



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 7 & 14 October 2019



## Kingscourt

**Type of Service: Nursing Home (NH)**

**Address: 928 Antrim Road, Templepatrick, BT39 0AT**

**Tel No: 02894432046**

**Inspector: James Laverty and Gavin Doherty**

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Assurance, Challenge and Improvement in Health and Social Care

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

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

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 19 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Manor Healthcare Ltd  <b>Responsible Individual:</b> Eoghain King	<b>Registered Manager and date registered:</b> Brian Campbell 1 April 2005
<b>Person in charge at the time of inspection:</b> Upon arrival – Staff Nurse Petuala Snoddy 09.30 Onwards, Brian Campbell	<b>Number of registered places:</b> 19
<b>Categories of care:</b> Nursing Home (NH) LD – Learning disability LD(E) – Learning disability – over 65 years	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 18

### 4.0 Inspection summary

An unannounced care inspection took place on 7 October 2019 from 09.20 to 18.00 hours. This inspection was undertaken by the care inspector supported by the estates inspector who conducted his inspection visit on 14 October 2019.

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

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

Evidence of good practice was found in relation to staff interaction with patients, collaboration with the multiprofessional team, managing the nutritional needs of patients and communication between staff.

Areas requiring improvement were identified in relation to staffing arrangements, the environment and Control of Substances Hazardous to Health (COSHH) regulations compliance. Further areas for improvement were also highlighted in regard to management of behaviours which may be challenging, monthly monitoring reports and quality assurance audits/analyses.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

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
<b>Total number of areas for improvement</b>	5	*4

\*The total number of areas for improvement includes one under the standards which has been restated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Brian Campbell, 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 28 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 28 February 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 inspection findings, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home. The following records were examined and/or discussed during the inspection:

- staff training records for the period 2019/20
- accident and incident records
- three patients' care records including relevant supplementary nutritional care records
- a selection of governance audits
- complaints records

- adult safeguarding records
- notifiable incidents to RQIA
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last medicines management 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 manager at the conclusion of the inspection.

## 6.0 The inspection

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

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> Second time	The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.  Particular attention should be given to the areas for improvement identified in section 6.3.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the environment, discussion with domestic staff and examination of domestic cleaning schedules provided evidence that this area for improvement has been met. One area in which some high dusting was required was highlighted to the manager. It was also noted that some domestic cleaning schedules had overlapping information and were not organised as effectively as possible. The manager agreed to action this; this will be reviewed at a future care inspection.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure fire doors or not propped or wedged open within the home. Any door required to be wedged open should be fitted with a door releasing unit and the fire risk assessment updated.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of the internal environment confirmed that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure the staffing rota is maintained in accordance with this standard.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of the staffing rota confirmed that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 38</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure any gaps in an employment record are explored and explanations recorded.</p> <p><b>Action taken as confirmed during the inspection:</b> Selection and recruitment records for one staff member were reviewed. It was noted that a recruitment checklist is maintained on site while other recruitment records are retained elsewhere. While records referred to consideration being given to the staff member's 'full employment history' it was not explicitly clear whether any gaps in the staff member's work history were included. These deficits were discussed with the manager and (by telephone) Linda Telford, Human Resources (H.R.) manager during the inspection. It was agreed that selection and recruitment records should also evidence effective monitoring by the manager.</p> <p>This area for improvement was not met and is stated for a second time.</p>	<p><b>Not met</b></p>



<b>Area for improvement 3</b> <b>Ref:</b> Standard 39 <b>Stated:</b> First time	The registered person shall ensure mandatory training requirements are met.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager advised that he regularly receives information from the H.R. manager in regard to staff compliance with mandatory training. While the manager was able to provide a printout reflecting the current level of staff compliance in this area (dated 7 October 2019), it did not allow for any meaningful analysis of staff training by individual type; this is discussed further in section 6.3.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 43.1 <b>Stated:</b> First time	The registered person shall ensure effective signage is used to orientate patients within the home.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment and discussion with the manager highlighted that the need for effective and person centred signage has not been met. In addition, further improvements in relation to the quality of the internal décor were identified. This is discussed further in section 6.3.  This area for improvement has not been met and is subsumed into a new area for improvement included within the QIP found in section 7.2.	

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

Upon arrival to the home we were greeted by the nurse in charge and several patients who chose to spend their day in the entrance hall area of the home.

Staffing levels within the home were discussed with the manager who confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. No concerns were expressed by patients with regard to staffing arrangements. Staff did highlight concerns in regard staffing arrangements within the laundry. As there is no dedicated member of staff to work exclusively within the laundry, care staff told us that they are expected to carry out laundry duties in addition to caring for the patients. Staff told us:

- “It can be very frustrating ... it’s impossible to do both.”
- “The laundry is constantly busy ... sometimes we stay in the laundry for time to wait for a wash to finish or fold items for the dryer.”

During the inspection, one staff member who had been assigned to provide continuous supervision of a patient was observed carrying out laundry duties which resulted in ineffective observation of the patient. Staff told us that having to undertake laundry duties took them away from direct patient care. This was discussed with the manager (and responsible individual who visited the home during part of the inspection) and it was agreed that laundry staffing arrangements would be reviewed as a matter of priority. An area for improvement was made.

One patient expressed dissatisfaction with the laundry services. This was highlighted to the manager who agreed to speak to the patient and consider other ways of more effectively labelling patients’ clothing.

We were told by staff that they received regular mandatory training to ensure they knew how to provide the right care. However, some staff did tell us that they would prefer some training to be provided face to face rather than online for example, moving and handling training. This staff feedback was shared with the manager who agreed to review it with the responsible individual. This will be reviewed at a future care inspection. No manual handling concerns were noted throughout the inspection.

The way in which staff are supported in their roles was considered. Discussion with staff confirmed that they underwent both annual appraisals and regular supervision. Staff spoke very highly about the manager, stating:

- “I love working here ... it’s like a home from home.”
- “It’s brilliant working here ... I love it.”

A review of governance records provided assurance that the majority of incidents had been reported to RQIA. One had not been notified; the manager agreed to do this retrospectively. The need to ensure that all such incidents are reported to RQIA in a timely manner was stressed.

Systems were in place to ensure that all staff attend adult safeguarding training and have sufficient awareness of the home’s adult safeguarding policy to help ensure that it is embedded into practice. Staff who were spoken with expressed a good understanding of how to recognise and respond to potential safeguarding incidents.



Arrangements were in place to monitor and review the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). The HR manager advised that she checks the professional registration of staff on a monthly basis although these checks are not routinely shared with the manager. This was discussed with the manager and it was agreed that such checks should be monitored and validated by the manager on a regular basis with records retained to evidence this. This will be reviewed at a future care inspection.

Observation of the environment and staff compliance with infection prevention and control (IPC) best practice standards was considered. Staff appropriately wore gloves and aprons (Personal Protective Equipment, PPE) at all times and were seen regularly using hand sanitisers. However, it was noted that one 'crash mat' in use was dirty and food waste was being discarded alongside condiments which were given to patients during mealtimes. An area for improvement was made.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. While the home was generally neat and tidy throughout, the internal décor was noted to be tired in places and requiring improvement. Some corridors were poorly illuminated and lacked adequate signage for patients. Some aspects of the external environment which required improvements is discussed below.

### **Estates Inspection**

The premises mechanical and electrical services were well maintained in accordance with current best practice guidance. However, the most recent risk assessment with regards to the control of legionella bacteria in the premises hot and cold water systems was undertaken on 29 June 2015. The significant findings contained in this report had not been signed-off as completed. It is essential that this risk assessment is reviewed and that any required remedial works are fully implemented within the stipulated timescales. An area for improvement was made.

The fire risk assessment was reviewed on 12 March 2019 and the significant findings appeared to have been fully implemented and signed-off appropriately. All weekly and monthly fire safety function checks are in place and regular fire drills are undertaken with records maintained.

Internally, the premises were found to be warm, clean and tidy. There were no malodours detected throughout the premises. However, the decorative state of the interior was noted as being tired, somewhat drab and in need of redecoration.

Externally, aspects of the premises were found to be in very poor condition. The doors to the first floor emergency exit, boiler house and kitchen entrance showed clear evidence of damage. These should be repaired or replaced without further delay. The paintwork to the soffits, fascia and window sills/reveals were in very poor condition. Again suitable repairs and redecoration should be carried out without further delay.

The pathways surrounding the premises should be cleared of debris and moss to ensure they remain slip resistant. Also any affected areas of the roof and guttering should be cleared of debris and moss.

A suitable time bound program should be drawn up for the refurbishment/ redecoration of the premises both internally and externally. This should be submitted to RQIA for consideration.

Fire exits and escape routes were observed to be free from clutter throughout the inspection while staff adhered to good fire safety practices.

Observation of the treatment room highlighted that it had been left unattended by staff for a period of time. The need to ensure that the treatment room is effectively secured at all times so as to ensure patient safety was stressed. An area for improvement was made.

It was also noted that two inhalers were left unattended for a period of time on a medicine trolley within the dining room. This was discussed with the manager and the need to ensure that medicines are stored securely at all times when not in use was stressed.

Compliance with Control of Substances Hazardous to Health regulations was also considered. It was noted that one domestic trolley was left unattended by staff for a period of time. An area for improvement was made.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff interaction with patients.

### Areas for improvement

Areas for improvement were highlighted in regard to staffing arrangements, the environment, risk assessment relating to the control of legionella bacteria and COSHH compliance.

	Regulations	Standards
<b>Total numb of areas for improvement</b>	4	1

### 6.4 Is care effective?

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

Staff confirmed that patient care was discussed at the beginning of each shift in the handover report. Staff spoke enthusiastically about working within the home and consistently expressed the importance of providing person centred care and the promotion of independence in a compassionate manner.

Staff who were spoken with stated that if they had any concerns they could raise these with the nurse in charge and/or the manager.

A review of patients' care records evidenced that nursing staff had regular contact with professionals such as GPs, tissue viability nurses (TVN), dieticians and speech and language therapists (SALT).

The management of patients at risk of falling was considered. A review of one patient's care records evidenced that a thorough and accurate risk assessment was in place. It was also positive to note that a 'Falls protocol' was also contained within the patient's notes.

The care records for one patient who required assistance with nutritional care were also examined. Nutritional records were consistently maintained and accurately reflected SALT recommendations. Kitchen records were similarly up to date and accurate for the patient.

The management of patients who may exhibit behaviours which are challenging was reviewed. The care records for one such patient did evidence a very detailed care plan which made clear reference to deprivation of liberty (DoL) considerations; this is commended. However, there was inconsistency between this care plan and a related risk assessment. It was also noted, as referenced in section 6.3, that staff inconsistently provided continuous support to this patient as was required by the care plan. An area for improvement was made.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to collaboration with the multiprofessional team and the management of falls.

### Areas for improvement

An area for improvement was highlighted in regard to the management of behaviours which may be challenging.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

#### 6.5 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Throughout the inspection, staff interactions with patients were observed to be compassionate, and caring. The manager displayed a thorough understanding of the need to ensure care delivery based upon a human rights approach.

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

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Patients told us:

- "The staff are kind ... I'd recommend the food ... I enjoy living here."
- "The food is lovely ... the girls (staff) are great."
- "It's dead on ..."
- "I feel like it's my home."

It was evident from observation of patient/staff interactions and feedback from patients themselves, that a homely atmosphere exists within the home and that patients feel secure and safe within the setting.

We observed the serving of lunch. Staff interactions with patients were friendly, appropriately humorous and compassionate. The meals being served appeared appetising and several patients spoke positively about the meal afterwards. However, the meal served did not match the menu on display. It was also noted that a selection of condiments were only made available in sachet form to patients. This was discussed with the manager and it was agreed that the provision of condiments in sachet form would be reviewed. We observed that food waste was being discarded alongside condiments which may be given to patients during mealtimes. It was recommended to the manager that this food bin should be placed in a more suitable location. These issues will be reviewed at a future care inspection.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge of patients' wishes and preferences, the homely atmosphere and managing the nutritional needs of patients.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised.

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

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and trust representatives. However, it was noted that not all shortfalls identified during the visit in August 2019 were contained within a time bound action plan as part of the final report so as to help drive improvement in a meaningful manner. The report also failed to identify those ongoing concerns relating to laundry staffing arrangements which are referenced in section 6.3. An area for improvement was made.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in relation to accidents/incidents, care records and IPC. While some audits had been completed consistently and effectively, some had not. For instance, one care record audit contained no action plan and evidenced no review by the manager. Also, the July 2019 accident/incident analysis was incomplete and not reviewed by the manager. The need to ensure that all monthly analyses and audits are robustly completed and reviewed by the manager was stressed. An area for improvement was made.

Several patients who were spoken with stated clearly that if they had a concern they would raise it with staff and/or the manager. Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

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

Review of complaints records provided assurance that a recent complaint had been managed responsively. It was agreed with the manager that a regular analysis of complaints records would be commenced so as to inform service delivery and provide shared learning for staff. This will be reviewed at a future care inspection.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between staff.

### Areas for improvement

Areas for improvement were highlighted in regard to monthly monitoring reports and auditing processes within the home.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Brian Campbell, 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.

<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 20 (1) (a)</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 at all times, suitably qualified, competent and capable staff are working within the home in such numbers as are appropriate for the health and welfare of patients.</p> <p>This relates specifically to the operation of the laundry as outlined in section 6.3 of this report.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> A designated laundry worker will be employed negating the requirement for care staff to undertake laundry duties alongside their care role. A review of laundry procedures will be undertaken in terms of systems to identify personel clothing.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person must ensure that all parts of the home to which patients have access are free from hazards to their safety and that all unnecessary risks to their health and safety are eliminated as far as is reasonably practicable.</p> <p>This relates specifically to management of the treatment room.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Measures have been put in place to ensure that the treatment room is kept safe and secure at all times.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered persons must ensure that all chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health.</p> <p>Ref: 6.3.</p> <p><b>Response by registered person detailing the actions taken:</b> Domestic staff have been instructed that all cleaning materials and chemicals are securely locked away and not left unattended.</p>



<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 27 (2) (q)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 2 December 2019</p>	<p>The registered person shall ensure that a review of the premises risk assessment relating to the control of legionella bacteria in the premises hot and cold water systems is undertaken. They should further ensure that the significant findings contained in this report are fully implemented within the stipulated timescales.</p> <p>Ref: 6.3</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p><b>Response by registered person detailing the actions taken:</b> A review of the premises risk assessment in relation to the control of Legionella bacteria was undertaken on the 6<sup>th</sup> December 2016 and again on the 12<sup>th</sup> April 2019. The findings within the risk assessment have been actioned within the stipulated timescales.</p> <p>The registered person shall ensure that a robust system of monthly quality monitoring visits is completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes 2015. Such visits should include evidence of reviewing quality assurance audits/monthly analyses and include time bound action plans to drive quality improvement and address any deficits identified by current quality improvement plans as outlined by RQIA.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> The registered person ensures that a robust system of monthly quality monitoring visits is completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes 2015. These visits will include evidence of reviewing quality assurance audits/monthly analyses and include time bound action plans to drive quality improvement and address and deficits identified by current quality improvement plans as outlined by the RQIA.</p>
<p><b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 38</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure any gaps in an employment record are explored and explanations recorded.</p> <p>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b> Recruitment records have been further amended to include monitoring of all absences in previous employment history including on our application forms and at interview.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 43</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 2 December 2019</p>	<p>The registered person shall ensure that the areas relating to the internal and external environment identified in the report are addressed.</p> <p>A detailed refurbishment action plan with firm timescales for improvement should be forwarded to RQIA along with completed QIP.</p> <p>Ref: 6.3</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</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 the following in regards to the provision of care to patients who may exhibit behaviours which challenge and/or place themselves/others at risk of harm:</p> <ul style="list-style-type: none"> <li>• a comprehensive and accurate risk assessment in relation to the assessed risk</li> <li>• a comprehensive, person centred and accurate care plan which details how the assessed risk should be managed</li> <li>• staff shall adhere to the prescribed care as detailed within the relevant care plan at all times (this includes but is not limited to the provision of continuous supervision of patients if so required)</li> </ul> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Supervision with primary nurses has been undertaken highlighting the requirement for risk assessments / risk management plans relating to patients who may exhibit challenging behaviour or be subject to enhanced levels of support and supervision. In such cases the care plan and risk assessments are consistent and reflect current care/ support needs.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 35</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 quality assurance audits and/or regular analyses of service delivery is monitored in a robust and effective manner at all times by the manager.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> The registered manager will ensure that all quality assurance audits and associated monitoring of service delivery are completed and maintained effectively.</p>

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



The **Regulation** and  
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