



The Regulation and
Quality Improvement
Authority

Inspection Report 8 October 2020



Kings Castle

Type of Service: Nursing Home
Address: Kildare Street, Ardglass, BT30 7TR
Tel No: 028 4484 2065
Inspectors: Sharon McKnight and Paul Nixon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 this inspection and do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

Information relating to our inspection framework, the guidance and legislation that informs the inspections, the four domains which we assess services against as well as information about the methods we use to gather opinions from people who have experienced a service can be found at <https://www.rqia.org.uk/guidance/legislation-and-standards/> and <https://www.rqia.org.uk/guidance/guidance-for-service-providers/>

1.0 Profile of service

This is a registered nursing home which provides care for up to 42 patients.

2.0 Service details

<p>Organisation/Registered Provider: Messana Investments Ltd</p> <p>Responsible Individual: Mr Gerald Ward</p>	<p>Registered Manager and date registered: Mrs Wendy Miniss</p> <p>Date Registered: 11 February 2016</p>
<p>Person in charge at the time of inspection: Mrs Wendy Miniss</p>	<p>Number of registered places: 42</p> <p>There shall be a maximum of 5 named residents receiving residential care in category RC-I</p>
<p>Categories of care: 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. TI – Terminally ill.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 38</p>

3.0 Inspection summary

This joint medicines management and care inspection took place on 8 October 2020 from 09.40 to 16.35 hours.

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/ the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

The inspection sought to assess progress with the issues raised during and since the last inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- spoke to patients
- spoke to staff and management about how they plan, deliver and monitor the care and support provided in the home
- observed practice and daily life
- reviewed documents to confirm that appropriate records were kept.

The following records were examined and/or discussed during the inspection:

- staff duty rota for the period 14 September – 11 October 2020
- care records for four patients including repositioning charts
- medicines records
- staff training and competency records for medicines management
- records of monthly audit
- records of complaints and compliments
- monthly monitoring reports for the period May - September 2020.

Whilst we observed that patients appeared comfortable, and that staff treated them with kindness and compassion RQIA was concerned that the medicines management issues evidenced during the inspection had the potential to affect the health and well-being of patients. The findings of the inspection indicated that significant improvements were necessary in the governance arrangements and medicines management within the home.

Following the last inspection on 12 March 2020, the responsible individual and registered manager were invited to attend a meeting in RQIA office on 20 March 2020, with the intention of issuing two Failure to Comply (FTC) notices with patients' health and welfare and governance arrangements for the oversight of medicines. The representatives from Kings Castle submitted an action plan and provided a full account of the actions they had taken to date and the arrangements they had made to ensure the improvements necessary to achieve full compliance with the required regulations were made. As a result two Failure to Comply notices were not

issued. It was agreed a further inspection would be undertaken to assess compliance with these regulations.

The outcome of this inspection evidenced that, whilst patients had stock of their medicines, they were not receiving them as prescribed. Systems of governance and audit within the home had again failed to identify these issues.

As a consequence of our findings the responsible individual and registered manager were invited to attend a meeting by videoconference on 16 October 2019, with the intention of RQIA issuing two Failure to Comply (FTC) notices with regards to patients' health and welfare and governance arrangements. The meeting was attended by Mr Gerald Ward, Responsible Individual, Mrs Wendy Minnis, Registered Manager and Mrs Mary Peake, Deputy Manager,

The responsible individual outlined the actions that would be taken to address the concerns identified. RQIA were not sufficiently assured that the necessary improvements to ensure full compliance with the regulations had been made as a number of areas required time to ensure that new processes were fully embedded into practice.

As a result two Failure to Comply notices were issued under The Nursing Homes Regulations (Northern Ireland) 2005.

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

4.0 Inspection Outcome

	Regulations	Standards
Total number of areas for improvement	1*	3*

*The total number of areas for improvement includes one that has been stated for a second time under the Regulations and three which has been stated for a second time under the Standards.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mr Gerry Ward, Responsible individual, Mrs Wendy Minnis, Registered Manager and Mrs Mary Peake, Deputy Manager as part of the inspection process. The timescales commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

Two Failure to Comply Notices with The Nursing Homes Regulations (Northern Ireland) 2005 were issued:

FTC Ref: FTC000131 with respect to Regulation 10(1)

FTC Ref: FTC000132 with respect to Regulation 13(4)

The date for compliance with these notices is 1 December 2020 when a further inspection will be carried out.

RQIA informed the registered persons that further enforcement action may be considered if the issues are not addressed and the improvement sustained. RQIA will continue to monitor progress during subsequent inspections.

The enforcement policies and procedures are available on the RQIA website at [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 What has this service done to meet any areas for improvement made at or since the last inspection on 12 March 2020?

Areas for improvement from the last medicines management inspection		Validation of compliance
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		
Area for improvement 1 Ref: Regulation 13(4) Stated: Second time	The registered person shall review the systems in place to ensure that medicines are ordered and received in a timely manner so that patients do not miss doses of their prescribed medicines.	Met
	Action taken as confirmed during the inspection: There were now new processes in place since the last inspection to ensure that patients did not run out of medicines and this had been effective. All medicines were in stock.	
Area for improvement 2 Ref: Regulation 30(1)(d) Stated: First time	The registered person shall ensure that omissions of prescribed medicines due to stock control issues are managed as a medication related issue and as such are reported to the relevant healthcare professionals and statutory bodies.	Met
	Action taken as confirmed during the inspection: One incident relating to a medicine control issue had been reported to RQIA since the last inspection.	

<p>Area for improvement 3</p> <p>Ref: Regulation 29(4)(a)(b) and (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the current approach to the monthly visits and the overall quality of the reports produced for the monthly monitoring visit should be reviewed to ensure the processes are effective in monitoring the quality of the service provided.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Whilst improvements were noted to the approach to the monthly visits and the quality of the report further development is required to ensure they are effective in identifying deficits in the services delivered. This area for improvement is assessed as partially met and is stated for a second time.</p>		
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>The registered person shall review the auditing arrangements to ensure that there are robust governance arrangements for the management of medicines.</p>	<p>Not met, subsumed into a failure to comply notice</p>
<p>Action taken as confirmed during the inspection:</p> <p>The observations made during this inspection, particularly with regards to the audit outcomes that indicated patients may not be getting their medicines as prescribed, demonstrated that the governance arrangements continue to not be robust.</p> <p>This area for improvement is not met and is subsumed into a Failure to Comply Notice resulting from this inspection.</p>		

<p>Area for improvement 2</p> <p>Ref: Standard 46</p> <p>Stated: First time</p>	<p>The registered person shall ensure that any notices displayed around the home are laminated to allow them to be cleaned properly.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Several notices were observed throughout the home which were not laminated and therefore could be effectively cleaned. This area for improvement has not been met and is stated for a second time.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patients are assisted to change their position in accordance with the frequency identified in their care plan.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of completed repositioning charts evidenced that this area for improvement has been met.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 23.5</p> <p>Stated: First time</p>	<p>The registered person shall ensure that pressure relieving mattresses which required the setting to be completed manually are set accurately.</p> <p>Systems to ensure that correct setting is maintained must be implemented.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of mattress setting evidenced that they were not consistently set accurately. Whilst a system had been implemented to check the setting it was not effective in ensuring mattresses were set accurately. This area for improvement had not been met and is now stated for a second time.</p>		

Area for improvement 5 Ref: Standard 44.8 Stated: First time	The registered person shall ensure that scales are calibrated regularly to check their accuracy.	Met
	Action taken as confirmed during the inspection: A review of service records evidenced that the scales had been calibrated. The manager confirmed that arrangements to ensure that scales are calibrated 6 monthly were in place. There were also local arrangements in place for staff to calibrate the scales as required. This area for improvement has been met.	
Area for improvement 6 Ref: Standard 35 Stated: First time	The registered person shall ensure that that auditing processes include a re-audit of any deficits identified to ensure the required improvements are made.	Not met
	Action taken as confirmed during the inspection: A review of the records of audit evidenced an inconsistent approach to re-audit to drive the improvement needed. This area for improvement has not been met and is stated for a second time.	

6.0 Inspection findings

6.1 Medicines Management

6.1.1. Personal medication records and associated care plans

Patients in nursing homes should be registered with a general medical practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs may change and therefore their medicines should be regularly monitored and reviewed. This may be done by the GP or the pharmacist.

All patients in the home were registered with local GPs and medicines were reviewed and dispensed by the community pharmacist.

Personal medication records were in place for each patient. These contained a list of all 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 e.g. medication reviews, transfers to hospital. With one exception, these records had been fully

and accurately completed. In line with best practice, a second member of staff checked and signed these records when they are updated to provide a double check that they were accurate.

The records of three patients prescribed a medicine for administration on a “when required” basis for the management of distressed reactions were examined. These could not be provided during the inspection; however the registered manager advised by telephone on 12 October 2020 that they were in place. She further advised that all patients prescribed a medicine for administration on a “when required” basis had a behavioural management care plan in place.

Satisfactory systems were in place for the management of pain and thickening agents.

6.1.2 Medicine storage and record keeping

Medicines must be available to ensure that they are administered to patients as prescribed and when they require them. It is important that they are stored safely and securely and disposed of promptly so that there is no unauthorised access.

The records inspected showed that medicines were available for administration when patients required them. There were now new processes in place since the last inspection to ensure that patients did not run out of medicines and this had been effective. The registered manager advised that there was a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

On arrival at the home the medicines storage area was observed to be securely locked. It was tidy and organised so that medicines belonging to each patient could be easily located. The medicines currently in use were stored within medicine trolleys that were also securely stored so that there could be no unauthorised access. Controlled drugs were stored in the controlled drug cabinet. When medicines needed to be stored at a colder temperature, they were stored within the medicines refrigerator and the temperature of this refrigerator was monitored.

In use insulin pens and some overstock insulin pens in the medicine refrigerator were not appropriately labelled. Four in use insulin pens did not have the date of opening recorded. This medicine has a short shelf-life once opened and, therefore, the date of opening must be recorded to ensure that the pen is disposed of once the expiry date is reached. One of these pens did not have the patient’s name on it. Sixteen insulin pens in the refrigerator were not labelled with the patient’s name (more than one patient is prescribed this medicine). Insulin pens must be labelled with the patient’s name and date of opening. This was included in the Failure to Comply Notice.

Medicines disposal was discussed with the deputy manager. Medicines were returned to the community pharmacy regularly and were not allowed to accumulate in the home. Disposal of medicine records were examined and had been completed so that all medicines could be accounted for.

6.1.3 Administration of medicines

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. Within the home, a record of the administration of medicines is completed on pre-printed medicine administration records (MARs) when medicines are administered to a patient.

Of approximately 75 audits that were carried out, 12 had significant discrepancies. This indicated that the patients may not be getting their medicines as prescribed. This is essential to ensure that the health and welfare of patients is not being compromised. Some of these medicines were prescribed for the treatment of diabetes, dementia and heart circulatory problems. Medicines must be administered to patients in strict accordance with the prescribers' instructions. This was included in the Failure to Comply Notice.

Reviewing the auditing arrangements to ensure that there are robust governance arrangements for the management of medicines and the non-administration of medicines to patients had been identified during the previous two inspections, on 4 December 2018 and 12 March 2020, and areas for improvement had been stated in the Quality Improvement Plans resulting from these inspections. These issues were also discussed during an Intention to serve two Failure to Comply Notices Meeting held with the registered provider and registered manager on 20 March 2020. It is concerning that these issues have not been effectively addressed. A robust auditing system must be implemented to quality assure the management of medicines. Monitoring reports completed under Regulation 29 must be effective in highlighting any shortfalls in the management of medicines. This was included in the Failure to Comply Notice.

6.1.4 Management of medicines on admission/re-admission to the home

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.

We reviewed the management of medicines for two patients who had been admitted to the home. For one of these patients, a hospital discharge letter had been received. However, whenever the other patient was admitted from their own home, medicines were not confirmed with the GP and receipts were not recorded. Also, for one patient who was prescribed a medicine while at hospital, the personal medication record and MAR sheet had not been updated, and still stated the previous medicine that was prescribed. The nurses continued to sign the MAR sheet to indicate that the previous medicine was administered. A robust process must be in place for the management of patients' medicines as part of the admission and readmission process. This was included in the Failure to Comply Notice.

6.1.5 Medicine related incidents

Occasionally medicines incidents occur within homes. It is important that there are systems in place that 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.

There had been several medication related incidents identified since the last medicines management inspection. There was evidence that the incidents had been investigated and learning had been shared with staff. The incidents had been reported to the prescribers for guidance and to the appropriate authorities including RQIA.

6.1.6 Medicines management training

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that staff are supported.

Staff in the home had received a structured induction which included medicines management when that forms part of their role. Competency had been assessed following induction and annually thereafter. A written record was completed for induction and competency assessments. However, the observations made during this inspection indicated that further training and competency assessment on the management of medicines must be completed for all staff with responsibility for managing medicines. This was included in the Failure to Comply Notice.

6.2.1 Staffing

A system was in place to identify appropriate staffing levels to meet the needs of the patients. A review of the staffing rota for the period 14 September – 11 October 2020 confirmed that the planned staffing for care staff was generally adhered to; where staff had reported sick reasonable steps were taken to replace them. The planned staffing for registered nurses was not consistently provided which, at times, resulted in the registered manager supporting the nurse on duty by undertaking nursing tasks. We were concerned, given the deficits identified with the management of medicines that these working arrangements were impacting negatively on the manager's monitoring and oversight of the management of medicines. The planned staffing for registered nurses must be consistently provided to ensure that the registered manager has sufficient time to monitor and oversee the management of medicines. This was included in the Failure to Comply Notice.

Patients told us they were happy and that staff attended to them promptly. They said:

"The girls are like friends."

"The nurses are great."

"The staff are very attentive."

Staff spoken with displayed commitment and empathy towards the patients; they had a good knowledge and understanding of patients' individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the current COVID 19 pandemic on staff, patients and relatives. Staff spoken with told us that teamwork was good; no concerns were expressed regarding staffing levels.

We provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not available during the inspection. No responses were received.

6.2.2. Care delivery

We arrived in the home mid-morning. The majority of patients were being cared for in the lounge areas or, in accordance with their personal choice, their individual bedrooms. Patients were warm, comfortable and well dressed with obvious attention paid to their personal appearance. They were generally content and settled in their surroundings.

Patients spoken with told us that they were well looked after and felt safe and comfortable in the home. One patient told us:

“We are all safe here, keeping our spirits up.”

We discussed the arrangements for visiting with the manager who explained that due to the increased transmission of Covid 19 in the local area visiting indoors had been suspended from 28 September 2020. The manager confirmed that this decision was being kept under review. Separate arrangements were in place for patients to be visited by relatives when they reach end of life care. Systems such as video calls and regular telephone calls to ensure good communications between the home, patient and their relatives were also in place. The manager explained that, to date, relatives were supportive of the management of visiting and keeping in touch with the patients.

The home had received numerous letters and cards of support throughout the current pandemic. The following are examples of some of the comments recorded in these letters and cards:

“Words cannot express our gratitude to you all for the care and compassion you gave to our mumyour team work shone through in everyones positive and professional attitude.”

“Everyone at Kings Castle – just a note to show my apprecuare for all you are doing to keep myand all other residents safe and well looked after.”

6.2.3 Care records

A range of assessments, to identify each patient’s needs, were completed on admission to the home; from these assessments care plans to direct the care and interventions required were produced. Other healthcare professionals, for example speech and language therapists (SALT), dieticians, physiotherapists and occupational therapists (OT) also completed assessments as required. The outcomes of these assessments were available in the patients’ notes.

Staff were well informed with regard to patients’ needs, what areas patients were independent with and the level of assistance they required in daily life.

Arrangements were in place to identify patients who are unable to mobilise or move independently and are therefore at greater risk of skin breakdown. A review of records confirmed that staff assisted the patient to change their position regularly. Pressure relieving care was recorded on repositioning charts. These charts consistently evidence that the patients were assisted by staff to change their position regularly.

A number of patients were being nursed in bed. Some patients had pressure relieving mattresses in place which required to be set manually. An area for improvement was identified as a result of the previous inspection to implement systems to ensure that mattresses are accurately set. As discussed this area for improvement has not been met and is now stated for a second time.

6.2.4 Infection prevention and control (IPC) measures

On arrival to the home we were met by a member of staff who recorded our temperature and asked us to complete a health declaration form; hand sanitiser and PPE were available at the entrance to the home. Signage had also been placed at the entrance to the home which provided advice and information about Covid-19. Staff and patient temperatures were being checked and recorded a minimum of twice daily. The home were part of the national COVID-19 screening programme for care homes with staff being tested every two weeks and patients being tested monthly.

We found that there was an adequate supply of PPE and no issues were raised by staff regarding the supply and availability of PPE. Staff spoken with were knowledgeable of the correct use of PPE, wore face masks appropriately and were observed applying and removing PPE correctly. Staff washed and sanitised their hands as required. There were numerous laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE. During the previous inspection an area for improvement was made to address the issue of notices which were displayed and not laminated; this issue had not been addressed and the area for improvement is now stated for a second time.

6.2.5. Environment

The atmosphere in the home was relaxed and well organised. The environment was warm and comfortable and provided homely surroundings for the patients. The home was clean and fresh smelling throughout. Staff confirmed that enhanced cleaning arrangements were in place and included a daily schedule for the cleaning of touchpoints such as door handles, light switches and hand rails. Domestic staff were knowledgeable of the management of the cleaning of the bedrooms where patients were self-isolating.

6.2.6 Leadership and governance

There have been no changes to the management arrangements since the previous inspection. The manager continues to be well supported by the deputy manager and the responsible person.

A number of audits were completed on a monthly basis to ensure the safe and effective delivery of care. For example hand hygiene and environmental audits were completed regularly. However where full compliance was not achieved there was no explanation or action plan to address the deficits. As a result of the previous inspection an area for improvement was made to ensure that the auditing processes include a re-audit of any deficits identified to ensure the required improvements are made. This improvement has not been met and is now stated for a second time. The audit of medicines has been discussed in section 6.1 with the need for significant improvements identified.

Monthly visits required to be undertaken to review the quality of the services were completed. Following the previous inspection an area for improvement was identified with respect to reviewing the manner in which monthly visits were conducted. As discussed, whilst improvements had been made to how the visits were conducted, further improvements were required to ensure that they are effective in monitoring the quality of the service provided. This

area for improvement is now stated for a second time. The monitoring of medicines in the monthly visits has been discussed in section 6.1. and included in the Failure to Comply Notice.

Areas of good practice

On the day of the inspection, we observed that patients appeared comfortable, and that staff treated them with kindness and compassion. The staff were timely in responding to patients' individual needs. PPE was appropriately worn by staff.

Areas for improvement

No new areas for improvement were identified as a result of this inspection.

7.0 Evaluation of Inspection

This inspection sought to assess if the home was delivering safe, effective and compassionate care and if the service was well led.

The outcome of this inspection concluded that serious concerns were identified regarding the overall governance arrangements and medicines management within the home. These deficits had the potential to impact on the quality of care delivered in the home.

We would like to thank the patients and staff for their assistance throughout the inspection.

8.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Mr Gerry Ward, Responsible individual, Mrs Wendy Minnis, Registered Manager and Mrs Mary Peake, Deputy 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.

8.1 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes (2015)

8.2 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 the 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 29(4)(a)(b) and (c)</p> <p>Stated: Second time</p> <p>To be completed by: 5 November 2020</p>	<p>The registered person shall ensure that the current approach to the monthly visits and the overall quality of the reports produced for the monthly monitoring visit should be reviewed to ensure the processes are effective in monitoring the quality of the service provided.</p> <p>Ref 5.0</p>
	<p>Response by registered person detailing the actions taken: An HR and Office Manager has been employed and will assist the RI in completing this monthly process to ensure that it is effective in monitoring the quality of the service provided.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes (2015)

<p>Area for improvement 1</p> <p>Ref: Standard 46</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that any notices displayed around the home are laminated to allow them to be cleaned properly.</p> <p>Ref 5.0</p>
	<p>Response by registered person detailing the actions taken: All notices around the home have been laminated to facilitate cleaning and those no longer required have been removed..</p>
<p>Area for improvement 2</p> <p>Ref: Standard 23.5</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that pressure relieving mattresses which required the setting to be completed manually are set accurately.</p> <p>Systems to ensure that correct setting is maintained must be implemented.</p> <p>Ref 5.0</p>
	<p>Response by registered person detailing the actions taken: All pressure relieving Mattresses are monitored to ensure that all settings are reflective of the patients weight and an weekly audit completed on same..</p>

<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that that auditing processes include a re-audit of any deficits identified to ensure the required improvements are made.</p> <p>Ref 5.0</p>
<p>To be completed by: Immediate from the date of the inspection</p>	<p>Response by registered person detailing the actions taken: All audits were applicable now has the facility to re-audit were any deficits have been identified to indicate the appropriate actions taken to make improvements.</p>

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



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