



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 12 March 2020



## Kings Castle

**Type of Service: Nursing Home**  
**Address: Kildare Street, Ardglass, BT30 7TR**  
**Tel No: 028 4484 2065**  
**Inspector: Sharon McKnight and Nora Curran**

[www.rqia.org.uk](http://www.rqia.org.uk)

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

### 3.0 Service details

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

### 4.0 Inspection summary

An unannounced inspection took place on 12 March 2020 from 09:35 hours to 17.10 hours.

The term 'patient' is used to describe those living in Kings Castle which provides both nursing and residential care.

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

Areas for improvement in respect of previous pharmacy inspections have also been reviewed and validated as required.

The outcome of this inspection identified concerns regarding the overall governance arrangements and medicines management within the home. Review of medicine administration records indicated that five patients sampled had been without one or more doses of their prescribed medicines within the last 28 days. Due to ineffective audit processes there was a failure to identify and drive improvement in relation to the management of medicines. We found that patients had not received their medicines as prescribed; this is essential to ensure that their health and welfare is not being compromised.

As a consequence of our findings, 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 regards to patients' health and welfare and governance arrangements.

The meeting was attended by Gerry Ward, responsible individual, Wendy Minnis, Registered Manager and Mary Peake, deputy manager. 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. A further inspection will be undertaken to monitor and review the quality of service provided in Kings Castle and to assess compliance with these regulations.

With regard to the inspection of care delivery evidence of good practice was found in relation to provision and training of staff and their attentiveness to patients. The environment was clean, fresh and safely managed.

There were examples of good practice found throughout the inspection in relation to the management of falls, patients' nutritional needs and the dining experience. Patients were attended to by their GP and other healthcare professionals as they required. Staff were well informed of the needs of the patients.

The daily routine supported patient choice, dignity and privacy and there were monthly audits in place to review the services delivered.

The following areas were identified for improvement in relation to laminating posters, assisting patients with changing their position, the setting of pressure relieving equipment and the calibration of scales. Improvements are required with the overall quality of the reports produced for the monthly monitoring visits to ensure the processes are effective in monitoring the quality of the service provided.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	3*	6*

\*The total number of areas for improvement includes one under regulation and one under standards which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Wendy Miniss, registered manager and Mary Peake, deputy 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.

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.

## 4.2 Action/enforcement taken following the most recent inspection dated 30 July 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 30 July 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

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

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' 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.

A lay assessor was present during this inspection and their comments are included within this report. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. Comments received by the lay assessor are included within this report.

The following records were examined during the inspection:

- duty rota for all staff
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- four patient care records

- four patient care charts including food and fluid intake charts and reposition charts
- records of medicines requested and received
- personal medication records
- medicine administration records
- a sample of governance audits and audit arrangements, including medicines management
- complaints record
- compliments received
- records of staff and relative meetings
- a sample of monthly monitoring reports completed by the registered provider
- fire safety records
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 previous inspection(s)

Areas for improvement from the last care inspection		
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 27 (d) (i) <b>Stated:</b> First time	The registered person shall ensure that the practice of propping/wedging open doors cease with immediate effect.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> No doors were observed to be propped or wedged open during the inspection.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. A more robust system to be in place to ensure compliance with best practice on infection prevention and control.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> During the inspection staff were observed to practice appropriate infection prevention and control measures.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that doors leading to rooms which have the potential to contain a hazard to patients remain locked at all times when not in official use.</p> <hr/> <p>All doors leading to hazardous materials were observed to be closed and locked at time of inspection</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 35.6</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> <li>• any deficits identified as result of monthly fire checks are accurately recorded.</li> <li>• The registered persons must demonstrate oversight of monthly fire checks to ensure that identified deficits are addressed in a timely manner.</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Records indicated that actions were taken to address deficits and that there was management oversight.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that nutritional assessments are completed monthly or more often as required in accordance with individual need.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Four patient records were reviewed and found to have nutritional assessments completed at least monthly.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that medicine trolleys are secured to a fixed point when not in use.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Medicine trolleys were observed to be secured appropriately during the inspection.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review the provision of activities in the home to ensure they are meaningful to all the patients who wish to be involved.</p>	<p><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b> Patients were observed to enjoy activities during the inspection and the lay assessor reported positive feedback from patients about activities.</p>	
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<b>Areas for improvement from the last medicines management inspection</b>		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time</p>	<p>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.</p>	<b>Not met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Medicine records showed that several patients did not receive their medicines as prescribed on a number of occasions. This area for improvement has now been stated for a second time. This issue is further discussed in section 6.3.</p>	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b> <b>Ref:</b> Standard 28 <b>Stated:</b> 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>	<b>Not met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Auditing arrangements in place at the time of the inspection were identified as not being robust enough to ensure effective medicines management. This area for improvement has now been stated for a second time. This issue is further discussed in section 6.3 &amp; 6.6.</p>	



## 6.2 Inspection findings

### 6.3 Is care safe?

#### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered manager confirmed the planned daily staffing levels for the home. A review of duty rotas from week beginning 2 March 2020 evidenced that staffing levels were adhered to. In addition to nursing and care staff, this review confirmed the adequate provision of administrative, catering, domestic, laundry and maintenance staff. No concerns regarding staffing provision were raised during discussions with staff, patients or relatives. It was noted that the duty rotas did not always display the first and surname of each member of staff. This was discussed with the manager and will be reviewed at the next inspection.

We discussed the recruitment of staff with the registered manager and reviewed the recruitment records. The records confirmed that the appropriate checks had been completed with applicants to ensure they were suitable to work with older people. Newly appointed staff completed a structured induction to enable them to get to know the patients, working practices and the routine of the home.

Staff providing care in a nursing home are required to be registered with a regulatory body. For nurses this is the Nursing and Midwifery Council (NMC) and for care staff it is the Northern Ireland Social Care Council (NISCC). The manager is responsible for monitoring that all staff are registered appropriately. We observed that checks were being completed monthly.

An overview of training records showed that there was good compliance with mandatory topics such as adult safeguarding, infection prevention and control, manual handling and health and safety. During discussions staff were able to demonstrate their roles and responsibilities with regards to safeguarding patients and the reporting process for any concerns relating to patient care. The manager also confirmed that the majority of staff had completed training on the Mental Capacity Act (NI) 2016 and deprivation of liberty safeguards commensurate to their role. The manager and deputy had also completed training up to the recommended level.

Assessments to identify patients' needs were completed at the time of admission to the home and were reviewed regularly. Where a risk to a patient was identified, for example a risk of falls or poor nutrition, a plan of care to minimise each risk was put in place. We observed that some patients had bedrails erected or alarm mats in place; whilst this equipment had the potential to restrict patients' freedom we were satisfied that these practices were the least restrictive possible and used in the patient's best interest. Patients, where possible, their relatives and the healthcare professionals from the relevant health and social care trust were all informed of the decision to use restrictive practice.

If a patient had an accident a report was completed at the time of the accident. Following a fall a post falls review was completed to ensure the care plan continued to meet the needs of the patient; any changes required to the care plan were made accordingly.

Staff were observed to practice good hand hygiene standards and appropriately use the personal protective equipment (PPE) provided by the home.

Alcohol hand gel was supplied at key locations around the home, staff were observed to encourage and guide patients to avail of hand hygiene facilities as part of their protection against the threat of COVID 19.

The environment in the home was warm and comfortable and provided homely surroundings for the patients and those that visit them. The home was clean and fresh smelling throughout. It was noted that multiple notices on display around the home were not laminated making it difficult for them to be cleaned properly. This was identified as an area for improvement.

### **Management of Medicines**

A review of the medication administration records indicated that medicines for five patients had been unavailable for administration for between three and six days since the commencement of the current medication cycle (14 February 2020). Insufficient action had been taken to resolve the issues regarding stock. Systems must be in place to ensure that patients have a continuous supply of their prescribed medicines. This was identified as an area for improvement as a result of the previous medicine management inspection and is now stated for a second time.

The omission of prescribed medicines due to stock control issues had not been identified as a medication related issue which should be reported to the prescriber, patient, care manager and RQIA. An area for improvement was identified. (See also Section 6.6).

The findings of this inspection indicated that the auditing and governance arrangements were not effective in identifying shortfalls in the management of medicines and implementing action plans to drive and sustain improvement. This was identified as an area for improvement as a result of the previous medicines management inspection and is now stated for a second time.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, recruitment, induction and training of staff, and NMC and NISCC monitoring. Further good practice was observed in staffs' guidance and support to patients and visitors in relation to covid19 safeguards.

### **Areas for improvement**

The following areas were identified for improvement in relation to the governance and auditing arrangements for stock control of medicines, medicines auditing processes and the use of non-laminated notices.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	1

## 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

We spoke with patients individually all of whom were happy in the home. Records evidenced that staff arranged visits from healthcare professionals as required, for example GPs, podiatry, opticians and dentists as needed. If patients were required to attend hospital appointments the staff made the necessary arrangements for them to attend.

Patient care was discussed at the beginning of each shift in the handover report. All of the staff spoken with were knowledgeable of individual patient need and of each patients routine for that day.

As previously discussed a range of assessments, to identify each patient's needs, were completed on admission to the home. We reviewed the management of skin care and wounds, nutrition and falls management.

Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. Care plans were in place for patients assessed at risk of skin breakdown. Pressure relieving care was recorded on repositioning charts. Whilst these charts evidenced that the patients were assisted to change their position regularly the frequency with which they were assisted was not always in accordance with the care plan. This was identified as an area for improvement. We observed two patients who had airflow mattress in place to help with pressure relief; these were not referenced in the care plan; this was discussed with the manager who agreed to address the issue.

A number of patients had pressure relieving mattresses in place which required to be set manually – a number were not set accurately in accordance with the patients weight. Systems to ensure that correct setting is maintained must be implemented. An area for improvement has been made.

We discussed systems in place with regard to wound prevention and care. The manager explained that there were currently no wounds in the home which required dressings to be applied. Relevant wound care documentation was available in the home for use as needed. We discussed the importance of ensuring that when wounds have healed the relevant care plans are discontinued.

Patients' nutritional needs were identified through assessment and care plans, detailing the support patients need to meet their nutritional needs. Patient's weights were kept under review and checked monthly to identify any patient who had lost weight. We noted in one care record the patient was recorded as having lost an excessive amounts of weight, in excess of 13kgs, from the previous month. Staff were of the opinion the readings were inaccurate, however there was no evidence that the scales were calibrated regularly to check their accuracy. This was identified as an area for improvement. Care records evidenced that patients with weight loss were discussed monthly with the South Eastern Health and Social Care Trust (SEHSCT).

We reviewed the prevention and management of falls. Care records evidenced that a post fall review was completed within 24 hours of the patient sustaining a fall to identify the possible reason for the fall and take any preventative action necessary.

We reviewed the accident book and can confirm that recorded accidents were appropriately managed with medical advice sought as required.

Lunch was served in the dining room on the ground floor. Patients had the choice of coming to the dining room or having their meals brought to them on a tray. The dining room tables were nicely set. Patients told us the food was good and that there was always choice and plenty to eat. There was a relaxed atmosphere in the dining rooms during lunch and the tables were nicely set with cutlery and a choice of condiments. Staff were present in the dining rooms to ensure that the patients were happy with their meal, to remind and encourage the patients to eat and to provide assistance to those patients who required help with their meal. We met with the chef who spoke passionately about the menu and the importance of nutrition and the pleasure good food can bring to patients. The chef was very familiar with the patients and their individual likes and preferences.

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. Staff encouraged choice and independence. Staff used their knowledge of individual patient's likes and dislikes to support them with decision making, if required. Staff worked well as a team and reported that there were good relations between differing roles within the team.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the management of falls, patients' nutritional needs and the dining experience. Patients were attended to by their GP and other healthcare professionals as they required. Staff were well informed of the needs of the patients.

**Areas for improvement**

The following areas were identified for improvement in relation to assisting patients with changing their position, the setting of pressure relieving equipment and the calibration of scales.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

**6.5 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Patients were present in the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs.

We spoke with eleven patients individually. Patients confirmed that they were supported to make daily choices; for example where to spend their day, have their meals and what time they liked to go to bed. They said:

- “Staff are very good – always ready to help.”
- “Everyone is very obliging.”
- “Staff are excellent, couldn't be better.”

“It’s like home and being with family.”

As previously discussed we provided questionnaires in an attempt to gain the views of relatives, and staff who were not available during the inspection; unfortunately there were no responses received.

The views and opinions of patients and their relatives are sought formally by the home annually through individual satisfaction surveys. Relatives meeting were also held; the last relatives meeting took place in November 2019. The agenda was available and records evidenced that nine relatives were in attendance, there was no record of the issues discussed or opinions provided by relatives. This was discussed with the manager and the records of relatives meetings will be reviewed again at the next inspection.

The home has received numerous compliments, mainly in the form of thank you cards. The most recent cards were displayed throughout the home for patients and visitors to see. These are some of the comments included:

“Words cannot express our gratitude for the loving and professional care extended to... during her stay.”

“Thank you for all the care and love you provided and the support you gave to us in his final days.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to patient choice, dignity and privacy of patients and taking account of the views of relatives.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>0</b>

**6.6 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

There are stable management arrangements in the home. The manager, who has responsibility for the day to day operation of the home, has been in post since 2016. She is supported in her role by a deputy manager who was available throughout the inspection. The responsible individual is available in the home regularly and provides day to day support as needed. Patients and staff reported that the manager was very approachable and available to speak to when needed.

The manager reviews the services delivered by completing a range of monthly audits. Areas audited included the environment, medications, care records and accidents and incidents.

It was also noted that where actions were identified to address deficits there was no evidence of re-auditing to ensure the improvements were made. This was identified as an area for improvement.

As previously discussed in section 6.3 improvements are also required with the auditing of medicines and implementation of action plans to drive and sustain improvement.

A review of completed accident reports in the home evidenced that RQIA were appropriately notified. However, as detailed in Section 6.3, the omission of prescribed medicines due to stock control issues had not been identified as a medication related issue and therefore had not been reported to RQIA; an area for improvement was made.

The owner of the home is required to check the quality of the services provided in the home. A monthly visit was completed by the owner and the manager. The reports of these visits included the views of patients, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment. The reports were available in the home. The current process was not effective in identifying deficits in the service, for example the medication issues. 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. This was identified as an area for improvement.

A complaints procedure was available in the home and provided advice on how to make a complaint, the timescales involved and what to do if you were unhappy with the response provided by the home. Records were available of any complaints received. The records included the detail of the complaint, the outcome of any investigations, the action taken and if the complainant was satisfied with the response and outcome to their complaint.

Examples of compliments received have been provided in section 6.5 of this report.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the stable management arrangements in the home, the management of complaints and maintaining good working relationships.

### **Areas for improvement**

Area for improvement was identified in relation to the current approach to the monthly visits and the overall quality of the reports and the auditing process.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	<b>1</b>	<b>1</b>

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Wendy Miniss, registered manager and 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.

## 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate from the day of inspection</p>	<p>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.</p> <p>Ref 6.1</p> <p><b>Response by registered person detailing the actions taken:</b> We have introduce a new auditing system into the home, this is reviewed closely to ensure that patients all received their medications at the correct time and do not miss any dose's. This is currently working well and was implemented imediately.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 30(1)(d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the day of inspection</p>	<p>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.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> We have intriduced a new system within the home to ensure that all medications are ordered appropriately and in a timely manner, this appears to be working well and was introduced promptly following the inspection.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 29(4)(a)(b) and (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 9 April 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: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> The monthly visit report is currently a more detailed and thorough inspection, with increased details and direction under a more effective way.</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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> Second 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><b>Ref 6.1 &amp; 6.6</b></p>
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<p><b>To be completed by:</b> Immediate from the day of inspection</p>	<p><b>Response by registered person detailing the actions taken:</b> A more detailed and enhanced audit process has been implemented into the home and appears to working effectively.</p>
<p><b>Area for improvement 2</b>  Ref: Standard 46  <b>Stated:</b> First time  <b>To be completed by:</b>  19 March 2020</p>	<p>The registered person shall ensure that any notices displayed around the home are laminated to allow them to be cleaned properly.  Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> All notices are now laminated to enable easy cleaning.</p>
<p><b>Area for improvement 3</b>  Ref: Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the day of the inspection</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.  Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> All care plans have been reviewed to ensure that they are reflective of the patients needs, New repositioning charts have also been implemented reflecting each patients current needs.</p>
<p><b>Area for improvement 4</b>  Ref: Standard 23.5  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the day 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.  Systems to ensure that correct setting is maintained must be implemented.  Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Patients repositing charts now have an allocated section on them were staff are remind and can confirm that they have checked the pressure of the mattress.</p>
<p><b>Area for improvement 5</b>  Ref: Standard 44.8  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the day of the inspection</p>	<p>The registered person shall ensure that scales are calibrated regularly to check their accuracy.  Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Scales continue to calibrated as per manufactures recommendations and as needed if there are any concerns wth the reading of the patients weights.</p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First 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: 6.6</p>
<p><b>To be completed by:</b> 9 April 2020</p>	<p><b>Response by registered person detailing the actions taken:</b> A re-audit is now completed following audits were recommendations or actions are required.</p>

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



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