

Inspection Report

22 & 29 March 2022



Leabank

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Leabank Responsible Individuals: Mr Brian Macklin Mrs Mary Macklin	Registered Manager: Mrs Tracy O'Neill - Not registered
Person in charge at the time of inspection: Mrs Tracy O'Neill	Number of registered places: 53 A maximum of nine patients in category NH-DE.
Categories of care: Nursing Home (NH) I – old age not falling within any other category DE – dementia PH – physical disability other than sensory impairment	Number of patients accommodated in the nursing home on the day of this inspection: 44
Brief description of the accommodation/how the service operates: This is a registered nursing home which provides both general nursing care and care for people living with dementia. The home is divided in two units over two floors. The 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 22 March 2022 from 10.20am to 6.45pm by two care inspectors. A further inspection took place on 29 March 2022 from 10.30am to 3.15pm by a pharmacist inspector.

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

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

Staff said that teamwork was good within their respective areas. Some staff discussed the staffing levels in the home and stated that they felt that they were short staffed. This was discussed during the inspection and with the regional manager following the inspection; assurances regarding how this was being addressed were received.

New areas for improvement were identified in relation to care records, access to hazards, secure storage of patient records and infection prevention and control.

Concerns were identified during the inspection in relation to medicines management. Eight medicine related areas for improvement were identified including out of stock medicines, the cold storage of medicines, medicines administered via the enteral route and the management of insulin. There was a lack of robust oversight and governance in relation to medicines management. Areas requiring improvement are detailed in Section 5.2.6 of this report.

Following the inspection, the findings were discussed with the senior pharmacist inspector. As a consequence of the inspection findings, RQIA invited the Regional Manager, to attend an enhanced feedback meeting on 7 April 2022.

The online meeting was attended by Mrs Christine Thompson and Mrs Tracy O'Neill, Manager. At the meeting, an action plan detailing the actions that had been taken to date was provided and the action taken to achieve full compliance with the regulations and standards were discussed. RQIA accepted the action plan and assurances provided by the management team. and will carry out a further inspection to assess compliance.

3.0 How we inspect

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

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

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

Questionnaires 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 and how staff went about their work was observed.

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

Patients said that they felt well looked after by the staff who were helpful and friendly. Patients who were less able to tell us about how they found life in the home were relaxed in their surroundings and in their interactions with staff. Patients told us staff were kind and friendly.

Staff spoken with raised concerns in regard to the staffing levels in the home. This was discussed with the manager and regional manager who advised of the use of agency staff and ongoing recruitment for the home. Further assurances were sought from the regional manager following the inspection in regard to the staffing levels. RQIA have requested that we are informed by the home manager when planned staffing levels are not met.

No completed questionnaires or responses to the staff survey were received following the inspection.

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

5.0 The inspection

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

Areas for improvement from the last inspection on 29 April 2021		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 12 Stated: Second time	The registered person shall ensure that patient care records in respect to the care of gastrostomy tubes are: <ul style="list-style-type: none"> • reflective of the current advice from other health professionals • reflective of the current total fluid intake requirement • evaluated to reflect all care given. 	Met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was met.	

Area for improvement 2 Ref: Standard 39 Stated: First time	The registered person shall ensure staff receive training in dementia care and also Deprivation of Liberty Safeguards and that this training is embedded into practice.	Met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was met.	
Area for improvement 3 Ref: Standard 4 Stated: First time	The registered person shall ensure that when a patient requires to be repositioned these records are contemporaneously maintained.	Not Met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was not met and is therefore stated for a second time.	
Area for improvement 4 Ref: Standard 4 Stated: First time	The registered person shall ensure when a urinary catheter is in use an accurate fluid balance is recorded, reviewed and evaluated daily by the registered nurses.	Partially met
	Action taken as confirmed during the inspection: A record of fluid balance was maintained however, the review, evaluation and oversight of this aspect of patient care by the registered nurses was not consistent. This area for improvement is therefore stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff confirmed that they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff were seen to be responsive to requests for assistance and to treat patients with respect and kindness.

There were systems in place to ensure staff were trained and supported to do their job. An overview of staff compliance with mandatory training was maintained and staff were reminded when training was due. Training was provided in an online format but also face to face when practical elements were required, for example, moving and handling training.

The manager confirmed that staffing levels were kept under regular review and that contingency plans were in place to cover any deficits.

Most of the staff spoken with said they were dissatisfied with the staffing levels in the home and felt under pressure. However, observations evidenced that while the staff on duty were busy they were responsive to requests for assistance from patients and were seen to treat patients with respect and kindness.

Details were discussed with the manager and the regional manager who provided further assurances by email as to the planned staffing levels of the home after the inspection. Management also agreed to notify RQIA of any reduction in the planned staffing levels in accordance with Regulation 30.

Patients did not raise any concerns about staffing levels in the home.

5.2.2 Care Delivery and Record Keeping

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

Staff demonstrated their knowledge of individual patient's needs, preferred daily routines, likes and dislikes; for example, where patients preferred to sit to eat their meals and what they liked to eat were accommodated. Staff were skilled in communicating with the patients and treated them with respect.

Patients who were less mobile were assisted by staff to mobilise or change their position regularly. Records reviewed evidenced a care plan was in place to direct the care required, however, if a pressure relieving mattress was in use there was no record of the settings required. This was discussed with the manager and an area for improvement was identified.

Gaps in the recording of the repositioning of patients were observed. This was discussed with the manager and an area for improvement was stated for a second time.

Review of a sample of wound care records evidenced that recommendations made by other healthcare professionals, such as the Tissue Viability Nurse or Podiatrist, were being followed. However, deficits were identified in the care records for two wounds. This was discussed with the manager and an area for improvement was identified.

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 from simple encouragement through to full assistance from staff. Staff told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet and the required assistance.

There was a choice of meals offered, the food was attractively presented, smelled appetising and portions were generous. It was observed that the menu displayed on the ground floor was not updated to reflect the meals on offer. This was discussed with cook who agreed to address this.

During the lunch time meal service we observed that the meals were not served directly from the hot trolley on the first floor to maintain the temperature of the food. This was shown to the regional manager who advised that this was not usual practice and agreed to address this.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Up to date records were kept of what patients had to eat and drink daily.

Patients said they enjoyed the food on offer and that a good variety of meals was provided.

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

Daily records were kept of how each patient spent their day and the care and support provided by staff. Some records were detailed in regard to how the patient spent their day and there was evidence of oversight by the registered, however this was not consistent. This was discussed with the manager and an area for improvement identified.

The care records with regard to the use of urinary catheter in place were reviewed; the records evidenced the recording of the patient's fluid input and output however; this was not consistently evaluated daily by the registered nurses. An area for improvement identified at the previous inspection was partially met and therefore stated for a second time.

Patients were well dressed in clean clothes and attention had been paid to all aspects of their personal care. However, some of the gentlemen had not been shaved. Staff informed us that this was due to an issue with the hot water supply. Through conversation with the regional manager it was evident that the management team had not been informed of this issue but once brought to their attention this was addressed immediately.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the environment evidenced that the home was warm, fresh smelling and in good decorative order. Most areas of the home were found to be clean and tidy. However, some of the equipment such as wheelchairs, specialised armchairs and fall out mattresses were not effectively cleaned. In an upstairs kitchenette we observed inappropriate storage of patient items and confidential patient care records. This was discussed with the manager and two areas for improvement were identified.

Two sluices were observed unlocked with access to cleaning chemicals, the treatment room was also observed to be unlocked on the ground floor. Items belonging to staff were stored in a unit on the ground floor dining room; these were immediately removed and given to the manager. An area for improvement was identified.

Corridors and fire exits were clear of clutter and obstruction. Patients' bedrooms were attractively decorated and personalised with items that were important to them, for example, family photographs, ornaments, pictures, flowers and plants. Patients said the home was kept clean and tidy.

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. The home participated

in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

Review of records, observation of practice and discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided. Review of records evidenced that staff use of PPE and hand hygiene was regularly monitored by the manager. Staff were observed to carry out hand hygiene at appropriate times. However, a small number of staff were observed to not don PPE consistently, specifically aprons and gloves, when engaged in moving and handling tasks and two staff were observed with nail varnish and jewellery. This was brought to the attention of the management team for information and action.

5.2.4 Quality of Life for Patients

It was observed that staff offered patients choices throughout the day. Staff were seen to be attentive to patients and to take time to ask them, for example, where they wanted to sit and if they would like to go to the dining room at lunchtime. Staff were seen to speak to patients in a polite and caring manner. The atmosphere throughout the home was warm, welcoming and friendly. It was obvious that staff were busy but they were observed to provide patients with assistance in a timely manner.

The manager told us that they currently had one part time activity therapist and there is a vacancy that they were actively recruiting for.

Staff took time to chat to patients as they were going about their daily routine; they asked patients how they were, if they would like a drink, if they had enjoyed their meal and if they needed anything. During lunch staff explained what the menu choices were and alternative options were available.

It was confirmed that visiting and care partner arrangements were in place in line with the current guidance.

Patients said staff were kind and helpful. Patients who were less able to communicate their views looked content, settled and well cared for. Patients spoken with said they felt that they had enough to do and did not raise any concerns about the daily routine. Patients also said that they felt staff listened to them and made efforts to sort out any issues brought to their attention.

5.2.5 Management and Governance Arrangements

There had been no change of management since the last inspection. Ms Tracy O'Neill has been the manager of the home since 1 July 2020. At the time of this inspection, an application had been submitted to RQIA for her to be the registered manager for Leabank. Staff 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.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients and also various aspects of care and services provided by the home.

It was established that systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

There was a system in place to manage complaints. The manager told us that that face to face meetings were held with relatives when necessary as part of the complaints' process. The outcome of complaints was seen as an opportunity for the team to learn and improve.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

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, there was evidence that these were followed up to ensure that the actions were correctly addressed. The reports are available for review by patients, their representatives, the Trust and RQIA.

5.2.6 Medicines Management

Arrangements in place to ensure medicines are appropriately prescribed, monitored and reviewed.

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate.

Copies of patients' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

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

The management of medicines prescribed on a "when required" basis for the management of distressed reactions was reviewed for four patients. Directions for use were clearly recorded on the personal medication records; and care plans directing the use of these medicines were in place. Nurses knew how to recognise a change in a patient's behaviour and were aware that this change may be associated with pain. Supplementary administration records included the reason for and outcome of each administration.

The management of pain was discussed. Nurses advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. Care plans and pain assessments were in place and reviewed regularly.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patient.

The management of thickening agents and nutritional supplements were reviewed for three patients. A speech and language assessment report and care plan was in place. Records of prescribing and administration which included the recommended consistency level were maintained.

Some patients cannot take food and medicines orally; it may be necessary to administer food and medicines via an enteral feeding tube. The management of medicines and nutrition via the enteral route was examined. An up to date regimen detailing the prescribed nutritional supplement and recommended fluid intake was in place. Records of administration of the nutritional supplement and water were maintained; however these were not fully complete and reflective of the total recommended daily fluid intake. An area for improvement was identified.

The management of insulin was reviewed. Care plans were in place when patients required insulin to manage their diabetes. There was sufficient detail to direct staff if the patient's blood sugar was too high or too low. An in-use insulin pen device was not individually labelled to denote ownership and the date of opening was not recorded on a number of in-use insulin pen devices. This is necessary to facilitate audit and disposal at expiry. An area for improvement was identified.

Arrangements in place to ensure that medicines are supplied on time, stored safely, and disposed of appropriately.

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that the majority of medicines were available for administration when patients required them. However, it was identified that a total of eight medicines had been out of stock at various times during the previous three weeks resulting in missed doses. This included medicines not being available for one day for a patient recently discharged from hospital as they were out of stock. There was no evidence that any missed doses due to lack of supply of medicines were reported to management or considered as notifiable events to RQIA. Patients must have a continuous supply of their medications as missed doses or late administrations can impact upon their health and well-being. An area for improvement was identified.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each patient could be easily located. In relation to the cold storage of medicines, the minimum and maximum temperature of the downstairs medicine refrigerator had not been monitored and recorded

appropriately. Records of the minimum and maximum temperature of the upstairs medicines refrigerator were recorded however there were gaps in the records and days when no recordings were made. To ensure that medicines are stored in accordance with the manufacturers' instructions, staff must ensure that refrigerators are maintained between 2°C and 8°C. An area for improvement was identified.

The receipt of medicines were recorded on pre-printed medicine administration records. Review of a sample of these records identified they were not consistently signed and dated by nursing staff. This is necessary to provide a clear audit trail. An area of improvement was identified.

Satisfactory arrangements were in place for the safe disposal of medicines and records were maintained.

Arrangements in place to ensure that medicines are appropriately administered within the home.

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

A sample of the medicines administration records was reviewed. Most of the records were found to have been fully and accurately completed. A small number of missed signatures were brought to the attention of the manager for ongoing close monitoring. The records were filed once completed.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs were recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out.

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. However, audit discrepancies were observed in the administration of a small number of medicines. The date of opening was not consistently recorded on all medicines meaning that the administration of medicines could not be easily audited. An area for improvement was identified.

Arrangements in place to ensure that medicines are safely managed during transfer of care.

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

The management of medicines for two patients recently admitted to the home from hospital was reviewed. Written confirmation of the patients' medicine regimes was obtained at, or prior to, admission. The medicine records had been accurately completed however records for the

receipt of medicines were not completed. As discussed previously, one patient missed doses of their prescribed medicines as they had not been ordered in a timely manner following discharge from hospital.

Arrangements in place to ensure that staff can identify, report and learn from adverse incidents.

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

The findings of this inspection indicate the current audit system is not robust and is ineffective at identifying medicine related incidents. The need for a robust audit system which covers all aspects of medicines is necessary to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff. RQIA must be notified of any incident that adversely affects the health or wellbeing of any patient. Two areas for improvement were identified.

Measures in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely.

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that they staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff reference.

There were records in place to show that staff that are responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal. Medicines management policies and procedures were in place.

Given the findings of this inspection a comprehensive review of training and competency of all staff that have responsibility for managing medicines must be undertaken to ensure safe systems are in place. An area for improvement was identified.

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 the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	8*	8*

*The total number of areas for improvement includes two relating to the care standards that have been stated for a second 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	
Area for improvement 1 Ref: Regulation 12 (1) (a) (b) a Stated: First time To be completed by: 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: 5.2.2
	Response by registered person detailing the actions taken: All nurses have received additional training and 1-1 training for any staff who were finding the new electronic system difficult, management are also auditing this on a daily basis
Area for improvement 2 Ref: Regulation 13(7) Stated: First time To be completed by: Immediately and ongoing	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. Ref: 5.2.3
	Response by registered person detailing the actions taken: The IPC issues identified in this report have now been resolved and being audited on a weekly basis by external managers to the home
Area for improvement 3 Ref: Regulation 19 (1) (b) Stated: First time To be completed by: 1 June 2022	The registered person shall ensure that patient care records are stored securely Ref: 5.2.3
	Response by registered person detailing the actions taken: patient records being stored correctly have been addressed with staff and this is being monitored by management

<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (a) (b) and (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</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"> • sluice and treatment room doors are locked when not in use • staff belongings are not stored in patient areas. <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>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>Area for improvement 5</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection (29 March 2022)</p>	<p>The registered person shall ensure safe systems for the management of insulin are in place.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken:</p> <p>The insulin pens that came from the hospital had not been labelled by the hospital, this was rectified and raised at the staff meeting to ensure that staff make sure that they label the pens as soon as they arrive into the home from hospital, all our pens coming from the chemist are already labelled.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 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: 5.2.6</p> <p>Response by registered person detailing the actions taken:</p> <p>Meeting were held with the GP, Pharmacist attached to the GP practice and the issue of staff ordering and not getting items they request was raised and this has now been resolved, manager and deputy have been requesting the monthly order to ensure that there is a correct ordering system in place and that the items ordered are actually given on the prescription.</p>

<p>Area for improvement 7</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 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: 5.2.6</p> <p>Response by registered person detailing the actions taken: The audit system has always been in place but was not used robustly and therefore did not pick up the issues identified, this has been addressed with management and will be audited by external management going forwards</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: Ongoing 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: 5.2.6</p> <p>Response by registered person detailing the actions taken: all incidents are being reviewed by the regional manager and checked to ensure that all notifiable events are sent to RQIA</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 30 May 2022</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>Response by registered person detailing the actions taken: staff have received additional training on the touchcare system both in group sessions and 1-1 sessions and this is being monitored by external manager to the home until the new manager is in place to continue this audit</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 1 June 2022</p>	<p>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.</p> <p>Ref: 5.1.and 5.2.2</p> <p>Response by registered person detailing the actions taken: intake and output is now recorded in the daily progress notes by the nurse in charge. Discussion took place at staff nurses meeting</p>

<p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2022</p>	<p>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.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All care records have been checked and are now reflective of the pressure relieving device in place and also the pressure relieving audit is in place to check these on a monthly basis</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2022</p>	<p>The registered person shall ensure that there is evidence of daily evaluation of supplementary care records by the registered nurses.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: the supplementary care records are being reviewed by the nurses on a daily basis and any action necessary taken</p>
<p>Area for improvement 5</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of inspection (22 & 29 March 2022)</p>	<p>The registered person shall ensure that complete records of the administration of medicines and nutritional supplements administered via the enteral route are maintained and are reflective of the total recommended daily fluid intake</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken: This patients care plan has been totally reviewed and this is now completed on a daily basis following discussion with the nurses at the staff meeting</p>
<p>Area for improvement 6</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: 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: 5.2.6</p> <p>Response by registered person detailing the actions taken: The wrong recording sheet had been put in place and the nurses had not recorded the min/max, this has been rectified and the correct recording sheet is now in place and being used</p>

<p>Area for improvement 7</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: 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: 5.2.6</p> <p>Response by registered person detailing the actions taken: all medications received into the home are being recorded accurately on the MARs sheet by the staff nurses, this was also discussed at the staff meeting</p>
<p>Area for improvement 8</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 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: 5.2.6</p> <p>Response by registered person detailing the actions taken: All staff training has been updated for all staff working in the home.</p>

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



The Regulation and Quality Improvement Authority

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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care