

# Inspection Report

21 June 2021



## Richmond

**Type of Service: Nursing Home**  
**Address: 19 Seafront Road, Cultra, BT18 0BB**  
**Tel No: 028 9042 6558**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Richmond Nursing Home Ltd  <b>Responsible Individual:</b> Mrs. Sharon Ruth Radcliffe-Bryans	<b>Registered Manager:</b> Mrs. Sharon Ruth Radcliffe-Bryans  <b>Date registered:</b> 1 April 2005
<b>Person in charge at the time of inspection:</b> Ms. Jennifer Carson, Deputy Manager	<b>Number of registered places:</b> 35
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 27
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered nursing home which provides nursing care for up to 35 patients. The patients' bedrooms are located over three floors in the home and patients have access to communal lounges, dining room and garden.	

## 2.0 Inspection summary

An unannounced inspection took place on 21 June 2021 between 9.30am and 6.30pm by two care inspectors and one pharmacist inspector.

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

Significant concerns were identified during the inspection in relation to the governance and leadership arrangements of the home, fire risk assessments and medicines management.

As a consequence of the inspection findings, RQIA invited the registered person to attend two meetings with RQIA on 25 June 2021. The first meeting was to discuss serious concerns in relation to medicines management. The second meeting was to discuss the intention to issue two Failure to Comply Notices (FTC) under The Nursing Homes Regulations (Northern Ireland) 2005 in relation to governance and fire risk assessment.

The meetings were attended virtually by Sharon Radcliff Bryans, Registered Person and Registered Manager for Richmond and the senior management team. An action plan which detailed an account of the actions that had been taken to date was provided by the registered person and the arrangements that had been made to ensure the improvements necessary to achieve full compliance with the required regulations were discussed. RQIA accepted the action plan and assurances provided by the registered person and decided that the FTC notices would not be issued. A follow up inspection to assess progress will be planned.

The areas for improvement identified are included in the Quality Improvement Plan included in this report.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients, their relatives or visitors, and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the Person in Charge at the conclusion of the inspection

### **4.0 What people told us about the service**

We spoke with six patients and three staff. We received one staff questionnaire partially completed and four questionnaire returns from patients and their relatives all indicating they were very satisfied with the service provided at Richmond. One said " Our mother is well looked after and staff treat her with kindness and care."

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 08 October 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time	<p>The registered person shall ensure the infection prevention and control issues identified on the inspection are managed to minimise the risk and spread of infection. This is stated with regards but not limited to:</p> <ul style="list-style-type: none"> <li>• the effective cleaning of the hand soap dispensers.</li> <li>• gloves are appropriately stored.</li> </ul>	<b>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            A review of the soap dispensers evidenced that these were clean.</p> <p>Gloves were not stored appropriately in some areas of the home</p> <p>This area for improvement will be stated for a second time.</p>	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (4) (d) (iii)  <b>Stated:</b> First time	<p>The registered person shall ensure that the corridors in the home are maintained free from any obstruction that would impede in the event of an evacuation of the home.</p>	<b>Not met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Due to observations on inspection this area for improvement was not met and will be stated for a second time. This will be discussed further in section 5.2.2</p> <p>This area for improvement will be stated for a second time.</p>	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that nursing staff promote and make proper provision for the nursing, health and welfare of patients and where appropriate treatment and supervision of patients. This area for improvement is made in reference to the following:</p> <ul style="list-style-type: none"> <li>• contemporaneous recording on supplementary care charts</li> <li>• registered nurses have oversight and evaluate the care recorded on the supplementary care records.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was met as stated.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all unwitnessed falls are managed in line with best practice guidance and that neurological observations are recorded accordingly.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was not met and is stated for a second time.</p>	<p><b>Not met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review the management of controlled drugs in relation to disposal, administration and record-keeping.</p> <p><b>Action taken as confirmed during the inspection:</b> The records of administration of controlled drugs had been fully completed. The record of disposal of controlled drugs did not demonstrate that these medicines had been denatured prior to disposal.</p> <p>This area for improvement has been stated for a second time.</p>	<p><b>Partially met</b></p>

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 46 <b>Stated:</b> First time	The registered person shall ensure that training on the use of PPE and hand hygiene is embedded into practice.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was not met and is stated for second time. This will be discussed further in section 5.2.3	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	The registered person shall ensure that robust patient centred care plans are in place for each patient's assessed need, with specific reference but not limited to the pain management and the equipment required for use for mobility as documented in care plans.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was met.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time	The registered person shall put a system in place to ensure <ul style="list-style-type: none"> <li>• the monthly recording of nutritional risk assessments</li> <li>• patients' weights are recorded at least monthly or more frequently depending on individual assessed need.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was assessed as met	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 23 <b>Stated:</b> First time	The registered person shall ensure in regard to the use of a pressure relieving device <ul style="list-style-type: none"> <li>• the device is maintained at the correct setting for each individual patient.</li> <li>• the care records are reflective of the correct setting.</li> <li>• a checking system is in place to ensure the device setting is correct.</li> </ul>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> This area for improvement was assessed as met.</p>	
<p><b>Area for improvement 5</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that a record of all incoming medicines is maintained.</p> <p><b>Action taken as confirmed during the inspection:</b> Staff in the home record the receipt of medicines on the medication administration records (MARs). A review of these records showed that they had not been fully completed and a complete record of all incoming medicines had not been made.</p> <p>This area for improvement has been stated for a second time.</p>	<b>Not met</b>
<p><b>Area for improvement 6</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time</p>	<p>The registered person shall review the management of eye preparations to ensure these are stored appropriately and administered as prescribed.</p> <p><b>Action taken as confirmed during the inspection:</b> Eye preparations had been stored appropriately. Two supplies of eye medicine could not be located by the inspector and one supply was unlabelled. For one patient, review of the eye ointment and corresponding administration records did not correlate.</p> <p>This area for improvement has been stated for a second time.</p>	<b>Partially met</b>

<b>Area for improvement 7</b> <b>Ref:</b> Standard 29 <b>Stated:</b> First time	The registered person shall review the management of the disposal of medicines to ensure the appropriate procedures for nursing homes are being followed.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> The area for improvement related to the disposal of controlled drugs, which in nursing homes should be denatured prior to disposal. Review of the controlled drugs record book showed that two supplies of controlled drugs had been returned to the community pharmacy. Review of the disposal of medicines record book showed that one supply of Schedule 4 (part 1) controlled drugs had been disposed of without being denatured.  This area for improvement has been stated for a second time.	
<b>Area for improvement 8</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time	The registered manager shall ensure that the medicines management policies and procedures are reviewed and developed to ensure they are reflective of current practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Policies and procedures had been reviewed in January 2021. They were further reviewed following this inspection and provided for review prior to the meeting on 25 June 2021.	

## 5.2 Inspection findings

### 5.2.1 Staffing

Safe staffing begins at the point of recruitment. There was a system in place to ensure staff were recruited correctly to protect patients as far as possible. For one recently recruited staff member, two references were in place, however one had not been obtained from the candidate's most recent employer. This was discussed with the deputy manager and an area for improvement was identified.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. However we observed that the manager's hours worked were not reflected. We discussed this with the deputy manager during the inspection and an area for improvement was identified.



There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding awareness. Staff are also required to take part in fire drills at least annually. Discussions with the deputy manager confirmed that these had not been completed. This was discussed with the manager at the meeting on 25 June 2021. Dates were provided for staff that had completed fire drills since the inspection and the manager confirmed that more dates had been scheduled.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home.

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on an annual basis. Staff told us they were confident about reporting concerns about patients' safety and poor practice. Adult safeguarding was discussed further at the meeting with RQIA, as concerns were raised by a staff member as to how a potential safeguarding issue had been managed. Sufficient assurances were provided by the manager and this was further discussed with the commissioning Trust following the inspection.

Patients spoken with told us that they knew who to speak to if they had any worries or concerns.

### **5.2.2 The internal environment and infection prevention and control (IPC)**

Inspection of the homes environment included a selection of bedrooms, communal areas such as lounges and bathrooms and storage spaces. Patients' bedrooms were personalised with items important to them and reflected their likes and interests.

Items of furniture were observed on either side of a fire door and on the main stairwell. Manual handling equipment was observed to be stored in front of a fire door. The placement of this furniture and equipment could impede exit from the home in the event of a fire. This was discussed at the meeting with RQIA and assurances provided in relation to fire safety were accepted. An area for improvement identified at the last inspection will be stated for a second time.

The passenger lift in the home was in the process of being replaced. This had not been notified to RQIA and the fire risk assessor had not been consulted. It was also observed that the fire risk assessment had not been updated since 18 February 2019. During the meeting on 25 June 2021, the manager advised that the fire risk assessor had been consulted in relation to the replacement of the lift and the fire risk assessment was updated.

Discussion with the manager confirmed that there were arrangements in place to effectively manage risks associated with COVID-19 and other potential infections. Regional testing arrangements for patients, staff and care partners had been implemented and any outbreak of infection was reported to the Public Health Authority (PHA). Visiting arrangements were managed in line with current Department of Health guidance.

Review of records, observation of practice and discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. However, on the day of inspection staff were observed to be not fully compliant with the PPE guidance. We also observed supplies of gloves inappropriately stored in areas of the home.

This was discussed at the meeting and two areas for improvement were stated for a second time.

### **5.2.3 Care delivery**

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences. Patients' care records were maintained and accurately reflected the needs of the patients.

Discussion with patients confirmed that they were able to choose how they spent their day, for example, some patients preferred to spend time in their bedrooms and some used the communal areas. However some patients commented that they were spending their time in their room whilst the lift repairs were taking place.

Staff were aware of the patients' likes and dislikes and what interested them. There was a choice of television programmes or music available in different communal areas of the home.

There was a plan of activities in place and staff told us activities occurred on a daily basis. Activities and activity records will be reviewed further at the next inspection.

Patients were well presented and spoke positively about the service they received. One patient enjoyed showing us old photos and memorabilia from their past.

Observations on the day of inspection and feedback from some patients and staff raised concerns that at times care was not being delivered in a timely manner. Whilst the planned staffing levels on the day of inspection were satisfactory, the deployment of staff through the shift was not adequate to ensure that the patients' needs were met in a timely manner. This was discussed at the meeting with RQIA and assurances were provided by the manager on how this was to be addressed. An area for improvement in regard to staffing was identified.

Discussion with the manager and staff and review of care records provided assurance that patients' risk of falling was managed. The manager regularly completed an analysis of falls within the home to determine if anything more could be done to prevent future falls occurring. However, two records reviewed evidenced that post fall observations had not been consistently recorded. This was discussed with the manager and an area for improvement was stated for a second time.

There was a system in place to ensure accidents and incidents were appropriately managed, monitored and notified to the patient's next of kin, care manager and RQIA.

There was evidence that patients' needs in relation to nutrition were being met. Patients' weights were checked at least monthly to monitor weight loss or gain.

The serving of the lunch time meal was observed. The food on offer was appetising and well presented. Individual patient choice was catered for and patients told us they enjoyed their meals. The atmosphere was unhurried and staff were available to assist patients when needed.

#### **5.2.4 Care Records**

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients' care records were held securely to ensure confidentiality.

Patients' individual likes and preferences were reflected throughout the records reviewed. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them. One care record for a recent admission evidenced that the care plans for the patient had not been fully implemented from the date of admission. This was discussed with the deputy manager who advised she would address this immediately following the inspection.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the resident.

We reviewed the management of medicines prescribed on a "when required" basis for the management of distressed reactions for two patients. Care plans detailing the parameters for administration of medicines for distressed reactions were not in place for patients whose records were reviewed. The reason and outcome of administration of medicines for distressed reactions was not consistently documented in the patients' daily notes. An area for improvement was identified.

#### **5.2.5 Medicines Management**

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

Within the home, a record of the administration of medicines is completed on pre-printed medicine administration records (MARs) or occasionally handwritten MARs, when medicines are administered to a resident. A sample of these records was reviewed and showed that on the morning of the inspection medicines had been administered to patients. However, a record of the administration had not been made for two patients. In addition, it was noted that on the morning of the inspection, three patients' medicines had been signed as administered up to 6pm, well in advance of the medicines being administered. This is poor practice. Medicine administration records must be accurate and completed contemporaneously. An area for improvement was identified.

Records of the receipt of medicines into the home are completed on the MARs. A majority of these records had not been completed for the current monthly medicines. This area for improvement has been stated for a second time.

Within nursing homes medicines must be disposed of in the appropriate waste disposal bins and a record of the disposal completed. It is considered good practice for two staff to be involved in this process. Controlled drugs must be denatured prior to disposal so that they cannot be retrieved. Review of the disposal of two supplies of controlled drugs indicated that

they had been returned to the community pharmacy. For several other supplies, there was no record that they had been denatured prior to disposal. This area for improvement has been stated for a second time.

At the time of this inspection the temperature medicines storage area was observed to be above the required temperature of 25°C. The records of the temperature were completed daily and noted to be consistently above 25°C. The registered person must ensure that medicines are stored appropriately. An area for improvement was identified.

These aspects of medicines management were discussed during the serious concerns meeting. Assurances were provided that a comprehensive review of medicines management had been completed, policies and procedures had been revised and a new audit tool would be utilised. Samples of the audit templates were provided.

### **5.2.6 Governance and management arrangements**

During the inspection significant concerns were raised as to the governance and oversight in the home. The auditing processes were found to be ineffective and there was a lack of oversight in regard to training and the overall day to day running of the home. This was discussed with the manager who is currently the Registered Manager and the Responsible Person for the home. RQIA were informed of plans to potentially appoint a new registered manager who would be responsible for the day to day running of the home. This would contribute to strengthening the overall governance arrangements in the home.

A potential safeguarding referral had not been reported to the Trust for further consideration or escalation if required. RQIA were not assured that the arrangements for safeguarding patients were robust. This was further discussed at the meeting with RQIA and the manager told us this had been fully discussed with the Trust and assurances provided in regard to the ongoing arrangements for safeguarding patients.

Staff were aware of who the person in charge of the home was and told us they felt well supported.

There was a system in place to manage complaints to the home and a record of compliments was maintained.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. However some of the audits such as the environmental and IPC audits failed to identify deficits observed during the inspection. The audit system in place for medicines management was completed regularly and had identified some deficits in the management of medicines.

However, the audits did not cover all aspects of the management of medicines and was not effective in following up the areas for improvement identified at the last inspection. The need for a robust audit system which covers all aspects of medicines is necessary to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff. When a deficit is identified through the audit process, there must be an action plan in place that evidences the action(s) that have been put in place to prevent reoccurrence. The auditing process was further discussed at the meeting with RQIA and an area for improvement was identified.

## 6.0 Conclusion

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

The outcome of this inspection concluded that significant improvement was required in the audit and governance arrangements, medicines management, the storage of equipment in the home and IPC practice. Limited progress had been made in addressing the areas for improvement from the last inspection and eight have been stated for a second time.

Based the inspection findings two meetings were held with the senior management of Richmond and RQIA on 25 June 2021. Due to the actions taken and adequate assurances provided these notices were not served. RQIA decided that a period of time would be given to implement the necessary improvements. A follow up inspection will be completed to determine if the necessary improvements have been implemented and sustained. Failure to implement and sustain the improvements may lead to enforcement action.

During the inspection RQIA were assured that the patients' were well looked after and the patients were well presented, however improvement is required to ensure that safe, effective and well led care is provided.

## 7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	7*	8*

\* The total number of areas for improvement includes four stated under the regulations and four under the standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Jennifer Carson Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13(7)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall ensure the infection prevention and control issues identified on the inspection are managed to minimise the risk and spread of infection. This is stated with regards but not limited to:</p> <ul style="list-style-type: none"> <li>• the effective cleaning of the hand soap dispensers.</li> <li>• gloves are appropriately stored.</li> </ul> <p>Ref: 5.1 and 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Soap dispensers cleaning added to cleaning rota. Glove dispensers removed on day of inspection and inspector advised of same. DANI stations installed where now as advised by inspector.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27 (4) (d) (iii)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall ensure that the corridors in the home are maintained free from any obstruction that would impede in the event of an evacuation of the home.</p> <p>Ref: 5.1.and 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> All furniture from corridors has been removed and removed from building.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall ensure that all unwitnessed falls are managed in line with best practice guidance and that neurological observations are recorded accordingly.</p> <p>Ref: 5.1 and 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> New Accident Report Form in operation and includes audit, copy has been sent to RQIA.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall review the management of controlled drugs in relation to disposal, administration and record-keeping</p> <p>Ref: 5.1</p> <p><b>Response by registered person detailing the actions taken:</b> Denaturing of drugs now recorded in Controlled Drugs book.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 20(1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall review the numbers and deployment of staff throughout the home to ensure the number and ratio of staff on duty at all times to ensure the needs of patients are met.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> New Daily Task sheet had commenced operation on day of inspection and is now working efficiently.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall ensure that records of the administration of medicines are accurate and completed contemporaneously.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> All RNs have completed Medication competency. Daily medication audits completed.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 10(1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall ensure that a robust programme of audit is implemented to ensure that safe systems are in place. Learning from the outcome of the audits or any errors/incidents should be included in an action plan and shared with relevant staff.</p> <p>Ref 5.2.6</p> <p><b>Response by registered person detailing the actions taken:</b> All audits and training records up to date. Staff are informed of relevant action plans at regular staff meetings.</p>

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 46 <b>Stated:</b> Second time <b>To be completed by:</b> Immediately and ongoing	<p>The registered person shall ensure that training on the use of PPE and hand hygiene is embedded into practice.</p> <p>Ref: 5.2.1 and 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> PPE &amp; Handwashing Audits and Spot Checks continue. Staff and residents remain COVID free from commencement of pandemic and are to be commended for their vigilance.</p>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 28 <b>Stated:</b> Second time <b>To be completed by:</b> Immediately and ongoing	<p>The registered person shall ensure that a record of all incoming medicines is maintained.</p> <p>Ref: 5.1. and 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> A new Pharmacy Book is in place to record medications coming into the Home. Staff reminded to record receipt of medication to MARS.</p>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 28 <b>Stated:</b> Second time <b>To be completed by:</b> Immediately and ongoing	<p>The registered person shall review the management of eye preparations to ensure these are stored appropriately and administered as prescribed.</p> <p>Ref: 5.1. and 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> All eye preparations are stored appropriately and trolley replenished when new monthly order arrives.</p>
<b>Area for improvement 4</b> <b>Ref:</b> Standard 29 <b>Stated:</b> Second time <b>To be completed by:</b> Immediately and ongoing	<p>The registered person shall review the management of the disposal of medicines to ensure the appropriate procedures for nursing homes are being followed.</p> <p>Ref: 5.1. and 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> All RN staff aware of appropriate procedure for management of disposal of medicines.</p>
<b>Area for improvement 5</b> <b>Ref:</b> Standard 38 <b>Stated:</b> First time <b>To be completed by:</b> 1 October 2021	<p>The registered person shall ensure the references requested when recruiting an employee includes one from the applicants present or most recent employer.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> For successful applicants references are requested to include one from the most recent employer where possible.</p>



<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall ensure that the nurse manager's hours are included on the duty rota and identify either management duty or working as a lead nurse.</p> <p>Ref: 5.2.1</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<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. Care plans should be in place to direct the care of the patient in this regard.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Nurse Manager's hours are included on duty rota and duty identified.</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 August 2021</p>	<p>The registered person shall review the storage of medicines to ensure that they are stored within the required temperature range.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> PRN sheet in place to record distressed reactions and also recorded in Care Plan.</p> <p><b>Response by registered person detailing the actions taken:</b> Extractor Fan fitted immediately and Air Con unit purchased and now in place.</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews