Unannounced Care Inspection Report
26 April 2019

Hillcrest Care Facility

Type of Service: Nursing Home
Address: 23 Old Mountfield Road, Omagh, BT79 7EL
Tel No: 028 8225 1222
Inspector: Jane Laird and Helen Daly

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 with 59 beds that provides care for patients with a range of care needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Knockmoyle Lodge Ltd **Responsible Individual:** Linda Florence Beckett	**Registered Manager and date registered:** Julie Ann Elizabeth Taylor 1 October 2009
Person in charge at the time of inspection: Julie Ann Elizabeth Taylor	**Number of registered places:** 59 This number includes one named person receiving residential care and a maximum of 12 patients in category NH-DE. The home is also approved to provide care on a day basis to four persons.
Categories of care: Nursing Home (NH): I – old age not falling within any other category DE – dementia PH – physical disability other than sensory impairment	**Number of patients accommodated in the nursing home on the day of this inspection:** 59

4.0 Inspection summary

An unannounced inspection took place on 26 April 2019 from 07.50 to 17.00.

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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

The term ‘patient’ is used to describe those living in Hillcrest Care Facility which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified during and since the last care, finance, premises and medicine management inspections and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing arrangements, staff recruitment, induction, training, supervision and appraisal and adult safeguarding. Other areas of good practice were identified in relation to communication between patients, staff and other key stakeholders and maintaining good working relationships.

In relation to care, areas for improvement were identified in relation to record keeping and the appropriate display and review of activity services. Other areas for improvement that have been stated for a second time were identified in relation to control of substances hazardous to health (COSHH) and quality assurance service delivery audits.

In relation to finance it was positive to note that six out of the eight areas for improvement had been met. The two areas that were identified at the previous finance inspection which were not met and have been stated for a second time were in relation to; ensuring that the "resident" bank account is reconciled and signed and dated by two people at least quarterly and ensuring that personal property records are reconciled and signed and dated by two people at least quarterly.

With regards to the premises the two areas for improvement which were identified at the previous inspection had been suitably addressed.

In relation to medicines management one area for improvement pertaining to the storage temperatures for medicines was stated for a third and final time, two areas for improvement in relation to care planning for the management of seizures and the auditing system were stated for a second time. Four new areas for improvement were identified in relation to the management of medicines on admission, distressed reactions, the management of limited shelf life medicines and the filing system for medication administration records.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*3	*10

*The total number of areas for improvement includes one under the regulations which has been stated for the third and final time, one under the regulations and five under the standards which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Julie Ann Elizabeth Taylor, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 23 January 2019

The most recent inspection of the home was an unannounced care inspection. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire to give their views on the running of the home.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 15 April 2019 to 28 April 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records (including medicines management)
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- staff supervision and appraisal matrix
- a sample of reports of visits by the registered provider from January 2019
- RQIA registration certificate
- public liability insurance certificate
- a sample of bank statements in respect of the residents' bank account

- Policies and procedures folder
- a sample of patients property records
- a sample of patients' individual written agreements
- a sample of treatment records for services facilitated within the home
- the storage temperatures for medicines
- care plans pertaining to the management of seizures and distressed reactions
- the governance arrangements for medicines management
- personal medication records, medication administration records, receipt and disposal records
- the management of medication changes, pain, thickening agents, controlled drugs, antibiotics and warfarin

Areas for improvement identified at the last care, medicines, finance and premises inspections were reviewed and assessment of compliance recorded as either 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 outstanding areas for improvement from previous inspection(s)

Areas of improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement two were met and two were partially met. These have been included in the QIP at the back of this report.

The two areas of improvement identified at previous premises inspection have been reviewed and assessed as met.

Areas of improvement identified at previous finance inspection have been reviewed. Of the total number of areas for improvement six were met and two were not met. These have been included in the QIP at the back of this report.

Areas of improvement identified at previous medicines management inspection have been reviewed. Of the total number of areas for improvement three were met and three were not met. These have been included in the QIP at the back of this report.

6.2 Inspection findings

6.3 Is care safe?

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

We arrived in the home at 07.50 and were greeted by the registered manager and staff who were helpful and attentive. The handover from the night staff was in progress and following the handover staff were attending to patient's needs as required. Some patients were seated in one of the lounges having breakfast whilst others remained in bed. Staff were friendly and welcoming and appeared confident in their role and delivery of care. Medication was being administered by the registered nurses and catering staff were preparing breakfast.

Patients indicated that they were well looked after by the staff and felt safe and happy living in Hillcrest Care Facility. One patient said "Staff are looking after me well". We also sought the opinion of patients on staffing via questionnaires. Five questionnaires were returned from patients who were very satisfied with the service provision across all four domains.

Staffing rotas for weeks commencing 15 April 2019 and 22 April 2019 were reviewed which evidenced that there were adequate numbers of staff employed to ensure patients were kept safe and their social and physical needs are met in a timely manner. The registered manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. A discussion with staff evidenced that they were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that they felt supported by management, comments included; "I love it here", "I love my job" and "Feel supported by management". We also sought staff opinion on staffing via an online survey. There was no response in the time frame provided.

On review of two staff recruitment records it was evidenced that they were employed following a robust monitoring system to ensure the safety of patients. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. Patients were supported by staff that received on-going training to ensure they understood and were able to respond to patents needs. The registered manager informed us that all new staff had induction training which was confirmed by the staff on duty. One staff member said "There's lots of training here". A system was also in place to direct the management team of when staff were due their bi-annual supervision and yearly appraisal.

Records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care assistants with the Northern Ireland Social Care Council (NISCC). There was evidence that registered nurses completed a competency and capability assessment yearly to ensure that they are competent to take charge of the home in the absence of the registered manager.

The staff we spoke with understood their responsibilities in relation to keeping patients safe and were able to describe what they would do if they suspected or witnessed any form of abuse. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

A number of audits were completed on a monthly basis by the registered manager and/or registered nurses to ensure the safe and effective delivery of care. Falls in the home were monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall. Following the review an action plan was implemented to reduce the incidences of falls where possible and the patient's risk of falls assessment and care plan was updated. However, on review of the accident book it was identified that following two unwitnessed falls the registered nurse did not obtain neurological observations on the patient. Other audits were carried out on patients' care records, however, there were only 14 patient records reviewed from 6 November 2018 to 9 April 2019. Considering there are 59 patients within the home the registered manager was asked to review the system of care record auditing to ensure that there is an ongoing review of all patient care records. The registered manager also completed an environmental audit on a monthly basis. The above deficits are discussed further in 6.6.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Refurbishment works were ongoing to the home and areas that were identified as needing decorated such as walls and floor coverings were on the home's agenda to address as part of their refurbishment plan. Equipment/furniture that was identified as damaged and/or inappropriately stored within a shower room was discussed in detail with the registered manager who had them removed during the inspection and agreed to review the storage space within the home as this had previously been an issue that was identified at the most recent care inspection. There were also a number of infection prevention and control (IPC) issues identified during the previous inspection and although there was improvement noted from the previous inspection, some of the IPC practices were not being effectively managed in accordance with best practice guidelines. There were examples of good practice where staff had demonstrated their knowledge in relation to ensuring that there was a clear segregation within the linen trolley for transporting clean and unclean linen and staff wore the correct personal protective equipment (PPE) during the delivery of personal care. However, this was not consistent and we observed a number of staff placing clean aprons and gloves on top of a linen trolley which was being used for unclean linen. The above deficits are discussed further in 6.6.

We observed cleaning chemicals on domestic trolleys which were suitably labelled, however, the sluice rooms and cleaning stores throughout the home were unlocked with the availability of chemicals and air freshener cans/spray bottles easily accessible. This was discussed with the registered manager at the previous care inspection as an area for improvement which has only partially been addressed and has therefore been stated for a second time.

Within the nursing dementia unit prescribed thickening agents were observed being stored in the dining room. The potential risks associated with this practice were discussed with the registered nurse, given the category of care of patients living in this area of the home. The registered nurse addressed this matter immediately and agreed to take appropriate actions to ensure any potential risks were managed appropriately. This matter was brought to the attention of the registered manager and will be monitored during subsequent care inspections to ensure that the actions taken have been maintained.

Medicines Management

We reviewed the management of medicines for one recently admitted patient. Written confirmation of currently prescribed medicines had been obtained. However, the personal medication record had not been verified and signed by a second registered nurse. The involvement of two registered nurses is good practice and minimises the risk of these details being

inaccurately entered on the personal medication record. Medicines had been supplied in a non-sealed compliance aid. In the interests of safe practice staff should only administer medicines supplied either in their original packs or in a compliance aid that has been dispensed and sealed in a pharmacy. An area for improvement was identified.

We reviewed the management of distressed reactions for four patients. Care plans, including details of prescribed medicines, were in place. The reason for and outcome of administration of these medicines was not recorded on all occasions. For two patients the medicines were being administered every day and this had not been referred to the prescriber for review. The management of distressed reactions should be reviewed and revised. The reason for and outcome of each administration should be recorded and regular use should be referred to the prescriber for review. An area for improvement was identified.

A number of out of date eye preparations were observed in the medicine refrigerator in the Hillcrest unit. It was not possible to identify if a bottle of a liquid antibiotic was still in date. The date medicines are opened should be recorded so that they are disposed of when their expiry date has been reached. An area for improvement was identified.

As had been discussed at the last medicines management inspection medication administration records were not being filed in patient/month order in the Hillcrest unit. Medicine records should be readily retrievable. An area for improvement was identified.

We reviewed the storage temperatures for medicines. The temperature of the three treatment rooms and medicine refrigerators was being monitored and recorded each day. Satisfactory recordings were observed for the medicine refrigerator and room temperature in the Hillview treatment room and for the medicine refrigerator temperature in the first floor treatment room in Hillcrest. However, the medicine refrigerator temperature on the ground floor had been outside the accepted range since 1 April 2019. Corrective action had been taken on 25 April 2019 and a new medicine refrigerator was delivered during the inspection. Temperatures above 25^{o}C were frequently recorded for the room temperature in both treatment rooms in the Hillcrest unit. This has the potential to affect the viability of medicines stored in these rooms. Following discussion after the inspection with senior management in RQIA and a written assurance from the registered manager that air conditioning units would be fitted this area for improvement was stated for a third and final time.

Care plans for the use of medicines in the management of seizure activity were reviewed for three patients during the inspection. One care plan could not be located and the others did not provide sufficient detail to direct the use of emergency medication i.e. at what time the medication should be administered. This area for improvement was stated for a second time.

We reviewed the governance systems for medicines management. There was evidence that audit trails on the medicines prescribed for two patients in each unit were completed each month. Satisfactory outcomes were observed and hence action plans to address shortfalls had not been necessary. The audits trails completed during this inspection identified discrepancies in the administration of liquid medicines, a prophylactic antibiotic and the omission of a weekly medicine. The findings of this inspection indicated that the auditing processes in place were not robust as the audits were not effective in identifying and addressing medication related issues e.g. care planning, storage temperatures, the management of medicines on admission. This area for improvement was stated for a second time.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal and adult safeguarding.

Areas for improvement

Four areas for improvement were identified in relation to the management of medicines on admission, distressed reactions, the management of limited shelf life medicines and the filing system for medication administration records.

	Regulations	Standards
Total number of areas for improvement	0	4

6.4 Is care effective?

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

We reviewed three patient care records which contained the management of nutrition, patients' weight, management of infections and wound care and evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient. There was evidence of regular communication with representatives within the care records. A system was also in place to audit patient care records and each patient had a key worker. A daily record had been maintained to evidence the delivery of care and there was evidence that the care planning process included input from patients and/or their representatives, if necessary.

Referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians where necessary and appropriately maintained within the patients care records. Supplementary care charts such as food and fluid intake, repositioning records and elimination records evidenced that contemporaneous records were maintained on most occasions. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

On review of the repositioning records there were gaps identified within the charts where patients had not been repositioned as per their care plan and there was no record of the condition of the patients' skin or intervention of treatment documented. The Activity of daily living record for all three patients did not have a date included as to when it had been reviewed and one patient's records revealed that they did not have an up to date risk assessment for falls or moving and handling. We discussed the above findings with the registered manager who acknowledged the shortfalls in the documentation and agreed to review all patients care plans regarding pressure care, activities of daily living, risk assessments and communicate with the registered nurses to ensure they document accurately the daily events within patients care records. This was identified as an area for improvement.

It was positive to note that restrictive practice, such as the use of bedrails or floor alarm mats, had been discussed with the patient, their next of kin and care manager and appropriate consent provided prior to implementing this practice. There was also evidence within the patient's care records of an initial assessment completed to ensure safe use which was reviewed regularly and was included within the patient's care plans.

Discussion with the registered manager and accounts administrator established that no person associated with the home was acting as appointee for any patient.

A "resident" bank account was in place to hold monies on behalf of patients. There was evidence that transactions in the account statements had been reviewed, however a reconciliation signed and dated by two people had not been recorded. This was an area that had been identified at the previous finance inspection and has been stated for a second time.

We reviewed patient property records and identified that there was no evidence available to confirm that they had been reviewed and updated over time. During the previous finance inspection, it was also highlighted that records of personal property should be reconciled and signed and dated by a staff member and countersigned by a senior member of staff on at least a quarterly basis. This was an area that had been identified at the previous finance inspection and has been stated for a second time.

Staff confirmed that they were required to attend a handover meeting at the beginning of each shift and were aware of the importance of handover reports in ensuring effective communication. Staff confirmed that the shift handover provided information regarding each patient's condition and any changes noted. One staff member said "Great team work and handovers". Other comments included; "Excellent team work", "everyone very approachable" and "good handovers".

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to, communication between patients, staff and other key stakeholders.

Areas for improvement

An area for improvement was identified in relation to record keeping during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care compassionate?

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

Staff interactions with patients were observed to be compassionate, caring and timely and they demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Patients were afforded choice, privacy, dignity and respect.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

- "Thanks to all the staff"
- "Our heartfelt thanks to all the staff"
- "thank you for all your help an kindness"

Consultation with 17 patients individually, and with others in small groups, confirmed that living in Hillcrest Care Facility was a mostly positive experience.

Patient comments:

- "Feel safe living here"
- "Excellent care"
- "Food is very very good"
- "Staff are looking after me well"
- "I never want for anything"
- "They are very good to me here"

Representative's comments:

- "Couldn't be better"
- "They are all great here"

Five questionnaires were returned from patient representatives. The respondents were very satisfied with the service provision across all four domains. Comments included; "The care is first class". Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

A variety of methods were used to promote orientation, for example, appropriate signage, photographs and the provision of clocks and prompts for the date. Patients' bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. Patients and staff spoken with were complimentary in respect of the home's environment whilst acknowledging that there were further improvements to be made.

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. On the day of the inspection the activity coordinator discussed the provision of activities and the current arrangements within the home to facilitate patient involvement. The patients appeared to enjoy the interaction between the staff and each other. However, it was identified that the weekly schedule was not on display within any of the lounges but was kept within the activity coordinators folder. Furthermore, on review of three patients care records it was identified that their preferences had not been reviewed for a number of years. This was discussed with the registered manager and identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

The following area was identified for improvement in relation to the appropriate display and review of activity services.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is the service well led?

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

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff/patients/representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA which confirmed that records were maintained appropriately and notifications were submitted in accordance with regulation. The inspector also evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA and/or other relevant bodies appropriately.

A number of governance audits were reviewed which were completed on a monthly basis by the manager and/or registered nurses. Accident/incident audits were relatively well maintained which provided an action plan when deficits were identified. Environmental audits were also completed on a monthly basis which captured some of the issues identified during inspection and were in the process of being addressed. Although audits were completed, the robustness of the audits failed to identify the deficits from the inspection. For example, deficits in IPC practices and the environment had not been identified and inconsistencies in the recording of neurological observations following unwitnessed falls. This was discussed with the registered manager who agreed to review the audit process for accidents/incidents and IPC practices to ensure that the analysis is robust, action plans are generated and that learning is disseminated. This was an area for improvement that had been identified at the previous care inspection and has been stated for a second time.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual. This was an area that was identified at the previous care inspection as requiring improvement and has been suitably addressed. Copies of the report were available for patients, their representatives, staff and trust representatives.

Staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Comments included; “Manager approachable”, “Feel very supported” and “Great boss”.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships.

Areas for improvement

There were no new areas for improvement identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Julie Ann Elizabeth Taylor, 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.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 14 (2) (a) (b) and (c) **Stated:** Second time **To be completed by:** Immediate effect	The registered person shall ensure that cleaning chemicals are suitably labelled and stored in accordance with COSHH regulations. Ref: 6.3
	Response by registered person detailing the actions taken: Keypads have been installed on cleaners store and sluice rooms.
Area for improvement 2 **Ref:** Regulation 13 (1) (a) **Stated:** First time **To be completed by:** 26 June 2019	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. Specific reference to patients' care records and daily evaluation notes: • 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. Ref: 6.4
	Response by registered person detailing the actions taken: Repositioning charts have been modified to 2-4 hrly and careplans reflect this. Activities of daily living currently being updated and will be reviewed annually or more frequently if required. Careplans and risk assessments reviewed monthly.
Area for improvement 3 **Ref:** Regulation 13 (4) **Stated:** Third and final time **To be completed by:** 26 June 2019	The registered person shall ensure that refrigerator and room temperatures are accurately monitored and recorded each day to evidence that medicines are stored at the recommended temperatures. Ref: 6.3
	Response by registered person detailing the actions taken: Air conditioning unit installed in ground floor treatment room and second unit to be installed upstairs within the next week. Temperatures monitored and are within recommended ranges.

<table>
<tr><th colspan="2">Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 35

Stated: Second time

To be completed by:
26 June 2019</td><td>The registered person shall ensure that robust management systems are appropriately established to effectively monitor and report on the safe delivery of care in the home.
The registered manager must;

• review the current system of recording of notifiable events in each unit of the home, to ensure that the records are collated centrally to minimise the risk of omission to notify to RQIA
• the IPC audits must be sufficiently robust to identify any poor practice and drive and sustain hygiene standards
• the post falls audits maintained in the home must be reviewed and updated to ensure that identified risks to patients are minimised as required.

Ref: 6.6</td></tr>
<tr><td>Response by registered person detailing the actions taken:
Accident audit form established to ensure notifiable events are monitored and notified appropriately and reviewed weekly.
Infection control audits more detailed and action plan formulated.
Post fall audit tool implemented.</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Standard 14.25

Stated: Second time

To be completed by:
26 June 2019</td><td>The registered person shall ensure that a reconciliation of the residents’ bank account is carried out and recorded at least quarterly.

Ref: 6.4</td></tr>
<tr><td>Response by registered person detailing the actions taken:
Reconciliations recorded monthly and signed by 2 persons.</td></tr>
<tr><td rowspan="2">Area for improvement 3

Ref: Standard 14.26

Stated: Second time

To be completed by:
26 June 2019</td><td>The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.

Ref: 6.4</td></tr>
<tr><td>Response by registered person detailing the actions taken:
New inventory of property implemented. Reconciliation and signatures to be completed quarterly.</td></tr>
</table>

Area for improvement 4 **Ref**: Standard 11 **Stated:** First time **To be completed by:** 26 June 2019	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. Ref: 6.5
	Response by registered person detailing the actions taken: Programme on display for weekly activities and written record maintained.
Area for improvement 5 **Ref**: Standard 28 **Stated:** Second time **To be completed by:** 26 June 2019	The registered person shall ensure that care plans for the use of medicines in the management of seizure activity are in place. Ref: 6.3
	Response by registered person detailing the actions taken: Seizure activity careplan in place.
Area for improvement 6 **Ref**: Standard 28 **Stated:** Second time **To be completed by:** 26 June 2019	The registered person shall implement a robust audit to monitor all aspects of the management and administration of medicines. Action plans to address shortfalls should be completed. Ref: 6.3
	Response by registered person detailing the actions taken: Medication audit tool implemented and action plans completed.
Area for improvement 7 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 26 June 2019	The registered person shall ensure that robust systems are in place for the management of medicines on admission. Ref: 6.3
	Response by registered person detailing the actions taken: All staff nurses advised that medication cannot be accepted on admission unless in original packaging.

Area for improvement 8 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 26 June 2019	The registered person shall review the management of distressed reactions to ensure that regular use is referred to the prescriber for review and that the reason for and outcome of each administration is recorded. Ref: 6.3
	Response by registered person detailing the actions taken: All staff nurses advised that if medication is administered for distressed reactions the reason and outcome must be recorded.
Area for improvement 9 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 26 June 2019	The registered person shall ensure that medicines do not remain in use after their expiry date has been reached. Ref: 6.3
	Response by registered person detailing the actions taken: All staff advised to monitor medications to ensure they are not used after their expiry date.
Area for improvement 10 **Ref**: Standard 29 **Stated:** First time **To be completed by:** 26 June 2019	The registered person shall ensure that medication administration records are readily retrievable. Ref: 6.3
	Response by registered person detailing the actions taken: New filing system for medication records implemented.

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

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
@RQIANews