



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 25 and 29 July 2019



Lecale Lodge

Type of Service: Nursing Home

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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.

1.0 What we look for



2.0 Profile of service

This is a nursing home which is registered to provide care for up to 41 patients with a range of healthcare needs, as detailed in Section 3.0. The home is divided into three units located across two floors. The ground floor is composed of the Quoile and Slieve Patrick units in which care is given to patients living with mental health needs. The Nendrum unit is located on the first floor in which nursing care is provided to frail elderly patients. The Nendrum unit sits adjacent to Lecale Lodge residential home (the 'Cara' unit).

3.0 Service details

<p>Organisation/Registered Provider: Four Seasons Health Care</p> <p>Responsible Individual: Dr Maureen Claire Royston</p>	<p>Registered Manager and date registered: Ms Paula Mary Smyth, registration pending</p>
<p>Person in charge at the time of inspection: Ms Paula Mary Smyth was in charge on both days of the inspection.</p>	<p>Number of registered places: 41</p> <p>This number includes a maximum of 25 patients in category NH-MP/MP(E).</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. 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: Day 1: 38 patients Day 2: 40 patients</p>

4.0 Inspection summary

An unannounced inspection took place on 25 July 2019 from 10.20 to 15.40 and 29 July 2019 from 09.45 to 17.00. The inspection was undertaken by the care, finance and pharmacy inspectors.

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 Care Standards for Nursing Homes, 2015.

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

Evidence of good practice was found in relation to: the standard of maintenance of the personal medication records, the management of medicines on admission and the management of pain, staff training and monitoring the professional registration of staff. Further areas of good practice were noted in regard to: wound care, mouth care, nutritional care, staff communication, and management of distressed reactions, the provision of activities, monthly monitoring reports and quality assurance by the manager.

Three areas for improvement were identified in relation to the management of medication changes, the management of medicines which are prescribed to be administered 'when required' for distressed reactions and the cold storage of medicines. Six further areas for improvement were also highlighted in regard to the management of finances.

Patients described living in the home in positive terms. One patient stated, "The girls (staff) are good." Another patient told us: "The staff look after me well."

Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others/with staff.

Comments received from patients, people who visit them, visiting professionals 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
Total number of areas for improvement	4	5

Details of the Quality Improvement Plan (QIP) were discussed with Ms Paula Smyth, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 6 November 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 6 November 2018. 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, registration information, and any other written or verbal information received, for example serious adverse incidents.

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 poster indicating that an inspection was taking place was displayed at the entrance to the home.

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

- staff training records for the period 2019/20
- accident and incident records
- four patients' care records including relevant supplementary wound care/nutritional care records
- a selection of governance audits
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- management of medicines on admission and medication changes
- staff training and competency with regards to medicines management
- personal medication records, medicine administration records, medicines requested, received and transferred/disposed
- management of medicines on admission and medication changes
- management of controlled drugs, antibiotics, insulin and the administration of medicines via the enteral route
- care planning in relation to distressed reactions, pain and thickening agents
- medicine management audits
- storage of medicines
- stock control

Areas for improvement identified at the last care, pharmacy and finance inspections were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the manager 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
Area for improvement 1 Ref: Regulation 14 (2) (a)(c) Stated: First time	The registered person shall ensure that chemicals are stored in keeping with COSHH regulations.	Met
	Action taken as confirmed during the inspection: Observation of the environment provided assurance that cleaning chemicals were stored in keeping with COSHH regulations. Two areas were identified in which substances had to be secured and this was rectified immediately by the manager.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.	Met
	Action taken as confirmed during the inspection: Review of the environment confirmed that these areas for improvement were either being or had been addressed.	
Area for improvement 3 Ref: Regulation 12 (1) (a)(b) Stated: First time	The registered person shall ensure the following in relation to the provision of enteral care for all patients: <ul style="list-style-type: none"> • that care plan(s) are in place which accurately describe the assessed needs of patients • that all related supplementary records accurately reflect the current enteral regimen • that all out of date enteral feeding documentation is archived in a timely manner 	Met

	<p>Action taken as confirmed during the inspection: This area for improvement was met and is discussed further in Section 6.4.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 44 Stated: First time</p>	<p>The registered person shall ensure that all rooms within the home are safe, well maintained and remain suitable for their stated purpose. This relates specifically to the identified hairdressing salon.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of the environment confirmed that the hairdressing room identified during the previous care inspection was now being used as a staff room. This area for improvement no longer applies.</p>	
<p>Area for improvement 2 Ref: Standard 4 Stated: First time</p>	<p>The registered person shall ensure the following in relation to the management of patients requiring a modified diet:</p> <ul style="list-style-type: none"> • that dietary care plan(s) and related risk assessments are completed in a timely manner • that all related supplementary records are shared with kitchen staff (for ongoing reference by kitchen staff) in a timely manner 	Met
	<p>Action taken as confirmed during the inspection: This area for improvement was met and is discussed further in Section 6.4.</p>	
<p>Area for improvement 3 Ref: Standard 4 Stated: First time</p>	<p>The registered person shall ensure that a robust system is in place for the provision of oral care to patients. Such care delivery should be documented by staff in an accurate and contemporaneous manner at all times.</p>	Met
	<p>Action taken as confirmed during the inspection: This area for improvement was met and is discussed further in Section 6.4.</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.

Upon arrival to the home we were greeted by several patients throughout each of the three units visited. A number of patients enthusiastically greeted the inspectors within each unit and appeared relaxed and settled within their environment. Due to the assessed needs of patients within both the Quoile and Slieve Patrick units, access and egress to these units is via a doorway secured by means of an electronic keypad.

Staffing levels within the home were discussed and reviewed with the manager who confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. No patients or staff expressed any concerns in regard to staffing levels.

We were told by staff that they received regular mandatory training to ensure they knew how to provide the right care. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home. Staff described the support they received from the manager in enthusiastic terms; one staff member told us that they had “better access to training with the new manager.”

The way in which staff are supported in their roles was considered. A review of supervision and appraisal records for staff highlighted that this was overdue for some staff. However, the manager explained that these were overdue upon her commencement in post and that she was now addressing the matter by focusing on specific teams within the home. Feedback from the manager provided assurance that a robust system was now in place for such staff support. This will be reviewed at a future care inspection.

A review of governance records provided assurance that all notifiable incidents had been reported to the Regulation and Quality Improvement Authority (RQIA) as required. It was further noted that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). The manager advised that the home now uses an electronic ‘live’ system (‘Home view’) to monitor the professional registration of staff twice monthly.

Discussion with the manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. Appropriate governance arrangements were in place to ensure that all staff attend adult safeguarding training and have sufficient awareness of the home’s adult safeguarding policy to help ensure that it is embedded into practice. The manager also confirmed that an ‘adult safeguarding champion’ (ASC) was identified for the home. While feedback from the majority of staff who were spoken with provided assurances that they knew how to recognise and respond to any potential incidents of abuse, two staff members did not. This was discussed with the manager who confirmed following the inspection that both staff members would receive additional supervision in this area. The manager also provided an update with regard to two ongoing safeguarding investigations within the home and we were satisfied that the manager was liaising closely with the South Eastern Health and Social Care Trust (SEHSCT) as appropriate.

We observed the interior of the home in addition to some enclosed garden spaces. This included a range of areas such as patients' bedrooms, communal lounges, storage areas and dining rooms. The home was neat, tidy and fresh smelling throughout. Within the Quoile unit we observed an attractive dining area with a 'purple' theme which patients appeared to enjoy. There was a relaxed and friendly atmosphere throughout the unit as we watched patients and staff engage in a casual and spontaneous manner. The unit also provided patients access to an outside secure garden area in which a rabbit hutch was maintained and three raised flower beds were well maintained.

Following this, we then entered the Slieve Patrick unit; this unit encompasses and provides access to the 'Lecale County Club' in which patients can socialise and relax with staff support. The ceiling of one communal bathroom in this unit was noted to be in poor decorative repair. This was highlighted to the manager who confirmed following the inspection that engineers assessed the area after we had left and that the ceiling is due to be replaced by early September 2019. This will be reviewed at a future care inspection. It was also noted that while patients appeared very relaxed in a 'Quiet room' within the County Club area; the room's décor was tired in appearance. The manager confirmed following the inspection that this would be actioned by the end of October 2019.

It was positive to note that within the Slieve Patrick unit, an activity room was available for patient use. This included items such as a stationary exercise bike, pool table, radio and access to an enclosed garden area; within the garden area there was a variety of seating and a smoking area. We did highlight one chair within the activities room to the manager which was in poor repair; following the inspection the manager confirmed that she had made a funding request for 12 new armchairs and to have a number of existing chairs recovered. This will be reviewed at a future care inspection.

We then entered the Nendrum unit on the first floor. While patients appeared relaxed when using the dining area in this part of the home, its décor appeared tired and in need of improvement. There was also a lounge type area adjacent to the dining room which was sparsely decorated for patients. These observations were shared with the manager who agreed that the dining area needed improvement. The manager also confirmed that the underused area is to be developed into a tea bar facility for patients. The manager confirmed her intention to improve the décor of the dining area and this will be reviewed at a future care inspection. In addition, the manager told us that she was awaiting receipt of 16 new bed throws and matching curtains for bedrooms within the Nendrum unit.

With regard to ongoing refurbishment within the home, the manager also advised us that flooring had been replaced in five bedrooms and one lounge as detailed in a previously submitted refurbishment plan to RQIA.

Fire exits and escape routes were observed to be free from clutter throughout the inspection while staff adhered to good fire safety practices. The manager further confirmed that the Northern Ireland Fire and Rescue Service (NIFRS) had visited the home on 24 July 2019 and deemed the home to be 'compliant' with relevant fire safety standards.

Management of Medicines

Satisfactory systems for the following areas of the management of medicines were observed: staff training and competency assessment, the majority of medicine records, the management of the medicines on admission, controlled drugs, the administration of medicines via the enteral route, and care planning in relation to pain and thickening agents.

We reviewed the management of medication changes. Written confirmation of the changes was received and personal medication records and medication records were updated by two nurses. On some occasions, the prescribed medicines remained the same but the dosage directions had changed. A system should be in place to ensure that nurses do not refer to the obsolete directions on medicine labels. A discrepancy in the administration of one medicine following a recent medication change was identified at the inspection. This was discussed with the nurses on duty and the manager was requested to consult the prescriber for advice, and to inform the patient/their representative, RQIA and the Trust. A notification which included the action taken to prevent a recurrence was received by RQIA on 26 July 2019. The manager should review and revise the management of medication changes to ensure that robust systems are in place. Where obsolete directions are recorded on medicine labels a prompt should be in place so that nurses refer to the updated directions on the personal medication records. The personal medication records should be located alongside the medication administration records so that they are used as an integral part of the administration process. An area for improvement was identified.

We reviewed the management of medicines prescribed on a 'when required' basis for the management of distressed reactions. Directions were recorded on the personal medication records and care plans were in place. The reason for and outcome of administration was recorded. For some patients more than one medicine was prescribed and it was not always clear which should be administered first line, second line or third line. For one patient a second line medicine had been administered when the first line medicine had not been administered. There was no reason recorded to explain why this had happened. The manager should review and revised the management of medicines prescribed on a 'when required' basis for the management of distressed reactions to ensure that the records clearly indicate which medicine is to be used first line, second line and third line. An area for improvement was identified.

Two medicines had been out of stock during the current four week cycle resulting in patients missing three doses of one medicine and seven of the second medicine. It was acknowledged that the medicines had been ordered in a timely manner and followed up with the prescribers and pharmacist. The manager was reminded that any ongoing omission of medicines due to supply problems should be reported to RQIA and the Trust.

Satisfactory systems were in place for the management of insulin. Nurses were reminded that the abbreviation 'iu' should not be used on medicine records. This was addressed during the inspection.

It was agreed that all areas identified and discussed for improvement would be included in the manager's audits.

Medicines were safely and securely stored. However, the temperature of the medicines refrigerator in the Slieve Patrick unit was noted to be frequently outside the required range (2°C – 8°C). The consistent readings for the maximum/minimum temperatures in the Nendrum unit indicated that the thermometer was not being reset each day. The room temperature in both rooms had been above 25°C in recent days, it was acknowledged that this was due to the warm weather. The manager should ensure that the medicines refrigerator temperature is accurately monitored and recorded each day. Corrective action should be taken if temperatures outside the required range are observed. An area for improvement was identified.

Areas of good practice

Areas of good practice were identified in relation to the standard of maintenance of the personal medication records, the management of medicines on admission and the management of pain. Further areas of good practice were noted in relation to staff training and monitoring the professional registration of staff.

Areas for improvement

Three areas for improvement were identified in relation to the management of medication changes, the management of medicines which are prescribed to be administered 'when required' for distressed reactions and the cold storage of medicines.

	Regulations	Standards
Total numb of areas for improvement	3	0

6.4 Is care effective?

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

Staff told the inspector that there was effective communication at the commencement of each shift which allowed them to discuss and review the ongoing needs of patients.

Staff who were spoken with stated that that if they had any concerns, they could raise these with their line manager and/or the manager. One staff member told us: "I could definitely speak to the manager." Another staff member stated, "I feel very comfortable here."

A review of patients' care records evidenced that nursing staff regularly engaged with members of the multi-professional team; this included regular contact with professionals such as GPs, tissue viability nurses (TVN), dieticians and speech and language therapists (SALT).

Regular contact with patients' families is also a vital aspect of care delivery. Care records which were viewed demonstrated that staff regularly communicated with patients' families or representatives as they used/reviewed a range of risk assessments to help inform the care being provided.

We reviewed the provision of wound care to patients. The care records for one patient who required ongoing wound care evidenced that a detailed and person centred care plan was in place. Supplementary wound care records also provided assurance that staff regularly dressed the patient's wound in keeping with their assessed needs. It was agreed with the manager that staff should adopt a more consistent approach in relation to where they record wound care delivery.

At times, some patients may require assistance with requiring a modified diet. The care records for one such patient were reviewed and provided assurance that relevant risk assessments, care plans and kitchen records accurately reflected the patient's assessed nutritional needs. The cook told the inspector: "Staff keep me up to date (with patients' nutritional needs) ... they're very good." It was also positive to note that the cook made use of various food moulds in order to make soft/pureed foods more attractive for patients.

The care records for two patients requiring enteral feeding and regular oral care were also reviewed. It was good to note that bespoke supplementary care files were maintained for these patients which included a range of information which would assist staff in providing enteral care. While a care plan accurately reflected recommendations from the attending dietician for one patient, a similar care plan for the second patient was slightly inaccurate. Also, while supplementary records and discussion with staff provided assurance that dietician recommendations were being adhered to for both patients, some aspects of administration records for one patient required updating. It was further noted that a weekly audit of these records by nursing staff had not highlighted these required improvements. These findings were discussed with the manager who agreed to ensure that the highlighted improvements would be addressed immediately following the inspection and closely monitored by herself.

With regard to mouth care, care records confirmed that staff provided this to both patients as needed. It was agreed with the manager that the photocopied quality of mouth care records should be improved.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to wound care, mouth care delivery and nutritional care to patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

Throughout the inspection, staff interactions with patients were observed to be compassionate, timely and caring. Discreet observation of staff highlighted a high level of patient and effective engagement to some patients who were displaying distressed reactions. This is commended.

Staff demonstrated a good knowledge of patients’ wishes, and preferences as identified within the patients’ care plans. Staff were also aware of the requirements regarding patient information and confidentiality.

Discussion with patients and staff evidenced that arrangements were in place to meet patients’ religious and spiritual needs within the home. Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Discussions with staff provided evidence that they considered the manager to be supportive and approachable and they felt confident that they could raise concerns if they arose.

There was evidence of ongoing commitment to person centred formal and informal activities for patients. Staff who were spoken with demonstrated a good awareness of the need to meet patients' needs in a holistic way which values their personal preferences, likes and dislikes. We asked one patient what life was like within the home to which they replied, "I've plenty of friends." Within the Slieve Patrick unit we observed a wall display entitled: 'What we get up to in Slieve Patrick'. This included news about events within the home such as the Lecale Lodge baking club and garden club.

We also had opportunity to speak to a visiting mental health professional who told us: "The manager is a calming influence in the home ... the manager and staff are willing to work with the (SEHSCT) team ... the manager communicates well with me and her team." The professional also informed us that the manager had worked very hard in helping to ensure that the needs of some patients whose needs are "extremely" complex were effectively met. This is commended.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff communication, the management of distressed reactions and the provision of activities.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

Discussion with the manager evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded.

Discussion with staff and patients evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. We discussed the current application to RQIA for registration of the manager and it was agreed that this application would be progressed as soon as possible.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

The home's certificate of registration was clearly displayed and feedback from the manager confirmed that the home was operating within its registered categories of care. A recent application to alter the current conditions of the home's registration was discussed and it will continue to be progressed accordingly.

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. Records confirmed that all complaints were reviewed on a monthly basis by the manager.

A review of records evidenced that monthly monitoring reports were completed. These reports contained detailed and time bound action plans which focused on ongoing quality assurance and service delivery.

A review of records evidenced that robust systems were in place to monitor and report on the quality of nursing and other services provided. It was evident that the manager regularly and consistently audited various aspects of care delivery, such as, housekeeping; the dining experience of patients and food safety.

Management of finances

A sample of patient agreements was reviewed and this identified that three of four patients had a signed written agreement on their files; the remaining patient did not have a signed written agreement in place. An area for improvement was therefore identified to ensure that there is evidence the home have provided each patient or their representative with a written agreement setting out the terms and conditions of their residency in the home. Of the written agreement which were in place these were out of date and had not been updated to reflect the most up to date fee rates for the individual patients. An additional area for improvement was identified to ensure that any changes to a patient's individual agreement are agreed in writing by the patient or their representative.

A review of a sample of patients' personal monies authorisation documents also established that these were not in place for all the patients. This document provides the home with written authority to spend a patient's money on identified goods and services. An area for improvement was made to ensure that home is responsible for managing a resident's finances; written authorisation is obtained from each resident or their representative to spend the patient's personal monies to pre-agreed expenditure limits.

A sample of patients' property records (relating to property in patients' rooms) was selected for review. Each patient had a written record of their property in place, however it was identified that none of the records had been reconciled at quarterly. These records should be reconciled and signed by two people at least every quarter. An area for improvement was made in respect of this finding.

The income and expenditure records for a sample of patients were reviewed and this revealed that the records had not been reconciled since June 2019 and this was unsigned. Previous reconciliations were only signed by the home administrator or were unsigned. A review of the patient comfort fund records also evidenced poor controls regarding the reconciliation of these records. An area for improvement was made to ensure that any money and valuables held and accounts managed on behalf of residents are reconciled and signed and dated by two people at least quarterly.

A sample of hairdressing and chiropody treatment records was reviewed to ascertain whether the appropriate details had been recorded. A review of a sample of records identified that there were weaknesses in the record keeping. For example, some entries had not been appropriately signed or the dates of treatments had not been recorded. An area for improvement was made to ensure

that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the resident or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each resident.

In light of the overall weaknesses evidenced regarding the oversight of the record keeping in relation to patients' monies, the inspector also requested that the manager submit a written monthly update to RQIA. This update was to detail progress on the areas for improvement identified as part of the inspection. Monthly updates were to be provided for the month of July, August and September 2019. By the time of issuing this report, the update for the month of July 2019 had been submitted to RQIA by the manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monthly monitoring reports and quality assurance by the manager.

Areas for improvement

Six areas for improvement were identified during the inspection in relation to the management of patients' finances. Areas for improvement related to patient agreements, personal monies authorisations, the reconciliation of monies and valuables, hairdressing and chiropody treatment records and patients' personal property records.

	Regulations	Standards
Total number of areas for improvement	1	5

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms. Paula Smyth, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 25 August 2019</p>	<p>The registered person shall review and revise the management of medication changes to ensure that robust systems are in place.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Manager has reviewed the management of medication changes and additional checks have been put in place to identify and track any changes .This will be spot checked by the Registered Manager during monthly medication audits.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 25 August 2019</p>	<p>The registered person shall review and revise the management of medicines which are prescribed to be administered 'when required' for the management of distressed reactions.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: The use of 'when required medications' for distressed reactions has been reviewed and records indicate which medicine is to be used first line,second line and third line.This will be spot checked by the Registered Manager during monthly medication audits.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 25 August 2019</p>	<p>The registered person shall ensure that medicine refrigerator temperatures are maintained between 2°C - 8°C to ensure that medicines are stored at the manufacturers' recommended temperature.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: All refrigerators used to store medicines within the Home have been tested to ensure temperatures can be maintained in line with manufacturers recommendations .One fridge in the Slieve Patrick unit has been replaced.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 5 (1)</p> <p>Stated: First Time</p> <p>To be completed by: 5 September 2019</p>	<p>The registered person shall ensure that each patient is provided with an individual written agreement setting out the terms and conditions of their residency in the home.</p> <p>Ref: 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Manager is working with administrative staff to ensure that all patients are provided with an individual written agreement setting out the terms and conditions of their residency in the Home.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p> <p>To be completed by: 5 September 2019</p>	<p>The registered person shall ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Manager will ensure that inventories are in place for each resident and that these are reconciled quarterly and signed as required .</p>
<p>Area for improvement 2</p> <p>Ref: Standard 14.25</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2019 and at least quarterly thereafter</p>	<p>The registered person shall ensure that a reconciliation of money and valuables held and accounts managed on behalf of residents is carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: The reconciliation of money, valuables held and accounts managed on behalf of residents will be carried out in line with the timescales required .The Registered Manager will ensure all records are countersigned by senior staff as required</p>
<p>Area for improvement 3</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p> <p>To be completed by: 26 July 2019</p>	<p>The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the resident or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each resident.</p> <p>Ref: 6.6</p>

	<p>Response by registered person detailing the actions taken: The Registered Manager will ensure that any service facilitated within the Home will be verified by the person providing the service and countersigned by either the resident or member of staff to verify delivery of the treatment or goods in question .</p>
<p>Area for improvement 4</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p> <p>To be completed by: 5 September 2019</p>	<p>The registered person shall ensure that any changes to the individual agreement are agreed in writing by the resident or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the resident or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The Registered Manager will ensure that any changes to the individual agreement are managed and dealt with in line with the inspectors requirements.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 14.6</p> <p>Stated: First time</p> <p>To be completed by: 5 September 2019</p>	<p>The registered person shall ensure that where a home is responsible for managing a resident's finances, the arrangements and records to be kept are specified in the individual agreement. Written authorisation is obtained from each resident or their representative to spend the resident's personal monies to pre-agreed expenditure limits.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The Registered Manager will ensure that where the Home is responsible for managing a residents finances, individual agreements detail the arrangements and records relating to this and that written authorisation is obtained from each resident or their representative as required.</p>

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



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