



Unannounced Follow Up Care Inspection Report 17 December 2019



Richmond

Type of Service: Nursing Home
Address: 19 Seafont Road, Cultra, BT18 0BB
Tel No: 028 9042 6558
Inspector: Julie Palmer

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 registered nursing home which provides care for up to 35 patients.

3.0 Service details

Organisation/Registered Provider: Richmond Nursing Home Ltd	Registered Manager and date registered: Sharon Ruth Radcliffe-Bryans 01/04/2005
Responsible Individual(s): Sharon Ruth Radcliffe-Bryans	
Person in charge at the time of inspection: Simona Birsanu-deputy manager	Number of registered places: 35
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 31

4.0 Inspection summary

An unannounced care inspection took place on 17 December 2019 from 10.15 hours to 16.40 hours.

The inspection was carried out in response to anonymous whistleblowing allegations that had been made to RQIA with regard to management arrangements, poor standards of patient care and lack of choice for patients. The inspection also assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The inspection focused on the following areas:

- infection prevention and control (IPC) measures
- management of falls
- pressure area care
- record keeping
- consultation with patients
- management arrangements

Areas for improvement identified at the last finance and medicines management inspections were not reviewed during this inspection.

Evidence of good practice was found in relation to staffing, IPC measures, pressure area care, consultation with patients, the culture and ethos, governance arrangements and maintaining good working relationships.

Areas requiring improvement were identified regarding recording and evaluation of bowel management and supplementary care.

Patients described living in the home as being a positive experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

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
Total number of areas for improvement	*1	*9

*The total number of areas for improvement includes two under the standards which have been stated for a second time as well as one under the regulations and seven under the standards which have been carried forward for review at the next inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Simona Birsanu, deputy 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 9 July 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 9 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 care inspection findings, 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 poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 9 to 29 December 2019
- staff training records
- incident and accident records
- three patient care records including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- a sample of reports of monthly monitoring visits from July 2019 onwards
- RQIA registration certificate.

Areas for improvement identified at the last inspection 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 the previous inspections

Areas for improvement from the last care inspection dated 9 July 2019		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are addressed.	Met
	Action taken as confirmed during the inspection: Observation of the environment evidenced that bins, bed rail bumpers, shower chairs and commodes had been replaced where necessary. Equipment reviewed was in good, clean and hygienic condition.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 30	The registered person shall ensure thickening agents are stored safely and securely at all times when not in use.	Met

<p>Stated: First time</p>	<p>Action taken as confirmed during the inspection: Discussion with staff evidenced that thickening agents were safely and securely stored in the treatment room when not in use. We did not evidence any tubs of thickening agents left out where patients could access them throughout the inspection and observation of the environment.</p>	
<p>Area for improvement 2 Ref: Standard 4 Stated: First time</p>	<p>The registered person shall ensure systems are in place to evidence that pressure mattress settings are kept under regular review.</p> <p>Action taken as confirmed during the inspection: Review of the system in place to monitor pressure mattress settings evidenced that these were checked on a twice daily basis and an up to date record of checks was maintained.</p>	Met
<p>Area for improvement 3 Ref: Standard 4 Stated: First time</p>	<p>The registered person shall ensure that bowel management records are accurately recorded and that nursing staff evaluate the effectiveness of care.</p> <p>Action taken as confirmed during the inspection: Review of bowel management records evidenced 'gaps' in recording and a lack of evaluation in the daily record of the effectiveness of care.</p> <p>This area for improvement was not met and will be stated for the second time.</p>	Not met
<p>Area for improvement 4 Ref: Standard 4 Stated: First time</p>	<p>The registered person shall ensure that registered nurses review and evaluate any patient requiring a daily fluid intake target.</p> <p>Action taken as confirmed during the inspection: Discussion with staff and review of records evidenced that all patients had been reviewed with regard to their daily fluid target and consultation had taken place with the relevant General Practitioners (GP's). As a result none of the patients currently had a daily fluid target in place. Care plans reviewed had been updated to reflect these changes.</p>	Met
<p>Area for improvement 5 Ref: Standard 22 Stated: First time</p>	<p>The registered person shall ensure that nursing staff can demonstrate their knowledge of the home's falls protocol and in particular the duration and frequency of neurological observations.</p>	Met

	<p>Action taken as confirmed during the inspection: Staff spoken with demonstrated their knowledge of the home's falls protocol and frequency and duration of neurological observations. The falls protocol was displayed in the nurse's station and the treatment room for the information of staff.</p>	
<p>Area for improvement 6 Ref: Standard 4 Stated: First time</p>	<p>The registered person shall ensure contemporaneous recording on supplementary care charts is reflected in the daily evaluation of care.</p> <p>Action taken as confirmed during the inspection: Observation of the daily evaluation of care in the care records reviewed evidenced that these did not adequately reflect or evaluate the information contained in the supplementary care records. We also evidenced 'gaps' in the recording of supplementary care therefore a meaningful evaluation could not be undertaken.</p> <p>This area for improvement was not met and will be stated for the second time.</p>	Not met
<p>Area for improvement 7 Ref: Standard 4 Stated: First time</p>	<p>The registered person shall ensure that the wound observation records are accurately maintained and reflect the prescribed wound care and treatment.</p> <p>The registered nurse should record a meaningful evaluation of the delivery of wound care.</p> <p>Action taken as confirmed during the inspection: Review of wound care records evidenced that these were up to date and reflective of the prescribed care and treatment detailed in the care plan. A meaningful evaluation of wound care was recorded in the care records.</p>	Met

Areas for improvement from the last finance inspection dated 13 February 2019

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 1 Ref: Regulation 5 Stated: First time</p>	<p>The registered person shall ensure that there is evidence that each patient or their representative has been provided with an individual written agreement setting out the terms and conditions of their residency in the home.</p>	<p>Carried forward to the next care inspection</p>

	<p>Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 14.12 Stated: First time</p>	<p>The registered person shall ensure a reconciliation of patients' personal monies and valuables in the safe place are carried out and signed and dated by two people at least quarterly.</p> <p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	Carried forward to the next care inspection
	<p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	
<p>Area for improvement 2 Ref: Standard 14.10 Stated: First time</p>	<p>The registered person shall ensure that each transaction in the patients' income and expenditure records are signed by two people.</p> <p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	Carried forward to the next care inspection
	<p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	
<p>Area for improvement 3 Ref: Standard 14.13 Stated: First time</p>	<p>The registered person shall ensure that hairdressing and podiatry treatment records are maintained in the home and detail the information required by standard 14.13.</p> <p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	Carried forward to the next care inspection
	<p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	
<p>Area for improvement 4 Ref: Standard 14.26 Stated: First time</p>	<p>The registered person shall ensure that records of patients' furniture and personal possessions which they have brought to their rooms are reconciled and signed and dated by a staff member and countersigned by a senior member of staff at least quarterly.</p> <p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	Carried forward to the next care inspection
	<p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	

Area for improvement 5 Ref: Standard 36.4 Stated: First time	The registered person shall ensure that financial policies and procedures are subject to review at least every three years.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 6 Ref: Standard 14.6 Stated: First time	The registered person shall ensure that each patient is provided with a personal monies authorisation record for signature detailing the authority the home had been provided with to spend each individual patient's money on identified goods and services.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

Areas for improvement from the last Medicines Management inspection dated 6 December 2018		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 18 Stated: Second time	The registered person shall ensure that the reason for and the outcome of administration of medicines prescribed for administration on a "when required" basis for the management of distressed reactions are recorded.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

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 deputy manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the duty rota from 9 to 29 December 2019 evidenced that the planned daily staffing levels were adhered to.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Staff attended to patients' needs in a timely and caring manner and assisted them appropriately.

Staff spoken with expressed their satisfaction with staffing levels in the home. We also sought staff opinion on staffing via the online survey; no responses were received.

Patients spoken with told us that they were satisfied with staffing levels and the care provided; comments included:

- "The staff are very good"
- "I get great help"
- "No complaints"

Patients' visitors also expressed their satisfaction with staffing levels and the care provided; they told us:

- "If we ask staff to do something we find that it is done"
- "Things have improved recently with new staff on board"
- "No complaints, very happy"
- "The care is excellent"

We also sought the opinion of patients and patients' visitors on staffing levels via questionnaires; three responses were received from relatives. All respondents indicated that they were satisfied/very satisfied with staffing levels and with all other aspects of care provided in the home.

Staff spoken with demonstrated their knowledge of reporting concerns and were familiar with the home's whistleblowing policy.

Observation of the environment evidenced that the home was warm, clean, well decorated and fresh smelling throughout. The deputy manager told us that new equipment had been purchased where necessary. Equipment reviewed, for example, commodes, shower chairs, bins and bed rail bumpers, were observed to be in good, clean and hygienic condition; this area for improvement had been met.

Staff were seen to adhere to infection prevention and control (IPC) measures and to use personal protective equipment (PPE) at appropriate times. Bedrooms were attractively decorated and personalised with items that were meaningful to patients. Fire exits and corridors were observed to be clear of clutter and obstruction.

Patients and patients’ relatives spoken with were complimentary about the environment, they told us:

- “The home is spotlessly clean.”
- “The home is kept very, very clean.”

Staff spoken with told us that thickening agents were safely and securely stored in the treatment room when not in use. We did not evidence any tubs of thickening agents left out inappropriately where patients could access them; this area for improvement had been met.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, IPC measures, risk management and the home’s environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

Observation of care delivery and the daily routine in the home evidenced that patients care needs were met at the right time. Patients who were in their rooms had call bells within reach and these were answered promptly by staff.

Review of three patients’ care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patients. Care records contained details of the specific care requirements in the areas reviewed and a daily record was maintained to evidence the delivery of care. Care records reflected that, where necessary, referrals were made to other healthcare professionals.

We reviewed pressure area care, bowel management, fluid intake recording, management of falls and wound care.

Discussions with staff confirmed that no patients currently had a pressure sore. Care plans were in place to direct care for the prevention of pressure damage. We reviewed the system that was in place to review pressure mattress settings; these were checked on a twice daily basis, the records reviewed were up to date and in accordance with the mattress settings recommended in individual

patient's care plans. This area for improvement had been met. Repositioning records reviewed were also up to date and reflective of individual patient's care plans.

We reviewed a sample of bowel management records; there were 'gaps' in recording and an effective daily evaluation was not maintained. This area for improvement had not been met and will be stated for the second time. Staff spoken with assured us that they monitored patients' bowel management and would consult the GP if problems were identified to ensure appropriate action was taken, however, this was not reflected in the records reviewed.

Review of care records and discussions with staff confirmed that all patients had been reviewed with regard to their daily fluid intake target. The relevant GP's had been consulted with and none of the patients currently had a daily fluid intake target to meet. This area for improvement had been met. However, review of food and fluid intake records evidenced that, while fluid intake was recorded, a daily total was not calculated and there were 'gaps' in the recording. The daily evaluation of care did not reflect recording on the supplementary care records or if actions were required in response to poor food or fluid intake and/or bowel management; this area for improvement had not been met and will be stated for the second time.

All staff spoken with demonstrated their knowledge of the home's falls protocol and how to care for a patient who had a fall. Nursing staff spoken with also demonstrated their knowledge of the frequency and duration of neurological observations if required. This area for improvement had been met. The falls protocol was displayed in the nurse's station and the treatment room for the attention of staff. The manager told us that falls occurring in the home were analysed on a monthly basis to detect if any trends or patterns were emerging and an action plan was developed if required; review of records confirmed this.

We observed that, on one occasion, a clinical observation form had been completed rather than a neurological observation form for a patient who had a suspected head injury. Staff spoken with confirmed that neurological observation forms were available and used appropriately; review of records confirmed the correct form had been used on other occasions. We brought this to the attention of the deputy manager who assured us that staff would be reminded of their responsibilities regarding the use of correct documentation.

Wound care records reviewed were up to date and reflective of the prescribed care and treatment detailed in the individual patient's care plan. A meaningful evaluation of wound care was recorded in the care records. This area for improvement had been met.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to pressure area care, consultation with other healthcare professionals and wound care.

Areas for improvement

No additional 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.

During the inspection we spoke with 14 patients, both individually and in small groups, about their experience of living in Richmond. Patients who were unable to communicate their opinions appeared to be settled and content in their surroundings and in their dealings with staff. Patients who were able to communicate commented positively about life in the home, they told us:

- “The staff have been more than kind”
- “I like it very much”
- “I’m quite comfortable”

Patients’ visitors spoken with also expressed their satisfaction about life in the home for their relatives; they commented that:

- “... is very well looked after here”
- “The staff are very, very kind and very patient”
- “All the staff know me as well”

A relative who responded to the questionnaire commented that “we were touched by the compassion of the manager and the staff who know the residents as individuals and manager their needs with tenderness and patience”.

Patients were well presented in clean clothes; attention had obviously been paid to all aspects of their personal care.

We observed that staff treated patients with dignity and respect; they were seen to maintain patients’ privacy and to be kind and caring towards them. Staff told us that that they consulted with patients about all aspects of their care needs and ensured individual wishes and preferences were respected.

Patients spoken with confirmed that staff consulted with them and respected their views; they told us that they felt listened to by staff. We discussed preferred nap and bed times with patients who told us that staff knew when they generally liked to have a nap or go to bed and would assist them accordingly. Patients were satisfied that there was flexibility in this area and no set routine.

Patients and patients’ visitors expressed their satisfaction with communication from staff. During the inspection we observed that staff effectively communicated with patients and with each other to ensure patients’ needs were met.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, providing dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

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.

The certificate of registration issued by RQIA was appropriately displayed in the entrance hall of the home. Discussion with staff and observations confirmed that the home was operating within the categories of care registered.

The manager was not on duty on the day of the inspection; as previously stated the deputy manager was in charge of the home.

There had been no change in management arrangements since the last care inspection; however, we observed that the manager's hours were not recorded on the duty rota. This was brought to the attention of the deputy manager who ensured the rota was updated appropriately. We advised that RQIA should be informed if any changes occurred regarding management arrangements in the home.

Staff spoken with were on first name terms with both the manager and the deputy manager and told us that they were accessible and approachable. Staff told us that they felt supported and that working relationships were good; comments included:

- "Sharon (the manager) is in every day"
- "I've learned a lot since I came here, the documentation is excellent"
- "We are well supported"
- "I like working here very much"
- "There is a lovely atmosphere in the home"
- "I enjoy working here"

Patients' visitors were also on first names terms with the manager and confirmed that she was accessible and approachable.

Review of a selection of governance audits evidenced that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home. Audits were completed to review, for example, accidents/incidents, IPC measures, hand hygiene, wounds and falls.

There was a system in place to manage complaints received; patients' visitors spoken with told us that they were aware of the complaints procedure.

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

We reviewed a sample of reports of monthly quality monitoring visits carried out in the home; these included an action plan, person responsible for and date for completion.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Simona Birsanu, 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	
Area for improvement 1 Ref: Regulation 5 Stated: First time To be completed by: 13 March 2019	<p>The registered person shall ensure that there is evidence that each patient or their representative has been provided with an individual written agreement setting out the terms and conditions of their residency in the home.</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 14.12 Stated: First time To be completed by: 28 February 2019 and at least quarterly thereafter	<p>The registered person shall ensure a reconciliation of patients' personal monies and valuables in the safe place are carried out and signed and dated by two people at least quarterly.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 2 Ref: Standard 14.10 Stated: First time To be completed by: 14 February 2019	<p>The registered person shall ensure that each transaction in the patients' income and expenditure records are signed by two people.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 3 Ref: Standard 14.13 Stated: First time To be completed by: 14 February 2019	<p>The registered person shall ensure that hairdressing and podiatry treatment records are maintained in the home and detail the information required by standard 14.13.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 4 Ref: Standard 14.26 Stated: First time	<p>The registered person shall ensure that records of patients' furniture and personal possessions which they have brought to their rooms are reconciled and signed and dated by a staff member and countersigned by a senior member of staff at least quarterly.</p>

To be completed by: 13 April 2019	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 5 Ref: Standard 36.4 Stated: First time To be completed by: 13 April 2019	<p>The registered person shall ensure that financial policies and procedures are subject to review at least every three years.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 6 Ref: Standard 14.6 Stated: First time To be completed by: 13 March 2019	<p>The registered person shall ensure that each patient is provided with a personal monies authorisation record for signature detailing the authority the home had been provided with to spend each individual patient's money on identified goods and services.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 7 Ref: Standard 18 Stated: Second time To be completed by: 5 January 2019	<p>The registered person shall ensure that the reason for and the outcome of administration of medicines prescribed for administration on a "when required" basis for the management of distressed reactions are recorded.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 8 Ref: Standard 4 Stated: Second time To be completed by: With immediate effect	<p>The registered person shall ensure that bowel management records are accurately recorded and that nursing staff evaluate the effectiveness of care.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All RN staff have received training and ongoing supervision.</p>
Area for improvement 9 Ref: Standard 4 Stated: Second time To be completed by: With immediate effect	<p>The registered person shall ensure contemporaneous recording on supplementary care charts is reflected in the daily evaluation of care.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All RN staff have received training and ongoing supervision.</p>

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



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