



Unannounced Care Inspection Report 8 December 2020



Daisyhill Private Nursing Home

Type of Service: Nursing Home (NH)
Address: 50a Ahoghill Road, Randalstown, BT41 3DG
Tel No: 028 9447 9955
Inspector: Bronagh Duggan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

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

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 25 persons living with a learning disability.

3.0 Service details

Organisation/Registered Provider: Town & Country Limited Responsible Individual: Marina Lupari	Registered Manager and date registered: Fionnuala Kidd (acting) 1/7/2020
Person in charge at the time of inspection: Fionnuala Kidd	Number of registered places: 25
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 24

4.0 Inspection summary

An unannounced inspection took place on 8 December 2020 from 10.30 to 18.30. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan and to review the policies and procedures in place during the current Covid 19 pandemic.

The following areas were examined during the inspection:

- Staffing
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- Environment
- Care records
- Care delivery
- Governance and management

Patients in keeping with their level of understanding and communication abilities confirmed that they were content living in the home.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*5	*3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Marina Lupari, responsible individual, and Fionnuala Kidd, manager, as part of the inspection process. The timescales for completion commence from the date of inspection. * Two areas for improvement under the regulations have been stated for a second time. One area for improvement under the regulations has been carried forward for review at a future inspection. Two areas for improvement under the standards have been carried forward for review at a future inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 10 patients either individually or in groups, six staff, the manager and the responsible individual. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with "Tell Us" cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. There were no completed questionnaires returned within the identified timescale.

The following records were examined during the inspection:

- Duty rotas
- Two care records
- Two staff recruitment records
- Staff supervision matrix
- Staff professional registration information for Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- A selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- Complaints and compliments records
- Incident and accident records
- Minutes of patients' meetings
- Certificate of registration

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

6.0 The inspection

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

The most recent inspection of the home was an unannounced care inspection undertaken on 14 November 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: First time	The registered persons shall ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times.	Met
	Action taken as confirmed during the inspection: Inspection of the home showed chemicals and substances hazardous to health were being managed effectively. There were no hazards observed during the inspection.	
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that all topical medicines are stored safely and securely within the home at all times.	Met
	Action taken as confirmed during the inspection: Inspection of the home showed topical medicines were being stored safely and securely. There were no hazards observed during the inspection.	
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and staff and inspection of the home environment showed infection prevention and control measures were appropriately in place to minimise the risk and spread of infection.	

<p>Area for improvement 4</p> <p>Ref: Regulation 27 (4) (b)(d)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that adequate precautions against the risk of fire are taken and that best practice guidance in relation to fire safety is embedded into practice. This refers to fire evacuation lists and personal emergency evacuation plans.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of information in the home showed fire evacuation lists and personal emergency evacuation plans were in place and maintained up to date.</p>		
<p>Area for improvement 5</p> <p>Ref: Regulation 12 (2) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patients' care plans accurately reflect all aspects of care delivery being provided and are effectively reviewed in a timely manner.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Care plans for two identified individuals were reviewed we found that these did not accurately reflect all aspects of care delivery being provided and had not always been reviewed in a timely manner. During the inspection we discussed with the responsible individual and manager the effectiveness of the current care record audit that was being used and how it should be reviewed to ensure a more robust system regarding the review of all care records. See main body of report for further details. This area for improvement has been stated for a second time in the QIP appended to this report.</p>		
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following in regard to the management of any patients who experience a witnessed/unwitnessed fall:</p> <ul style="list-style-type: none"> • all clinical observations (including neurological observations, as appropriate) are undertaken and documented in keeping with best practice standards • a detailed and accurate record of the accident/incident is maintained by nursing staff in relevant accident records and the patient's care records. 	<p>Partially met</p>

	<p>Action taken as confirmed during the inspection: Review of information regarding three falls showed inconsistencies with regards to the records available in relation to clinical observations following the falls. Records showed one set of clinical observations had been undertaken and fully documented. Two records showed clinical observations were undertaken; however records were only partially completed. Records of three accidents / incidents were reviewed these were found to have been completed appropriately. This area for improvement has been partially met and is stated for a second time in the QIP appended to this report.</p>	
<p>Area for improvement 7 Ref: Regulation 13 (1) (a)(b) Stated: First time</p>	<p>The registered person shall ensure the following in regard to the provision of care to patients who require enhanced supervision by staff (this includes 'one to one' supervision):</p> <ul style="list-style-type: none"> • a comprehensive and accurate risk assessment in relation to the assessed risk(s) • a comprehensive, person centred and accurate care plan which details how the assessed risk should be managed • that staff adhere to the prescribed care as detailed within the relevant care plan at all times • that staff document any observational checks of the patient • a process is in place to ensure that supervision of the patient is effectively communicated to staff, as appropriate. <p>Action taken as confirmed during the inspection: Discussion with the responsible individual and review of records maintained showed relevant records and processes were in place to ensure assessed risks were managed and supervision of identified patients was communicated to staff.</p>	<p>Met</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 14.20 Stated: First time	<p>The registered person shall ensure that the name of the appointee, the date they were approved to act in that capacity by the social security agency and the records to be held in respect of the appointment are clearly detailed within the identified patient's individual written agreement.</p>	Carried forward to the next care inspection
	<p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	
Area for improvement 2 Ref: Standard 14.26 Stated: First time	<p>The registered person shall ensure that records of patients' furniture and personal possessions which they have brought to their rooms are reconciled and signed and dated by a staff member and countersigned by a senior member of staff at least quarterly.</p>	Carried forward to the next care inspection
	<p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	
Area for improvement 3 Ref: Standard 47 Stated: First time	<p>The registered person shall ensure that the premises is kept safe and suitably secure so as to ensure the safety of patients at all times; this refers to the area identified in this report.</p>	Met
	<p>Action taken as confirmed during the inspection: Inspection of the environment showed that the identified electrical switch room was closed and securely locked.</p>	
Area for improvement 4 Ref: Standard 44 Stated: First time	<p>The registered person shall ensure that all internal storage areas are kept safe, well maintained and remain suitable for their stated purpose.</p>	Met

	<p>Action taken as confirmed during the inspection: Inspection of the home showed that internal storage areas were kept safe, well maintained and suitable for their purpose.</p>	
<p>Area for improvement 5 Ref: Standard 41 Stated: First time</p>	<p>The registered person shall ensure that the staff rota accurately references the presence of all staff who are on duty within the building at all times. This includes any instances whenever the responsible person is working within the home in a clinical capacity.</p>	Met
	<p>Action taken as confirmed during the inspection: Discussion with the responsible person and review of the duty rota showed it accurately reflected staff on duty. The responsible person confirmed if on occasion they were to work in the home in a clinical capacity this would be recorded on the duty rota.</p>	

Areas for improvement from the last Estates inspection

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005.		Validation of compliance
<p>Area for improvement 1 Ref: Regulation 32 (h) Stated: First time</p>	<p>The registered person shall submit a new variation for consideration by RQIA, with regards to the creation of an additional bedroom within the premises (point 9 in the report), prior to the commencement of any alterations.</p>	Carried forward to the next care inspection
	<p>Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	

6.2 Inspection findings

6.2.1 Staffing

We arrived at the home at 10.30; the manager was in charge of the home. We discussed with the manager staffing levels for the home. Staff duty rotas for the period of 30 November 2020 until 13 December 2020 were reviewed. The duty rota accurately reflected the staff on duty on the day of inspection and highlighted the person in charge in the manager's absence.

During discussion staff confirmed there was stable staffing arrangements in place, this was reflected on the duty rota. The manager outlined the staffing arrangements in the home including identified one to one staffing for identified patients. There were no issues raised by staff regarding staffing levels in the home. Observations made during the inspection showed patients' needs were being met appropriately.

Staff spoke positively about their experiences of working in the home. Staff confirmed they were aware of the reporting arrangements in the home and who to speak with if they had any concerns. Staff showed good knowledge of safeguarding and whistleblowing procedures in the home. Staff spoken with confirmed there was good team working amongst the staff and were well supported by the management of the home. Through discussion staff demonstrated that they were aware of the individual needs of patients.

Comments received from staff included:

- "I am content working here. If I wasn't sure about something I would just ask."
- "There is a lot of togetherness; we all work like a team. It's a real home for the residents."
- "It is very rewarding, I love my job here. You get very attached to them (patients) it is their home."
- "I feel like it is home from home."

6.2.2 Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)

Information in relation to Covid 19 was displayed at the entrance to the home; signage was also displayed throughout the home regarding handwashing technique. The manager advised everyone's temperature was checked and relevant information recorded prior to admission to the home. The manager confirmed all patients and staff had temperatures taken twice daily. Records were available in the home to reflect this.

PPE supplies and hand sanitization were available throughout the home. The responsible person advised there had been some issues identified in relation to automatic dispensers which had been installed within the home. The responsible person advised the issue had been raised with the manufacturer and the issue was being addressed. We observed that there continued to be adequate supplies and availability of hand sanitization throughout the home. Discussion with staff confirmed there was a good supply of PPE available. Staff were observed using PPE appropriately in accordance with current guidance.

During discussion staff confirmed that they were aware of what to do and how to reduce or minimise the risk of infection. Staff confirmed there were enhanced cleaning schedules in place which included regular cleaning of touch points throughout the home to minimise the risk of

infection spread. Domestic staff were observed cleaning touch points at different intervals throughout the day.

We observed staff carrying out hand hygiene appropriately, and changing PPE as required; review of training records showed staff had completed a number of different training sessions in relation to infection prevention and control.

6.2.3 Environment

Inspection of the internal environment found it to be warm, clean and tidy. No malodours were identified. Areas inspected included communal living areas, dining area, activities room, sluice area, bathroom and toilet areas and a sample of bedrooms. We noted one bathroom had recently been refurbished to a good standard. We viewed a sample of patient's bedrooms these were found to be nicely decorated and personalised with individual interests for example favourite football teams, personal mementos were also displayed.

Exits throughout the home were kept clear and free from obstruction, doors were observed as being managed appropriately.

6.2.4 Care delivery

We observed staff practice in the home; interactions with patients were warm and friendly. Staff showed good knowledge of patients' individual needs. Staff spoken with shared that they were aware of the need to observe non-verbal communications from a number of patients due to communication challenges and limited verbal capacity.

Patients were well presented with obvious time and attention given to their personal care. Staff explained how patients were supported individually and that they were aware of their personal preferences. Staff were observed supporting patients with activities on a one to one basis including arts and crafts, in addition other patients were observed relaxing in the home watching TV, movies, and listening to music. Some patients were supported to engage in multi-sensory events including for example aromatherapy in response to visual or audio disabilities. During the inspection a celebration was held for a patient's birthday which was marked with a birthday cake and presents. A number of patients participated in the celebration at a social distance.

Throughout the day patients were observed relaxing in their bedrooms, while others rested in the communal sitting rooms, or on seating throughout the general areas. Patients appeared comfortable; staff were available throughout the day to meet their needs.

Comments from patients included:

- "I like it, staff are good."
- "I like the food."
- "The staff are very good, food good, Im happy enough."

The manager advised visiting arrangements were in place which included visits for relatives/representatives being scheduled in advance within an identified part of the home. The manager confirmed PPE and hand sanitisation was provided for visitors to the home. Supplies of these were observed during the inspection. Visiting was risk assessed on an ongoing basis.

6.2.5 Care records

A sample of two care records were reviewed; review of records showed that they included an assessment of needs, risk assessments, care plans and daily evaluation records. It was noted from review of the assessment information that one of the records did not clearly reflect the patient's needs; in addition the second assessment of needs that was inspected had last been reviewed and updated in 2018. The need to ensure that the assessment of patients' needs is kept under review and revised at any time when necessary and no less than annually was discussed. An area for improvement was identified.

In addition review of the care records for one patient in relation to wound management showed that although relevant care plans had been put in place and specific equipment being used was identified there was inconsistent follow up with regards to photographic updates to review progress with the treatment and conflicting information was recorded with regards to repositioning. The need to ensure there are clear and documented processes with regards to record keeping reflecting the prevention, detection and treatment of pressure damage or ulcers which are based on best practice guidelines was discussed. An area for improvement was identified.

We discussed with the responsible individual and manager the arrangements in place for the auditing of care records. Although there was evidence that care record audits were being completed the effectiveness of the auditing process was discussed as review of the two care records showed deficits with regards to regular review and updating. The responsible individual and manager confirmed the care record auditing process would be reviewed accordingly to ensure greater effectiveness. The effectiveness of this shall be followed up at the next care inspection.

6.2.6 Governance and management arrangements

The manager confirmed that there were systems in place to monitor the effectiveness of care provision in the home. The manager advised that she felt well supported in recent months by the responsible individual who would visit the home on a regular basis. Staff spoken with confirmed they were kept informed of changes as they happened and information was readily available regarding up to date Covid 19 guidance.

We reviewed a sample of audits including for example environmental, medication, mealtime observations, falls, accidents and incidents, IPC, handwashing and care plans. These showed that when actions had been identified they were addressed as necessary. As previously stated in section 6.2.5 the need to review the effectiveness of the care plan audits being completed to ensure a more robust system was in place was discussed with management.

There was a system in place regarding the reporting of notifiable events. Notifiable events including accidents and incidents were monitored on a monthly basis. Review of the records showed that these were effectively documented and reported to other relevant organisations as necessary. We discussed the benefit of maintaining these records in one central location for ease of access and reference.

We reviewed the staff training matrix this showed that mandatory training had been maintained on an up to date basis. We noted training in relation to epilepsy awareness/management was last provided in 2018, the responsible individual advised there had been difficulties in accessing face to face training due to restrictions in place because of the Covid 19 pandemic. We discussed the benefit of ensuring regular training in this area considering the number of patients

with the condition and staff changes over the identified time period. An area for improvement was identified.

Two staff recruitment records were reviewed these showed that all appropriate checks had been completed for candidates prior to their commencement of employment in the home.

A review of staff NMC and NISCC information showed there was a system in place to monitor staff registration with the professional bodies. Records showed the information was reviewed on a monthly basis.

There was a system in place regarding the management of complaints. There had been no complaints received since the previous care inspection. The home had received a number of compliments in recent months which included words of thanks and appreciation from relatives and representatives.

A visit by the registered provider was undertaken as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. We reviewed the reports for October and November 2020 they included an overview of the working practices in the home. An action plan had been developed within the reports to address any issues identified. The action plans included timescales and the person responsible for completing the action.

Staff confirmed there were good working relationships with external stakeholders. The homes certificate of registration was up to date and displayed appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to team work, interactions between patients and staff, promoting individual interests of patients, and IPC practices.

Areas for improvement

Three new areas for improvement were identified during the inspection these related to care records including assessment of needs information and wound management records and also to ensure all relevant staff complete training in epilepsy awareness/management.

	Regulations	Standards
Total number of areas for improvement	2	1

6.3 Conclusion

This inspection focused on following up on the QIP from the previous care inspection and to review the policies and procedures in place during the current Covid 19 pandemic. The previous inspection identified eight areas for improvement under the regulations; five of these have been met, two have been restated for a second time and one has been carried forward for review at a future inspection. Five areas for improvement were identified under the standards during the previous inspection, three of these have been met and two have been carried forward for review at a future inspection.

Discussions with staff and observations made during the inspection showed policies and procedures were being followed within the home to reduce the risk from Covid 19.

Patients looked well cared for; staff confirmed there was good team working within the home.

Two new areas for improvement were identified in relation to care records and one area for improvement was identified in relation to staff training as a result of this inspection.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Marina Lupari, responsible individual and Fionnuala Kidd, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 32 (h)</p> <p>Stated: First</p> <p>To be completed by: Prior to commencement of any alterations</p>	<p>The registered person shall submit a new variation for consideration by RQIA, with regards to the creation of an additional bedroom within the premises, prior to the commencement of any alterations.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 12 (2) (a) (b)</p> <p>Stated: Second</p> <p>To be completed by: 10 December 2020</p>	<p>The registered person shall ensure that patients' care plans accurately reflect all aspects of care delivery being provided and are effectively reviewed in a timely manner.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: All Registered Nurses will be reminded of their responsibilities in relation to the maintenance of care plans. The Acting Nurse Manager will undertake a service improvement initiative related to care planning. This will include an audit of the care file audits being completed, the care plans for the person, the monthly risk assessments and the monthly care evaluations. The aim will be to ensure 100% compliance with all aspects of care planning.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13.1. (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 10 December 2020</p>	<p>The registered person shall ensure the following in regard to the management of any patients who experience a witnessed/unwitnessed fall:</p> <ul style="list-style-type: none"> • all clinical observations (including neurological observations, as appropriate) are undertaken and documented in keeping with best practice standards • a detailed and accurate record of the accident/incident is maintained by nursing staff in relevant accident records and the patient's care records. <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: All Registered Nurses will be reminded of their responsibilities in relation to the management of a resident's fall. The Acting Nurse Manager will undertake a quality improvement initiative related to the implementation of Town & Country Care Homes Ltd Falls Management. This will include a monthly audit of all falls that occur within DaisyHill PNH to ensure the accuracy of care records and</p>

	adherence to the Town & Country's SOP for Falls Management.
Area for improvement 4 Ref: Regulation 15.2 Stated: First time To be completed by: 10 December 2020	<p>The registered person shall ensure that the assessment of the patients' needs are kept under review and revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: All Registered Nurses will be reminded of their responsibilities in relation to the continuous assessment of resident's needs. The Acting Nurse Manager will design and implement an audit to ensure that residents needs are assessed on an ongoing basis and not less than annually.</p>
Area for improvement 5 Ref: Regulation 12(1) (a) Stated: First time To be completed by: 10 December 2020	<p>The registered person shall ensure that record keeping in relation to wound management is maintained in accordance with legislative requirements, minimum standards and professional guidance.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: All Registered Nurses will be reminded of their responsibilities in relation to their record keeping in relation to wound management. The Acting Nurse Manager will undertake a Service Improvement initiative to assist Registered Nurses to meet their requirements. This will include a monthly audit of records relating to wound management.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 14.20 Stated: First time To be completed by: 1 May 2020	<p>The registered person shall ensure that the name of the appointee, the date they were approved to act in that capacity by the social security agency and the records to be held in respect of the appointment are clearly detailed within the identified patient's individual written agreement.</p> <p>Ref:6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 2 Ref: Standard14.26 Stated: First time To be completed by:	<p>The registered person shall ensure that records of patients' furniture and personal possessions which they have brought to their rooms are reconciled and signed and dated by a staff member and countersigned by a senior member of staff at least quarterly.</p> <p>Ref: 6.1</p>

<p>30 April 2019</p>	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 39.9</p> <p>Stated: First time</p> <p>To be completed by: 8 March 2020</p>	<p>The registered person shall ensure all relevant staff complete training in relation to epilepsy awareness/management.</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: The Acting Nurse Manager shall ensure that all relevant staff receive training in relation to epilepsy awareness/management. Town & Country Care Homes Ltd faced difficulty in accessing this training due to COVID restrictions which prevented delivery of face-to-face training. Prior to this all staff had been trained in epilepsy management by the NHSCT Epilepsy Nurse Specialist. Subsequent to the Inspection NHSCT has now made virtual training available for epilepsy awareness and its management. A plan has been developed for all staff to access relevant training and this will be implemented over the next 12 months. records will be kept to ensure that all staff complete this training.</p>

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



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