



Unannounced Follow Up Care Inspection Report 25 October 2019



Three Rivers Care Centre

Type of Service: Nursing Home (NH)
**Address: 11 Millbank Lane, Lisnamallard,
Omagh, BT79 7YD**
Tel No: 028 8225 8227
Inspector: Jane Laird

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

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 registered nursing home which provides care for up to 56 patients.

3.0 Service details

Organisation/Registered Provider: Zest Care Homes Limited Responsible Individual: Philip Scott	Registered Manager and date registered: Charlene Parkin 18 July 2019
Person in charge at the time of inspection: Jenny Grimley, nurse in charge	Number of registered places: 56 A maximum of 28 patients in category NH-DE accommodated in the Strule Unit, a maximum of 28 patients in category NH-I and a maximum of 4 patients in category NH-PH accommodated in the Drumragh Unit.
Categories of care: Nursing Home (NH) PH – Physical disability other than sensory impairment. DE – Dementia. I – Old age not falling within any other category.	Number of patients accommodated in the nursing home on the day of this inspection: 44

4.0 Inspection summary

An unannounced inspection took place on Friday 25 October 2019 from 11.15 hours to 17.15 following receipt of information via the duty desk at RQIA. The issues raised highlighted concerns in relation to care delivery, the environment, continence management, staff interactions with patients, the management of complaints and overall governance of the home. Whilst most of these concerns were unsubstantiated during the inspection the management of complaints were substantiated and discussed with the regional manager as an area for improvement. Further details of areas for improvement identified during the inspection are included within the main body of this report.

It is not the remit of RQIA to investigate whistleblowing/adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- environment
- care records
- care practices including the provision of personal care and general presentation of patients
- complaints
- minutes of patient meetings

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	*7	4

*The total number of areas for improvement includes two regulations which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Jenny Grimley, nurse in charge and Claire McKenna, regional 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 15 August 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 15 August 2019 which resulted in a Failure to Comply notice being issued in relation to Regulation 13 (1) (a) and (b) Health and Welfare of patients.

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 previous record of care inspection

The following records were examined during the inspection:

- duty rota for all staff from 14 October 2019 to 27 October 2019
- three patient care records
- a sample of care charts including food and fluid intake charts, repositioning charts and bowel records
- complaints
- minutes of patient meetings
- daily manager walk around records
- monthly monitoring visits from July 2019

Areas for improvement identified at the last care, medicines management and finance inspection were reviewed and assessment of compliance recorded as either met, partially met not met or carried forward to the next inspection.

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 previous inspection(s)

Areas for improvement from the last care inspection 15 August 2019		
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) (b) Stated: First time	The registered person shall that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that the nursing, health and welfare of patients were in accordance with their planned care and the recommendations of other health care professionals which was evident through patient care records and observation of care delivery.	
Area for improvement 2 Ref: Regulation 30 (d) Stated: First time	The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of any event in the nursing home which adversely effects the wellbeing or safety of any patient.	Not met
	Action taken as confirmed during the inspection: On review of care records the Inspector confirmed that RQIA had not been notified regarding a notifiable incident. This is discussed further in 6.2.3.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 6 Stated: First time	The registered person shall ensure that patient's personal care and grooming needs are regularly assessed and met. This includes (but is not limited to): <ul style="list-style-type: none"> • Patient's finger nails 	Met

	<ul style="list-style-type: none"> • Facial hair • Footwear • Clothing • Contenance management 	
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that during the inspection patient's personal care and grooming needs were attended to. This is discussed further in 6.2.1.</p>	

Areas for improvement from the last medicines management inspection 23 July 2019		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered manager shall ensure that written confirmation of current medication regimens is obtained for all admissions/re-admissions to the home.	Not met
	<p>Action taken as confirmed during the inspection:</p> <p>On review of a patient's care records it was identified that there was no written confirmation of their current medication regime on return from hospital. This is discussed further in 6.2.3.</p>	
Area for improvement 2 Ref: Regulation 13 (4) Stated: Second time	The registered manager shall ensure that medicine refrigerator temperatures are maintained between 2°C - 8°C to ensure that medicines are stored at the manufacturers' recommended temperature.	Carried forward to the next care inspection
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 28 Stated: First time	The registered person shall review and revise the management of medicines which are provided for patients who are temporarily absent from the home.	Carried forward to the next care inspection

	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 2 Ref: Standard 28 Stated: First time	<p>The registered manager shall implement a robust audit system for the management of medicines. Where shortfalls are identified, action plans to address these should be developed and implemented.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	Carried forward to the next care inspection

Areas for improvement from the last Finance inspection 23 July 2019		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 5 (1) Stated: Second time	<p>The registered person shall ensure that any service user currently accommodated in the home that does not have an individual written agreement is provided with one. A full copy of the signed agreement should be retained on the service user's file.</p> <p>Where an HSC trust-managed service user does not have an identified person to act as their representative, the service user's individual agreement should be shared with their HSC trust care manager.</p> <p>Agreements must be kept up to date with any changes agreed in writing by the service user or their representative.</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	Carried forward to the next care inspection
Area for improvement 2 Ref: Regulation 12 (b) Stated: First time	<p>The registered person shall implement a system to ensure that records show the current balance of patients' monies held within the home at any time</p>	Carried forward to the next care inspection

	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 3 Ref: Regulation 14 (4) Stated: First time	<p>The registered person shall implement a system to ensure that patients' monies are not used to either purchase items or pay for additional services e.g. hairdressing, for those patients who have insufficient funds.</p> <p>The current practice of using patients' monies should cease immediately and the amount identified as owed should be reimbursed back to the monies held on behalf of patients.</p> <p>RQIA should be informed of the date when the monies have been reimbursed.</p>	Carried forward to the next care inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 14.25 Stated: First time	<p>The registered person shall implement a system for reconciling patients' items held in the safe place at least quarterly. A record should be maintained to show that the items have been checked. The records should be signed by the person undertaking the reconciliation and countersigned by a second member of staff to evidence that they have taken place.</p> <p>The records should include the details of the items withdrawn from and returned to, the safe place, along with the dates the activity took place.</p>	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.2 Inspection findings

6.2.1 Patient Health and Welfare

On arrival to the home at 11.15 hours we were greeted by staff who were helpful and attentive and appeared confident in their delivery of care. Patients were seated within one of the lounges or in their bedroom, as per their personal preference or their assessed needs. We observed patients footwear, finger nails and haircare to be well maintained and were well presented with clothing appropriate for the time of year. Staff interactions with patients were observed to be compassionate, caring and timely and patients were afforded choice, privacy, dignity and respect.

The staff were observed to use every interaction as an opportunity for engagement with patients and they demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. This was particularly evident for those patients who were unable to participate in group activities/communal events where staff facilitated the patient's favourite music or television programme.

Discussion with patients and staff and review of the activity programme displayed in the main corridor evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The patients appeared to enjoy the interaction between the staff and each other.

Patients' bedrooms were personalised with possessions that were meaningful to them and reflected their life experiences. New curtains were being installed within bedrooms in the dementia nursing care unit during the inspection and matching bed linen had been ordered for all bedrooms. On review of the linen stores it was evident that there was a sufficient supply of clean bed linen throughout the home. Patients and staff spoken with were complimentary in respect of the home's environment whilst recognising that there is ongoing refurbishment. This is discussed further in 6.2.4.

We observed the serving of the lunchtime meal which commenced at 12.30 hours. Patients were assisted to the dining room or had trays delivered to them as required. The menu was on display within the dining areas and offered a choice of two main meals. The dining rooms were well presented with condiments and drinking glasses available at each table and staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks. Staff were observed assisting patients with their meal appropriately and wore aprons when serving or assisting with meals and patients appeared to enjoy the mealtime experience.

A range of drinks were offered to patients at various intervals throughout the inspection and staff were knowledgeable regarding how to modify fluids and how to care for patients during the administration of fluids.

Consultation with seven patients individually, and with others in small groups, confirmed that living in Three Rivers Care Centre was a positive experience.

Patient comments:

- “Very happy here.”
- “Food is great.”
- “The staff are great.”
- “Staff are lovely.”
- “Well looked after.”
- “Happy with everything.”

Representatives’ comments:

- “Great staff.”
- “Really caring and kind to the patient’s.”
- “Carers do a good job”
- “I see so many improvements since the summer”

On discussion with relatives one stated that they had raised concerns in the past regarding their relatives items of clothing going missing and were asked to go to the laundry and look for these items themselves. The relative stated that they did not feel that the manager was approachable or that their concerns were taken seriously. This was discussed with the regional manager who acknowledged that missing clothing can be an issue on occasions and stated that they normally transfer unlabelled clothing to a room within the reception area for relatives to identify. The regional manager further stated that she would discuss these concerns with the manager as they were similar to the concerns that were raised by the caller via the RQIA duty desk.

We reviewed the minutes of patient meetings which included discussions around staff, food, laundry, housekeeping and activities. Any requests made by the patients were documented and an action plan was devised which was later signed off by the manager as being acknowledged. On request for the minutes of the most recent relatives meeting held on 19 September 2019 the regional manager stated that there was no attendance but that they did receive some apologies from relatives who were unable to attend the meeting. The regional manager further stated that relatives are invited to all patient meetings and that a notice regarding meetings is displayed on a notice board within the foyer. We discussed the importance of notices being displayed in a prominent area which would be viewed by both the patients and their relatives. Following the inspection the regional manager stated that meetings are now displayed in all units, stairwells, the lift and entrance door in addition to the usual noticeboard.

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.2 Staffing provision

The nurse in charge confirmed the planned daily staffing levels for the home and that these levels were subject to a monthly review to ensure that the assessed needs of patients were met. Staffing rotas for weeks commencing 14 October 2019 and 21 October 2019 were reviewed and evidenced that the planned staffing levels were adhered to on most occasions. Discussion with the regional manager identified that recruitment for suitably skilled and

experienced care assistants was ongoing and advised that a contingency plan is in place whereby agency staff are sought as required to cover short notice staff absence. The regional manager further stated that the number of agency staff covering shifts on a regular basis has decreased as recruitment of permanent staff has increased and is confident that this will enhance the continuity of patient care.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients but also stated that this is effected occasionally due to short notice absenteeism. Staff also stated that they have seen a very positive change within the home but would like to see the manager more within the units. Staff further commented that the deputy manager is visible within the units on several occasions throughout the day and is very supportive. Comments included:

- “Staff morale good now”
- “Never see the manager.”
- “I really enjoy working here.”
- “Would like to see the manager on the unit”
- “Feel the patients are well cared for.”
- “Good induction.”

Observation of the delivery of care evidenced that patients’ needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Three Rivers Care Centre.

Discussion with staff evidenced that care staff were required to attend a handover meeting at the beginning of each shift. Staff understood the importance of handover reports in ensuring effective communication and confirmed that this was part of their daily routine.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with management or the nurse in charge.

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.3 Management of patient care records

A system was in place to audit patient care records and each patient had a key worker. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals and care plans identified as no longer relevant had been archived appropriately to avoid confusion.

Supplementary care charts in relation to fluid intake were reviewed which evidenced that directions within the patient’s care plan regarding recommended fluid consistency had been consistently transferred across to all relevant documentation.

On review of three patient care records there were a number of deficits identified in relation to bowel management. Care plans for two identified patients did not document the patients’

normal bowel pattern and on review of the daily progress records staff were not consistently recording the elimination of bowels which had the potential for patient's to become constipated. On review of one patient's care records it was further identified that staff delayed contacting the General Practitioner (GP) until the patient was several days with no bowel movement but were consistently recording that the patient's bowels had not moved without any appropriate action taken. This was discussed with the regional manager and nurse in charge who advised that relevant action would be taken to address this practice and an area for improvement was identified.

We reviewed care records in relation to the management of patients returning to the home from hospital. On review of one patient's care records we identified that the patient had returned to the home without a discharge letter and staff did not make any contact with the hospital for advice as to whether there were any changes to the patients prescribed care. It was later determined that several changes to the patient's medication had been recommended. The medication records were amended accordingly but RQIA were not notified regarding this incident. An area for improvement that was identified at the previous medicines management inspection in relation to ensuring that a written confirmation of current medication regimens is obtained for all admissions/re-admissions to the home has been stated for a second time. An area for improvement which had been identified at the previous care inspection in relation to ensuring that any event in the nursing home which adversely effects the wellbeing or safety of any patient is reported to RQIA without delay. This was discussed with the regional manager who submitted a notification retrospectively following the inspection and the pharmacy inspector for the home was informed. This area for improvement has been stated for a second time.

Areas for improvement

A new area for improvement was identified in relation to supporting patients with management of their bowels.

	Regulations	Standards
Total number of areas for improvement	0	1

6.2.4 General environment

As discussed in 6.2.1 a review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. The home was found to be warm, fresh smelling and comfortable throughout. Since the last inspection new floors had been fitted to various areas within the home, dayrooms and multiple bedrooms had been redecorated with new furniture and paint work throughout. This was commended by the inspector.

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.5 Management and governance arrangements

On review of the complaints ledger it was identified that a complaint received in June 2019 had been entered into the ledger following two complaints in July 2019. There was no evidence to

suggest that the complainants were satisfied with the outcome of the investigation. This was discussed with the regional manager who acknowledged that there were deficits in the recording of the complaints and lack of evidence available to provide assurances that the complainants were satisfied with the outcome. We further discussed the concerns raised by the caller via the duty desk in relation to several complaints that were made to senior staff but were not documented within the ledger. This was identified as an area for improvement.

At a previous inspection on 18 July 2019 the manager confirmed that she was carrying out daily walk arounds of the home to ensure effective communication with patients, patient representatives and staff. However, on review of the records it was evident that the deputy manager completed the majority of the daily walk arounds and on discussion with staff and a relative during the inspection it was evident that the manager did not frequently walk around the home. This was discussed with the regional manager who agreed to share this with the manager and to discuss the importance of having a visible presence within the units.

Discussion with the nurse in charge and review of records evidenced that quality monitoring visits were completed on a monthly basis by the regional manager in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Copies of the report were not available during the inspection as the regional manager was unable to locate them. The importance of ensuring that these reports are available for patients, their representatives, staff and trust representatives was discussed with the regional manager and following the inspection the reports were forwarded to RQIA and assurances were provided. Going forward these reports will remain in an appropriate location and easily attainable within the home.

Areas for improvement

An area for improvement in relation to the management of complaints was identified.

	Regulations	Standards
Total number of areas for improvement	1	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 Jenny Grimley, nurse in charge and Claire McKenna, regional 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 30 (d)</p> <p>Stated: Second time</p> <p>To be completed by: With Immediate effect</p>	<p>The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of any event in the nursing home which adversely effects the wellbeing or safety of any patient.</p> <p>Ref: 6.1 and 6.2.3</p> <p>Response by registered person detailing the actions taken: An incident which occurred prior to the inspection was reported by the Nurse in charge to the Home Manager at the time. The issue was referred to the Residents Social Worker who did not feel that this met the safeguarding threshold and therefore an ASP1 was not completed at trust level nor a notification to RQIA at home level. However, on discussion with the Inspector during the course of the inspection a notification was submitted regarding this incident retrospectively by the Home Manager on the same day.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered manager shall ensure that written confirmation of current medication regimens is obtained for all admissions/re-admissions to the home.</p> <p>Ref: 6.1 and 6.2.3</p> <p>Response by registered person detailing the actions taken: Where a resident is being admitted directly from home a copy of current medications and medical history will be requested from the GP as part of the pre-admission process. Where the resident is being admitted directly from hospital a copy of the same will be requested from the hospital as part of the pre-admission process. Where the resident is returning from a hospital stay and not accompanied by appropriate discharge documentation listing current medications and any changes made whilst inpatient, the nurse-in-charge will liaise directly with the hospital to provide same as a matter of urgency. Such events will be reported to the Trust accordingly.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: Second time</p> <p>To be completed by: With Immediate effect</p>	<p>The registered manager shall ensure that medicine refrigerator temperatures are maintained between 2°C - 8°C to ensure that medicines are stored at the manufacturers' recommended temperature.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 5 (1)</p> <p>Stated: Second time</p> <p>To be completed by: 30 September 2019</p>	<p>The registered person shall ensure that any service user currently accommodated in the home that does not have an individual written agreement is provided with one. A full copy of the signed agreement should be retained on the service user's file.</p> <p>Where an HSC trust-managed service user does not have an identified person to act as their representative, the service user's individual agreement should be shared with their HSC trust care manager.</p> <p>Agreements must be kept up to date with any changes agreed in writing by the service user or their representative.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 12 (b)</p> <p>Stated: First time</p> <p>To be completed by: 23 August 2019</p>	<p>The registered person shall implement a system to ensure that records show the current balance of patients' monies held within the home at any time.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2019</p>	<p>The registered person shall implement a system to ensure that patients' monies are not used to either purchase items or pay for additional services e.g. hairdressing, for those patients who have insufficient funds.</p> <p>The current practice of using patients' monies should cease immediately and the amount identified as owed should be reimbursed back to the monies held on behalf of patients.</p> <p>RQIA should be informed of the date when the monies have been reimbursed.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

<p>Area for improvement 7</p> <p>Ref: Regulation 24</p> <p>Stated: First time</p> <p>To be completed by: 25 November 2019</p>	<p>The registered person shall ensure that all complaints received are:</p> <ul style="list-style-type: none"> • appropriately recorded and investigated • provide whether or not the complainant is satisfied with the outcome • relevant staff are provided with training on how to manage complaints <p>Ref: 6.2.5</p>
	<p>Response by registered person detailing the actions taken: Complaints procedures are on display athroughout the home and all staff have been made aware of the correct process to follow. This was further emphasized during a recent meeting held on 3rd December 2019 for relatives of the home where all relatives were informed of the complaints procedure along with the reporting process where there are issues of dissatisfaction. On the same date at a meeting, staff were spoken to in relation to the receipt of complaints and what constitutes a complaint and how to deal with it with correctly. They are also now aware that even where complaints are dealt with at floor level they should be referred to the Home Manager for recording and so that resolution can be confirmed with the complainant.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 23 August 2019</p>	<p>The registered person shall review and revise the management of medicines which are provided for patients who are temporarily absent from the home.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 23 August 2019</p>	<p>The registered manager shall implement a robust audit system for the management of medicines. Where shortfalls are identified, action plans to address these should be developed and implemented.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 14.25</p> <p>Stated: First time</p> <p>To be completed by: 26 August 2019</p>	<p>The registered person shall implement a system for reconciling patients' items held in the safe place at least quarterly. A record should be maintained to show that the items have been checked. The records should be signed by the person undertaking the reconciliation and countersigned by a second member of staff to evidence that they have taken place.</p> <p>The records should include the details of the items withdrawn from and returned to, the safe place, along with the dates the activity took place.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 4</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 a robust record of patient bowel movements is maintained to include the following:</p> <ul style="list-style-type: none"> • A care plan detailing the patients normal frequency of bowel movements and what action to take if the patients bowels have not moved within this time frame • Comments within the daily progress notes of when the patients bowels have not moved with a clear record indicating the action taken <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: All care plans have been reviewed and the Residents normal frequency of bowel pattern is recorded along with the action taken should the time frame not be met. Part of the Managers daily inspection includes review of bowel movement records and any issues noted are highlighted to the Nurse in Charge and a note made in the diary for further action as necessary. This is further recorded on the Managers daily inspection record for review and follow up the following day. Nursing staff have all been made aware of the need for robust and comprehensive completion of daily progress notes which reflect accurately the Residents day.</p>

****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](https://twitter.com/RQIANews)