records inspected showed that medicines were available for administration when patients required them.

On arrival at the home the treatment room was observed to be securely locked. The medicine trolleys and cupboards were tidy and organised so that medicines belonging to each patient could be easily located. Controlled drugs were stored in the controlled drug cabinet.

Medicines which needed to be stored at a colder temperature were stored in the medicines refrigerator. The maximum and minimum temperatures were monitored and recorded daily and were within the required range. Registered nurses were reminded that in-use insulin should not be refrigerated.

In relation to the disposal of medicines, there was evidence that medicines, including controlled drugs, were safely disposed of and detailed records were maintained. However, a number of expired medicines, including eye preparations were removed for disposal. It was acknowledged that with the exception of the eye preparations these medicines had not been administered. Medicines must not remain available for use after their expiry date. An area for improvement was identified.

### **Administration of medicines**

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.

Within the home, a record of the administration of medicines was completed when medicines were administered to patients. The medication administration records were filed once completed and were readily retrievable for medication review/auditing purposes.

Daily running stock balances were maintained for controlled drugs and warfarin. In addition, registered nurses complete monthly audits on the administration of a selection of medicines and focus on those which are not included in the blister pack system. The registered manager completes a monthly medicine management audit which covers the management of medicines.

The date of opening was recorded on the majority of medicines so that they can be easily audited. This is good practice.

The audits we completed at the inspection indicated that the majority of medicines were being administered as prescribed. However, significant audit discrepancies were observed in the administration of eye preparations and inhaled medicines. A review of the monthly management audits identified that they were not identifying any areas for improvement and that the audits did not include all types of medicines e.g. eye preparations, inhaled medicines, creams or the management of medicines on admission, medication changes, care planning etc. The findings of this inspection indicated that a more robust auditing system which covers all aspects of the management of medicines is necessary. An area for improvement was identified.

On the day of the inspection registered nurses were unable to confirm why one recently prescribed medicine had been prescribed and why there had been a delay in commencing the medicine. The registered manager was requested to investigate this finding. An incident report detailing the investigation and action taken to prevent a recurrence was received by RQIA on 7 August 2020. Robust systems must be in place for the management of medication changes. Registered nurses must confirm the reason for the prescription and must ensure that the medicine is received into the home and commenced without delay. An area for improvement was identified.

### **Management of medicines on admission/re-admission to the home**

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.

We reviewed the admission process for patients new to the home or returning to the home after receiving hospital care. Robust arrangements were in place to ensure that hospital discharge letters were received and a copy forwarded to the patients' GPs. Personal medication records were written by one registered nurse and verified and signed by a second registered nurse. Medicines were accurately received into the home and administered in accordance with the prescriber's directions.

### **Medicine related incidents**

Occasionally medicines incidents occur within homes. It is important that there are systems in place that quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident.

As detailed above the audit system in place was not robust and hence medicine related incidents may not be identified.

We discussed the medication related incidents reported to RQIA since the last medicines management inspection. Two of these incidents related to the poor management of medication changes. It was concerning to identify a further issue regarding a newly prescribed medicine at this inspection. As detailed above, an area for improvement regarding the management of medication changes was identified.

## Medicines management training

To ensure that patients are well looked after and receive their medicines, registered nurses who administer medicines to patients must be appropriately trained. The registered manager has a responsibility to check that registered nurses are competent in managing medicines and that they are supported to do this.

Registered nurses in the home had received a structured induction which included medicines management. Records of this activity were maintained and showed that medicines related training and competency assessment were completed annually. Update training on the management of medicines had been provided by the Trust in May 2020 and June 2020.

The findings of this inspection indicated that registered nurses required further training and competency assessment on the management of eye preparations, inhaled medicines and medication changes. An area for improvement was identified.

Care assistants who were responsible for the administration of thickening agents and topical preparations e.g. creams and emollients, received training on these delegated tasks during their induction.

### Areas of good practice

Areas of good practice was identified in relation to staff interaction with patients and awareness of the patients' needs. Further areas good practice was identified in relation to staff training in relation to the use of PPE and the personalisation of some of the patients' bedrooms.

### Areas for improvement

Areas for improvement were identified in relation to the internal environment/IPC, wound care documentation, oversight of the supplementary care records by the registered nurses and the dining experience.

Further areas for improvement were identified in relation to the disposal of medicines at expiry, the auditing system, the management of medication changes, eye preparations and inhaled medicines and training in relation to medicines management.

	Regulations	Standards
<b>Total number of areas for improvement</b>	6	4

## 6.3 Conclusion

Following the inspection a serious concerns meeting was held via teleconference on 26 August 2020. At this meeting an action plan was presented to RQIA to address the deficits found. This action plan was accepted and compliance will be reviewed at a future inspection.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Vincy Vincent, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### **7.1 Areas for improvement**

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

### **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 16  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate and ongoing	<p>The registered person shall ensure that patient care plans regarding pressure relief and continence management are completed in a comprehensive, accurate and contemporaneous manner in accordance with legislative and best practice guidance to reflect patients' needs in respect of their health and welfare. This should be monitored and reviewed.</p> <p>Ref:6.1 &amp; 6.2</p> <p><b>Response by registered person detailing the actions taken:</b>            Care plans are in place for all residents relating to pressure relief and continence management. These are monitored and reviewed monthly by the Nurse Manager.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 16  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate and ongoing	<p>The registered person shall ensure that care plans in relation to pain, distressed reactions and covert administration contain sufficient detail to direct the appropriate care.</p> <p>Ref: 6.1 &amp; 6.2</p> <p><b>Response by registered person detailing the actions taken:</b>            A detailed care plan for each resident is in place after a review of analgesics and medication for adverse reaction. The covert administration of medication is detailed in the care plan as required.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 27 (2) (b)(d)(i)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	<p>The registered person shall ensure that the environmental and IPC deficits identified in this report are addressed and the agreed action plan is followed.</p> <p><b>Response by registered person detailing the actions taken:</b>            Implemented and completed.</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 27 (2) (b)(d)(i)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 October 2020	<p>The registered person shall ensure that the environment is enhanced to provide an environment for persons living with dementia that is familiar and easy to understand. A baseline audit should be completed and thereafter at regular intervals, to ensure the environment is in keeping with best practice guidelines.</p> <p><b>Response by registered person detailing the actions taken:</b>            Additional signage has been installed. Regular checks continue to be carried out to ensure an enhanced environment for our dementia residents.            The environment is regularly upgraded including a base line audit.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 12 (1) (a)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirement, minimum standards and professional guidance.</p> <p><b>Response by registered person detailing the actions taken:</b> Regular wound assessment continues to be carried out and is detailed in the care plan.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall review the stock control systems to ensure that medicines do not remain in use after their expiry date.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> A regular audit continues to be maintained to ensure that no medicines remain in stock after their expiry date.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall implement a robust audit which covers all aspects of the management of medicines including the management of medication changes, care planning and the administration of eye preparations and inhaled medicines.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> The Nurse Manager has devised a new system to cover all aspects of the management of medicines. This includes medication changes and care planning. Also, a separate audit system has been introduced in relation to eye preparations and inhaled medicines.</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that robust systems are in place for the management of medication changes. Registered nurses must confirm the reason for the prescription and must ensure that the medicine is received into the home and commenced without delay.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> This has been dealt with in the previous improvement. Furthermore, Registered Nurses have been reminded of the need to confirm the reason for the prescription and their responsibility to ensure that the medicine is received into the Home and commenced immediately.</p>

<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out in relation to each patient, in accordance with NMC guidelines. Registered nurses should have oversight of the supplementary care records.</p> <p>Ref:6.2</p> <p><b>Response by registered person detailing the actions taken:</b> A detailed record of interventions, activities and procedures are maintained in relation to each resident as per NMC guidelines.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 September 2020</p>	<p>The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice.</p> <p><b>Response by registered person detailing the actions taken:</b> A detailed audit has been undertaken to ensure the provision of nursing, health and the welfare of patients is of the required standard and in accordance with current best practice.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 September 2020</p>	<p>The registered person shall ensure that registered nurses receive further training on the management of eye preparations, inhaled medicines and medication changes.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> Additional supervision and audit has been implemented to ensure the management of eye preparations, inhaled medicines and any medication changes.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall ensure that the dining provision for patients is managed in such a manner so as to promote a compassionate and person centred dining experience at all times ensuring adequate stock of appropriate dining utensils.</p> <p>Ref:6.2</p> <p><b>Response by registered person detailing the actions taken:</b> The dining experience is a highlight of daily living within the Home. The Registered Person has replaced and replenished the utensils referred to.</p>

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



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