

# Inspection Report

## 27 September 2022



## Ardlough

Type of service: Nursing Home  
Address: 2 Ardlough Road, Drumahoe, Londonderry, BT47 5SW  
Telephone number: 028 7134 2899

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Ann's Care Homes Limited</p> <p><b>Responsible Individual:</b> Mrs Charmaine Hamilton</p>	<p><b>Registered Manager:</b> Ms Anne Martina Mullan</p> <p><b>Date registered:</b> 13 February 2014</p>
<p><b>Person in charge at the time of inspection:</b> Ms Anne Martina Mullan</p>	<p><b>Number of registered places:</b> 44</p> <p>A maximum of 28 patients in category NH-MP, NH-MP (E) to be accommodated within the Evergreen Unit and a maximum of 16 patients in category NH-DE to be accommodated within the Autumn Unit.</p> <p>There shall be one named patient in category NH-PH (E) to be accommodated within the Evergreen Unit.</p>
<p><b>Categories of care:</b> Nursing (NH): DE – dementia MP – mental disorder excluding learning disability or dementia MP(E) – mental disorder excluding learning disability or dementia – over 65 years</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 40</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 44 patients. Patient bedrooms and living areas are located over two floors. There is a designated dementia unit on the ground floor; all other categories of care as listed above are facilitated on the first floor. Patients have access to communal lounges, dining areas and an outdoor space.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 27 September 2022, from 9.45am to 6.35pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement identified during the inspection are detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0. Four areas for improvement have been stated for a second time in relation to the domestic water system, the management oversight of recruitment, repositioning records and risk assessments specific to smoking. Four areas for improvement in relation to medicines management have been carried forward for review at a future inspection.

Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

## 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the management team at the conclusion of the inspection.

#### 4.0 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "This is an excellent home", "The staff are very good", "Very happy here", "I feel safe here" and "I enjoy the company". Nine questionnaires were returned from patients who indicated that they were either satisfied or very satisfied with the overall provision of care within the home.

Staff said that the Manager was very approachable, teamwork was great and that they felt well supported in their role. One staff member said: "Great induction" and a further staff member said "I really do love working here".

Six staff responded to the online survey indicating that they were very satisfied with the overall provision of care within the home. Comments included: "Great place to work. Good rapport with all staff", "Good place of work", "Fantastic place to work, staff are professional, caring and friendly", "This is a fantastic nursing home to work at. Excellent care and support to both residents and staff" and "I feel supported by the deputy and manager when I have any queries".

Comments from patients and staff were shared with the management team.

#### 5.0 The inspection

##### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 21 April 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 14(2)(c) <b>Stated:</b> First time	The registered person shall undertake an investigation and implement necessary remedial measures to ensure that the home's water system is operating correctly and in line with good practice guidance including Approved Code of Practice - 'The Control of Legionella Bacteria in Water Systems' issued by the Health & Safety Executive Northern Ireland (L8).	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of relevant records and discussion with the manager during and following the inspection evidenced that this area for improvement had not been fully met and has been stated for a second time.  This is discussed further in section 5.2.3.	

<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Regulation 15 (2) (a) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that risk assessments specific to smoking are kept under review in accordance with the patients care plan and revised at any time where necessary.</p>	<p><b>Partially met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of relevant care records and discussion with the manager evidenced that this area for improvement had not been fully met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.2.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall make the necessary arrangements to ensure that personal medication records are kept up to date at all times and they correlate with the corresponding MAR sheets.</p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that medication administration records are accurately maintained for all medicines.</p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall develop and implement an effective auditing process for medicines management.</p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>		

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 38 <b>Stated:</b> First time	<p>The registered person shall ensure that the manager has oversight of the recruitment process and that evidence of relevant pre-employment checks is available for inspection within the home.</p>	<b>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Review of relevant records and discussion with the manager evidenced that this area for improvement had not been fully met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.1.</p>	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 39.1 <b>Stated:</b> First time	<p>The registered person shall ensure that all newly appointed staff complete an initial induction within two days of employment commencing, with the full induction carried out within three months. Induction records must be retained and available for inspection within the home.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Review of relevant records and discussion with the manager during and following the inspection evidenced that this area for improvement had been met.</p>	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 23 <b>Stated:</b> First time	<p>The registered person shall ensure that where a patient requires repositioning, the patient's care plan reflects the frequency of repositioning within the recording chart.</p>	<b>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Review of relevant care records and discussion with the manager evidenced that this area for improvement had not been fully met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.2.</p>	

<b>Area for improvement 4</b> <b>Ref:</b> Standard 28 <b>Stated:</b> Second time	The registered person shall closely monitor the management of controlled drugs to ensure that all controlled drugs in Schedules 2, 3 and 4 (Part 1) are denatured prior to disposal.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. The Manager confirmed that there was ongoing monitoring of training to ensure full compliance.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC).

Review of two employee recruitment records evidenced that not all relevant pre-employment information was available. Details were discussed with the management team and an area for improvement has been stated for a second time.

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also said that, whilst they were kept busy, the number of staff on duty was generally satisfactory to meet the needs of the patients.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the Manager was not on duty.

The inspector requested a sample of registered nurses competency and capability assessments for taking charge of the home in the absence of the Manager and found these to have been completed.

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision/appraisal had taken place.

Patients said that they felt well looked after and that staff were attentive. One patient commented "Getting well looked after" and a further patient referred to the staff as "Very friendly".



## 5.2.2 Care Delivery and Record Keeping

There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. The inspector also observed where staff facilitated patients' favourite music or television programme for those who were on bed rest.

Patients who were less able to mobilise require special attention to their skin care. Review of a sample of care records relating to repositioning contained inconsistent information regarding the recommended frequency of repositioning as detailed within the care plan and gaps in the recording of repositioning were also evident. This was discussed in detail with the Manager and an area for improvement has been stated for a second time.

Review of two patients care records specific to wound care evidenced that the recommended treatment and/or frequency of dressing renewal was inconsistent within care records. Gaps were also evident within one patient's wound evaluation records where the wound had not been dressed within the required timeframe. Details were discussed with the management team and an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime dining experience was seen to be a pleasant opportunity for patients to socialise and the atmosphere was calm and relaxed. Patients who choose to have their lunch in their bedroom or one of the lounges had trays delivered to them and the food was covered on transport.

Staff had made an effort to ensure patients were comfortably seated and enjoyed their meal. There was evidence that patients' needs in relation to nutrition and the dining experience were being met. For example, staff recognised that patients may need a range of support with meals and were seen to helpfully encourage and assist patients as required. A menu was displayed within both dining rooms; however, the menu within the dementia unit was difficult to read. This was discussed with the Manager who advised that a pictorial menu is usually on display and agreed to ensure that this is displayed going forward.

There was a choice of meals offered, the food was attractively presented and smelled appetising. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes.

Staff told us how they were made aware of patients' nutritional needs to ensure that recommendations made by Speech and Language Therapist (SALT) were adhered to. Discussion with several staff evidenced that not all staff were familiar with the International Dysphagia Diet Standardisation Initiative (IDDSI) terminology but said they were made aware of patients' nutritional needs to ensure that recommendations made by SALT were adhered to for example; pureed, soft and bite sized.

Whilst discussion with staff evidenced that they were providing the correct diet as recommended by SALT, one member of staff provided inaccurate information regarding an identified patient's fluid consistency. It was further identified that the recommended diet and fluid consistency as per SALT was incorrectly recorded within one patient's care records. Details were discussed with the management team and an area for improvement was identified.



There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Whilst the majority of patients care records were held confidentially a number of supplementary records completed by care assistants were observed in an area of the home easily accessible to patients and visitors. Details were discussed with the management team who agreed to have these records secured and to monitor during daily walk arounds.

Care records were mostly well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Care records specific to moving and handling contained the type/size of equipment to be utilised, however, this was not consistent throughout all patients care records. Details were discussed with the management team who agreed to have all relevant care records updated and to monitor going forward.

Risk assessments specific to smoking had not been reviewed on a monthly basis as instructed within patient care plans. This was discussed with the Manager who agreed to review all patients risk assessments specific to smoking and an area for improvement has been stated for a second time.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. An identified bedroom door had an over bed table in front of the door preventing it from closing. When brought to the attention of staff this was immediately removed. This was discussed with the management team who agreed to monitor going forward.

The home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to the patient. The Manager confirmed that refurbishment was ongoing to ensure the home is well maintained.

A number of patient equipment was observed within an identified lounge. The potential risks were discussed with the Manager and the equipment was removed prior to the completion of the inspection. The Manager further agreed to monitor this during daily walk arounds.

There was evidence that management had reviewed the domestic water system within the home following the previous care inspection and had undertaken remedial works. However, the most recent legionella risk assessment dated 26 August 2022 evidenced that action continues to be required regarding the system. This information was shared with the RQIA estates inspector and an area for improvement has been stated for a second time.

Observation of the environment highlighted some areas in which prescribed topical medicines, cleaning items and razors were not securely stored; the importance of ensuring that all areas of the home are hazard free was discussed with the management team and an area for improvement was identified.

It was further identified that a number of prescribed topical medicines did not have a date recorded of when they were opened and had not been stored within a fridge in accordance with the manufacturer's guidance. Details were discussed with the management team who immediately had all topical medicines removed from patients' bedrooms and agreed to review all patients' medicines records. This information was shared with the RQIA pharmacy inspector and an area for improvement was identified.

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases and that any outbreak of infection was reported to the Public Health Agency (PHA).

There was a good supply of personal protective equipment (PPE) and hand sanitising gel in the home. Staff use of PPE and hand hygiene was regularly monitored by management and records were kept. The Manager also said that any issues observed regarding infection prevention and control (IPC) measures or the use of PPE was immediately addressed.

Observation of staff practices evidenced that they were not consistently adhering to IPC measures, including the appropriate wearing of face masks, donning and doffing of PPE and hand hygiene. Identified patient equipment was inappropriately stored within a number of communal bathrooms and a number of care files were worn and could therefore not be effectively cleaned. Details were discussed with the Manager who acknowledged that these findings were not in keeping with IPC best practice and an area for improvement was identified.

#### **5.2.4 Quality of Life for Patients**

Observation of life in the home and discussion with staff and patients established that staff engaged with patients individually or in groups; patients were afforded the choice and opportunity to engage in social activities, if they wished.

During the inspection a number of patients participated in a 'biblical group session' with the activity coordinator. Other patients were observed engaged in their own activities such as; watching TV, resting or chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff.

Patients commented positively about the food provided within the home with comments such as; "The food is very nice", "I enjoy the food here" and "Plenty of choice."

Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

#### **5.2.5 Management and Governance Arrangements**

There has been no change to management arrangements for the home since the last inspection. The Manager said they felt well supported by senior management and the organisation.

There was evidence that the Manager had a system of auditing in place to monitor the quality of care and other services provided to patients. Where deficits were identified the audit process included an action plan with the person responsible for completing the action and a time frame

for completion, however, not all actions had been followed up to ensure the necessary improvements had been made. Details were discussed with the management team and an area for improvement was identified.

The home was visited each month by a representative of the Responsible Individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and available for review by patients, their representatives, the Trust and RQIA.

## 6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	7*	7*

\* The total number of areas for improvement includes two regulations and two standards that have been stated for a second time. Three regulations and one standard have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Martina Anne Mullan, Registered Manager and Ms Elaine McShane, Regional Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect (21 April 2022)	The registered person shall make the necessary arrangements to ensure that personal medication records are kept up to date at all times and they correlate with the corresponding MAR sheets.  Ref: 5.1  <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect (21 April 2022)</p>	<p>The registered person shall ensure that medication administration records are accurately maintained for all medicines.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect (21 April 2022)</p>	<p>The registered person shall develop and implement an effective auditing process for medicines management.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 15 (2) (a) (b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that risk assessments specific to smoking are kept under review in accordance with the patients care plan and revised at any time where necessary.</p> <p>Ref: 5.1 and 5.2.2.</p> <p><b>Response by registered person detailing the actions taken:</b> All smoking risk assessments have been reviewed, are now up to date and reviewed monthly. This will be monitored via care plan audits and peer review visits.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 14 (2) (c)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall undertake an investigation and implement necessary remedial measures to ensure that the home's water system is operating correctly and in line with good practice guidance including Approved Code of Practice - 'The Control of Legionella Bacteria in Water Systems' issued by the Health &amp; Safety Executive Northern Ireland (L8).</p> <p>Ref: 5.1 and 5.2.3.</p> <p><b>Response by registered person detailing the actions taken:</b> Remedial works have been undertaken to ensure the homes water system is operating correctly.</p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure as far as reasonably practicable that all parts of the home which patients have access are free from hazards to their safety.</p> <p>Ref: 5.2.3</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p><b>Response by registered person detailing the actions taken:</b> Topical creams are now stored in a medicine trolley in the treatment room. Razors are stored in the treatment room with the residents name clearly marked on each box and cleaning items are locked away in the domestic store. Twice weekly walkarounds by senior staff are carried to monitor for any hazards to the resident's safety.</p> <p>The registered person shall ensure that IPC deficits identified during the inspection are addressed.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Staff meeting was held following the inspection. The identified areas of non-compliance of infection prevention control was discussed with an emphasis being made on correct use of PPE, donning and doffing. More posters are now displayed in prime areas throughout the home to remind staff. Weekly PPE and handwashing audits are completed by the infection control lead within the home. This area is monitored on a daily basis by the Home Manager and Deputy Manager</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect (21 April 2022)</p>	<p>The registered person shall closely monitor the management of controlled drugs to ensure that all controlled drugs in Schedules 2, 3 and 4 (Part 1) are denatured prior to disposal.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 38</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that the manager has oversight of the recruitment process and that evidence of relevant pre-employment checks are available for inspection within the home.</p> <p>Ref: 5.1 and 5.2.1.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p><b>Response by registered person detailing the actions taken:</b> The Recruitment department send each employee's personnel file to the home manager for review. A checklist is completed by the Home Manager to ensure that all relevant documentaion is in place and accurate before the employee commences employment. The Induction for the employee checked on day of inspection was returned the following day and now stored in the employee's personnel file.</p> <p>The registered person shall ensure that where a patient requires repositioning, the patient's care plan reflects the frequency of repositioning within the recording chart.</p> <p>Ref: 5.1 and 5.2.2.</p> <p><b>Response by registered person detailing the actions taken:</b> A full review has taken place of all resident's who require repositioning. Care plans have been updated to reflect the correct frequency of re-positioning, mattress type and setting. For those residents who require repositioning a list is available at the front of the supplementary charts file. This list provides care staff with the following information: 1. Frequency of repositioning 2. Mattress type and setting A sample of supplementary charts are reviewed during twice weekly walkabout audits carried out by the Home Manager or Deputy Manager.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that where a patient requires wound care the care records accurately reflect the action to be taken.</p> <p>Specific reference to ensuring that:</p> <ul style="list-style-type: none"> <li>• the type of dressing/treatment to be used is clearly and consistently recorded throughout relevant care records</li> <li>• the frequency of dressing renewal and/or skin care treatment is clearly and consistently documented throughout all relevant care records</li> <li>• an assessment of the wound is completed following each dressing renewal and in accordance with the recommended frequency or dressing renewal within the care plan.</li> </ul> <p>Ref: 5.2.2.</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A full review has been carried out of all residents who require wound care. Care plans have been updated to reflect the type of dressing used, frequency of dressing renewal.</p> <p>Nurses have been advised to update the care plan evaluation form as well as the ongoing wound assessment form following each dressing change.</p> <p>A Wound care audit was completed for all wounds following the inspection to gain a baseline. All areas of non-compliance identified have been addressed. A wound audit will be carried out on a monthly basis to monitor continued compliance</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure the following in relation to patients nutritional needs:</p> <ul style="list-style-type: none"> <li>• that staff are knowledgeable regarding patients dietary needs in accordance with IDDSI terminology as per SALT recommendations</li> <li>• care records contain the correct dietary needs as per SALT recommendations.</li> </ul> <p>Ref: 5.2.2.</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A full review has been carried out of all residents including those who have been prescribed a modified diet or fluids. Any deficits identified have been rectified within the care plans and supplementary charts. This is monitored by spot checks during twice weekly walkabout audits and by peer review.</p> <p>Supervisions have been completed in relation to IDDSI terminology, assisting residents with meals as per SALT recommendations - especially newly appointed employees.</p>



	<p>Template has been implemented to reflect the current IDDSI levels for each resident which coincides with the risk assessment and care plans. The nurse in charge has oversight of the template and will amend when necessary.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that prescribed topical medicines are stored in accordance with the manufacturer's guidance and that the date of opening is clearly recorded.</p> <p>Ref: 5.2.3.</p> <p><b>Response by registered person detailing the actions taken:</b> HM completed an audit on both floors on 19/10/22 and 20/10/22 – findings discussed with staff and action plans given for staff to address. Topical medications are now stored in a new locked medicine trolley in the Dementia Unit. Verification from RQIA pharmacy inspector in relation to date of opening can be recorded on the prescription label as long as not obscuring the prescription.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that where quality assurance audits have an action plan that these are followed up to ensure that the action has been addressed.</p> <p>Ref: 5.2.5.</p> <p><b>Response by registered person detailing the actions taken:</b> Any actions needing addressed are now diarised for the named nurse to complete and return to home manager within seven days.</p>

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



The Regulation and Quality Improvement Authority

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