

Inspection Report

18 May 2021



Hillcrest Care Facility

Type of service: Nursing Home
Address: 23 Old Mountfield Road, Omagh,
BT79 7EL
Telephone number: 028 8225 1222

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Knockmoyle Lodge Limited Responsible Individual: Mrs Linda Florence Beckett	Registered Manager: Mr Caine McGoldrick, Acting Manager
Person in charge at the time of inspection: Mr Caine McGoldrick	Number of registered places: 59 This number includes a maximum of 12 patients in category NH-DE. The home is also approved to provide care on a day basis for four persons.
Categories of care: Nursing (NH): I – old age not falling within any other category PH – physical disability other than sensory impairment DE – dementia	Number of patients accommodated in the nursing home on the day of this inspection: 55
Brief description of the accommodation/how the service operates: This is a nursing home which is registered to provide care for up to 59 patients. The home shares the same building as Hillcrest Care Facility Residential Care Home.	

2.0 Inspection summary

An unannounced inspection took place on 18 May 2021 between 10.15am and 3.00pm. The inspection was carried out by a pharmacist inspector.

This inspection focused on medicines management within the home and assessed progress with areas for improvement in relation to medicines management identified at the last inspection.

Following discussion with the aligned care inspector, it was agreed that the areas for improvement in relation to care issues identified at the last care inspection would be followed up at the next care inspection.

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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspections findings, registration information, and any other written or verbal information received.

To complete the inspection we reviewed: a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines.

During our inspection the inspector:

- spoke to staff and management about how they plan, deliver and monitor the care and support provided in the home
- observed practice and daily life
- reviewed documents to confirm that appropriate records were kept

4.0 What people told us about the service

We met with the manager, two nurses, one student nurse and a senior carer. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff were warm and friendly and it was evident from their interactions that they knew the patients well. Patients were observed to be relaxing in lounges/bedrooms throughout the home.

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients and meet their needs. They spoke highly of the support given by management.

In order to reduce the footfall throughout the home, the inspector did not meet with any patients during the inspection. Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any patient or their family representative to complete and return using pre-paid, self-addressed envelopes. No responses were received.

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 15 January 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a) Stated: Third and final time	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p> <p>Specific reference to patients' care records and daily evaluation notes:</p> <ul style="list-style-type: none"> • Where a patient has been repositioned the frequency should reflect the current care plan and state the intervention on each repositioning • Records relating to a patients activities of daily living are reviewed and updated to reflect their current needs • Care plans and risk assessments are reviewed on a monthly basis or more frequently as deemed necessary. 	Carried forward to the next inspection
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	
Area for improvement 2 Ref: Regulation 27 (4) (b) Stated: Second time	<p>The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home.</p> <p>Specific reference to ensuring that fire doors are not propped open.</p>	Carried forward to the next inspection
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: Second time</p>	<p>The registered person shall review and revise the management of thickening agents as detailed in the report.</p> <hr/> <p>Action taken as confirmed during the inspection: The management of thickening agents was reviewed. Speech and language assessment reports and care plans were in place. Records of prescribing and administration which included the recommended consistency level were maintained.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a robust governance system is implemented and maintained to promote and assure the quality of nursing and other services in the home.</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the monthly quality monitoring visit report is robust, that it provides sufficient information on the conduct of the home; with an action plan and timescales to address any deficits identified in a timely manner.</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all staff employed to work in the home are aware of and adhere to the infection prevention and control guidelines and best practice requirements.</p> <p>With specific reference to ensuring that the deficits in practice are addressed immediately to ensure the safety of patients and staff.</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>

<p>Area for improvement 7</p> <p>Ref: Regulation 27 (4) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall take adequate precautions against the risk of fire.</p> <p>With specific reference to ensuring that:</p> <ul style="list-style-type: none"> • all fire doors are able to close fully when activated • fire doors with surface damage are repaired/replaced • the holes in the identified ceiling are repaired • storage arrangements are reviewed to ensure that combustible items are not stored in rooms without appropriate fire detection devices. <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 27 (4) (e) (f)</p> <p>Stated: First time</p>	<p>The registered person shall take adequate precautions against the risk of fire.</p> <p>With specific reference to ensuring that:</p> <ul style="list-style-type: none"> • fire drills are recommenced and a record is maintained for inspection • fire safety awareness training is provided twice yearly and • a record is maintained within the home for inspection. <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 9</p> <p>Ref: Regulation 27 (2) (b) (d)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the premises are kept in good state of repair, kept clean and reasonably decorated.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • surface damage to identified door frames, skirting boards, over bed tables, bedframes and walls that were scuffed, floor covering within a lounge in Hillcrest with black scuff marks 	<p>Carried forward to the next inspection</p>

	<ul style="list-style-type: none"> identified chairs where the fabric was torn addressing the malodour and replacing the carpet in the identified bedroom. 	
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 10 Ref: Regulation 13 (4) Stated: First time	<p>The registered person shall ensure that medicines are stored securely at all times.</p> <p>Action taken as confirmed during the inspection: The nurse in charge in each unit held the keys to the treatment rooms and medicine cupboards. The treatment room doors and medicine cupboards were locked.</p>	Met
Area for improvement 11 Ref: Regulation 14 (2) (a) Stated: First time	<p>The registered persons must ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected at all times from hazards to their health.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
Area for improvement 12 Ref: Regulation 32 (h) Stated: First time	<p>The registered persons must ensure that that the nursing home, including all spaces, is only used for the purpose for which it is registered.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
Area for improvement 13 Ref: Regulation 14 (2) (b) (c) Stated: First time	<p>The registered person shall ensure that procedures are implemented for the safe use of all bedrails in accordance with health and safety regulations and records maintained to evidence the checks have been completed and any deficits identified are addressed.</p>	Carried forward to the next inspection

	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for improvement 1 Ref: Standard 11 Stated: Second time	<p>The registered person shall ensure the programme of activities reflects the preferences and choices of the patients and is evaluated regularly. This shall be displayed in a suitable format and a record kept of all activities that take place, with the names of the person leading them and the patients who participate. Arrangements for the provision of activities should be in place in the absence of the patient activity leader.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
Area for improvement 2 Ref: Standard 39 Stated: First time	<p>The registered person shall ensure that a system is in place to ensure that mandatory training requirements are met.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	
Area for improvement 3 Ref: Standard 35 Stated: First time	<p>The registered person shall ensure that that an effective system is implemented and monitored for managing the professional registration of care staff with NISCC.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
Area for improvement 4 Ref: Standard 41 Stated: First time	<p>The registered person shall ensure the staff duty rota includes:</p> <ul style="list-style-type: none"> • the hours worked by the manager and the capacity in which they were worked • the person in charge of the home in the absence of the manager • the full names of staff 	

	<ul style="list-style-type: none"> the exact hours worked by staff. 	
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 5 Ref: Standard 6 Stated: First time	<p>The registered person shall ensure that patients' right to privacy is upheld with specific reference to ensuring that the internal doors within the identified shower rooms are immediately reviewed to ensure that no other patient can access these rooms when occupied by another patient.</p>	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 6 Ref: Standard 4 Stated: First time	<p>The registered person shall ensure that patients' personal care and grooming needs are met and that care records reflect specific measures on how to maintain patients' personal care where an assessed need is identified.</p>	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 7 Ref: Standard 37 Stated: First time	<p>The registered person shall ensure that the confidentiality of patients' care records is effectively maintained at all times.</p>	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

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 the patients' needs will change and, therefore, their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

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 e.g. medication reviews, hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second nurse had checked and signed the personal medication records when they were written and updated to provide a double check that they were accurate. The manager and staff were reminded that obsolete dosage directions for warfarin should be cancelled and archived when the new dosage directions are received.

Copies of patients' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

All patients should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets, self-administration etc.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient.

The management of medicines prescribed on a "when required" basis for the management of distressed reactions was reviewed. Nurses knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain. Directions for use were clearly recorded on the personal medication records and records of administration were maintained. Care plans directing the use of these medicines were available and, the reason for and outcome of administration were recorded.

Care plans for the management of pain were available. The audits completed at the inspection indicated that pain relief was administered as prescribed. Nurses advised that they were familiar with how each patient expressed their pain and that additional pain relief was administered when required.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patients.

The management of thickening agents was reviewed. Speech and language assessment reports and care plans were in place. Records of prescribing and administration which included the recommended consistency level were maintained.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when patients required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The treatment rooms 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. Treatment room temperatures were maintained at/below 25°C. The manager and nurses were reminded that the refrigerator temperatures must be monitored and recorded each day; a small number of omissions in the daily temperature log were observed.

Satisfactory systems were in place for the disposal of medicines.

5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

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 the medication administration records was reviewed. They had been completed in a satisfactory manner and archived to facilitate retrieval for audit/review purposes.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs are recorded in a controlled drug record book. The records reviewed had been accurately maintained. One omission in the controlled drug record book was brought to the attention of the nurse and manager for corrective action.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on medicines so that they could be easily audited. This is good practice.

The medicine cups used to administer medicines to patients were labelled as single use. Therefore, they should be discarded after each use. It was noted that some of the medicine cups were washed after use and then reused. This matter was discussed with the manager who gave an assurance that the necessary arrangements would be made to ensure that this practice is stopped.

5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

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 on admission was reviewed. Medicines had been confirmed in writing with the prescriber (hospital discharge letters/ GP printouts). The patients' personal medication records had been checked and verified by a second nurse. Medicines had been accurately received into the home and administered in accordance with the most recent directions. There was evidence that nurses had followed up any queries in a timely manner to ensure that the correct medicines were available for administration.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which 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.

The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

The audit system in place helps staff to identify medicine related incidents. Management and staff were familiar with the type of incidents that should be reported.

5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained.

The registered person has a responsibility to check that staff are competent in managing medicines and that staff are supported.

Staff in the home had received a structured induction which included medicines management when this forms part of their role. Competency had been assessed following induction and annually thereafter. A written record was completed for induction and competency assessments.

6.0 Conclusion

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the home was well led.

The outcome of this inspection concluded that the areas for improvement in relation to medicines management identified at the last inspection had been addressed. No new areas for improvement were identified. We can conclude that overall that the patients were being administered their medicines as prescribed.

We would like to thank the patients and staff for their assistance throughout the inspection.

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	11*	7*

* The total number of areas for improvement includes 11 under the regulations and seven under the standards which are carried forward for review at the next care inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Mr Caine McGoldrick, Manager, as part of the inspection process.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: Third and final time</p> <p>To be completed by: 15 March 2021</p>	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p> <p>Specific reference to patients' care records and daily evaluation notes:</p> <ul style="list-style-type: none"> • Where a patient has been repositioned the frequency should reflect the current care plan and state the intervention on each repositioning • Records relating to a patients activities of daily living are reviewed and updated to reflect their current needs • Care plans and risk assessments are reviewed on a monthly basis or more frequently as deemed necessary.
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home.</p> <p>Specific reference to ensuring that fire doors are not propped open.</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: 15 March 2021</p>	<p>The registered person shall ensure that a robust governance system is implemented and maintained to promote and assure the quality of nursing and other services in the home.</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 1 March 2021</p>	<p>The registered person shall ensure that the monthly quality monitoring visit report is robust, that it provides sufficient information on the conduct of the home; with an action plan and timescales to address any deficits identified in a timely manner.</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all staff employed to work in the home are aware of and adhere to the infection prevention and control guidelines and best practice requirements.</p> <p>With specific reference to ensuring that the deficits in practice are addressed immediately to ensure the safety of patients and staff.</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 27 (4) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall take adequate precautions against the risk of fire.</p> <p>With specific reference to ensuring that:</p> <ul style="list-style-type: none"> • all fire doors are able to close fully when activated • fire doors with surface damage are repaired/replaced • the holes in the identified ceiling are repaired • storage arrangements are reviewed to ensure that combustible items are not stored in rooms without appropriate fire detection devices. <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 27 (4) (e) (f)</p> <p>Stated: First time</p>	<p>The registered person shall take adequate precautions against the risk of fire.</p> <p>With specific reference to ensuring that:</p> <ul style="list-style-type: none"> • fire drills are recommenced and a record is maintained for inspection

<p>To be completed by: With immediate effect</p>	<ul style="list-style-type: none"> • fire safety awareness training is provided twice yearly and • a record is maintained within the home for inspection. <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 27 (2) (b) (d)</p> <p>Stated: First time</p> <p>To be completed by: 1 April 2021</p>	<p>The registered person shall ensure that the premises are kept in good state of repair, kept clean and reasonably decorated.</p> <ul style="list-style-type: none"> • With specific reference to: • surface damage to identified door frames, skirting boards, over bed tables, bedframes and walls that were scuffed • floor covering within a lounge in Hillcrest with black scuff marks • identified chairs where the fabric was torn • addressing the malodour and • replacing the carpet in the identified bedroom. <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 9</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons must ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected at all times from hazards to their health.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 10</p> <p>Ref: Regulation 32 (h)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons must ensure that that the nursing home, including all spaces, is only used for the purpose for which it is registered.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>

<p>Area for improvement 11</p> <p>Ref: Regulation 14 (2) (b) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that procedures are implemented for the safe use of all bedrails in accordance with health and safety regulations and records maintained to evidence the checks have been completed and any deficits identified are addressed.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Action required to ensure compliance with Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 11</p> <p>Stated: Second time</p> <p>To be completed by: 18 December 2019</p>	<p>The registered person shall ensure the programme of activities reflects the preferences and choices of the patients and is evaluated regularly. This shall be displayed in a suitable format and a record kept of all activities that take place, with the names of the person leading them and the patients who participate. Arrangements for the provision of activities should be in place in the absence of the patient activity leader.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 2</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 15 March 2021</p>	<p>The registered person shall ensure that a system is in place to ensure that mandatory training requirements are met.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 1 March 2021</p>	<p>The registered person shall ensure that that an effective system is implemented and monitored for managing the professional registration of care staff with NISCC.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>

<p>Area for improvement 4</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 1 March 2021</p>	<p>The registered person shall ensure the staff duty rota includes:</p> <ul style="list-style-type: none"> • the hours worked by the manager and the capacity in which they were worked • the person in charge of the home in the absence of the manager • the full names of staff • the exact hours worked by staff.
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 5</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that patients' right to privacy is upheld with specific reference to ensuring that the internal doors within the identified shower rooms are immediately reviewed to ensure that no other patient can access these rooms when occupied by another patient.</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 6</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that patients' personal care and grooming needs are met and that care records reflect specific measures on how to maintain patients' personal care where an assessed need is identified.</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 7</p> <p>Ref: Standard 37</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the confidentiality of patients' care records is effectively maintained at all times.</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>



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

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