

# Inspection Report

7 November 2023



## Knockagh Rise

Type of service: Nursing Home  
Address: 236 Upper Road, Greenisland, BT38 8RP  
Telephone number: 028 9085 5930

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation:</b> Knockagh Rise Ltd  <b>Registered Individual:</b> Mrs Ruth Elizabeth Logan	<b>Registered Manager:</b> Mrs Joeleen Logan – registration pending
<b>Person in charge at the time of inspection:</b> Mrs Joeleen Logan, Manager, until 1.30pm then Wendy Turkington, Deputy Manager, until the inspection ended.	<b>Number of registered places:</b> 29
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 26
<b>Brief description of the accommodation/how the service operates:</b> Knockagh Rise is a nursing home registered to provide nursing care for up to 29 patients. Patients have access to a communal lounge, dining room and gardens on the ground floor. Bedrooms are situated over three floors.	

## 2.0 Inspection summary

An unannounced inspection took place on 7 November 2023 and was completed by a care inspector (from 9.50 am to 5.00 pm) and a pharmacist inspector (from 9.50 am to 2.40 pm).

This follow up inspection focussed on reviewing the areas for improvement identified at the last medicines management and care inspections.

Enforcement action resulted from the findings of this inspection in the form of a serious concerns meeting. Concerns were identified in relation to: fire safety, domestic staffing provision for the home and the general cleanliness of the home, environmental deficits, governance arrangements and managerial oversight. Furthermore, the home had commenced alterations to the internal environment without prior approval from RQIA. It was also noted that some of the concerns identified had been identified during previous inspections, which raised concerns regarding the management's ability to drive and sustain improvements.

The Responsible Individual (RI) and the manager were invited to attend a serious concerns meeting with RQIA on 16 November 2023, to discuss the inspection findings and their plans to address the issues identified. During the meeting, the management team provided RQIA with an action plan and advised of the completed or planned actions, to secure the necessary improvements and address the concerns identified during the inspection.

Based on the inspection findings and discussions held, RQIA were assured that compassionate care was being delivered in Knockagh Rise. RQIA were also assured that the management team acknowledged the need for more robust oversight of the governance systems within the home, to drive the improvements identified and to fulfil their responsibilities, enhancing practice and the patients' experience.

Most medicine records and medicine related care plans were well maintained and patients were administered the majority of their medicines as prescribed, a small number of discrepancies were highlighted for monitoring.

Four areas for improvement were stated for a second time and 15 new areas for improvement were identified; these are detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0.

A further inspection will be undertaken to ascertain the progress made in addressing the areas for improvement identified and the arrangements in place to monitor and ensure the improvements are sustained.

### 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 the medicines management inspection, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines and the auditing systems used to ensure the safe management of medicines. The inspector also spoke to staff and management about how they plan, deliver and monitor the management of medicines in the home.

In preparation for the care inspection, a range of information about the service was reviewed to help us plan the inspection.

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 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 Joeleen Logan, manager and Wendy Turkington, deputy manager, throughout the inspection process.

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

Staff spoken with were generally satisfied with staffing levels; some individual comments made were shared with the deputy manager for them to address.

Staff commented positively about working in Knockagh Rise and the teamwork within the home, they also felt they were provided with appropriate training opportunities.

Patients spoken with told us they had good experiences living in the home and they liked the meals provided. Patients told us the staff are good to them.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

Relatives spoke positively regarding the care provided to their loved ones; one comment regarding the variety of food for an identified patient was shared with the deputy manager for the home to address.

#### 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 1 June 2023		
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 13 (4)  <b>Stated:</b> First time	The registered person shall ensure that all records referring to prescribed consistency levels for thickened fluids match and reflect the most recent SALT (speech and language therapy) instructions, to include personal medication records, care plans and staff handover/kitchen records.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met. See Section 5.2.5.	

<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall implement a robust audit to ensure that all medicines are administered as prescribed.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was assessed as partially met. See Section 5.2.5.  This area for improvement was stated for a second time.	
<b>Area for Improvement 3</b> <b>Ref:</b> Regulation 14 (2) (a) (c) <b>Stated:</b> Third time	The registered person shall ensure that cleaning chemicals are stored securely in accordance with COSHH regulations.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidenced that this area for improvement, as stated, was met.	
<b>Area for Improvement 4</b> <b>Ref:</b> Regulation 21 (5) (d) (i) <b>Stated:</b> First time	The registered person shall ensure staff are supported to achieve timely registration with their professional body. This is specifically in relation to care staff registration with NISCC.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 5</b> <b>Ref:</b> Regulation 20 (1) (a) <b>Stated:</b> First time	The registered person shall ensure that there are sufficient domestic staff on duty.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the home's environment, discussion with staff and review of the duty rota did not provide evidence that there was sufficient domestic staff on duty to ensure the home was cleaned to an acceptable standard of cleanliness.  This area for improvement has not been met and is stated for a second time. See Section 5.2.1 and 5.2.3.	

<b>Area for Improvement 6</b>  <b>Ref:</b> Regulation 16 (2) (b)  <b>Stated:</b> First time	<p>The registered person shall ensure patients' care plans and risk assessments are kept up to date and regularly reviewed to accurately reflect the assessed needs of the patient.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of records identified gaps in the regular review of patient care records.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	<b>Not met</b>
<b>Area for Improvement 7</b>  <b>Ref:</b> Regulation 27 (2) (c) and (d)  <b>Stated:</b> First time	<p>The registered person shall ensure that the environmental deficits issues identified during this inspection are addressed.</p> <p><b>Action taken as confirmed during the inspection:</b> A number of environmental deficits were identified on inspection. This is further discussed in section 5.2.3.</p> <p>This area for improvement has not been met and is stated for a second time.</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 28  <b>Stated:</b> First time	<p>The registered person shall ensure that care plans specific to the patient should be in place and reviewed regularly for the management of medication prescribed for pain and distressed reactions</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met. See Section 5.2.5.</p>	<b>Met</b>
<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time	<p>The registered person shall ensure that two members of staff check and sign all handwritten medication administration records/additions to these records, to verify their accuracy and the date.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met. See Section 5.2.5.</p>	

<b>Area for Improvement 3</b>  <b>Ref:</b> Standard 39  <b>Stated:</b> Third time	The registered person shall ensure that all relevant staff complete training in relation to Deprivation of Liberty Safeguards and that such training is embedded into practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 4</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> Third time	The registered person shall ensure that all supplementary repositioning charts are consistently completed in a contemporaneous and accurate manner.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement, as stated was met.	
<b>Area for Improvement 5</b>  <b>Ref:</b> Standard 4.2  <b>Stated:</b> Second time	The registered person shall ensure that an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission. A detailed plan of care for each patient is generated from a comprehensive, holistic assessment and drawn up with each patient. The assessment is commenced on the day of admission and completed within 5 days of admission to the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 6</b>  <b>Ref:</b> Standard 22  <b>Stated:</b> First time	The registered person shall ensure that in the event of a fall, where a head injury is either suspected or confirmed, that all care documentation relating to the fall is completed in full for the recommended timeframe; and if applicable, a rationale is recorded to account for any gaps in the documentation.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	



## **5.2 Inspection findings**

### **5.2.1 Staffing Arrangements**

Care and kitchen staff said there was good team work in the home and that they felt supported in their role and were satisfied with the staffing levels. Some individual comments made by staff was shared with the deputy manager for her attention.

The printed copy of the staff duty rota examined did not accurately reflect all the staff working in the home on a daily basis. The home manager was not included in the records reviewed and the rota identified a number of days where there was no domestic cleaning staff on duty. This was discussed at the meeting with RQIA on 16 November 2023; the home's management team said that an electronic staff rota system was in use and that the staffing deficits noted on the paper records were not accurate. RQIA discussed the importance and appropriateness of accurate records which should be made available to the inspector as per regulations. Areas for improvement were identified in regard to records available for inspection and the duty rota.

It was evidenced from examination of records that staff supervision and appraisal were not up to date and completion dates had not been recorded for a number of months. An area for improvement was identified.

Staff members were seen to respond to patients' needs in a timely manner and were seen to be warm and polite during interactions. It was clear through these interactions that the staff and patients knew one another well.

### **5.2.2 Care Delivery and Record Keeping**

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Patients were well presented in their appearance and told us that they were happy living in the home.

The serving of the mid-morning refreshments was observed. Discussion with the staff confirmed that only plastic cups and beakers were made available for the patients. These cups and breakers were badly stained. Staff also discussed the snacks available for patients on a modified diet. While the majority of patients had a choice of snack, those patients on a modified diet did not. This was discussed with the manager and two areas for improvement were identified.

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 could include simple encouragement through to full assistance from staff. The mealtime was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available. Staff attended to patients in a caring manner. The patients commented positively about the food.



However, the menu displayed was not reflective of the meal served; an area for improvement was identified. It was also observed that a number of tubs of food and thickening agent were stored just inside the kitchen serving hatch, this was discussed with the management team and the kitchen staff to identify a more appropriate safe storage area for these products. This will be followed up on the next inspection.

Review of care records for patients evidenced that care plans and risk assessments were in place to direct the care required. However, a number of care plans and risk assessments did not evidence regular review. An area for improvement was stated for a second time.

Patients who were less able to mobilise were assisted by staff to change their position. A review of repositioning records evidenced that the patients were repositioned regularly. However, in some of the records reviewed patients were not repositioned as prescribed in their care plans. An area for improvement was identified.

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

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. Patients' bedrooms were personalised with items of importance to each patient, such as family photos and sentimental items from home.

Review of the environment discovered that the home had made internal alterations to an area of the home without prior approval from RQIA. The inspector requested that the work ceased immediately until a decision could be made by RQIA. It was of further concern that a new area for storing linen had been built on the top floor in an area that was immediately adjacent to the main fire escape route. Following discussion with RQIA's estates inspector the home manager was asked to remove all combustible items from this store to reduce the fire risk. These concerns were discussed with the management team at the meeting with RQIA. RQIA reiterated to the RI and manager the regulatory process involved in any change that may impact on the registration of the home. An area for improvement was identified.

Observations throughout the home evidenced that the standard of cleanliness was not of an acceptable standard. RQIA had raised similar concerns about the cleanliness of the home following an inspection in June 2023 which led to an enhanced feedback meeting with the home's management team. The lack of daily domestic staffing and regular cleaning of the home has negatively impacted on the standard of cleanliness of the home. High level dust was observed on wardrobes, picture frames and wall mounted televisions, a number of walls, bedroom furniture, skirting boards and bed rail covers were not clean and carpets were stained. Despite efforts to bring the home levels of cleanliness up to an acceptable standard and to secure permanent housekeeping, the improvements made in June 2023 had not been sustained. An area for improvement was stated for a second time.

Wheelchairs and moving and handling equipment were not clean. A number of wheelchairs were also seen without footplates and it was concerning that staff were observed using these wheelchairs to transport patients. Staff were also observed not decontaminating manual handling equipment between patient use. Two areas for improvement were identified.

The above concerns were discussed at the meeting with RQIA. The home's management team were asked to review the domestic staffing levels, the quality of the cleaning and documentation to evidence that the cleaning has been completed. Furthermore, the managerial oversight and monitoring systems should be reviewed to ensure they were effective in identifying any deficits in the cleanliness of the home. An area for improvement was identified.

Confidential patient information regarding dietary requirements was observed on display within patient bedrooms and on the wall in the dining room. This was discussed with the deputy manager and an area for improvement was identified.

The hairdressing room was observed unlocked with hairdressing products and a jar of nail polish accessible, in addition a number of air freshener sprays were seen stored in an unlocked store room; these products potentially could be hazardous to patients if accidentally ingested. An area for improvement was identified.

The laundry door; which is a designated fire door, was observed to be wedged open. This was brought to the attention of the manager for her immediate action. Additional health and safety concerns were identified when the glass walkway corridor was observed to be extremely cluttered with disused equipment, builders rubbish and wood with exposed nails, this deficit was brought to the attention of the staff who were asked to erect a sign immediately to advise that this area was not accessible due to the risks identified and until it was cleared. An area for improvement was identified.

The above breeches were discussed at the meeting on 13 November 2023; the importance of fire safety and the health safety and well-being of patients, staff and visitors to the home were stressed by RQIA and that it is to be the responsibility of all staff working in the home. RQIA asked that the home's management team meet with all staff to ensure staff understand their role and responsibility in regard to the areas outlined above and the potential consequences if they do not adhere to these necessary safety measures. An area for improvement was identified.

Review of the home's fire risk assessment did not evidence that all the identified actions had been addressed. This was discussed at the meeting with RQIA where it was established that the documentation given to the inspector for review was not the correct nor up to date document. The requirement for specific records to enable the inspection process was discussed and the management team agreed to review where records are stored to ensure that any nurse in charge of the home in the absence of the manager was aware of the requirements relating to records being made available for inspection as per regulations. An area for improvement was identified

#### **5.2.4 Management and Governance Arrangements**

There has been a change in the management of the home since the last inspection. Mrs Joeleen Logan has been appointed as the manager of Knockagh Rise and RQIA were notified of this change as required.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. However; based on the inspection findings and as discussed at the meeting, RQIA were not assured that the current oversight and management arrangements were effective in identifying the areas of concern from this inspection and as mentioned above RQIA requested that specifically the governance arrangements in regard to the cleanliness of the home be reviewed.

In addition, RQIA have asked that the Regulation 29 monitoring reports are shared with the inspector for Knockagh Rise each month; the visit reports should include a review of the Quality Improvement Plan issued as a result of this inspection and evidence the home's progress in achieving compliance. An area for improvement was identified.

### **5.2.5 Medicines Management**

#### **Personal medication records**

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

Personal medication records were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate. Records no longer in use were often stored behind the current record. Nurses were reminded that these must be cancelled immediately and archived promptly to ensure they are not referred to in error.

Copies of patients' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

#### **Care plans in relation to medicines management**

All patients should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc. A sample of care plans was examined, including the management of pain, distressed reactions, diabetes and modified diets, using prescribed medicines. Care plans included relevant details and medicine records were maintained appropriately. Some minor amendments were discussed and these were addressed immediately. Records referring to the prescribed consistency levels for thickened fluids matched and reflected the most recent SALT (speech and language therapy) instructions.

#### **Medicines supply and storage**

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when patients required them. The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each patient could be easily located. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. A medicine refrigerator and controlled drugs cabinet were available for use as needed. Prescribed oral nutritional supplements and thickening agents were stored on shelving in the nurses' office which was locked when unattended. However, it was agreed with the manager that the storage should be reviewed and the manager stated that this was already being considered. This will be examined at the next medicines management inspection.

Satisfactory arrangements were in place for the safe disposal of medicines.

### **Medicine administration**

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment. A sample of medicine administration records was reviewed and found to have been accurately completed. In line with best practice, a second nurse had checked and signed handwritten additions to medicine administration records to state that they were accurate.

### **Controlled drugs**

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs were recorded appropriately in the controlled drug record book. Stock balances of controlled drugs should be reconciled by the two nurses involved and a record maintained, on each occasion when responsibility is transferred. The second signature was missing in a number of handover records and it was therefore unclear if a stock balance check took place on each occasion. The manager agreed to review the format of this record. An area for improvement was identified.

### **The management of medicines on admission**

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new patients or patients returning from hospital. Written confirmation of the patient's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. The medicine records had been accurately completed.

### **Governance and audit**

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident.

No medicine related incidents had been reported to RQIA since the last medicine management inspection. A robust audit system, which covers all aspects of medicines, is necessary to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff. The date of opening was recorded on the majority of medicines so that they could be audited. A revised medicines management audit system had been put into place but was not yet used consistently/embedded into practice. This is necessary to check that all medicines are administered as prescribed and all aspects of medicines management are regularly reviewed. An area for improvement was stated for a second time.

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. Discrepancies were observed in the administration of a small number of medicines and these were highlighted for monitoring.

## 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, December 2022.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	10*	9

\*the total number of areas for improvement includes four under regulation that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Joeleen Logan, manager and Wendy Turkington, deputy 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> Second time  <b>To be completed by:</b> 6 December 2023	The registered person shall implement a robust audit to ensure that all medicines are administered as prescribed.  Ref: 5.1 and 5.2.5
	<b>Response by registered person detailing the actions taken:</b> Medication audits in place on a nightly basis by staff nurses. Manager oversees weekly and also carries out a monthly medication audit.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 20 (1) (a)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that there are sufficient domestic staff on duty.  Ref: 5.1 and 5.2.1
	<b>Response by registered person detailing the actions taken:</b> New domestic staff hired and full cover now obtained.
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 16 (2) (b)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure patients' care plans and risk assessments are kept up to date and regularly reviewed to accurately reflect the assessed needs of the patient.  Ref: 5.1 and 5.2.2
	<b>Response by registered person detailing the actions taken:</b> Nurses reminded of the importance of completing care plan evaluations in a timely manner. Manager to oversee this is on a weekly basis.
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 27 (2) (c) and (d)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that the environmental deficits issues identified during this inspection are addressed.  Ref: 5.1 and 5.2.3
	<b>Response by registered person detailing the actions taken:</b> Maintenance audit plan in place to ensure environmental deficits are rectified.

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 19 (3) (b)</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 records are available as outlined in Schedule 4 of The Nursing Homes Regulations (Northern Ireland) 2005, at all times for inspection in the home by any person authorised by the Regulation and Quality Improvement Authority to enter and inspect the nursing home.</p> <p>Ref: 5.2.1 and 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Such records are now accessible for any person authorised by the RQIA to carry out inspections moving forward.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 32 (h)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 November 2023</p>	<p>The registered person shall not commence any alterations to the home prior to approval of a formal variation application to RQIA; this is in regard to the identified alterations as outlined in this report.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Future plans for variation to the home will not commence prior to RQIA approval.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 10 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2023</p>	<p>The registered person shall ensure that the management and governance arrangements are reviewed to ensure they are effective in identifying deficits in regard to the cleanliness of the home.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Deep clean commenced after inspection and deficits rectified. Audit system in place and spot checks carried out to particularly regarding areas identified in previous inspection.</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 November 2023</p>	<p>The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety.</p> <p>This is stated in relation to:</p> <ul style="list-style-type: none"> <li>• Locking the hairdressing room or ensuring hair products are securely stored within the hairdressing room.</li> <li>• Ensuring storage areas and communal areas do not contain any items that potentially could be hazardous to patients, staff or visitors to the home.</li> </ul> <p>Ref: 5.2.3</p>



	<p><b>Response by registered person detailing the actions taken:</b>  Hair dressing products removed from hairdressing room. Signage in place to remind hairdresser to remove such items when she is finished for the day.  All airfresheners are now locked away. Staff are reminded regularly re the importance of this. Manager to identify any substances hazardous to health on a daily walk around the home.</p>
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Regulation 27 (4) (c) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b>  From the date of the inspection onwards (7 November 2023)</p>	<p>The registered person shall ensure that the practice of propping or wedging open of fire doors ceases immediately.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>  All wedges removed from doors. Signage in place to ensure that the practice of wedging doors open, ceases. Supervisions to be completed with all staff highlighting the importance of fire safety and everyones responsibility to ensure this is adhered to.</p>
<p><b>Area for improvement 10</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b>  5 December 2023</p>	<p>The registered person shall submit the Regulation 29 reports to RQIA. The reports are to include specific reference and information on the progress of the home with the areas identified in this Quality Improvement Plan.</p> <p>These reports shall be submitted to RQIA on the 5<sup>th</sup> day of each month until directed otherwise.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>  Reg 29 reports are being forwarded to RQIA as instructed.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b>  From the date of the inspection onwards (7 November 2023)</p>	<p>The registered person shall ensure that stock balances of controlled drugs are reconciled appropriately on each occasion when the handover for responsibility is transferred.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>  New audit system now in place for the counting of controlled drugs at the end of each shift.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of the inspection onwards (7 November 2023)</p>	<p>The registered person shall ensure that the staff duty rota accurately reflects all staff working in the home on a daily basis.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Paper copy of rota is now printed every week and when changes are made on the rota app.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 40</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2023</p>	<p>The registered person shall ensure that all staff receive supervision and appraisal.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Supervisions and appraisals to commence with all staff in January.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 November 2023</p>	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> <li>• The patient dining experience is reviewed with regards to the availability and choice of crockery for the serving of hot drinks. Plastic mugs/cups that are badly stained should be effectively cleaned or replaced.</li> <li>• The daily menu is displayed to accurately reflect the food served.</li> <li>• Appropriate snack choices are made available for patients on a modified diet.</li> </ul> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Plastic cups are now cleaned with appropriate stain remover every week or as required. This is included as part of the kitchen cleaning schedule. Kitchen assistants reminded to change the menu on the chalk board daily, this is also included on the daily kitchen schedule. Kitchen staff reminded to offer a wider range of snacks for residents on a modified diet. When speaking with residents regarding the use of china cups, most claimed to prefer plastic cups as they are easier to hold. A selection of china cups are available already for any resident who prefers same.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of the inspection onwards (7 November 2023)</p>	<p>The registered person shall ensure that patients are repositioned in keeping with their prescribed care.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Repositioning schedule in place for those residents who require repositioning. Nurses reminded to oversee this when on shift and ensure it is carried out in a timely manner. Care staff reminded of importance of same. This is included in supervisions or all care staff.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of the inspection onwards (7 November 2023)</p>	<p>The registered person shall ensure that wheelchairs are fit for purpose and clean.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Wheelchair footplates are now in place for all wheelchairs. Staff instructed to only transport residents with both footplates insitu. New wheelchair cleaning schedule in place and overseen by manager.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of the inspection onwards (7 November 2023)</p>	<p>The registered person shall ensure that a system is in place for decontamination of the manual handling equipment between each patient use.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Staff reminded of the importance of cleaning manual handling equipment between residents.</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of the inspection onwards (7 November 2023)</p>	<p>The registered person shall ensure that confidential information regarding patient's dietary needs is not displayed in bedrooms or communal areas.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All dietary and fluid levels cards are now removed from residents wardrobe doors.</p>

<b>Area for improvement 9</b>  <b>Ref:</b> Standard 47.1  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2023	The registered person shall meet and maintain a record of the discussion with all staff in regard to their role and responsibilities to ensure the health, safety and welfare of staff, patients and visitors to the home.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b>  Supervisions carried out with all staff regarding all of the above.

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



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