

# Inspection Report

29 July 2021



## Seaview House

**Type of service: Nursing Home**

**Address: 276 Seacliff Road, Ballyholme, Bangor, BT20 5HS**

**Telephone number: 028 9146 0833**

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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> Kingsfield Enterprises Limited  <b>Responsible Individual:</b> Mrs Valerie Elizabeth Atcheson	<b>Registered Manager:</b> Mrs Ruth Magowan  <b>Date registered:</b> 25 October 2018
<b>Person in charge at the time of inspection:</b> Mrs Ruth Magowan	<b>Number of registered places:</b> 22
<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> 20
<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 22 patients. Patients' bedrooms are located over three floors. Patients have access to communal lounges, a dining room and a garden.	

## 2.0 Inspection summary

An unannounced inspection took place on 29 July 2021 from 9.25 am to 7.35 pm. The inspection was carried out by a care inspector.

The inspection 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.

Patients said that they felt comfortable and well looked after in the home. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection six new areas requiring improvement were identified. RQIA were assured that the delivery of care and service provided in Seaview House was safe and compassionate. Addressing the areas for improvement identified will further enhance the quality of care and services in the home.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

### **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 RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this 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 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.

The findings of the inspection were discussed with Ruth Magowan, Registered Manager, and Valerie Atcheson, Responsible Individual.

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

During the inspection we spoke with 11 patients, two patients' relatives and eight staff.

Patients said that they were happy with the staffing levels and felt well looked after by the staff. They said "staff are very good and helpful, they know what to do and when" and that "staff are always very attentive".

Patients' relatives said that there were enough staff and that their loved ones were well looked after in the home by the staff who "were lovely".

Staff said that they were very busy but felt well supported and enjoyed working in the home. Staff also said that staffing levels had recently been affected as some of their colleagues had to isolate due to the ongoing COVID-19 pandemic, staff shared that this was challenging but they knew it would be a short term problem.

## 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 12 November 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 29. (3)(c)  <b>Stated:</b> Second time	The registered person shall ensure monthly monitoring reports are further developed to include details of the review of staffing arrangements including registration of staff with their regulatory body, the review of safeguarding matters, of the RQIA quality improvement plan, environmental issues, care records. In addition the report should include an action plan of areas of improvement identified during the monitoring visit.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a sample of Regulation 29 monthly monitoring reports evidenced that they met with legislative requirements.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 19 (1) (a)  <b>Stated:</b> First time	The registered person shall ensure that care records and medication administration records contain a recent photograph of the patient.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a sample of care records and medication administration records evidenced that these contained a recent photograph of the patient.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	Validation of compliance	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 46.2 &amp; 46.12</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that audits are completed to assure compliance with best practice regarding use of PPE and hand hygiene.</p> <p><b>Action taken as confirmed during the inspection:</b> Audits had been completed to monitor staff hand hygiene practice.</p> <p>Training records confirmed that staff had completed training in donning and doffing of PPE but there was no evidence that audits had been completed to assure compliance in this area.</p> <p>This area for improvement was partially met and will be stated for the second time.</p>	<p><b>Partially met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 46.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all areas of the home are kept clean and free from clutter and that cleaning schedules are reviewed to ensure that these include windowsills and the identified bathroom.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of cleaning schedules confirmed that these had been reviewed and updated. The home was found to be clean and tidy.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 47</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all staff are aware of safe and healthy working practices regarding storage of cleaning products and control of substances hazardous to health (COSHH). There should be a system in place to ensure that cleaning products are securely stored at all times and not accessible to patients.</p> <p><b>Action taken as confirmed during the inspection:</b> Cleaning products were seen to be securely stored and were not accessible to patients.</p>	<p><b>Met</b></p>

<b>Area for improvement 4</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> First time	The registered person shall ensure that up to date wound care records are maintained and that these contain an evaluation of the care provided. Wound care audits should also be completed on a regular basis in order that any deficits in wound care recording can be identified and resolved in a timely manner.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of wound care records evidenced that these were not contemporaneously maintained; see section 5.2.2 for further details.  This area for improvement has not been met and will be stated for the second time.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients. There was a system in place to monitor the registration status of nurses with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that they were provided with a range of mandatory training to enable them to carry out their roles effectively. There was a system in place to monitor staff compliance with mandatory training and to remind them when training was due.

Staff said that teamwork was good and that they felt well supported in their role. As previously mentioned staff said that staffing levels had recently been affected as some of their colleagues had to isolate due to the ongoing COVID-19 pandemic and this had been challenging in the short term. The manager said that staff had been very helpful in covering shifts and that staff who were isolating were due back to work within the next few days. The manager also said that recruitment was ongoing for additional staff.

The staff duty rota accurately reflected 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. The manager told us that the number of staff on duty was reviewed on a weekly basis to ensure the needs of the patients were met. It was observed that there were enough staff in the home to respond to the needs of the patients in a timely way; calls bells were answered promptly and patients were seen to receive the care they required at the right time.

Staff said that they aimed to provide good care for the patients at all times and that it was a “homely” environment to work in. A staff member said that “I like working here; it is such a lovely home, very personal”.

The majority of patients said that there were enough staff to help them when they needed; only one patient felt that there could be more staff on occasions. Patients’ relatives said that there were enough staff and that their loved ones were well cared for. Staff were seen to be courteous to patients, relatives and each other; they were friendly, polite and helpful. Comments made by patients, relatives and staff were brought to the attention of the manager for information and action if required.

### 5.2.2 Care Delivery and Record Keeping

Staff said that they received a handover at the start of each shift to ensure that they were aware of any changes in the needs of the patients. In addition, there was a daily ‘10 at 10’ meeting for staff to discuss any changes or issues. Staff were knowledgeable regarding individual patients’ needs and preferences.

Staff were observed to be prompt in attending to patients’ needs. Staff were seen to be skilled in communicating with patients; they were respectful, understanding and sensitive to patients’ needs.

Review of patients’ records and discussion with staff confirmed that the correct procedures were followed if restrictive practices and equipment, for example, alarm mats or bed rails, was required. Staff were able to demonstrate their knowledge of the principles of restrictive practices. The manager said that any new staff complete training in this area as part of their induction.

Patients who are less able to mobilise require special attention to their skin care. Those patients who required assistance to change their position had this clearly recorded in their care records.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, aids such as alarm mats, bed rails and crash mats were in use if required. Examination of records and discussion with staff confirmed that in the event of a fall the home’s post fall protocol was implemented and medical assistance was sought if required. However, review of accident report forms evidenced that these were not always accurately completed with all the details required. This was brought to the attention of the manager for information and action; an area for improvement was identified.

Review of a sample of care records for patients who had a wound evidenced that, if required, nursing staff consulted with the Podiatrist or Tissue Viability Nurse (TVN). However, wound care plans reviewed did not accurately reflect the recommended wound dressing to be used or the recommended frequency of dressing change. A care plan and wound chart had not been created for one identified patient who had a recent wound. This was brought to the attention of the nurse on duty who confirmed the patient’s dressing had been changed when required. Additionally, it was observed that the most recent monthly wound care audit did not include all the identified wounds in the home. This area for improvement had not been met and will be stated for the second time.

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 confidentially. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate. However, review of a sample of patients' care records evidenced gaps in regular monthly evaluation in one set of records and it was observed that recent evaluations in a sample of care records lacked an individualised or meaningful evaluation. An area for improvement was identified. There was also no evidence of recent care record audits having been completed; see section 5.2.5 for further details.

It was observed that prescribed medication had been left with a patient and appropriate supervision with medication administration had not been provided; an area for improvement was identified. This was brought to the attention of the manager who took immediate action to resolve the issue.

It was observed that a cupboard, in which medication was stored, had been left unlocked; an area for improvement was made. This was also brought to the attention of the manager in order that action could be taken to resolve this.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Staff were seen to provide patients with an appropriate range of support with meals which included simple encouragement through to full assistance. The dining experience was an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. Staff made an effort to ensure patients were comfortable, whether they were seated in the dining room or their own room, and had a pleasant mealtime experience.

The menu on display was seen to have one option for lunch and tea time; this was discussed with the cook who confirmed that other options were readily available and patients could request a preferred alternative meal which staff would cater for. Patients said that the food was very good and confirmed that they were offered an alternative if they didn't want the main choice on offer. Patients also said that staff took smaller or poor appetites into account when serving the meals and ensured portion sizes were appropriate.

Care records contained recommendations from the Dietician and the Speech and Language Therapist (SALT). Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of diet. Records were kept of what patients had to eat and drink daily. Staff said that patients' weights were checked at least monthly to monitor weight loss or gain. There was evidence that patients' needs in relation to nutrition and the dining experience were being met.

Patients' individual likes and preferences were reflected throughout the care records. Care plans contained information on each patient's care needs and what or who was important to them, for example, a preference to have hair and make-up done before visitors arrive, likes to have a daily paper and watch TV and preferred time to get up and go to bed. Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

There was evidence in the care records reviewed that identified patients had had an annual review of their care, arranged by their care manager or Trust representative.



Patients said that they felt well looked after in the home by the helpful and friendly staff who “are always very attentive”. The patients looked well dressed and it was apparent that attention had been paid to all aspects of their personal care needs. Staff were observed to be responsive to their needs.

### 5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home’s environment evidenced that the home was warm, clean, tidy and fresh smelling throughout. Patients’ bedrooms were seen to be attractively decorated and personalised with items that were important to them such as ornaments, family photographs, house plants and flowers.

On arrival at the home it was observed that a white board had been left in front of a fire exit door in the conservatory; staff were alerted to this and immediately moved the white board in order to ensure that the fire exit was clear and unobstructed. An area for improvement was made. No obstructions were observed to any other fire exits in the home.

It was very positive to note that the ground floor lounge and conservatory had been attractively redecorated and a new heating system had been installed since the last inspection. The management team said that additional improvements were planned but COVID-19 restrictions and lack of availability of required supplies and contractors had delayed progress in some areas; the rolling refurbishment action plan in place was available to review and was kept updated. There was a system in place to report any maintenance issues for action by the home’s maintenance person.

Patients and staff were complimentary about the environment; they said the home was kept “very clean and tidy” and that the redecoration completed was “just lovely”.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases, for example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of hand hygiene was regularly monitored by the manager and records were kept. The manager said that staff use of PPE was regularly monitored, however, there was no evidence of records being kept regarding this; this area for improvement was partially met and will be stated for the second time.

The management team confirmed that visiting and Care Partner arrangements were managed in line with Department of Health (DoH) and IPC guidance. The management team said that communication had been sent to relatives informing them that lateral flow tests were offered in line with DoH guidance prior to visits but were not compulsory. The management team had completed a dynamic visiting risk assessment for the home and also for individual patients; they

said that if relatives choose not to take a test this would not be a barrier to visiting. The visiting policy, risk assessments and communication sent to families were reviewed. A telephone booking system for visits was in operation. The home's Wellbeing Lead said that relatives could also email their visiting requests directly to her and that efforts were made to be as flexible and accommodating as possible.

Patients said that they enjoyed having visits from their families and relatives said they had been kept informed of visiting and Care Partner arrangements and were satisfied with these.

#### **5.2.4 Quality of Life for Patients**

The home's Wellbeing Lead said that an emphasis was put on engaging with patients in a meaningful way. 'Wheel of Life' assessments were being completed with patients in order to best identify their interests and current needs regarding how they would prefer to spend their days. Staff also said that it was important to assess patients' emotional needs and ensure care planning involved a holistic approach. A 'Good Morning Seaview' initiative was in place; the Wellbeing Lead took time to speak to each patient on a daily basis to see how they were and if they needed anything.

Activities were tailored to patients' likes and interests, for example, one to one painting sessions for a patient who had a love of art. Group activities were also scheduled and included bingo, movies, arts and crafts, card games and quizzes. Patients were able to avail of online church services and the Wellbeing Lead offered patients an opportunity for bible and Mass readings each week. Birthday celebrations were arranged and everyone was invited to join in. During the inspection lots of patients were enjoying watching the Olympics' coverage on TV.

It was observed that staff offered choices to patients throughout the day which included, for example, when to get up, whereabouts they wanted to sit and food and drink options. Staff were seen to treat patients with respect and politeness; they regularly asked patients how they were and if they needed anything throughout the day. Staff were seen to be kind and attentive to patients; requests for assistance and call bells were promptly responded to. Discussion with patients confirmed that they were able to choose how they spent their day. They said that they had enough to do and that the activities provided were very good. Patients also said that they got daily papers and magazines if they wanted. One patient said they were really enjoying the new TV in the lounge which was a 'smart TV' and could be used to watch YouTube and country music channels.

Patients told us that they were encouraged to share their views on the home; the Wellbeing Lead said meetings with patients were held on an ad hoc basis with small numbers due to the current need for social distancing. Patients said that they were asked their views on aspects of the home such as activities and menu choices. One patient said the food was good but could be a "bit bland"; they confirmed that they had recently been asked their opinion on the food and hoped that this might result in some changes to the menu in future. The Wellbeing Lead said that the outcome of food surveys was discussed with the cook who confirmed that patients' views and opinions were taken into account in the planning of menus.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff said that they assisted patients to make phone or video calls to their families and some patients had their own mobile phones. The home produces an informative and colourful monthly newsletter which is shared with patients and relatives to keep them up to date with news and events.

Relatives said that they found communication to be good and that they “can go to Ruth (the manager) about anything”.

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Ruth Magowan has been the Registered Manager of the home since 25 October 2018. There was a clear organisational structure in place. Staff were aware of who the person in charge of the home was in the absence of the manager. Staff also demonstrated their understanding of their own roles and responsibilities in the home.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home, for example patients’ weights and hand hygiene practices. However, as previously mentioned there was no evidence of recent care record audits and the accident/incident audits and environmental audits were not consistently completed; an area for improvement was made. Additionally, issues identified with PPE and wound care audits were discussed in section 5.2.2 and 5.2.3.

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 Responsible Individual was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Staff spoken with demonstrated their knowledge of safeguarding and reporting concerns about patient care or staff practices.

It was established that the manager had a system in place to ensure that accidents and incidents were notified, if required, to patients’ next of kin, their care manager and to RQIA. Review of records evidenced that there was a low incidence of accidents/incidents within the home but that RQIA had been appropriately notified, where required, of those recorded. As previously mentioned deficits were observed in the completion of accident report forms and monthly auditing in this area. Staff demonstrated their understanding of reporting accidents/incidents.

Patients and their relatives said that they knew how to report any concerns and how to make a complaint. They said they were confident that these would be dealt with. There was a system in place to manage complaints. The manager told us that complaints were seen as an opportunity to for the team to learn and improve.

The home was visited each month by the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. Review of a sample monthly monitoring reports evidenced that these met with legislative requirements. These are available for review by patients, their representatives, the Trust and RQIA.

## 6.0 Conclusion

Patients looked well cared for, comfortable and content in their surroundings. Staff were seen to treat patients with kindness, respect and compassion.

The home was clean, tidy and well decorated. Positive improvements had been made to the environment and an action plan was in place for further planned improvements.

Patients and relatives all commented positively about life in the home and the care provided. Staff did not raise any concerns other than the recent short term staffing challenges resulting from the ongoing COVID-19 pandemic.

Based on the inspection findings six new areas for improvement were identified regarding accurate completion of accident records, meaningful evaluation of care records, medicine administration, safe storage of medicines, ensuring fire doors are not obstructed and the system in place to monitor the quality of care and services. Two areas for improvement will be stated for the second time regarding wound care recording and completing PPE audits.

## 7.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3	5*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Ruth Magowan, Registered Manager, and Valerie Atcheson, Responsible Individual, 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>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that all medication in the home is safely and securely stored.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> The Home Manager has reviewed and discussed medication storage with all staff and will monitor with regular checks
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (4) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that all fire exits in the home are unobstructed at all times.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> The whiteboard was removed from the fire exit immediately and residents and staff have been told not to remove whiteboard in front of doors in future. Fire exits are now checked as part of the 10@10 meeting.
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 10 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> Ongoing from the date of the inspection	The registered person shall ensure that there is a robust governance system in place to regularly monitor the care and services provided, including, but not limited to, care records, accidents/incidents and the environment. The audits completed should include an action plan, timescale and identify the person responsible for completing where required.  Ref: 5.2.5
	<b>Response by registered person detailing the actions taken:</b> The Home Manager will ensure all aspects of the governance system is in place and monitored regularly. A change in staff had left gaps which is now being addressed.
<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 46.2 & 46.12  <b>Stated:</b> Second time  <b>To be completed by:</b> Ongoing from the date of the inspection	The registered person shall ensure that audits are completed to assure compliance with best practice regarding use of PPE.  Ref: 5.1 & 5.2.3
	<b>Response by registered person detailing the actions taken:</b> This audit has been drawn up and is part of the Home Manager monthly checks.

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Ongoing from the date of the inspection</p>	<p>The registered person shall ensure that up to date wound care records are maintained and that these contain an evaluation of the care provided. Wound care audits should also be completed on a regular basis in order that any deficits in wound care recording can be identified and resolved in a timely manner.</p> <p>Ref: 5.1 &amp; 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> A SMT meeting has been held and processes and procedures fully discussed with RNs. The wound management system and audit is being monitored by the Home Manager &amp; RI.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 37</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of the inspection</p>	<p>The registered person shall ensure that accident/incident records are completed accurately and in full in line with legislative requirements and best practice guidance.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Accidents &amp; incidents have been documented &amp; reported as required in the standards. The reporting process has been discussed with staff to ensure there have been no accidents or incidents that have gone unreported.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of the inspection</p>	<p>The registered person shall ensure that patients' care records are kept under regular review and updated as changes occur; evaluations of care records should be meaningful and individualised.</p> <p>Ref:5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Care records are being reviewed and updated in a manner which fully informs the whole care process</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that medications are administered in compliance with legislative requirements, professional standards and guidelines.</p> <p>Ref:5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> A review of medication is ongoing with all resident medication care plans being updated along with general administration</p>

	<p>documentation and audit. Our pharmacy has delivered medication training to the HM &amp; RNs during pandemic and online updates with medication concerns, passed to the HM for actions and sharing with the nursing team.</p>
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***\*Please ensure this document is completed in full and returned via Web Portal\****



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