

# Inspection Report

**4 May 2022**



## Leabank

**Type of Service: Nursing Home**  
**Address: 1 Beechwood Avenue,**  
**Ballycastle, BT54 6BL**  
**Tel no: 028 2076 3392**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation:</b> Leabank  <b>Responsible Individual(s):</b> Mr Brian Macklin and Mrs Mary Macklin	<b>Registered Manager:</b> Mrs Tracy O'Neill – not registered
<b>Person in charge at the time of inspection:</b> Mrs Tracy O'Neill – Acting Manager	<b>Number of registered places:</b> 53 A maximum of 9 patients in category NH-DE.
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category PH – Physical disability other than sensory impairment DE – Dementia.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 41
<b>Brief description of the accommodation/how the service operates:</b> This is a registered nursing home which provides both general nursing care and care for people living with dementia. The home is divided into two units over two floors. A downstairs unit provides care for up to nine people living with dementia. Patients have access to communal lounges and dining rooms.	

## 2.0 Inspection summary

An unannounced inspection took place on 4 May 2022, from 10.45 am to 6.10 pm by two care inspectors.

RQIA received information on 29 April 2022 from the Northern Health and Social Care Trust which raised concerns in relation to care delivery to patients, risk management, staff arrangements and managerial oversight. In response to this information RQIA decided to undertake an inspection which focused on the concerns raised.

A serious concerns meeting resulted from the findings of this inspection. During this inspection, concerns were identified in relation to: the lack of robust managerial oversight and governance arrangements, the quality of care records and the management of risk within the home. These shortfalls raised concerns that the quality of care provided to patients was below the standard expected.

The Responsible Individuals and Manager were invited to attend a serious concerns meeting with RQIA via video teleconference on 11 May 2022 to discuss the inspection findings and their plans to address the issues identified.

During the meeting, Mrs Macklin, Responsible Individual, Christine Thompson, Regional Manager, and the Manager provided RQIA with an action plan, and advised of the completed or planned actions to secure the necessary improvements and address the concerns identified during the inspection. It was agreed during the meeting that a revised and enhanced action plan should be submitted to RQIA following this meeting.

RQIA informed the Responsible Individual following the meeting that further enforcement action may be considered if the issues were not addressed in an effective and sustained manner. RQIA will continue to monitor progress during subsequent inspections.

Seven new areas for improvement were identified during the inspection and are detailed in the Quality Improvement Plan (QIP) in Section 6.0.

Patients were seen to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients and staff members are included in the main body of this report.

The findings of this report will provide the Manager 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 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 the management team at the conclusion of the inspection.

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

During the inspection four patients were spoken with individually. Two relatives and 13 staff were also spoken with. Ten patient questionnaires were returned. Comments included in the questionnaires included; "I am very happy with my care, the staff are lovely," "I am quite content and happy" and "the staff are kind." Four other individual comments were shared with the Manager who agreed to discuss the comments made with the patients. Patients spoken with on an individual basis told us that they were happy with the care and services provided in Leabank, that the staff were kind and friendly but kept very busy.

The two relatives spoken with expressed no concerns about the care their family member received.

Staff spoken with told us that communication could be better in the home and that they often relied on their peers to update them on important issues within the home such as changes or updates in regards to patient care needs. We discussed the care of a complex patient in the home and staff told us that they had received limited training in relation to aspects of that patient's care.

This was discussed with the management team on feedback and at the serious concerns meeting on 11 May 2022; RQIA were advised during the serious concerns meeting that arrangements were now in place to ensure that going forward; all staff delivering care to the identified patient had been and/or would be appropriately trained.

Staff did share with us that teamwork was good between colleagues. RQIA were assured that staff knew their responsibilities in regards to safeguarding and whistleblowing and how to report issues of concern in the home, for example, if equipment was broken.

No response was received to the online staff survey within the allocated timeframe.

Comments made by patients and staff were brought to the attention of the management team for consideration and action, as appropriate.

RQIA were advised at the serious concerns meeting on 11 May 2022 and included in the action plan submitted by the home of the proposed and ongoing changes to communication within Leabank Nursing Home. These changes included an anonymous staff questionnaire, the implementation of weekly 'flash' meetings and monthly staff meetings.

## 5.0 The inspection

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

The most recent inspection of the home was an unannounced care and pharmacy inspection undertaken on 22 and 29 March 2022; that inspection resulted in 14 new areas for improvement and two areas for improvement which were stated for a second time.

Areas for improvement from the last inspection on 22 and 29 March 2022.		
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 12 (1) (a) (b) a  <b>Stated:</b> First time	The registered person shall ensure record keeping in relation to wound management is maintained in accordance with legislative requirements, minimum standards and professional guidance.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this Regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time	The registered person shall ensure the infection prevention and control issues identified during this inspection are addressed. This is stated in reference, but is not limited to, the effective cleaning of equipment and inappropriate storage of patient items in kitchenette areas.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  A review of the environment and equipment evidenced this area for improvement has been met.	

<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 19 (1) ( b)  <b>Stated:</b> First time	<p>The registered person shall ensure that patient care records are stored securely.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the identified area evidenced the patient care records had been moved and stored securely.</p>	<b>Met</b>
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 14 (2) (a) (b) and (c)  <b>Stated:</b> First time	<p>The registered person shall ensure as far as reasonably practicable unnecessary risks to the health and safety of patients is identified and so far as possible eliminated.</p> <p>This relates specifically to the following:</p> <ul style="list-style-type: none"><li>• sluice and treatment room doors are locked when not in use</li><li>• staff belongings are not stored in patient areas.</li></ul> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the environment evidenced staff belongings and medication was insecurely stored in an identified area. The treatment room on the ground floor was also observed unsupervised and unlocked.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	<b>Not met</b>
<b>Area for improvement 5</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	<p>The registered person shall ensure safe systems for the management of insulin are in place.</p> <p><b>Action required to ensure compliance with this Regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	<b>Carried forward to the next inspection</b>
<b>Area for improvement 6</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	<p>The registered person shall ensure patients have a continuous supply of their prescribed medicines.</p> <p><b>Action required to ensure compliance with this Regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	<b>Carried forward to the next inspection</b>

<b>Area for improvement 7</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this Regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 8</b> <b>Ref:</b> Regulation 30 <b>Stated:</b> First time	The registered person shall ensure that RQIA are notified of any incident that adversely affects the health or wellbeing of any patient.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this Regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 4 <b>Stated:</b> Second time	The registered person shall ensure that contemporaneous records of the repositioning of patients are maintained.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of care records evidenced gaps in the repositioning of patients in accordance with their prescribed care.  This area for improvement was not met and is stated for a third and final time.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 4 <b>Stated:</b> Second time	The registered person shall ensure when a urinary catheter is in use an accurate fluid balance is recorded, which is reviewed and evaluated daily by the registered nurses.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	



<b>Area for improvement 3</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> First time	The registered person shall ensure that care records for patients who require a pressure relieving mattress accurately reflect the prescribed pressure setting and evidence the regular review of these settings.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	The registered person shall ensure that there is evidence of daily evaluation of supplementary care records by the registered nurses.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time	The registered person shall ensure that complete records of the administration of medicines and nutritional supplements administered via the enteral route are maintained.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 6</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time	The registered person shall ensure that the minimum and maximum medicine refrigerator temperatures are recorded to demonstrate that medicines are stored in accordance with the manufacturers' instructions.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	



<b>Area for improvement 7</b> <b>Ref:</b> Standard 29 <b>Stated:</b> First time	The registered person shall ensure that records of medicines received are accurately completed and signed and dated by a registered nurse.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 8</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time	The registered person shall ensure a comprehensive review of training and competency of all staff that have responsibility for managing medicines is undertaken.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Staff confirmed that they met for a handover at the beginning of each shift. Staff told us that the patients' needs and wishes were very important to them.

Discussion with staff highlighted dissatisfaction with the quality of communication from the management team. Communication within the home was discussed at the serious concerns meeting on 11 May 2022. The Regional Manager advised RQIA that an anonymous questionnaire would be made available to staff by 13 May 2022 in order to seek their views in relation to improving communication between staff and management; the Responsible Individual advised that staff feedback would be considered and actioned, as appropriate. RQIA was also informed that a staff meeting had been held on 11 May 2022 and that weekly 'Flash' meetings in addition to monthly staff meetings would be maintained going forward. An area for improvement was identified.

Staff told us they were kept busy, supported each other and there was good team work. Staff also told us while staffing levels had been impacted over recent months due to staff sickness, this has settled in the last few weeks.

The Manager confirmed that staffing levels were kept under regular review and that contingency plans were in place to cover any deficits. The management team advised RQIA of the ongoing recruitment drive for care staff in the home.

Two returned questionnaires commented on staffing levels; one patient commented “Sometimes, there is not enough staff”. In addition, two patients who spoke with inspectors stated that there was not enough staff on duty; this feedback was shared with the Manager for consideration and action, as needed. Observations on the day of inspection did not identify staffing deficits and staff were seen busy but were responsive to requests for assistance and where seen to treat patients with respect and kindness.

### 5.2.2 Care Delivery and Record Keeping

Staff members were seen to respect patients’ privacy; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

Patients who were less able to mobilise were assisted by staff to change their position regularly. However, a review of repositioning records evidenced that patients were not always repositioned as prescribed in their care plans. It was disappointing that pressure area care has been stated on previous inspections as an area for improvement and that this inspection still identified deficits. The regional manager advised RQIA at the serious concerns meeting on 11 May 2022 that a repositioning matrix had now been developed and implemented which will record this aspect of care more clearly; the matrix will then be reviewed on a daily basis by nursing staff and left for the attention of the Manager for further review. An area for improvement has been stated for a third and final time.

Deficits were identified in the quality of care records; specifically care plans were generic and did not reflect the person centred needs of patients. An area for improvement was identified.

In addition, review of supplementary care records for an identified patient who was assessed as requiring hourly checks evidenced that these had been inconsistently completed. The moving and handling care plan for the identified patient was also seen to contradict professional recommendations and in general the care plans did not reflect the individualised and assessed care needs of the patient. An area for improvement was identified.

The care documentation deficits and the care of an identified patient were discussed at the serious concerns meeting on 11 May 2022. The Regional Manager advised RQIA of the actions taken to review care documentation and the specific care and professional recommendations for the identified patient.

Examination of care documentation for patients who had experienced a fall evidenced that neurological observations were not completed for the recommended timeframe or if observations were stopped, no rationale was recorded by nursing staff. An area for improvement was identified. The Regional Manager advised RQIA a meeting is planned for 18 May 2022 with the registered nurses in the home to advise them of the expectations in regard to managing unwitnessed falls and the management of all falls will be reviewed on a daily basis by the Manager.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. The mealtime was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous.

It was observed that most of the patients were eating the same meal and discussion with staff did not provide assurance that the patients were sufficiently encouraged to express their choices in relation to the meals being offered. Further discussion with the chef also highlighted that there had been alterations to the planned menu for the day. This was discussed with the Manager and an area for improvement was identified.

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

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

The manner in which risks within the environment were managed was considered. We noted that a treatment room on the ground floor was left unlocked and unattended which posed a potential risk to patients. Items belonging to staff were also observed to be insecurely stored in a unit within the ground floor dining room; these items posed a potential risk to patients; this was brought to the immediate attention of the Manager who then removed the items to a secure area within the home. These deficits were discussed at the serious concerns meeting on 11 May 2022. RQIA were advised that the Manager or nurse in charge will be responsible for the daily monitoring of these areas. It was agreed that the management of the above risks will be an area of focus during monthly monitoring visits by the management team going forward. An area for improvement was stated for the second time. The Regional Manager advised RQIA the above deficits will be discussed with staff during two scheduled staff meetings in May and that staff will be expected to use the staff lockers provided to store any personal items while on duty.

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).

Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting arrangements were managed in line with DoH and IPC guidance.

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

Observation of life in the home and discussion with staff and patients established that staff engaged well with patients individually or in groups. Patients were afforded the choice and opportunity to engage in social activities and some were observed engaged in their own activities such as; watching TV, listening to music, sitting in the lounge resting or chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere throughout the home was warm, welcoming and friendly. Staff members were seen to speak to patients in a polite and caring manner.

### 5.2.5 Management and Governance Arrangements

There had been no change of management since the last inspection. Mrs Tracy O'Neill has been the acting manager of the home since 1 July 2020. The long term management arrangements were discussed at the serious concerns meeting on 11 May 2022 and RQIA were advised that recruitment efforts remain ongoing in regard to appointing a permanent manager within the home.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. RQIA were appropriately notified of accidents/ incidents if required. However, it could not be established if all stakeholders including the commissioning trust had always been informed of accidents/ incidents as necessary. While the Manager had already identified deficits in the follow up of accidents/ incidents, there was no evidence that these deficits had been appropriately addressed. An area for improvement was identified. This was discussed at the serious concerns meeting on 11 May 2022 and RQIA were informed that a review of the reporting format for accidents/ incidents now included a component requiring completion by staff to confirm that the appropriate stakeholders including the trust had been informed. It was also agreed that the Manager will continue to monitor accidents / incidents as part of the governance audits to identify deficits and ensure these deficits are timely actioned.

The staff training matrix was observed to be out of date and it was evident that a number of staff required mandatory training in certain areas. An area for improvement was identified. Staff training was discussed at the serious concerns meeting on 11 May 2022; an updated training matrix was received and dates of planned mandatory training were confirmed. RQIA was also advised that the Manager will review and update the home's training matrix on a monthly basis and forward it to the Regional Manager for review and action, as required.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These were available for review by patients, their representatives, the Trust and RQIA.

In view of the deficits relating to managerial oversight and governance arrangements within the home, assurances were sought from the Responsible Individual during the serious concerns meeting on 11 May 2022; during that meeting, RQIA were informed that additional management support had been put into the home, namely, senior regional staff will visit the home three days a week to assist the Manager as needed.

## 6.0 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/or the Care Standards for Nursing Homes (April 2015)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	11*	10*

\*the total number of areas for improvement includes 12 which have been carried forward for review at the next inspection; one which has been stated for a second time; and one which has been stated for a third and final time.

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 12 (1) (a) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 10 June 2022	The registered person shall ensure record keeping in relation to wound management is maintained in accordance with legislative requirements, minimum standards and professional guidance.  Ref: 5.1  <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the date of inspection (29 March 2022)	The registered person shall ensure safe systems for the management of insulin are in place.  Ref: 5.1  <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection (29 March 2022)</p>	<p>The registered person shall ensure patients have a continuous supply of their prescribed medicines.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection (29 March 2022)</p>	<p>The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection (29 March 2022)</p>	<p>The registered person shall ensure that RQIA are notified of any incident that adversely affects the health or wellbeing of any patient.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>



<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (b) and (c)</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 as far as reasonably practicable unnecessary risks to the health and safety of patients is identified and so far as possible eliminated.</p> <p>This relates specifically to the following:</p> <ul style="list-style-type: none"> <li>• sluice and treatment room doors are locked when not in use</li> <li>• staff belongings are not stored in patient areas.</li> </ul> <p>Ref: 5.1 and 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All sluices have self closures applied and the doors automatically lock when closed, Treatment room hold open devices have been removed and self closure already in place and self locking when door swings closed. These are being audited by managers on a daily basis to ensure they are kept closed and locked.</p> <p>Staff belongings are removed from cupboard in dining area and this is being monitored by management to ensure items are not placed there again, Staff meeting held and item was discussed at staff meeting to ensure that this does not occur again</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 12 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 May 2022</p>	<p>The registered person shall ensure patients care records are reviewed and updated to reflect the individual assessed need of the patient.</p> <p>The care records should evidence a person centred approach to their nursing care.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Care records have all been reviewed and patient of the day put in place and they have been peer audited by other managers in the home and the group</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 12 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 May 2022</p>	<p>The registered person shall ensure that the identified patient's care records are reviewed and updated to reflect the individual assessed need of the patient, assessed professional recommendations and best practice guidance.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Care records have all been reviewed and patient of the day put in place and they have been peer audited by other managers in the home and the group</p>



<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Regulation 13 (1) (b)</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 all unwitnessed falls are managed in line with best practice guidance.</p> <p>This specifically relates to:</p> <ul style="list-style-type: none"> <li>• The consistent recording of neurological observations</li> <li>• If observations are stopped before the recommended timeframe a clear rationale must be recorded.</li> </ul> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> This has been addressed with all staff following the inspection at the staff meeting and will continue to be audited</p>
<p><b>Area for improvement 10</b></p> <p><b>Ref:</b> Regulation 30</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 a robust system is in place to ensure that accidents / incidents are managed effectively; this includes but is not limited to ensuring that all relevant parties are informed, as required.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> this is currently being completed by the Regional Manager until the new manager is in place and has completed induction</p>
<p><b>Area for improvement 11</b></p> <p><b>Ref:</b> Regulation 20 (1) (c) (i)</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 a robust system is in place to ensure that all staff receive and complete mandatory training appropriate to their job role.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> training matrix has been updated to reflect training given and any identified gaps have been identified and addressed with training being provided to these staff</p>

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> Second time  <b>To be completed by:</b> 30 May 2022	The registered person shall ensure when a urinary catheter is in use an accurate fluid balance is recorded, which is reviewed and evaluated daily by the registered nurses.  Ref: 5.1
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> First time  <b>To be completed by:</b> 30 May 2022	The registered person shall ensure that care records for patients who require a pressure relieving mattress accurately reflect the prescribed pressure setting and evidence the regular review of these settings.  Ref: 5.1
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> 30 May 2022	The registered person shall ensure that there is evidence of daily evaluation of supplementary care records by the registered nurses.  Ref: 5.1
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time  <b>To be completed by:</b> Ongoing from the date of inspection (22 & 29 March 2022)	The registered person shall ensure that complete records of the administration of medicines and nutritional supplements administered via the enteral route are maintained.  Ref: 5.1
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of inspection (29 March 2022)</p>	<p>The registered person shall ensure that the minimum and maximum medicine refrigerator temperatures are recorded to demonstrate that medicines are stored in accordance with the manufacturers' instructions.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of inspection (29 March 2022)</p>	<p>The registered person shall ensure that records of medicines received are accurately completed and signed and dated by a registered nurse.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 April 2022</p>	<p>The registered person shall ensure a comprehensive review of training and competency of all staff that have responsibility for managing medicines is undertaken.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Third and final time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that contemporaneous records of the repositioning of patients are maintained.</p> <p>Ref: 5.1 and 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Additional training has been given to staff both in group sessions and also in one to one sessions this is being monitored by management daily and will address any omissions with staff there are currently no pressure damage in the home.</p>

<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 May 2022</p>	<p>The registered person shall review communication within the home to ensure staff members are kept up to date.</p> <p>This includes the regular scheduling of staff meetings for all grades of staff.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Staff meetings have been held the latest being on the 22<sup>nd</sup> May 2022</p>
<p><b>Area for improvement 10</b></p> <p><b>Ref:</b> Standard 12</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 daily menu displayed should reflect the meals served and be displayed in a suitable format.</p> <p>Any variation from the planned menu must be recorded.</p> <p>Patients should be helped to make choices about the food and drink they wish to be served.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> daily menu are now displayed again and the home are reviewing the ability to use pictorial menu's for he residents</p>

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



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Assurance, Challenge and Improvement in Health and Social Care