



Unannounced Care Inspection Report 29 January 2021



Templemoyle

Type of Service: Nursing Home
Address: 41a Whitehill Road, Eglinton, BT47 3JT
Tel No: 028 7181 1461
Inspector: Jane Laird

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 30 persons.

3.0 Service details

Organisation/Registered Provider: Mrs Elizabeth Kathleen Mary Lisk Responsible Individual: Mrs Elizabeth Kathleen Mary Lisk	Registered Manager and date registered: Mrs Jeya Pratheeksha 9 January 2015
Person in charge at the time of inspection: Mrs Jeya Pratheeksha	Number of registered places: 30
Categories of care: Nursing Home (NH) I – Old age not falling within any other category PH – Physical disability other than sensory impairment	Number of patients accommodated in the nursing home on the day of this inspection: 30

4.0 Inspection summary

An unannounced care inspection took place on 29 January 2021 from 10.25 to 18.00.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. In response to this, RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- staffing arrangements
- infection prevention and control (IPC) measures
- care delivery
- care records
- the home's environment
- management, leadership and governance arrangements.

Significant concerns were identified regarding the governance, management and leadership of the home. There was a lack of robust systems to regularly review the quality of care and other services provided by the home. This included, but is not limited to, the oversight and management of the home's environment, fire safety, IPC measures, care records, medicines

storage, risk management, audits and staff duty rotas. These deficits had the potential to impact on the health, safety and well-being of patients and quality of care delivered in the home.

As a consequence, a serious concerns meeting was held on 5 February 2021 by RQIA, to discuss our concerns. The meeting was attended via video conference by Mrs Elizabeth Lisk, responsible individual, Mr Wesley Kerr, regional manager and Mrs Jeya Pratheeksha, manager.

At the meeting the registered persons discussed the actions that had been taken since the inspection and provided an action plan confirming how they would address the deficits going forward. There was evidence of increased awareness of the importance of audits, risk management, staff meetings and training. We were told that storage arrangements had been addressed within communal areas to comply with IPC and fire safety regulations.

RQIA were assured by the responses from the responsible individual and the management team, that there was an increased awareness of the importance of robust managerial oversight and governance arrangements; and we were informed of the actions taken since the inspection to address the matters identified. It was agreed that the registered persons would be given a period of time to address the issues. A further inspection will be undertaken to ascertain the progress made in addressing the areas identified and the arrangements in place to monitor and ensure the improvements are sustained.

Areas for improvement were identified as outlined in the quality improvement plan (QIP). Please refer to Section 7.0.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	12	4

Areas for improvement and details of the QIP were discussed with Mrs Jeya Pratheeksha, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection by way of a serious concerns meeting at RQIA.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

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 inspection
- the registration status of the home
- written and verbal communication received since the last care inspection
- the returned QIP from the last care inspection
- the last care inspection report.

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

The following records were examined during the inspection:

- duty rota for all staff for weeks commencing 18 January 2021 and 25 January 2021
- records confirming registration with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- four patients 'care records
- three patients 'care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- a sample of monthly monitoring reports for December 2020 and January 2021
- fire risk assessment.

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

6.0 The inspection

6.1 Review of areas for improvement from last inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 13 May 2019. There were no areas for improvement identified following this inspection.

6.2 Inspection findings

6.2.1 Staffing Arrangements

On arrival to the home we were greeted by the manager and staff who were helpful and attentive. The manager confirmed that the planned staffing levels for the home were safe and appropriate to meet the assessed needs of the patients accommodated.

Review of staff duty rotas reviewed confirmed the staffing arrangements. However, the rotas did not accurately reflect the hours worked by the manager or the capacity in which they were worked. Abbreviations were used throughout the duty rota without any code to signify what these represented or the hours worked by staff. This was discussed with the manager and an area for improvement was identified.

Discussion with staff confirmed that they felt supported in their roles and were satisfied with current staffing levels. Comments from staff included:

- “Happy working here.”
- “Feel very supported by the manager.”
- “All work well together.”
- “Great team here.”
- “Patients are very well cared for.”

We also sought staff opinions and views via the online survey. There were no responses received within the two week time frame allocated.

6.2.2 Infection prevention and control (IPC) measures

There were robust systems in place to ensure that contact details of any visitors to the home were obtained and their temperature checked in line with current COVID-19 guidelines.

Whilst there were good supplies of personal protective equipment (PPE) in the home, we noted four staff were not adhering to appropriate IPC measures and the wearing of PPE. In addition, a variety of items and equipment were stored inappropriately in four areas of the home. The potential risks were discussed with the manager.

RQIA were concerned that management and staff did not understand or recognise their role and responsibility in identifying and challenging poor IPC practices. This was discussed in detail with the responsible individual and management during the meeting on the 5 February 2021 and RQIA were satisfied with the assurances provided; that IPC measures and practices had been reviewed with action taken to address the concerns identified by RQIA. In order to ensure sustained compliance with guidelines and regulations an area for improvement was identified.

6.2.3 Care delivery

Patients told us that they were well looked after by the staff and felt safe and happy living in Templemoyle. Comments from patients included:

- “Staff are very good to me here.”
- “Everything I need is here.”
- “Very happy here.”
- “Food is good.”

One questionnaire was returned from a relative who was very satisfied with the service provision within the home. Comments included: “The staff in Templemoyle are the most caring and approachable I have ever encountered”, “I cannot stress strong enough the care at every level shown to residents” and “no concerns only gratitude.”

While most patients looked well, we observed three patients with a specific aspect of personal care which had not been maintained. Details were discussed with the manager who acknowledged that this must be addressed. This was identified as an area for improvement.

We observed the serving of the lunch time meal and saw that staff attended to the patients’ needs in a prompt and timely manner. The staff were wearing the correct PPE and assisted patients with their meal appropriately. However, on two occasions we observed food uncovered during transport. We discussed this with the manager who acknowledged that this was not good practice and agreed to monitor this during mealtimes and during her daily walk arounds.

We were not assured that patients’ needs were being met in a safe and timely manner. We observed a patient seated in a chair without footrests in place to support their legs, poor management of the use of a patient’s wheelchair and a delay in responding to one patient’s

requests in a timely manner. This was discussed with the manager and an area for improvement was identified.

Shortfalls were also identified regarding the management of risk to patients throughout the home. We noted that cleaning chemicals were unsecured in two areas of the home, the electrical cupboard was not locked and there was lack of a suitable locking system on one identified door. Each of these areas was easily accessible to patients and the potential risks were discussed with the manager. Whilst we acknowledge that some of this was addressed during the inspection, a monitoring system was needed to ensure potential risks to patients were identified and eliminated as far as possible. This was identified as an area for improvement.

In relation to the home's categories of care, we identified a patient whose presenting needs were not in keeping with the homes categories of care. During discussions with the manager and review of this patient's care records it was evident that despite the changing needs of this patient, management had not pursued a review with the patient's care manager in a timely manner. RQIA were concerned regarding the patient's safety and wellbeing and requested that the manager contact the commissioning Trust to arrange a care management review as soon as possible. We also discussed the importance of ensuring that the home operates within the registered categories of care and an area for improvement was stated. Following the inspection the manager provided written confirmation on 24 February 2021 that relevant correspondence had been made with the Trust and that a care management review had been completed.

Concerns were identified regarding the safe storage and handling of medicines throughout the home. One fridge was unlocked and therefore the contents were easily accessible to anyone in the home. We noted this fridge contained an expired medicine and unlabelled food supplements. There was no evidence of a monitoring system to ensure the correct supplement was administered to patients.

We also observed two unlocked cupboards on the second floor corridor which contained multiple prescribed topical preparations, wound care dressings and prescribed inhalers. One inhaler had a label which was torn and did not include the patient's name. These items were not clearly segregated to identify each patient's supply and to facilitate stock control. These deficits were discussed in detail with the manager and shared with the pharmacy inspector at RQIA. An area for improvement was identified.

6.2.4 Care Records

We observed that patients' confidential information was not held securely in two areas of the home. We discussed the potential breach of confidentiality with the manager and an area for improvement was identified.

Review of patient care records evidenced that supplementary records and care plans regarding repositioning contained conflicting information, and 'gaps' in recording the delivery of care. We further identified that one patient's pressure relieving mattress was set incorrectly, which had the potential to impact on the patient's skin integrity. These deficits were discussed with the manager and an area for improvement was identified.

Review of patient records evidenced that the recommended dietary/fluid type as per the International Dysphagia Diet Standardisation Initiative (IDDSI) terminology and speech and

language therapist (SALT) recommendations were not consistently recorded. Following discussion with staff and review of records, we found that staff were unsure of the SALT recommendations made for one patient and the referral for another patient, who continued to experience difficulties with eating and drinking, had not been followed up. This was identified as an area for improvement. During the meeting on the 5 February 2021 the manager told us that relevant communication and advice had been sought from SALT.

A number of care plans reviewed were not person centred or reflective of the assessed needs of patients. For example; care plans were not specific to patient needs regarding elements of their personal care; one care plan was not in place to manage one patient's medical device and bowel information was not routinely recorded for patients. This was identified as an area for improvement.

During the meeting on the 5 February 2021 the manager confirmed the actions taken to improve the quality and accuracy of record keeping and care planning through regular monitoring and training.

6.2.5 The home's environment

Observations throughout the home evidenced that there was a lack of oversight in relation to ensuring the cleanliness and fitness of the environment. We identified several unclean areas in the home, this included patient equipment in bathroom areas, light fittings and one fridge. Also, as displayed notices were not laminated and some light pull cords were not covered, these could not be effectively cleaned.

In relation to patients' bedrooms, we observed that several items of furniture, flooring, radiator covers, bed frames and door frames were in a poor state and required to be repaired or replaced. In addition, a number of beds were poorly presented and bed sheets and curtains were worn and ill fitted. While some patients' bedrooms were found to be personalised with items of memorabilia and special interests, a number of bedrooms did not have any pictures and/or personal effects. We discussed the above environmental issues with the manager and an area for improvement was stated.

We identified a communal shower room which had been converted into a store room and an area within a communal toilet which had been converted into a therapy room. These rooms did not have the appropriate fire detection and RQIA had not been notified of the change of use in advance as required. This was identified as an area for improvement.

Observation regarding the day to day management of fire safety throughout the home raised significant concerns. A fire door at a nurse's station was propped open with a bin. This was brought to the attention of the manager; however, the door was observed to be propped open again on at least two further occasions; a fire door in the laundry area had a cracked glass panel and there was no fire detection visible within this room where multiple combustible items were being stored. We observed the use of a multi block electric extension lead in a patient's bedroom which we considered to be a potential fire risk. We also observed gaps on ceiling surfaces around a number of emergency fire exit signs and requested the manager to review these issues from a fire safety perspective. This was identified as an area for improvement. During the meeting on the 5 February 2021 the management team told us that most of these issues had been addressed with ongoing monitoring to ensure full compliance.

6.2.6 Management, leadership and governance arrangements

We reviewed audits completed in relation to the home's environment, IPC measures, care records and hand hygiene. IPC audits were completed monthly with an action plan put in place; however, time frames and follow up of actions were not recorded and the location of the environment/place audited was not recorded. The audits reviewed were not robust and did not identify the significant issues RQIA evidenced during this inspection. Details were discussed with the manager and an area for improvement was identified.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the regional manager, on behalf of the responsible individual. Given the inspection findings it was concerning that the reports failed to identify the areas of concern evidenced during this inspection and the potential health and safety risks to both patients and staff. An area for improvement was identified.

During the serious concerns meeting on 5 February 2021 RQIA were provided with assurances through discussion, that the registered persons now had an increased awareness in the importance of a robust governance system and process. We were told that since the inspection a new system of governance had been implemented to monitor the progress with audit outcomes which would focus on the quality of the service provision as well as the care delivered.

As stated previously RQIA were provided with an action plan as part of the serious concerns meeting held. We were satisfied that the appropriate action had been taken to address the immediate issues identified with ongoing review dates to address all of the actions required to bring the home into compliance with the regulations and standards.

Areas for improvement

Sixteen new areas for improvement were identified during the inspection. Details can be found throughout the body of the report and in the Quality Improvement Plan (QIP).

	Regulations	Standards
Total number of areas for improvement	12	4

6.3 Conclusion

Significant concerns were highlighted in regards to the lack of managerial oversight and governance processes within the home; health and welfare of patients; IPC practices; the internal environment; risk management and fire safety practices.

At a meeting on 5 February 2021 RQIA were assured by the responses from the responsible individual and the management team, that there was an increased awareness of the importance of robust managerial oversight and governance arrangements; and we were informed of the

actions taken since the inspection to address the matters identified. It was agreed that the registered persons would be given a period of time to address the issues.

RQIA will continue to monitor and review the quality of service provided in Templemoyle. A further inspection will be undertaken to assess the progress made in addressing the areas as detailed in the QIP.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Jeya Pratheeksha, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all staff employed to work in the home are aware of and adhere to the IPC guidelines and best practice requirements.</p> <p>Ref: 6.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All staff have been informed of guidelines, staff informed not to wear cloth face coverings, they should always surgical Masks,</p>

	Wrist watches are not allowed, also Spot checks and audits included these issues.
Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that the delivery of care is provided in accordance to the assessed needs of patients in a safe and timely manner. Ref: 6.2.3 Response by registered person detailing the actions taken: Staff have been made aware that residents needs should be prioritized, this includes taking residents for smokes.
Area for improvement 3 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: With immediate effect	The registered persons must ensure that all areas of the home to which patients have access are free from hazards to their safety. With specific reference to ensuring that: <ul style="list-style-type: none"> • chemicals are securely stored in keeping with COSHH legislation • the electrical cupboard is kept locked • a suitable locking system is installed to the identified door • all grades of staff are aware of their responsibility to report and action any actual or potential hazards. Ref: 6.2.3 Response by registered person detailing the actions taken: All these areas have been actioned, new locks have been put on doors and domestic trollies can be stored on each floor away from residents, the key to the electrical cupboard is kept by the home manager and maintenance person. These checks have been added into managers spot checks.
Area for improvement 4 Ref: Regulation 15 (1) (e) (2) (a) (b) Stated: First time To be completed by: With immediate effect	The registered persons must ensure that the nursing home has been registered for the category of nursing appropriate to the patient's needs and that assessments of patients' needs are kept under review and revised at any time. Ref: 6.2.3 Response by registered person detailing the actions taken: The resident in query has been assessed and an alternate placement is being sought. Awaiting on placement for this person.

<p>Area for improvement 5</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • medicines are stored safely and securely at all times • systems are in place to ensure expired medicines are removed for disposal • prescribed topical preparations and wound care dressings are clearly segregated to identify patient supplies and to facilitate stock control • a monitoring system is implemented to ensure the correct supplement is administered to patients. <p>Ref: 6.2.3</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 29 March 2021</p>	<p>The registered person shall ensure that robust systems are in place to ensure that staff complete supplementary care records such as repositioning charts accurately and that pressure relieving mattresses are 'set' as per manufacturer's instructions.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: Nurses have been reminded of the need for the enhancements in this area. All nurses have finished medication awareness training. New locks have also been fitted to topical creams cupboard. Added this into medication auditing. This is checked regularly by the manager.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 29 March 2021</p>	<p>The registered person shall review the management of patients' nutritional cares needs to ensure that :</p> <ul style="list-style-type: none"> • the recommended dietary/fluid type is documented as per the IDDSI terminology within the patients' care records and supplementary recording charts • SALT recommendations are consistently recorded within the patients' care records and supplementary recording charts • relevant staff are aware of patients' dietary needs as per SALT and IDDSI terminology • a system is implemented to follow up referrals made to SALT for patients experiencing difficulties with swallowing in a timely manner. <p>Ref: 6.2.4</p>

	<p>Response by registered person detailing the actions taken:</p> <p>Care staff have been made aware and this information is checked daily by senior career and nurses. Clinical supervision to make staff aware of IDDSI terminology and maintaining records as per the guidelines. Nurses are aware of the referral process and regular follow up in an appropriate manner.</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 16 (1) (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 29 March 2021</p>	<p>The registered person shall ensure that patients care plans are kept under review to ensure they are reflective of the patients assessed needs and the recommendations of other health care professionals.</p> <p>With specific reference to care planning:</p> <ul style="list-style-type: none"> • for personal hygiene • care plans for patients with a relevant medical history including the identified patient • the normal type/frequency or bowel pattern to be routinely recorded for patients with a history of constipation. <p>Ref: 6.2.4</p> <hr/> <p>Care plans made specific now as per their condition, the type of bowel pattern and frequency are recorded now. This will be kept updated as conditions change.</p>
<p>Area for improvement 9</p> <p>Ref: Regulation 27 (2) (b) (d)</p> <p>Stated: First time</p> <p>To be completed by: 1 April 2021</p>	<p>The registered person shall ensure that the premises are kept in good state of repair, kept clean and reasonably decorated.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • surface damage to identified radiator covers, skirting boards, door frames, over bed tables, bedframes, vanity units and bedframes • wardrobes and drawers are repaired/replaced where necessary • toilet seat and pedal bins within the staff changing room • light fittings throughout the home are cleaned • light pull cords are covered • flooring is replaced to identified bedroom and corridor • bed sheets and curtains are replaced where necessary • identified bedrooms are personalised with items of memorabilia and special interests. <p>Ref: 6.2.5</p>

	<p>Response by registered person detailing the actions taken:</p> <p>All these areas have been corrected, new furniture has been bought for all identified room. Radiator covers have been ordered; light pull cords have been replaced flooring will be started on 7th April will be completed in two days. Personal items will be request of families when the pandemic allows.</p>
<p>Area for improvement 10</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home.</p> <p>Specific reference to ensuring:</p> <ul style="list-style-type: none"> • that fire doors are not propped open • the cracked glass panel to the fire door in the laundry area is replaced • the use of a multi block electric extension lead in an identified patient's bedroom is reviewed • gaps on ceiling surfaces around a number of emergency fire exit signs are reviewed. <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken:</p> <p>All props have been removed, door in laundry has been replaced, there has been a smoke detector fitted here also. New sockets have been installed in the residents room. All gaps have been filled. Emergency exit signs have been replaced.</p>
<p>Area for improvement 11</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: 1 April 2021</p>	<p>The registered person shall ensure that a robust governance system is implemented and maintained to promote and assure the quality of nursing and other services in the home.</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken:</p> <p>Audits have been updated and timeframes have been added. This is to ensure the quantity of services in the home.</p>
<p>Area for improvement 12</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The registered person shall ensure that the monthly quality monitoring visit report is robust, that it provides sufficient information on the conduct of the home; with an action plan and timescales to address any deficits identified in a timely manner.</p> <p>Ref: 6.2.6</p>

1 April 2021	<p>Response by registered person detailing the actions taken: Audits have been updated and timeframes have been added. This is to ensure the quantity of services in the home.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 1 March 2021</p>	<p>The registered person shall ensure the staff duty rota includes:</p> <ul style="list-style-type: none"> • the hours worked by the manager and the capacity in which they are worked • abbreviations have clear codes to reflect what they represent and provide the hours worked by staff. <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken:</p> <p>All recommended been updated, Rota is now online for all staff to see.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that patients' personal care and grooming needs are met and that care records reflect specific measures on how to maintain patients' personal care where an assessed need is identified.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken:</p> <p>Care files have been updated to reflect these changes.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 37</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that any record retained in the home which details patient information is stored safely in accordance with the General Data Protection Regulation and best practice standards.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken:</p> <p>All files remain locked when not in use. Staff made aware and manager checking this .</p>

<p>Area for improvement 4</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons must ensure that the nursing home, including all spaces, is only used for the purpose for which it is registered.</p> <p>A retrospective variation is to be submitted if any of the rooms identified are to remain permanently.</p> <p>Ref: 6.2.5</p>
	<p>Response by registered person detailing the actions taken: All rooms have been restored to original use. Fire detection equipment has been installed.</p>

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



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