



Unannounced Care Inspection Report 1 & 5 August 2019



Redburn Clinic

Type of Service: Nursing Home

Address: 89 Belfast Road, Ballynahinch BT24 8EB

Tel no: 028 9756 3554

Inspectors: James Lavery, Helen Daly & Briega Ferris

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

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

1.0 What we look for



2.0 Profile of service

This is a nursing home which is registered to provide nursing and residential care for up to 27 persons.

3.0 Service details

Organisation/Registered Provider: Spa Nursing Homes Ltd Responsible Individual: Mr Christopher Philip Arnold	Registered Manager and date registered: Ms Catia da Costa e Santos
Person in charge at the time of inspection: 1 August 2019 Mr Michael Bagood, Nurse in charge 5 August 2019 Linda Graham, acting manager	Number of registered places: 27 This number includes a maximum of one named resident receiving residential care in category RC-I
Categories of care: Nursing Home (NH): I – old age not falling within any other PH – physical disability other than sensory impairment PH(E) - physical disability other than sensory impairment – over 65 years TI – terminally ill	Number of patients accommodated in the nursing home on the days of this inspection: Day 1 – 19 Day 2 - 19

4.0 Inspection summary

An unannounced inspection took place on 1 August 2019 from 10.00 to 14.00 and 5 August 2019 from 09.05 to 14.10. This inspection was undertaken by the care, pharmacy and finance inspectors.

The term 'patient' is used to describe those living in Redburn Clinic 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 the last finance inspection have also been reviewed and validated as required.

Evidence of good practice was found in relation to the standard of maintenance of the personal medication records, the management of medicines on admission, the management of pain and antibiotics. Further areas of good practice were also noted in regard to: the notification of incidents, monitoring the professional registration of staff, wound care and nutritional care to patients, staff interactions with patients, the provision of activities, quality assurance audits and staff meetings.

Two areas for improvement were identified in relation to the management of medicines which are prescribed to be administered 'when required' for distressed reactions and the storage temperature for medicines. In addition, further areas for improvement were also noted in regard to staff supervision/appraisal, staff training and monthly monitoring visits.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, 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	6	4

*The total number of areas for improvement includes four under regulation which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Linda Graham, regional 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 21 January 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 21 January 2019. No further actions were required to be taken following the most recent inspection on 21 January 2019.

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
- three 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
- 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, warfarin
- care planning in relation to distressed reactions, pain and thickening agents
- medicine management audits
- storage of medicines
- stock control
- a sample of comfort fund records
- a sample of patients' income and expenditure records
- a sample of patients' individual written agreements
- a sample of patients' property records (detailing items in patients' rooms)

Areas for improvement identified at the last care 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 person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

There were no areas of improvement from the last medicines management inspection on 21 January 2019. The areas for improvement from the last finance inspection on 10 March 2014 were reviewed and were validated as met, partially met or unmet.

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 12 (1) (a)(b)(c) Stated: Second time	The registered person shall ensure the following in relation to the management of patients' hydration needs: <ul style="list-style-type: none"> • All supplementary fluid balance records will be completed in a contemporaneous, comprehensive and accurate manner at all times. • Patients' fluid intake will be referenced by nursing staff in an accurate and meaningful way within daily nursing records (including any corrective interventions prescribed/taken by nursing staff, where appropriate). 	Met
	Action taken as confirmed during the inspection: Care records were reviewed for one patient who required assistance with, and supervision of their daily fluid intake. Supplementary fluid intake records were found to be completed in an accurate and timely manner. There was consistent evidence within daily nursing records that the patient's daily fluid intake was being closely monitored. It was agreed that on occasions whenever patients' fluid intake is unexpectedly low, nursing staff should clearly review and address this within their care records.	

Area for improvement 2 Ref: Regulation 27 Stated: First time	The registered person shall ensure that the areas relating to the environment identified in the report are addressed. A detailed refurbishment action plan with measurable timescales for completion should be forwarded to RQIA along with completed QIP.	Met
	Action taken as confirmed during the inspection: Observation of the environment evidenced that good progress had been made against a previously submitted refurbishment plan to RQIA. Observation of the environment is referenced further in Section 6.3	

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, several patients were observed either relaxing in communal lounges or enjoying breakfast within the dining room. The entrance hallway was clean, tidy and fresh smelling.

At present, the manager is on leave resulting in the regional manager assuming day to day responsibility for the home (hereafter referred to as 'acting manager'). Staffing levels within the home were discussed and reviewed with the acting 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.

The way in which staff are supported in their roles was considered. While staff spoke positively about the support they received from the senior management team, a review of supervision and appraisal records for staff highlighted that this was overdue for several staff. An area for improvement was made.

Discussion with the acting manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits.

Feedback from the acting 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. It was confirmed that an 'adult safeguarding champion' (ASC) was identified for the home. Feedback from staff who were spoken with provided assurances that they knew how to recognise and respond to any potential incidents of abuse. The acting manager agreed to keep RQIA appropriately updated as to the progress of any safeguarding matters within the home.

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) as required.

Discussion with the acting manager and review of records evidenced 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). Records confirmed that either the manager or acting manager had reviewed the registration status of nursing and care staff on a monthly basis.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The acting manager stated that new flooring had been laid within a communal lounge area and that four bedrooms had been refurbished with new soft furnishings. We were also informed that there is an ongoing programme of works to ensure that further bedrooms are repainted and refurbished accordingly. This will be reviewed at a future care inspection. Several patients who were spoken with expressed no concerns about the internal environment; one patient told us: "I'd give it the thumbs up," when asked to describe the interior of the home.

One communal bathroom within the home remains out of use and this was discussed with the acting manager. Presently, an application has been submitted to RQIA for consideration to be given to changing the prescribed use of this room. However, feedback from the acting manager indicated that the responsible individual has not yet decided on whether to pursue this application further. The acting manager was encouraged to review this application with the responsible individual and update RQIA accordingly.

Fire exits and corridors were observed to be clear of clutter and obstruction. Staff were observed adhering to best practice with regard to fire safety during the inspection. Fire safety training for staff is referenced further below.

Staff confirmed that they received regular mandatory training to ensure they knew how to provide the right care. Additional face to face training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients. Governance records relating to staff training were reviewed and while staff had attended a wide range of training, it was noted that training was overdue in relation to fire safety; infection prevention and control (IPC) and food hygiene. An area for improvement was made. This was discussed with the acting manager who agreed to arrange training dates in these areas as a matter of priority.

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 and medication changes, controlled drugs, insulin and care planning in relation to pain and thickening agents.

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 on some but not all occasions. These medicines were being administered regularly to one patient and this had not been referred to the prescriber for review. The management medicines prescribed on a 'when required' basis for the management of distressed reactions should be reviewed and revised to ensure that regular use is referred to the prescriber for review and, the reason for and outcome of administration is recorded on all occasions.

One medicine had been out of stock during the current four week cycle resulting in the patient missing four doses. It was acknowledged that the medicine had been ordered in a timely manner and followed up with the prescribers and pharmacist. The nurse in charge was reminded that any ongoing omission of medicines due to supply problems should be reported to prescriber, RQIA and the Trust.

Medicines were safely and securely stored. However, the temperature of the medicines refrigerator was noted to be frequently outside the required range (2°C – 8°C). The room temperature had been above 25°C in recent days, it was acknowledged that this was due to the warm weather. The registered 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. A number of obsolete and out of date medicines were removed from the refrigerator for disposal during the inspection.

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, the management of pain and antibiotics. Further areas of good practice were also found in regard to the notification of incidents and monitoring the professional registration of staff.

Areas for improvement

Two areas for improvement were identified in relation to the management of medicines which are prescribed to be administered 'when required' for distressed reactions and the cold storage of medicines. In addition, areas for improvement were also highlighted in regard to staff supervision and appraisal, and staff training.

	Regulations	Standards
Total numb of areas for improvement	1	3

6.4 Is care effective?

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

Feedback from staff indicated that there was effective communication concerning the assessed needs of patients. Staff stated that they had to attend a handover meeting at the start of each shift and were able to contribute to this meeting or ask questions, as needed. All

grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals.

One visiting professional informed the inspector that they found staff to be “proactive” in relation to contacting the multi-professional team. They went on to state that “staff are very helpful and follow recommendations ... staff are very approachable and (Redburn Clinic) is very homely.”

There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found.

The provision of wound care to patients was reviewed. Nursing staff maintain a separate ‘wound care’ file in addition to care records for individual patients. The care plan for one patient requiring ongoing wound care was noted to be detailed, person centred and accurately referenced the recommendations of the attending TVN. Supplementary wound care records evidenced that the patient’s wound was being cared for in a timely and effective manner.

At times, some patients may require assistance with a modified diet. The nutritional care to one such patient was reviewed. Care records and corresponding kitchen records for this patient accurately and comprehensively referenced the type of modified diet required. Nursing staff were also closely monitoring the patient’s monthly weight and Body Mass Index (BMI).

Areas of good practice

There were examples of good practice found throughout the inspection in relation to wound care 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.

As reference within Section 6.3, we observed patients enjoying breakfast upon our arrival. Staff were patient, attentive and compassionate in their interactions with patients both during and following their meal. All patients were positive in their comments regarding the staff’s ability to deliver care and respond to their needs and/or requests for assistance.

Feedback received from several patients during the inspection included the following comments:

- “The staff treat me well.”
- “I think the food’s lovely here!”
- “Lunch was excellent as usual ... the place couldn’t be better.”

A programme of activities is also available to patients within the home. Signage within the entrance hallway informed us of a range of available activities including:

- Games
- Reminiscence
- Music
- Beauty Therapy

Copies of the ‘Redburn Newsletter’ (May/June edition) were also available in the entrance area for patients/visitors. Included within the newsletter was a selection of photographs from a recently organised BBQ for patients.

All patients spoke warmly about their interactions with staff and expressed confidence that their views and preferences were sought and respected.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff interactions with patients 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 acting manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The current application by the manager to register with RQIA was discussed and it was confirmed by the acting manager that outstanding paperwork would be forwarded to RQIA as soon as possible.

The registration certificate was up to date and displayed appropriately. Discussion with the acting manager evidenced that the home was operating within its registered categories of care.

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. It was also confirmed with the acting manager that any expression of dissatisfaction should be recorded appropriately as a complaint.

Discussion with the acting manager and a review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives. However, it was noted that actions plans within these reports were not sufficiently robust. It was also found that while mandatory staff training was overdue in some areas (see Section 6.3), a recent monthly monitoring report from July 2019 had not highlighted this. The need to ensure that monthly monitoring reports have robust action plans and effectively monitor/address staff training was highlighted. An area for improvement was made. Given current managerial arrangements, it was further agreed that another member of the senior management team would complete these reports while the regional manager is currently the home's acting manager.

Discussion with the acting manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available. The most recent general staff meeting occurred on 13 March 2019.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to accidents/incidents, care plans, the use of bedrails, wound care and complaints management. The governance audits which were viewed appeared to be well organised and up to date.

Management of patients' finances

A finance inspector visited the home on 1 August 2019 to validate the areas for improvement identified in the previous finance inspection of the home carried out on 10 March 2014.

A sample of three patients' finance files was reviewed to establish whether each patient's individual written agreement was up to date to reflect the annual changes in fees. A review of the patients' files identified that the agreements were not up to date. Of the three files reviewed, one patient's agreement had been signed in 2015 (a draft agreement had been prepared for the 2019 year but was unsigned); a second patient's agreement had been signed in 2019, however it detailed the incorrect fee arrangements for the individual patient. The third patient's file contained an agreement which had been signed in June 2018 (a draft agreement had been prepared for the 2019 year but was unsigned).

There was no evidence that the return of prepared agreements had been pursued by the home. As this area for improvement was identified at the previous finance inspection, it is therefore listed in the quality improvement plan for the second time and requires urgent review by the registered person.

A sample of patients' property records were requested at random and it was good to note that each patient had a written record of their personal property in place. However these records are required to be reconciled by two people at least every quarter and no evidence was presented that this had been taking place. An area for improvement was listed to ensure that this practice commence.

A review of the home's policies identified that policies addressing the areas of the administration of the patients' comfort fund and records management were in place and were dated within the past three years. These areas for improvement from the previous finance inspection were therefore validated as met.

A review of a sample of patients' records identified that each patient did not have a written personal monies authorisation document on their file, providing the home with the authority to spend a patients' monies on identified goods and services. As this area for improvement was identified at the previous finance inspection, it is therefore listed in the quality improvement plan for the second time and requires urgent review by the registered person.

The arrangements to ensure that patients' income and expenditure records are reconciled and signed and dated by two people were reviewed. A sample of the patients' records evidenced that this control was in place. It was good to note that this area for improvement which was identified at the previous finance inspection was therefore validated as met.

A sample of the patients' comfort fund records were reviewed to ensure that the records followed a standard financial ledger format and were reconciled by two people at least quarterly. This review identified that the records followed a standard financial ledger format; however the records had not been reconciled as required. This area for improvement is therefore validated as being partially met. As this area for improvement was identified at the previous finance inspection, it is therefore listed in the quality improvement plan for the second time and requires urgent review by the registered person.

Discussion with the home administrator and a review of the records identified that there remained no access to the comfort fund bank account. However, a sum of cash was available in the home for any purchases to be made in this regard. Access had not been possible as the two signatories on the bank account had both left the organisation. Evidence was reviewed on inspection which confirmed that progress had been made recently to provide the bank with the required documentation to identify the persons to act as signatories on the bank account going forward. As this area for improvement was identified at the previous finance inspection, it is therefore listed in the quality improvement plan for the second time and requires urgent review by the registered person.

The previous finance inspection included an area for improvement for the home to pursue a fee-free bank account for the management of the patients' comfort fund. Discussion with the home administrator established that this matter had been pursued by the home at the time and therefore this area was validated as met.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to quality assurance audits and staff meetings. Further areas of good practice were also highlighted in regard to introducing policies and procedures addressing the administration of the patients' comfort fund and records management, pursuing the opportunity for the comfort fund to operate a fee-free bank account and having a written property record in place for each patient.

Areas for improvement

Areas for improvement were identified in relation to monthly monitoring reports. Further areas for improvement were also highlighted regarding: ensuring that there is evidence that each patient or their representative has received an up to date written agreement, ensuring that income and expenditure records and the patients' comfort fund records are reconciled and signed and dated by two people at least every quarter, ensuring that each patient has a written personal monies authorisation document in place, ensuring that there is access to the patients' comfort fund bank account and ensuring that patients' property records are reconciled quarterly by two people.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were initially discussed with Michael Bagood, Staff Nurse, on 1 August 2019. Inspection findings which were highlighted during the unannounced care inspection on 5 August 2019 were then discussed with Linda Graham, acting 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 5 (1) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 1 September 2019</p>	<p>The registered person shall ensure that individual agreements are provided to each patient currently accommodated in the home (or their representative) which detail the current fees and financial arrangements in place in respect to the individual patient. A copy of the signed agreement by the patient or their representative and the registered person must be retained in the patient's records.</p> <p>Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where a HSC trust-managed patient does not have a family member or friend to act as their representative, the patient's individual agreement should be shared with the HSC trust care manager.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The individual agreements that had not been returned signed have been reissued. The Acting Manager has made contact with all residents and or their representatives to get all individual agreements signed and these are then retained in the resident's records.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 19 (2) Schedule 4 (3)</p> <p>Stated: Second time</p> <p>To be completed by: 1 September 2019</p>	<p>The registered person shall ensure that the registered person must ensure that written authorisation is obtained from each service user or their representative to spend the personal monies of service users on pre-agreed expenditure. The written authorisation must be retained on the service user's records and updated as required. The registered person must ensure that where any representative of a service user (including care manager or next of kin) have signed a document for the home on behalf of the service user, the representative's name and relationship to the service user are clearly stated on the document. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p> <p>Where a HSC trust-managed service user does not have a family member or friend to act as their representative, the service user's personal monies authorisation should be shared with the HSC trust care manager.</p> <p>Ref: 6.6</p>

	<p>Response by registered person detailing the actions taken: The Acting Manager has reissued forms for signing to ensure that there is written authorisation to spend the personal monies of resident's. The written authorisation is retained on the resident's records. The Acting Manager has checked all forms that have been completed to ensure that the person signing the form and the relationship to the person is clearly documented on the form. Any resident or representative that refuses to sign the form the Acting Manager will ensure this is recorded.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 19 (2) Schedule 4 (3)</p> <p>Stated: Second time</p> <p>To be completed by: 1 September 2019</p>	<p>The registered person shall ensure that the registered person is required to ensure that the details of the signatories on the comfort fund bank account are amended to ensure that the relevant representatives of the registered person can obtain access to the account to administer and safeguard the funds on behalf of service users in the home.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The bank have been contacted in relation to obtaining change of signatories on the comfort fund bank account. Due to the complexity of the accounts this had to be processed with the bank's legal team. The new signatories have signed the new bank mandate and provided the bank with I.D. The bank has contacted the chairperson on the new Mandate to inform her that this account can now be accessed. The bank are issuing a new cheque book..</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 19 (2) Schedule 4 (9)</p> <p>Stated: Second time</p> <p>To be completed by: 1 September 2019</p>	<p>The registered person shall ensure that reconciliations of the comfort records must be performed at least quarterly and recorded and signed and dated by two persons.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The Acting Manager has reconciled the comfort fund records and will ensure that this is done at least quarterly and recorded, signed and dated by two persons. The Regional Support Administrator is to oversee this with the Acting Manager.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2019</p>	<p>The registered person shall ensure that the 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>

	<p>Response by registered person detailing the actions taken: The Acting Manager has got the medicine refrigerator repaired so that temperatures are maintained between 2-8 degrees to ensure medicines are stored at the recommended temperatures. The Registered Manager will continue to monitor the fridge temperatures.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person must ensure that a robust system of monthly quality monitoring visits is completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes 2015. Such visits should include evidence of staff training being meaningfully and effectively reviewed.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The Regulation 29 monthly monitoring visits have been reviewed and changed to include more detail on staff training so that these are meaningful and effectively reviewed.</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 40</p> <p>Stated: First time</p> <p>To be completed by: 2 September 2019</p>	<p>The registered person shall ensure that there is a robust system in place which ensures/demonstrates that staff have recorded individual, formal supervision and appraisal according to the home's procedures and in keeping with best practice guidance.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The Acting Manager has commenced completion of formal supervisions and appraisal for all staff in keeping with best practice guidance.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 1 September 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> <p>Response by registered person detailing the actions taken: The Acting Manager has addressed with the staff through supervision the recording of when required medication for distressed reactions and what needs recorded by nursing staff. The acting manager will continue to monitor this area of practice.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p> <p>To be completed by: 01 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> <p>Response by registered person detailing the actions taken: The Acting Manager has ensured that an inventory of property belonging to each resident is maintained throughout their stay in the home. The Acting Manager has implemented reconciliation of these records quarterly ensuring these are being signed by two staff at all times..</p>
<p>Area for improvement 4</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2019</p>	<p>The registered person shall ensure that there is a robust system in place which ensures/demonstrates that staff undergo mandatory training in a timely manner and in keeping with best practice guidance. This relates specifically to the following areas of staff training:</p> <ul style="list-style-type: none"> • Fire safety • Infection prevention & Control • Food hygiene <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The Acting Manager has addressed with staff the need to attend mandatory training. fire and food hygiene training have been held for all staff and infection prevention and control training is arranged.</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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