



Unannounced Care Inspection Report 18 & 23 July 2019



Three Rivers Care Centre

Type of Service: Nursing Home (NH)

**Address: 11 Millbank Lane, Lisnamallard,
Omagh BT79 7YD**

Tel No: 028 8225 8227

**Inspectors: Jane Laird, Helen Daly, Joseph McRandle and
Raymond Sayers**

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Assurance, Challenge and Improvement in Health and Social Care

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

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(s): Mr Philip Scott	Registered Manager: Ms Charlene Parkin
Person in charge at the time of inspection: Ms Charlene Parkin, Registered Manager	Date manager registered: 18 July 2019
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 registered places: 56

4.0 Inspection summary

An unannounced focused inspection took place on 18 July 2019 from 07.15 to 16.00 and 23 July 2019 from 10.00 to 15.25 following receipt of information from the adult safeguarding team and the commissioning Trust regarding an increase in safeguarding referrals in relation to inadequate care delivery, incorrect distribution of foods consistencies and concerns around the management of medicines and finance. 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; which resulted in an inspection of the home.

The inspection was carried out by care, pharmacy, finance and premises inspectors who sought to validate the areas for improvement identified at the most recent inspections and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Following the inspection on 21 May 2019 where serious concerns had been identified and discussed at a meeting within RQIA, the management of Three Rivers Care Centre recognised the importance of patient safety and advised that they had voluntarily closed the home to any new admissions until appropriate improvements from the previous inspection have been fully addressed.

It was positive to note that nine out of the 10 areas for improvement that had been identified at the last care inspection have been met. One area for improvement which has been stated for a second time is in relation to infection prevention and control (IPC). Two areas for improvement were identified in relation to effective communication between staff and health professionals and timely reporting of notifiable events.

In relation to the management of medicines, one area for improvement identified at the last inspection (21 May 2019) pertaining to the cold storage of medicines had not been met and is stated for a second time. One area for improvement regarding obtaining written confirmation of

medicines on admission to the home could not be reviewed as there had been no new admissions; it is carried forward to the next inspection. Two areas for improvement in relation to medicines management for patients on temporary leave from the home and the governance arrangements for medicines management were identified.

In relation to the finance inspection, one area for improvement identified at the last inspection pertaining to updating patients' written agreements had been partially met and is stated for a second time. Three areas for improvement in relation to the management of patients' monies and valuables were identified.

In relation to the premises inspection, all areas for improvement identified at the last inspection had been met and there were no new areas identified during this inspection.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others/with staff.

Comments received from patients, people who visit them, professionals 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	*8	3

*The total number of areas for improvement includes three under the regulations which have been stated for the second time, and one which was not reviewed and has been carried forward to the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ms Charlene Parkin, Registered Manager and Ms 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

The most recent inspection of the home was an unannounced care and medicines management inspection undertaken on 21 May 2019.

The care inspection on 21 May 2019 resulted in a serious concerns meeting with the home's management team, who acknowledged the failings identified and provided RQIA with actions to be taken to address the issues raised.

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 last care, medicine, finance and premises inspections
- the registration status of the home
- written and verbal communication received since the last care, medicine, finance and premises inspection
- the returned QIP from the last care, medicine, finance and premises inspection
- the last care, medicine, finance and premises inspection report

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

The following records were examined during the inspection:

- three patients' care records
- three patients' food and fluid intake charts and repositioning charts
- a sample of governance audits specific to the environment and care records
- accident/incident records
- the management of medicines for patients on temporary leave from the home
- management of medicines on readmission and medication changes
- management of distressed reactions, pain, thickening agents, controlled drugs, antibiotics and warfarin
- personal medication records, medicine administration records, medicines requested, received and transferred/disposed
- medicine management audits
- the process for the administration of medicines
- four patients' finance files including copies of written agreements
- a sample of various financial records including, patients' personal allowance and valuables, fees, payments to the hairdresser and podiatrist and purchases undertaken on behalf of patients
- a sample of records of patients' personal property and reconciliations of patients' monies and valuables
- a sample of statements from the patients' bank account
- a sample of records of monies deposited on behalf of patients
- a sample of documents relating to the premises and maintenance management of the home

Areas for improvement identified at the last care, medicines, finance and premises inspections were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of outstanding areas for improvement from the last inspection(s)

Areas of improvement identified at the last care inspection have been reviewed. Of the total number of areas for improvement nine were met and one was partially met. This has been included in the QIP at the back of this report.

Areas of improvement identified at the last medicines management inspection have been reviewed. Of the total number of areas for improvement four were met, one was not met and one has been carried forward to the next inspection. These have been included in the QIP at the back of this report.

Areas for improvement identified at the last finance inspection have been reviewed. Of the total number of areas for improvement five were met and one was not met. This has been included in the QIP at the back of this report.

The four areas of improvement identified at the last premises inspection have been reviewed and assessed as met.

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.

The inspectors sought to validate the areas for improvement identified at the last care, pharmacy, finance and premises inspections. It was positive to note that 22 of the 26 combined areas for improvement were assessed as having been met.

On our arrival to the home at 07.15 (18 July 2019) we were greeted by staff who were helpful and attentive. Patients were mainly in their bed and staff were attending to their needs. Two patients were seated within the lounge area and were provided with refreshments. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Three Rivers Care Centre. 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.

Staff spoken with were mainly happy with their work. Comments made included:

- "I see a great improvement since the last inspection."
- "I love it here."
- "I see a big improvement with IPC and the environment – very positive for patients."

Other comments included:

- "Can be stressful when someone phones in sick."

- “Big turnover of staff.”

Staff were aware of the ongoing recruitment difficulties but said that they work well as a team to ensure that the patients’ needs are met. All staff spoken with stated that if they had any concerns they can share this with management and feel that their concerns are taken seriously. Discussion with the 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 will be sought as required to cover short notice staff absence. The manager recognised that there was a high number of agency staff covering the shifts on a regular basis but indicated that the majority of these staff are blocked booked to ensure continuity.

Observation of the environment specific to infection prevention and control (IPC) evidenced that the issues identified at the last care inspection had not been fully addressed. Although training had been provided and there was a clear segregation of linen with good use of personal protective equipment (PPE), there were a number of hand paper towel and toilet roll dispensers stained underneath and identified patient equipment that had not been effectively cleaned following use. This was discussed with the manager who was disappointed that this remained an area for improvement as they were identifying these issues, addressing them and following up on them to ensure that the improvements had been sustained. This area for improvement has been stated for a second time.

A number of audits were completed on a monthly basis by the manager and/or deputy manager 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. IPC, care records, hand hygiene and environment audits were also carried out monthly. On review of the issues identified during inspection such as patient equipment not effectively cleaned following use and identified surfaces throughout the home unclean a record of similar issues identified as discussed by the manager above had been identified from the previous month’s audit. There was a clear action plan detailing the time frame and the person responsible for addressing the deficit. There was also a clear record of the date that the issue was addressed and signed off by the person carrying out the audit. This was commended by the inspector, however, in order to maintain this, the manager was asked to review the frequency of these checks in order to sustain improvements.

On the day of the inspection bedrooms were being redecorated as part of the homes action plan to address the identified area for improvement in relation to the environment. Chemicals were labelled and stored in accordance with control of substances hazardous to health (COSHH) regulations, toiletries within patient ensembles were securely stored and locks had been installed to storage areas to reduce the risk of patients accessing chemicals.

Medicine Management

Satisfactory systems for the following areas of the management of medicines were observed: the management of medication changes, antibiotics, warfarin, thickening agents and distressed reactions.

We observed the morning medicine round. Registered nurses administered medicines from medicine cups with a drink to each patient individually. They explained to patients that they were having their medicines and engaged them in conversation where possible. Registered nurses were knowledgeable about how each patient liked to take their medicines.

A small number of patients go out with relatives and require their medicines to be administered by their relative. Labels and cartons were available for registered nurses to supply these medicines to the family members. It was noted that a record of transfer of the medicines to the

family had not been maintained and records of administration did not indicate that the patient was absent from the home at the time of the medicine round. A procedure for the management of medicines while a patient is out with family/representatives should be written. All registered nurses should receive training on the revised procedure. An area for improvement was identified.

The management of warfarin was reviewed for two patients. Care plans were in place. Dosage directions were received in writing; records of administration and daily running stock balances were maintained. The audits completed at the inspection indicated that warfarin had been administered as prescribed.

We reviewed the management of thickening agents for seven patients. Records of prescribing care plans and speech and language assessment reports were in place for each patient. Three discrepancies in the recommended consistencies were noted between those recorded in the care plans and in the records of administration. It was acknowledged that the patients were administered the recommended consistency; the relevant records were updated during the inspection. The registered manager advised that all staff would receive further guidance on the revised terminology and that an additional record of each patient's recommendations would be displayed for staff reference. Due to the action already taken and the assurances provided this area identified for improvement was assessed as met.

The management of pain was reviewed for three patients. Care plans were in place and there was evidence that pain assessment tools were used with patients who could not verbalise their pain. The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. It was noted that care plans did not include details of all prescribed medicines. The deputy manager advised that all registered nurses would be requested to include this detail. Care plans were currently being reviewed and updated for all patients. Due to the assurances provided an area for improvement was not identified.

The medicines management auditing systems were reviewed. Running stock balances were maintained for the majority of medicines and registered nurses advised that any anomalies were highlighted to the registered manager. The community pharmacist completed monthly medication audits and the findings are discussed with the registered manager. The registered manager advised that any issues were then discussed with the registered nurses. However, records of action plans and their implementation were not in place. The management team should complete audits on the management of medicines which are focused on the areas identified for improvement at this inspection and care planning in relation to all areas of medicine management. Where shortfalls are identified, action plans to address these should be developed and implemented. An area for improvement was identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, the standard of maintenance of the personal medication records, the management of medication changes, warfarin and antibiotics.

Areas for improvement

Two areas for improvement in relation to the management of medicines during a patient's temporary absence from the home and the governance systems with regards to medicine management were identified.

One area for improvement identified at the last inspection (21 May 2019) pertaining to infection prevention and control (IPC) was only partially met and has been stated for a second time. The storage temperatures for medicines was stated for a second time and one area for improvement regarding obtaining written confirmation of patients' medicines on admission to the home was carried forward for review at the next inspection.

	Regulations	Standards
Total number of areas for improvement	0	2

6.4 Is care effective?

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

The care inspector reviewed the care records of three patients within the home. Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. However, on review of one patient's care records it was identified that a planned GP referral had not been completed and staff did not document the reason for the non-referral. We reviewed a further patient's care record and identified that the recommendations made by a tissue viability nurse (TVN) had not been consistently adhered to. It was documented that the patient had no available stock of the recommended dressing and an alternative dressing was applied. This was not communicated with the TVN or within the team/management of the home. The manager acknowledged that there were deficits in communication and agreed to follow up the GP referral and to meet with all registered nurses to discuss the importance of accurately documenting within patients care records reasons for not making planned referrals and the importance of communicating effectively with other members within the team/health care professionals where changes have been implemented to a patients plan of care. This was identified as an area for improvement.

The care inspector reviewed a selection of supplementary care records. Repositioning charts for three patients clearly stated the frequency of repositioning on each individual chart and the condition of their skin which was also reflected in a sample of care plans. On review of three daily fluid intake charts there was a set target on the charts and the consistency of food/fluids was also recorded. The overall 24 hour total was recorded on the patient's chart and documented within the daily progress notes. The care inspector had noted a significant improvement in this area from the last care inspection and commended the manager and staff for their commitment in driving this improvement.

The care inspector evidenced that nursing and care staff attended a handover meeting at the beginning of their shift at 07.45. 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 the manager or the nurse in charge.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to teamwork.

Areas for improvement

One area was identified for improvement in relation to effective communication among staff and other health care professionals.

	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.

Consultation with four patients individually and eight within a group, confirmed that living in Three Rivers Care Centre was a positive experience. Comments included:

- "Happy here."
- "They are all good to me."
- "Very happy here."
- "They are all great here."

Two visiting professionals spoke positively about the home and did not raise any concerns.

We observed the delivery of the lunch time meal. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. They were observed to encourage patients with their meals in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors as required. However, we observed two patients who were sleeping with their dinner in front of them. On discussion with the staff they recognised the importance of ensuring that meals were kept warm and removed them to the kitchen to be suitably stored for the patient until they are ready to consume their meal. A range of drinks were offered to patients and they appeared to enjoy the mealtime experience. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Staff further stated that they were aware of the importance of ensuring that patients receive the correct consistency of food/fluids to reduce the risk of choking.

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

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.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. The manager confirmed that she was now carrying out daily walk arounds of the home to ensure effective communication with patients, patient representatives and staff.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA which identified that a recent Adult Safeguarding incident notification had not been submitted in accordance with regulation. This was discussed with the manager and a notification was submitted retrospectively. This was identified as an area for improvement.

Finance

A review of a sample of patients' records was taken to validate compliance with the areas for improvement identified from the last finance inspection; these included copies of patients' written agreements, records of purchases undertaken on behalf of patients, records of the reconciliations of monies and valuables held on behalf of patients, records of patients' personal property and records of payments to the hairdresser and podiatrist.

A review of four patients' files evidenced that copies of signed written agreements were retained within all four files. The agreements in place did not show the current weekly fee paid by, or on behalf of, the patients. The agreements reviewed did not show the details of the third party contribution paid on behalf of patients. This was identified as an area for improvement at the last finance inspection and has been stated for the second time within the QIP of this report.

Discussion with staff and a review of records confirmed that reconciliations between the monies held on behalf of patients and the records of monies held were undertaken quarterly. It was noticed that although patients' monies were reconciled there was no record maintained of the current balance of patients monies held at the home. Due to the system in place the balance of patients' monies would not be checked until the end of September 2019. This was discussed with the registered manager and identified as an area for improvement.

A review of records evidenced that at the time of the inspection on 23 July 2019 a number of patients had insufficient funds to either purchase toiletries or pay for additional services e.g. hairdressing. Discussions with staff confirmed that toiletries and additional services were still purchased on behalf of these patients however; the monies used to make the purchases were taken from patients who had sufficient funds. These patients were refunded once monies were received on behalf of those patients with negative balances. A review of the records from the last reconciliation of patients' monies (undertaken in June 2019), showed that a significant amount had accumulated in relation to the negative balances. The inspector highlighted that patients with available funds should not be subsidising patients with insufficient funds and the current practice for making these purchases should cease immediately. This was discussed with the registered manager and identified as an area for improvement.

A review of the safe place evidenced that items were held on behalf of a number of patients. A record of the items held was available at the time of the inspection. It was noticed however, that the details of items withdrawn from and returned to the safe place were not always recorded. It

was also noticed that the items held were not checked at least quarterly. This was discussed with the registered manager and identified as an area for improvement.

Premises

We reviewed maintenance records in relation to six monthly LOLER testing on all mobile hoisting equipment which evidenced that the appropriate tests had been carried out in the time frame allocated. We also reviewed the most recent fire risk assessment which evidenced that any recommended control measures which had been stated had been suitably addressed.

A periodic inspection report for the electrical installation had been completed to assure compliance with the Electricity at Work Regulations and the emergency power generation was reviewed which evidenced that the home had plant hire arrangements in place to ensure continuity of business needs in the event of a power outage.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships and the overall maintenance management of the home. Further areas of good practice were identified in relation to retaining the details of the person acting as appointee for a number of patients, the system for recording transactions undertaken on behalf of patients, the retention of receipts from these transactions, the hairdresser and podiatrist signing records to confirm the treatments took place and updating the records of patients' personal property.

Areas for improvement

One area for improvement was identified for improvement from the care inspection in relation to the timely reporting of notifications. Three areas for improvement were identified from the finance inspection in relation to maintaining a current balance of patients' monies held at the home, implementing a system for checking items held in the safe place and implementing a new system for making purchases for patients with insufficient funds.

One area for improvement in relation to patients' agreements has been stated for the second time.

	Regulations	Standards
Total number of areas for improvement	3	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Charlene Parkin, Registered Manager and Ms 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 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 DHSSPS 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 27</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.</p> <p>Ref: 6.2</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate effect</p>	<p>Response by registered person detailing the actions taken: A general staff meeting took place on the afternoon of the same day of the inspection 18/07/19. The areas identified as poorly cleaned were revisited with the Domestic team with emphasis on attention to detail in cleaning underneath hand towel, toilet roll and soap/gel dispensers. The patient equipment identified as not effectively cleaned was brought to the attention of all Nursing, Care and Domestic staff and the items were immediately cleaned thereafter. The infection control audit was increased to weekly and upon completion of same a clear action plan continues to be formulated detailing the timeframe and persons responsible for addressing the defecits within.</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: 6.2</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 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: Second time</p> <p>To be completed by: 23 August 2019</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: 6.2</p> <p>Response by registered person detailing the actions taken: Despite the installment of a new drug fridge prior to inspection some temperature readings continued to be recorded above the recommended 8oC. On investigation it appeared not all staff were clear on the process for resetting the temperature prior to obtaining readings. A notice of step by step instructions was placed within the fridge temperatre recording file and staff supervisions were developed and completed with staff to assist in their understanding of this procedure. The recorded temperature readings are reviewed during management walk rounds.</p>
<p>Area for improvement 4</p>	<p>The registered person shall ensure that any service user currently</p>

<p>Ref: Regulation 5 (1)</p> <p>Stated: Second time</p> <p>To be completed by: 30 September 2019</p>	<p>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: 6.2</p> <p>Response by registered person detailing the actions taken: All current residents accommodated at the home have a residents agreement on file. Where an HSC care manager or social worker is the appointed representative for a resident a copy of the agreement will be shared with them. Going forward all resident agreements will include details on the current weekly fee and third party contribution amounts paid by them or on their behalf. Any changes to the agreements in relation to service provision or fees paid will be made available and agreed in writing.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With Immediate effect</p>	<p>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.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A staff meeting was held on the afternoon of the inspection and all staff were reminded of the importance of communication with each other and with the Home's management. In particular Nurses were reminded to communicate all issues pertaining to the nursing, health and welfare of residents in order that management are kept informed and can provide guidance and/or support as needed. In addition to staff meetings the home have set up a further communication system by way of staff messaging. Staff have been reminded that where dressings are not available they must contact the TVN to seek advice on alternative dressing use until the correct dressing is available and this should be recorded appropriately and the Home Manager informed. Additionally, staff have been reminded that the resident's GP should be contacted to request a prescription for further stock in a timely manner to prevent the item becoming unavailable. Due to limited resources in terms of TVN input the home are required to communicate and request assessment via email to include photographs and wound assessments. The wound in question is now healed but the the resident remains under the assessment and guidance of the TVN. The Home's management team continue to monitor the delivery of care through clinical governance by carrying out walk rounds of all</p>

	units up to three times daily to ensure that the nursing, health and welfare of residents is in accordance with their planned care and the recommendations of other healthcare professionals.
Area for improvement 6 Ref: Regulation 30 (d) Stated: First time To be completed by: With Immediate effect	<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: 6.6</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 at 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>
Area for improvement 7 Ref: Regulation 12 (b) Stated: First time To be completed by: 23 August 2019	<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: 6.6</p> <p>Response by registered person detailing the actions taken: Residents monies are held within the designated bank account and a cash box within the safe. All deposits and withdrawals are recorded on the Cold Harbour computerised account log. A reconciliation of banked monies and cash held in the home against balances logged on the system is completed monthly as described within the report. Going forward a daily balance of residents monies held in cash within the home will be recorded at close of Admin day.</p>
Area for improvement 8 Ref: Regulation 14 (4) Stated: First time To be completed by: 30 August 2019	<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: 6.6</p> <p>Response by registered person detailing the actions taken: Within the residents monies account is an allocated amount under 'Residents Comfort fund' it was this money that was used as an interim measure should any individual accounts enter arrears whilst</p>

	<p>awaiting replenishment from the appointed financial representatives. The 'Residents Comfort fund' was made equally accessible to all residents for this purpose. The Home recognises it has misunderstood that such a fund could be used in this manner. All financial representatives will be requested to bring accounts up to date and account balances will be checked more often to prevent arrears with a minimal lower balance threshold of £30 introduced. A 'Zest float fund' will also be transferred into the residents monies account to allow for reimbursement of any unforeseen future entries into negative balances.</p>
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Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<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: 6.3</p> <p>Response by registered person detailing the actions taken: All medicines packaged for social leave will now be recorded on the MAR sheet using the correct code. The relative or resident will be asked to countersign they have received these from the nurse. Any medicines returned with the resident as not administered again will be recorded on the MAR sheet with the correct code.</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: 6.3</p> <p>Response by registered person detailing the actions taken: In addition to the community pharmacists monthly audits an internal monthly audit has been implemented. Findings following completion of same will be formulated into a clear action plan detailing the timeframe and persons responsible for addressing the deficits within.</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: 6.6</p> <p>Response by registered person detailing the actions taken: The safe contents reconciliation log will be amended to now include dates and details of any items withdrawn from or returned to the safe with corresponding staff signatures.</p>

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



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