

Inspection Report

27 June 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: Leabank Responsible Individual(s): Mr Brian Macklin and Mrs Mary Macklin	Registered Manager: Mrs Tracy O'Neill – not registered
Person in charge at the time of inspection: Registered Nurse Michelle Toms; 8.00 am – 10.15 am, then Christine Thompson; Regional Manager from 10.15 am to the end of the inspection.	Number of registered places: 53 A maximum of 9 patients in category NH-DE.
Categories of care: I – Old age not falling within any other category PH – Physical disability other than sensory impairment DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 42
Brief description of the accommodation/how the service operates: This home 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. 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 27 June 2022, from 10.00 am to 5.35 pm by two care inspectors.

The last care inspection on 4 May 2022 resulted in a Serious Concerns meeting between RQIA and the home's management team on 11 May 2022. This inspection therefore sought to assess progress with all areas for improvement since the last inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Enforcement action resulted from the findings of this inspection. Serious concerns were identified regarding: the lack of robust managerial oversight and governance arrangements within the home; staffing arrangements and deployment of staff; the provision of timely personal care to patients, the management of falls, wound care and the repositioning of patients; adherence to Infection Prevention and Control (IPC) best practice and the dining experience.

Given the concerns raised, a meeting was held with RQIA on 6 July 2022 with the intention to issue two Failure to Comply (FTC) notices under the Nursing Home Regulations (Northern Ireland) 2005, in relation to:

- Regulation 10 (1)
- Regulation 13 (1) (a)(b)

The meeting was attended by Mr and Mrs Macklin, Responsible Persons, Ms Julie McKearney Independent Nurse Consultant and Mr Glen Best, Operations Director. The management team discussed the actions they had taken since the inspection to address the shortfalls identified and provided an action plan to confirm how these deficits would continue to be addressed and managed in a sustained manner.

RQIA were sufficiently assured that the management team were actively addressing the identified concerns and therefore the two FTC notices were not issued. Areas for improvement are to be managed through the Quality Improvement Plan (QIP).

RQIA will continue to monitor and review the quality of services provided in Leabank Nursing Home. It should be noted that continued non-compliance may lead to further enforcement action.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

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

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

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

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we met with 34 patients, ten staff and two relatives.

Patients, staff and relatives voiced concerns regarding staffing levels and the frequency of the turnover of staff in the home. Ten patients were spoken with individually and although some of them expressed concerns regarding staffing levels, they all confirmed staff looked after them well and tried their best. Specific feedback from patients, staff and relatives during the inspection were shared with the management team for action and review.

Following the inspection, three patient questionnaires were returned. Comments included; “I love it here” and “the staff members are excellent”. One questionnaire was completed by a relative who commented “I am happy with the care of my mum, the staff work really hard and always do everything they can, mum is happy and content”. One staff survey was received however, this was incomplete and did not provide any detail on the staff’s views of the home.

5.0 The inspection

Areas for improvement from the last care inspection on 4 May 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 12 (1) (a) (b) Stated: 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.	Not met
	Action taken as confirmed during the inspection: A review of records evidenced ‘gaps’ in the wound care provided to patients. It was also observed that care plans regarding wound care were not commenced in a timely manner.	
	This area for improvement has not been met and is stated for a second time.	

Area for Improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure safe systems for the management of insulin are in place.	Carried forward to the next inspection
	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.	
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure patients have a continuous supply of their prescribed medicines.	Carried forward to the next inspection
	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.	
Area for improvement 4 Ref: Regulation 13 (4) Stated: 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.	Carried forward to the next inspection
	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.	
Area for improvement 5 Ref: Regulation 30 Stated: First time	The registered person shall ensure that RQIA are notified of any incident that adversely affects the health or wellbeing of any patient.	Carried forward to the next inspection
	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.	

<p>Area for improvement 6</p> <p>Ref: Regulation 14 (2) (a) (b) and (c)</p> <p>Stated: Second time</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>Action taken as confirmed during the inspection: Review of the environment provided evidence that this area for improvement can be met.</p>	<p>Met</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: Some improvements were noted in the quality of the care records from the previous care inspection. However; one patient's care records did not accurately reflect their individual assessed needs and contained incorrect information. This was discussed with the management team and the care records were appropriately updated.</p>	<p>Met</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: A review of records evidenced this area for improvement has been met.</p>	<p>Met</p>

<p>Area for improvement 9</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</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"> • The consistent recording of neurological observations • If observations are stopped before the recommended timeframe a clear rationale must be recorded. <p>Action taken as confirmed during the inspection: A review of records did not provide evidence that this area for improvement can be met. Refer to section 5.2.2 for more detail.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 10</p> <p>Ref: Regulation 30</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: Review of records evidenced this area for improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 11</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</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>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.</p>	<p>Carried forward to the next inspection</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 4 Stated: 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.	Met
	Action taken as confirmed during the inspection: Review of records evidenced this area for improvement has been met.	
Area for improvement 2 Ref: Standard 23 Stated: 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.	Partially met
	Action taken as confirmed during the inspection: Some progress was noted as the name of the mattress is now included in patients care records. However; review of the mattress setting on a number of patients' beds did not correlate with the information provided on the monthly mattress audit. This area for improvement has been partially met and is stated for a second time.	
Area for improvement 3 Ref: Standard 4 Stated: First time	The registered person shall ensure that there is evidence of daily evaluation of supplementary care records by the registered nurses.	Met
	Action taken as confirmed during the inspection: Review of records evidenced this area for improvement has been met.	

Area for improvement 4 Ref: Standard 29 Stated: 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.	Carried forward to the next inspection
	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.	
Area for improvement 5 Ref: Standard 30 Stated: 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.	Carried forward to the next inspection
	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.	
Area for improvement 6 Ref: Standard 29 Stated: First time	The registered person shall ensure that records of medicines received are accurately completed and signed and dated by a registered nurse.	Carried forward to the next inspection
	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.	
Area for improvement 7 Ref: Standard 28 Stated: 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.	Carried forward to the next inspection
	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.	

<p>Area for improvement 8</p> <p>Ref: Standard 4</p> <p>Stated: Third and final time</p>	<p>The registered person shall ensure that contemporaneous records of the repositioning of patients are maintained.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of care records evidenced gaps in the repositioning of patients in accordance with their prescribed care. Refer to section 5.2.2 for more details.</p> <p>This area for improvement has not been met and will be subsumed into a new area for improvement under Regulation.</p>	<p>Not met</p>
<p>Area for improvement 9</p> <p>Ref: Standard 35</p> <p>Stated: First time</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> <hr/> <p>Action taken as confirmed during the inspection: This area for improvement was met as records confirmed staff meetings have taken place since the last inspection and future dates are planned. Staff expressed no concerns regarding communication on inspection.</p>	<p>Met</p>

<p>Area for improvement 10</p> <p>Ref: Standard 12</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: Evidence was provided that patients are helped to make individual choices regarding food and drink. The daily menu was not displayed in a suitable format nor was evidence available to review if any variances had been made to the planned menu.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	<p>Partially met</p>
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5.2 Inspection findings

5.2.1 Staffing Arrangements

Serious concerns were identified regarding the staffing arrangements and deployment of staff in the event of reduced staffing within the home. Staff, patients and relatives raised concerns with the inspectors regarding the frequency of reduced staffing. Observations of care delivery on the day of inspection raised serious concerns regarding the timely delivery of care to patients. A number of patients told us they had not received help to get washed and dressed and a number of gentlemen were seen unshaved. Call bells were not answered in a timely way and by 10.30am, a number of patients had not their breakfast.

This was discussed with the management team during the meeting on 6 July 2022; the management team acknowledged the challenges in the recruitment of staff and outlined their immediate plans to ensure Leabank was safely staffed. Adequate assurances were provided that staffing was being kept under review and action had already been taken to employ additional staff. Further assurance was provided that any nurse in charge of the home has been provided with the process to manage reduced staffing and for the appropriate deployment of staff in the absence of the Manager.

Staffing arrangements were identified as an area for improvement to be managed through the QIP.

5.2.2 Care Delivery and Record Keeping

Staff members were knowledgeable of individual patients' needs, their daily routine wishes and preferences. Staff recognised and responded to patients' needs, including those patients who had difficulty in making their wishes or feelings known. Staff members were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. However, the staff did express they felt under pressure when staffing levels were reduced.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly.

Significant concerns were identified regarding the timely personal care of patients. A number of patients were observed still in night attire and appeared to have not received personal or continence care at 11.45 am. As discussed above a number of gentlemen were seen not shaved. The inspector also waited with one patient for twenty five minutes before her buzzer was answered. This was highlighted to the management team during the inspection for immediate action. During inspection feedback, RQIA were given assurances that all patients had had their personal care needs attended to by midday.

These matters were also discussed during the meeting on 6 July 2022 and adequate assurances were provided by the home's management team regarding actions taken to address these shortfalls. An area for improvement was identified.

Patients who were less able to mobilise were assisted by staff to change their position. However; a review of repositioning records evidenced that patients were not always repositioned as prescribed in their care plans. It was very disappointing that pressure area care has been stated on previous inspections and discussed at the serious concerns meeting on 11 May 2022 and that this inspection still identified deficits. These continued deficits were discussed during the meeting on 6 July 2022.

The home's management team advised that further supervision and competency assessments will be completed for every member of staff to ensure that they are aware of the correct processes for recording repositioning and this will be monitored by the Manager on a daily basis. The previous area for improvement regarding patient repositioning stated under the standards has been subsumed into a new area for improvement under Regulation.

Examination of care documentation for patients who had experienced a fall evidenced that neurological observations had not been commenced timely and were not completed for the recommended timeframe. This was discussed during the meeting on 6 July 2022. The home's management team advised that supervision will be undertaken with all Registered Nurses to ensure that neurological observations are recorded for the recommended timeframe and laminated copies of the post fall care of patients will be available in all nurses' stations and located in nurse-in-charge folder. This area for improvement was stated for a second time.

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 may include simple encouragement through to full assistance from staff. It was observed that patients were enjoying their meals and snacks. Staff made an effort to ensure patients were comfortable, and

had a meal that they enjoyed while maintaining written records of what they had to eat and drink, as necessary. The menu was not displayed in a suitable format in any of the dining rooms. It was also observed staff did not use the heated trolley provided in the upstairs unit, instead staff members were observed serving the lunch on trays on a wheeled trolley.

This practice, in addition to the staffing pressures already discussed, meant there was a delay in patient's receiving their lunch time meal. RQIA were also not assured that the food being served was still hot. This was discussed during the meeting on 6 July 2022 and the home's management team provided assurances that the kitchen staff going forward will place the meals into the heated trolley and transport this upstairs for the care staff to use at meal times. 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. Patients' bedrooms were personalised with items of importance to each patient, such as family photos and sentimental items from home.

Deficits were identified with the management of Infection Prevention and Control (IPC) measures. A number of pieces of equipment, for example, bedrail protectors, manual handling equipment and shower chairs were dirty. Catheters were observed not to be on the appropriate catheter stand and urinals that had been used to empty catheter bags were seen heavily stained. During the meeting on 6 July 2022, the home's management advised that some new equipment has been purchased and that the auditing of IPC practices will be increased to weekly to ensure all equipment is kept clean. Two new areas for improvement were identified.

5.2.4 Quality of Life for Patients

As discussed above, significant concerns were identified regarding the staffing arrangements in the home, and the impact this had on patient care delivery. However; good practice was identified as 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. There was evidence that planned activities were being delivered for patients within the home and an activity planner was displayed.

5.2.5 Management and Governance Arrangements

Given the inspection findings, RQIA were concerned about the effectiveness of the current management and governance arrangements in the home to ensure the delivery of effective and organised care. There was limited evidence regarding compliance with a number of areas for improvement identified during the last care inspection, despite the additional assurances provided by the home on 11 May 2022.

Furthermore, new areas for improvement were identified during this inspection, evidencing that any previous improvements had not been sustained.

During the meeting on 6 July 2022, the home's management team advised that a new Manager was starting imminently in Leabank. The management team also provided sufficient assurances regarding how the Manager would be inducted and supported to this role, and to address the areas for improvement identified.

RQIA were satisfied with the assurances provided. Areas for improvement are to be managed through the Quality Improvement Plan (QIP) below.

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
Total number of Areas for Improvement	12*	8*

* the total number of areas for improvement includes two areas under Regulation and two areas under the standards that have been stated for a second time. Five areas for improvement under Regulation, and four areas under the standards were not reviewed as part of this inspection and are carried forward to the next inspection.

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 13 (4) Stated: First time To be completed by: 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 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.

<p>Area for improvement 2</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: 5.1</p> <p>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.</p>
<p>Area for improvement 3</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: 5.1</p> <p>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.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 30</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 that RQIA are notified of any incident that adversely affects the health or wellbeing of any patient.</p> <p>Ref: 5.1</p> <p>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.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p> <p>To be completed by: 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: 5.1</p> <p>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.</p>

<p>Area for improvement 6</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure record keeping in relation to wound management is maintained in accordance with legislative requirements, minimum standards and professional guidance.</p> <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: All Nurses have received additional training and supervision with regards to wound management and there is daily oversight of all wound dressings compliance by the nurse manager to ensure that learning is embedded into practice.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 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"> • The consistent recording of neurological observations • If observations are stopped before the recommended timeframe a clear rationale must be recorded. <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: A new tool has been introduced to assist the nurses and ensure that they comply with the policy for CNS observations post fall, this is being monitored by the nurse manager when a patient falls.</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that at all times suitably qualified, competent and experienced persons are working in the home in such numbers as are appropriate for the health and welfare of patients.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The group oversea's recruitment process has now been implemented and we have a number of new overseas staff who work in Lebank which has allowed for stability of the team, this plan has been in progress for 9 months. The staffing in the home has been reviewed in line with the dependency levels of the patients and suitably trained staff are in place to meet the needs of the residents.</p>

<p>Area for improvement 9</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure patients' personal care needs are carried out in a timely manner.</p> <p>This is specific but is not limited to the morning personal care of patients.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The additional staff employed within the team has meant that patients are in receipt of timely care throughout the day and night.</p>
<p>Area for improvement 10</p> <p>Ref: Regulation 12 (1)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in regards to the repositioning of patients:</p> <ul style="list-style-type: none"> • that patients are repositioned in keeping with their prescribed care • that repositioning records are accurately and comprehensively maintained at all times. <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Additional training and supervision has been put in place for all staff to assist in the logging the data on the computerised system, the repositioning of all patients who require it is audited by the manager on a daily basis</p>
<p>Area for improvement 11</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection.</p> <p>This relates specifically to the following:</p> <ul style="list-style-type: none"> • the cleanliness of bed rail protectors • the cleanliness of moving and handling equipment • the cleanliness of shower chairs. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: New shower chairs have been purchased, a cleaning schedule has been put in place to allow for accountability and this is being monitored, some older bed rail protectors have been replaced and are cleaned daily.</p>

<p>Area for improvement 12</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2022</p>	<p>The registered person shall implement robust governance and management systems to ensure effective managerial monitoring and oversight of the day to day service provided by the home.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The new manager has commenced employment since the last inspection. She carries out the audits for the home in addition to the daily walkrounds of the units to ensure that standards are being met and maintained, the regional manager has been in the home daily to ensure that the new manager is supported and mentored into her new role.</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 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.</p> <p>Ref: 5.1</p> <p>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.</p>
<p>Area for improvement 2</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: 5.1</p> <p>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.</p>
<p>Area for improvement 3</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: 5.1</p> <p>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.</p>

<p>Area for improvement 4</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: 5.1</p> <p>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.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 23</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</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: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: The airflow mattress settings are checked weekly to ensure the setting remains appropriate for the weight of the patient, this is monitored by the manager to ensure that this changes if the patients weight changes</p>
<p>Area for improvement 6</p> <p>Ref: Standard 12</p> <p>Stated: Second time</p> <p>To be completed by: 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>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: Menu's are displayed in pictorial format in all 3 dining rooms to ensure it is suitable for all patients.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall review the dining experience in the upstairs unit to ensure the heated trolley is used at all mealtimes.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The dining experience has been reviewed and the hot trolley is used to ensure that the meal service is appetising for the residents.</p>

<p>Area for improvement 8</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure when a urinary catheter is in use, catheter care is carried out in line with best practice guidance.</p> <p>This relates specifically to the following:</p> <ul style="list-style-type: none"> • the correct catheter drainage bag is in use • a catheter stand is used • an appropriate clean receptacle is used to drain the catheter. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: New catheter stands have been purchased and disposable urine bottles have also been purchased. The 24 hour drainage bag is in use when the patient is in bed.</p>
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