

Inspection Report

7 April 2022



Kilwee Care Home

Type of service: Nursing Home
Address: 42f Cloona Park, Dunmurry, Belfast, BT17 0HH
Telephone number: 028 9061 8703

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Merit Retail Ltd</p> <p>Responsible Individual: Mr Jarlath Conway</p>	<p>Registered Manager: Ms Deborah Campbell</p> <p>Date registered: 3 June 2021</p>
<p>Person in charge at the time of inspection: Ms Deborah Campbell</p>	<p>Number of registered places: 32</p> <p>A maximum of 20 patients in category NH-DE and 12 patients in categories NH-I, NH-PH and NH-PH(E).</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 31</p>
<p>Brief description of the accommodation/how the service operates: This is a registered nursing home which provides nursing care for up to 32 patients. The home is divided into two units over two floors. The ground floor unit provides care for patients with nursing needs within old age, mental health, and physical disability categories. The first floor unit provides care to patients with nursing dementia needs.</p> <p>This nursing home shares the same building as a residential care home which occupies the second floor of the building. The registered manager for Kilwee nursing home also manages Kilwee residential home.</p>	

2.0 Inspection summary

An unannounced inspection took place on 7 April 2022 from 8.15 am to 4.45 pm. The inspection was carried out by a care inspector.

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

Areas for improvement identified at the last inspection were reviewed; eight were assessed as met, one was partially met and has been stated for a second time. One area for improvement relating to medicines management was not reviewed at this inspection and has been carried forward.

A new area requiring improvement was identified in relation to the use of corridor handrails to store personal protective equipment (PPE) supplies.

Patients spoke positively about their experiences living in Kilwee and said that they felt safe and looked after. Patients unable to voice their opinions were seen to be positioned comfortably and looked relaxed in their surroundings and in their interactions with staff.

Visiting from relatives and friends was seen to be ongoing during the inspection and visitors commented positively about the care and services within the home.

Staff said that they enjoyed working in Kilwee and that they felt supporting by each other and the management team. Staff were seen to deliver care in a timely and compassionate manner.

RQIA were assured that the delivery of care and services provided in Kilwee was safe, effective, and compassionate, and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

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 RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this 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 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.

The findings of the inspection were discussed with Deborah Campbell, Manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection five patients, two relatives, and seven staff were spoken with. Two completed questionnaires were returned by relatives within the allocated timeframe and their opinions are included in this report. No staff survey responses were received within the allocated timeframe.

Patients spoke highly of staff, describing them as “guardian angels”, “excellent”, and “more than good”. Patients said that staff are available to them when needed and described staff as having patience with their needs and requests. One patient said that they felt “lucky” to have good care in a home with staff who are “...attentive and nothing seems to bother them”. Patients indicated that they felt comfortable with staff and that staff knew their needs and preferences well.

Patients said that they were happy with the environment and that their bedrooms and communal spaces were kept clean. Patients told us that food quality, presentation and taste was of a good standard and that meal portions were generous.

Relatives told us that they were happy with the care and services provided in the home. They described staff as “excellent” and the care as “second to none”.

Relatives said that they were happy with the visiting arrangements in the home and some said that they had availed of the care partner initiative and that these arrangements were working well.

One relative described the activities programme as “great” and said that even with the restrictions relating to the COVID-19 pandemic, that the home continued to make efforts to provide stimulation and entertainment for patients. Another relative said that the home was “well managed” and that they knew the manager by name and could approach with any queries.

The questionnaire responses from relatives indicated that they were very satisfied that the care and services provided in Kilwee were safe, effective, delivered with compassion, and that the home was well led.

Staff described effective team working relationships within the home and with the management team. Staff who were new to their roles within the last year said that they were provided with a comprehensive induction programme specific to their roles and that they felt supported by the wider team, the manager, and with ongoing training.

Staff demonstrated a good understanding of their roles and responsibilities and said that the manager was approachable and they would not hesitate in going to the manager with queries or concerns. Staff said that they felt informed through regular staff meetings and communications from the manager and that they felt listened to when they raised topics.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

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 26 April 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 14 (2) (a) and (c) Stated: First time	The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety and that all unnecessary risks to health and safety are eliminated as far as is reasonably practicable	Met
	Action taken as confirmed during the inspection: Observation of the home's environment evidenced that hazards identified at the previous inspection had been addressed.	
Area for Improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that the infection prevention and control issues identified with the home's environment are addressed. This is with specific reference to robust cleaning of hand towel, soap and alcohol dispensers, and shower chairs. Ensuring all pull cords are washable. And ensuring clean linen is kept in separate areas from used laundry.	Partially met
	Action taken as confirmed during the inspection: Review of infection prevention and control management in the environment evidenced that shower chairs were clean, nurse pull cords were washable and that used lined was held separately from clean linen. The underside of some soap and alcohol hand sanitiser dispensers were found to be dirty or clogged with congealed solution. This area for improvement was not fully met and will be stated for a second time.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	Validation of compliance	
<p>Area for Improvement 1</p> <p>Ref: Standard 18</p> <p>Stated: First time</p>	<p>The registered person shall review and revise the management of distressed reactions to ensure that:</p> <ul style="list-style-type: none"> when more than one medicine is prescribed the personal medication records and care plans provide details of which medicine should be used first line and the timing interval before a second medicine can be administered the reason for and outcome of administration are recorded. <p>Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 2</p> <p>Ref: Standard 43 Criteria (6)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patients' bedrooms are personalised as far as reasonably possible. This is with specific reference to bedroom walls.</p> <p>Action taken as confirmed during the inspection: Review of patients' bedrooms evidenced that this area for improvement was met.</p>	<p>Met</p>
<p>Area for Improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</p>	<p>The registered person shall ensure that robust systems are in place to ensure that pressure relieving devices are being maintained at the correct setting.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for Improvement 4</p> <p>Ref: Standard 9 Criteria (9)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that care records relating to prevention of pressure ulceration are maintained up to date and accurately reflect the care provided. This is with specific reference to accurate completion of supplementary repositioning records and ensuring care plans are updated to reflect changes in assessed needs.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
<p>Area for Improvement 5 Ref: Standard 12 Stated: First time</p>	<p>The registered person shall ensure that care records consistently reflect patients' needs in relation to nutrition.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
<p>Area for Improvement 6 Ref: Standard 4 Stated: First time</p>	<p>The registered person shall ensure that fluid intake management is documented clearly in individualised care plans. This should include the patients' expected daily fluid intake target, what action to take if a patient is not meeting their target for consecutive days, and the threshold for taking action.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
<p>Area for Improvement 7 Ref: Standard 4 Stated: First time</p>	<p>The registered person shall ensure that individualised care plans are developed to address assessed needs of the patient. This is with specific reference to pain management.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
<p>Area for improvement 8 Ref: Standard 12 Stated: First time</p>	<p>The registered person shall review the transportation of meals to patients' bedrooms to ensure they are covered appropriately during transport.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly prior to commencing work. Staff were provided with a comprehensive induction to their roles and staff who were recruited within the last year confirmed that they felt supported during this process.

Staff working in nursing homes are required to be registered with a professional body. A system was in place to check that staff were appropriately registered with either the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC), and that their registration remained valid. This system was checked monthly by the manager.

The duty rota accurately reflected the staff working in the home on a daily basis. The manager's hours and capacity worked were stated on the duty rota and this reflected that the manager was working on the floor as a lead nurse on an average of three shifts per week. This was discussed with the manager who informed RQIA that there was an ongoing recruitment drive to employ more nurses. The manager provided assurances that this temporary arrangement was not impacting on their managerial duties, and review of governance relating to the manager confirmed this.

The nurse in charge of the home in the absence of the manager was identified on the duty rota.

Records showed that safe staffing levels were determined and/or adjusted using a tool to measure dependency levels of patients in the home and calculating how many hours of care were required for each patient. Staff confirmed that there was enough staff on daily and staff were seen to provide timely responses to patients' needs during the day.

A range of training to help staff undertake their role was provided and records were in place to assist the manager in monitoring compliance with relevant courses. Training courses were provided on a range of platforms including, eLearning, teleconference, and face to face practical sessions.

Staff told us that they understood their roles and responsibilities in relation to reporting any worries or concerns they may have about patient care or the running of the home. To ensure engagement and participation from staff in the running of the home staff meetings are required to take place at least four times each year. Records showed that staff meetings had taken place in February 2022 and the manager maintained details including attendance lists, agenda, minutes of discussions, and actions plans where required. Staff confirmed that they felt informed through regular meetings and communications from the manager and said that they felt listened to if and when they raised queries or concerns.

Staff were seen to work well within their teams and to communicate regularly with each other. Staff told us that the care delivered to patients was their main priority and support staff who did not provide direct nursing or personal care, such as domestic staff told us that they observed compassionate care delivery while conducting their duties.

Patients said that they felt well looked after and that staff were available to them when they needed anything. Patients spoke fondly of staff, describing day and night staff as “guardian angels”, and “excellent”, and told us that staff displayed warmth and patience towards them. One patient said they felt “lucky” to have such good care and another said “if I could give out awards they would get them”. One patient said that they enjoyed the company and humour of staff and appreciated that staff remembered their likes and dislikes.

Relatives told us that they were happy with the care and staffing arrangements, describing staff as “excellent” and the care as “second to none”.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met at the beginning of each shift to discuss any changes in the patients’ needs and to inform staff about important tasks for that day, for example medical appointments or blood tests. Staff demonstrated their knowledge of individual patients’ needs, and preferred daily routines. Staff knew, for example, which patients preferred to have a rest after lunch and which patients preferred to sit in company in communal rooms.

Staff were seen to interact with patients in a warm and friendly manner and to maintain patient dignity and confidentiality. For example staff discussed individual patient care in private and knocked on bedroom doors before entering.

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 best meet patients’ needs. Care records were held securely and reviewed regularly to reflect changes in needs of patients. Records included any recommendations made by other healthcare professionals such as GP, physiotherapist, speech and language therapist (SALT), dietitian, or podiatrist.

Daily records were kept of how each patient spent their day and night and the care and support provided by staff. The outcome of visits by, or communications with, any healthcare professional was recorded.

A sample of patient care records were reviewed with a focus on skin care, nutrition, and pain management.

Patients who are assessed as being at risk of skin break down require additional measures to protect skin integrity. Review of records showed that these patients had preventative care plans in place, which incorporated nutritional support, regular repositioning and skin checks, and the use of specialised equipment such as pressure relieving mattresses.

It was evident that the pressure relieving mattresses were maintained at the correct settings as stipulated in each individual care plan and governance records showed that mattress settings were captured in a monthly managerial audit. Supplementary records maintained by care staff showed that patients who required additional support to change position had assistance with repositioning at regular intervals.

Patients’ needs in relation to nutrition were reviewed. Records showed that patients were assessed at least monthly using the malnutrition universal screening tool (MUST), and oral and choking assessments were in place. Care plans were in place and included recommendations from SALT and/or dietetics, and referenced patients’ individual likes and dislikes. Records were

maintained of what each patient ate and drink on a daily basis. Care plans stipulated individual patients' fluid intake targets and directed staff on how and when to act in the event that a patient did not meet fluid intake targets. Patients' weights were monitored at least monthly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

Breakfast and lunchtime service was observed and found to be a pleasant and unhurried experience. Staff wore the correct personal protective equipment (PPE) for food handling and were seen to use food covers for meals being transported to patients' bedrooms. Staff were seen to offer appropriate levels of encouragement, guidance, and assistance where required.

Patients were offered a choice of meals and drinks. The food was attractively presented, smelled appetising, and served in generous portion sizes.

Patients said that they enjoyed the meals and snacks on offer and commented that the food was "lovely". Two patients, while very complimentary about the food, said that portion sizes were sometimes "too much" and "like a Christmas dinner every day". One patient said that they would worry about wastage and preferred smaller meals. This was discussed with the manager who provided assurances that all staff would be reminded of these patients' preferences.

It was observed on the first floor unit that while patients were offered a choice of where they wished to have their meals, the communal dining room had limited capacity to comfortably host all patients on that floor if they chose to attend the dining room at the same time. The addition of staff into that space to assist with meals was too crowded and did not allow space for patients in specialist occupational therapy chairs to sit at the tables. This was previously reviewed by RQIA, and while the overall communal spaces within the home met the standards for premises, the availability of comfortable communal dining space within the first floor unit remains an issue. This was discussed with the manager and strategies to manage this were considered, for example having split mealtime sittings. The manager gave assurances that split mealtime sittings would be implemented if and when the majority of patients wish to avail of the dining room.

Patients who are assessed as experiencing regular chronic pain required monitoring of symptoms and measures to reduce pain such as administration of medication, exercise, nutrition, activities, and general comfort such as suitable clothing, footwear, and environmental considerations. Review of records showed that patients who experienced pain were assessed using recognised assessment tools including the Abbey Pain Scale which is used for patients with dementia who may have communication impairments.

Pain scales were used in conjunction with administration of medication to assess the effectiveness. Care plans detailed cause of pain, if known, and directed staff on how to manage each patient's symptoms.

The manager confirmed that key workers from the local Trust Permanent Placement Team had conducted some annual reviews of care and the manager was keeping oversight of these on a yearly tracker.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress including those patients who had difficulty in making their wishes or feelings known. For

example on one occasion a staff member was seen to pick up on non-verbal signs of increasing distress or agitation with a patient and the staff member discreetly provided comfort and reassurance, followed by some distraction techniques. This is good practice.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, or alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients spoke highly about the care provided in the home, describing the care as “good” and that they get what they need when they need it. One patient described feeling “lucky” to have a place in Kilwee.

Relatives told us that they found the care to be “second to none” and the relatives’ returned questionnaires indicated that they very satisfied with the care and services.

Staff said that they felt the care standards within the home were good, and staff working in departments outside of direct care such as domestic and catering, said that they always observed compassionate care being delivered to patients.

5.2.3 Management of the Environment and Infection Prevention and Control

Review of the home’s environment included a selection of patient bedrooms, communal lounges and dining rooms, communal bathrooms, corridors, and storage areas. The atmosphere in the home was relaxed and welcoming. General areas of the home were found to be clean, warm, and well lit. Corridors, stairwells, and fire exits were free from obstruction.

It was observed that while communal corridors had strategically erected wall mounted PPE dispensers, some supplies of gloves and aprons were also being stored along handrails. This was considered to pose a potential health and safety risk as some patients would require the use of handrails to support safe mobility. This placement of PPE could also impact infection prevention and control standards. An area for improvement was identified.

Orientation boards displayed up to date information for patients, including the day, date, and weather descriptions.

Patient bedrooms were found to be clean, tidy and personalised with items of interest or importance to the patient. Bedrooms and communal rooms were adequately furnished.

COVID-19 information was on display at the entrance to the home and hand sanitiser and PPE was made available to all visitors to the building. Visitors had a temperature check and health declaration completed for track and trace purposes. Visiting to patients was by appointment only and relatives were encouraged to complete lateral flow tests (LFT) before arriving at the home. The home was participating in the regional testing programme for patients, care partners, and staff, and any outbreak of infection was reported appropriately to the Public Health Agency (PHA).

Staff were seen to carry out hand hygiene at key moments and to don and doff PPE appropriately. Audits of staff compliance with hand hygiene, use of PPE and general IPC standards were conducted at least monthly and the manager had oversight of audit results, and any actions that were required were followed up.

Staff told us that they felt informed and up to date in relation to COVID-19 guidance. Observation of the environment and discussions with staff confirmed that there was a good supply of PPE, hand sanitiser, and cleaning materials.

It was observed that while the environment was clean and used linen was handled appropriately, the undersides of some soap and hand sanitiser dispensers were dirty or clogged with congealed solution. This area for improvement was stated for a second time.

Patients told us that they were happy with the cleanliness of the home and commented that they see staff cleaning daily. One patient expressed that they were happy to be able to personalise their bedroom with items from home.

Relatives did not express any concerns in relation to the home's environment, the management of COVID-19 guidance, or IPC standards in general.

5.2.4 Quality of Life for Patients

The atmosphere throughout the home was warm, welcoming and friendly. It was observed that staff encouraged and supported patients to make choices throughout the day, for example, where and how they spent their time, what drinks or snacks to have, and planning some social or recreational activities.

A range of activities were arranged and led by care staff, including sing-a-long sessions, movies, arts and crafts, and quizzes. The home had acquired an interactive television system which could be used for general entertainment such as music and movies, interactive games, and video calls with relatives and friends. Staff and patients spoke about a recent quiz which took place via the interactive television with another nursing home.

During the inspection patients were seen to enjoy making music requests to the home's digital assistant device (Alexa). Later in the day some patients enjoyed a movie experience in a communal lounge. Other patients talked about enjoying spending time in their bedrooms, reading or watching television.

Visiting arrangements were in place and in line with Department of Health (DoH) guidance. Some relatives availed of the DoH care partner initiative and told us that these arrangements were working well.

Staff recognised the importance of maintaining good communication with families, especially during periods when visiting was disrupted due to the COVID-19 pandemic. Staff assisted with telephone calls or video calls using the interactive television.

Patients told us that they had choice in how they occupied their time and expressed that they not only valued visits from family but that they also enjoyed the company of staff.

Relatives expressed that visiting and care partner arrangements were working well and that the activities in the home were "great".

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was at any given time. Discussions with staff also evidenced that they understood their roles and responsibilities in reporting concerns or worries about patient care, staffs' practices or the environment.

There had been no changes in the management of the home since the last inspection. Ms Deborah Campbell has been the registered manager since 3 June 2021.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that the manager had a system in place to ensure safeguarding processes were following. A review of safeguarding records showed that all safeguarding considerations and/or discussions were documented.

Staff, relatives and patients said that they knew how to report a concern and said that they felt confident that the manager or person in charge would take concerns seriously.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Registered services are required to have a monthly monitoring visit completed by the registered provider or a representative on their behalf. Monitoring visits should result in a written report made available to patients, their representatives, the Trust or RQIA on request, and to the manager for review or action if required.

Records provided for review on inspection showed that no visits, on behalf of the responsible individual, took place in January or February of 2022. Following the inspection the manager provided further evidence that a monitoring visit took place on 31 January 2022 and advised RQIA that the report had been archived with the 2021 records. The rationale provided for no monitoring being conducted in February was due to the home being in outbreak.

The importance of records being made available for inspection was stressed to the manager, and alternatives to onsite monthly monitoring were discussed. This will be reviewed at the next inspection.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance. Staff said "Deborah is great, very approachable", "can go to her with anything".

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/or the Care Standards for Nursing Homes (April 2015)**

	Regulations	Standards
Total number of Areas for Improvement	1*	2*

*The total number of areas for improvement includes one that has been stated for a second time, and one that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Deborah Campbell, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that the infection prevention and control issues identified with the home's environment are addressed. This is with specific reference to robust cleaning of hand towel, soap and alcohol dispensers, and shower chairs. Ensuring all pull cords are washable. And ensuring clean linen is kept in separate areas from used laundry. Ref: 5.1 and 5.2.3 Response by registered person detailing the actions taken: Housekeeping staff have had supervision on importance of daily cleaning of dispensers. Night staff on each unit have been advised to check these nightly and to address any concerns.

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 18 Stated: First time To be completed by: With immediate effect (22 October 2020)	The registered person shall review and revise the management of distressed reactions to ensure that: <ul style="list-style-type: none"> • when more than one medicine is prescribed the personal medication records and care plans provide details of which medicine should be used first line and the timing interval before a second medicine can be administered • the reason for and outcome of administration are recorded. Ref: 5.2
	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.
Area for improvement 2 Ref: Standard 43 Criteria 4 and 8 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that corridor handrails remain free of inappropriate items such as personal protective equipment (PPE). Ref: 5.2.3
	Response by registered person detailing the actions taken: Staff have been informed that all PPE must be stored in appropriate dani centres and not on hand rails. This will be monitored on daily walk around by manager/nurse in charge.

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



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