

# Unannounced Care Inspection Report 23 November 2020



## Broadways Private Nursing Home

**Type of Service: Nursing Home**  
**Address: Broadway, Main Street, Larne, BT40 1LT**  
**Tel no: 028 2827 3464**  
**Inspector: Gillian Dowds and Nora Curran**

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Assurance, Challenge and Improvement in Health and Social Care

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

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

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 33 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Broadways Private Nursing Home  <b>Responsible Individual:</b> Mrs. Barbara Sloan	<b>Registered Manager and date registered:</b> Mrs. Jacqueline Davey 7 March 2012
<b>Person in charge at the time of inspection:</b> Jacqueline Davey	<b>Number of registered places:</b> 33 comprising:  A maximum of 2 patients in category NH-PH
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 27

### 4.0 Inspection summary

An unannounced inspection took place on 23 November 2020 from 10.00 to 18.00. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- the internal environment and infection prevention and control (IPC) practices
- care delivery
- care records
- governance and management.

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

Due to concerns which were noted during the inspection in relation to IPC practices and recruitment processes, the registered persons were invited to a serious concerns meeting. This meeting was conducted via teleconference on 30 November 2020 during which satisfactory assurances were provided by the registered persons as to how these deficits had been/would be addressed.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*5	*8

\*The total areas for improvement includes one under the regulations stated for a third and final time and two carried forward to the next inspection. It also includes one under the standards stated for a second time and three carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Jacqueline Davey, manager and Barbara Sloan, responsible individual as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

As a result of this inspection RQIA were concerned that some aspects of the quality of care and service delivery in Broadways Private Nursing Home were below the standard expected. A decision was made to invite the registered persons to a serious concerns meeting in relation to the robustness of the recruitment processes and the infection prevention and control practices including staff compliance with correct usage of personal protective equipment and storage of laundry in a staff changing area. This meeting took place on 30 November 2020.

At this meeting the registered manager and Barbara Sloan, Responsible Individual acknowledged the deficits identified and provided a full account of the actions and arrangements put into place to ensure the necessary improvements. Satisfactory assurances were provided and the decision was made to take no further enforcement action at this time. However, a further inspection will be undertaken to validate sustained compliance and to drive necessary improvements. Please refer to the main body of the report and the quality improvement plan (QIP) for details.

The enforcement policies and procedures are available on the RQIA website at

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

## 5.0 How we inspect

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

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

During the inspection we met with five patients and three staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the deputy manager with 'Tell Us' cards for distribution to residents' relatives not present on the day of inspection to give an opportunity to give feedback to RQIA regarding the quality of service provision. Four questionnaires were returned all indicated they were satisfied with the service provided in Broadways Private Nursing Home all comments were passed to the manager for consideration.

The following records were examined during the inspection:

- staff duty rota for the week commencing 19 November to the 1 December 2020
- care records for three patients
- supplementary care charts, including food and fluid intake and repositioning
- accident and incident reports
- record of complaints and compliments
- records of audit
- three recruitment files
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- complaints record
- compliments received
- staff training records
- competency assessments
- supervision and appraisal schedule
- a sample of the monthly monitoring reports for the period.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met. One area for improvement was carried forward to the next inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from previous inspection**

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 7 October 2020.

<b>Areas for improvement from the last care and medicines management inspection</b>		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21  <b>Stated:</b> Second time	The registered person shall ensure that no individuals are employed within the home until all the information and documents as outlined in paragraphs 1 to 7 of Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005 have been obtained.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of three recruitment files evidenced that this area for improvement was not met. Please refer to section 6.2 for more detail.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review if the issues identified from the previous inspection evidenced that this area for improvement was met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (1) (a)(b)  <b>Stated:</b> First time	The registered person shall ensure the following in relation to the provision of wound care for all patients: <ul style="list-style-type: none"> <li>• that care plan(s) are in place which accurately describe the assessed needs of patients</li> <li>• that nursing staff shall record all wound care interventions in an accurate, thorough and consistent manner in compliance with legislative and best practice standards</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the records evidenced this area for improvement was met.	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a robust system of monthly quality monitoring visits is completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes 2015. Such visits should include evidence of reviewing care records/care record audits and include time bound action plans to drive quality improvement and address any deficits identified by current quality improvement plans as outlined by RQIA.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of records evidenced that this area for improvement was met as stated.</p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13.4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that personal medication records and medication administration records match and reflect the prescriber's most recent instructions; any discontinuations must be promptly recorded.</p>	<p style="text-align: center;"><b>Carried forward to the next care inspection</b></p>
<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p> <p>.</p>		
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 13.4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the medicine refrigerator is managed appropriately so that maximum and minimum temperatures remain within the required range of 2-8°C. An accurate record must be maintained and immediate action taken when deviations are identified.</p>	<p style="text-align: center;"><b>Carried forward to the next care inspection</b></p>
<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p> <p>.</p>		

<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> First time	The registered person shall ensure that robust governance arrangements are in place which ensures the provision of a programme of events and activities throughout the home. This programme should aim to provide positive and meaningful outcomes for patients and be displayed in a suitable format within appropriate locations.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Due to the constraints of the ongoing covid-19 pandemic this area for improvement was not reviewed as part of this inspection and will therefore be carried forward to the next care inspection.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice, specifically, care record audits and patients' weights audits.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the auditing process in the home evidenced that this area for improvement was partially met. Please refer to section 6.2 for more detail.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time	The registered person shall ensure that written confirmation of patients' medicines and any new medicines or changes is in place in order to confirm the accuracy of the personal medication record.	<b>Carried forward to the next care inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	



<b>Area for improvement 4</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time	The registered person shall ensure that the audit process for the management of medicines is robust and include all aspects of the management of medicines; staff must be aware of what is expected.	<b>Carried forward to the next care inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	

## 6.2 Inspection findings

### 6.2.1 Staffing

A system was in place to identify appropriate staffing levels to meet the patients' needs. A review of the staff rotas for the week of the inspection confirmed that the staffing numbers identified were provided. Observations on the day of the inspection confirmed that patients' needs were met by the staff on duty.

We spoke with three members of staff, who displayed commitment and empathy towards the patients; they had a good knowledge and understanding of patients' individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the current COVID-19 pandemic on staff, patients and relatives. Staff said that there was good team working and that there was effective communication between staff and management.

Arrangements were in place to ensure that newly appointed staff received training, including practical manual handling training, as part of their induction to the home. The manager had overview of all staff mandatory training on a matrix. There was also evidence of recent in-house fire safety sessions which were delivered by the manager and deputy manager who were appointed fire wardens, and records showed regular fire drill practices.

### 6.2.2 The internal environment and infection prevention and control (IPC) practices

We reviewed a selection of bedrooms, bathrooms, lounges, sluice rooms, store rooms, dining rooms and treatment rooms in the home. We observed that the home was clean, tidy and fresh smelling throughout. Corridors and fire exits were clear of clutter and obstruction.

We identified some radiator covers that were broken. We also identified areas of paintwork that was chipped. The manager confirmed that this was part of the ongoing refurbishment programme in the home. We noted that some of the commode wheels were rusted. The manager advised that they had replaced some of the commodes in the home and will replace more as needed.

We observed that the cleaning store was unlocked for a period of time and in one bedroom a cleaning product was left unattended. An area for improvement in relation to Control of Substances Hazardous to Health (COSHH) was identified.

The manager told us that there was a system in place to ensure that frequently touched points were cleaned regularly over the 24 hour period in addition to the regular cleaning schedule.

There was a plentiful supply of PPE available; PPE stations were well stocked and signage providing information on PPE was placed in appropriate areas throughout the home.

Staff told us that they had had sufficient supplies of PPE at all times.

On occasions it was observed that staff were not using the PPE in accordance with regional guidance, we observed:

- one staff member in a communal area without a face mask
- two staff wearing cloth masks
- several staff wearing personal protective equipment inappropriately, ie masks below the nose and or mouth
- clean linen hanging in an area assigned for staff changing.

Due to the deficits identified this was further discussed at the meeting held in RQIA. Assurances were provided and an action plan as to how this was to be address was accepted. This will be followed up at a future care inspection.

We were informed that staff and patients were having their temperature checked in accordance with the regional guidance for Covid -19. Visiting was currently taking place in the designated visiting area and any visitors to the home also had a temperature check recorded.

### **6.2.3 Care delivery**

Patients were observed to be well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff spoke to patients kindly and with respect.

We observed some patients were seated in the lounge and some patients were resting comfortably in their bedrooms.

We observed in one room whereby two patients shared the bedroom a dividing curtain had not been drawn to ensure the privacy of the patient when personal care was being delivered. This was queried with the staff present and the curtain was then closed. We discussed this further with the manager emphasising the need for the privacy of the patients. The manager advised us that this was not usual practice and would address this with the staff.

The food on offer at lunchtime looked appetising and was well presented. Patients were offered assistance in a timely manner and staff demonstrated knowledge of their likes and dislikes. The dining experience was calm and unhurried.

Patients spoken with commented positively about their experience of living in Broadways Private Nursing Home, they told us:

- “We get on very well.”
- “First class food.”
- “This is a marvellous place.”
- “This is a lovely place.”

We provided questionnaires in an attempt to gain the views of relatives, patients and staff that were not available during the inspection; six were returned indicating a positive response to the service provided in Broadways private Nursing Home.

The manager discussed the visiting procedures in the home and advised visiting was being facilitated by booking a time slot and visiting took place in designated visiting room.

#### **6.2.4 Care records**

We reviewed patients' needs in relation to wound care. We observed that the relevant documentation was in place however one care plan did not evidence the frequency of the required dressing change. Further evidence of the care plans submitted to RQIA post inspection evidenced that this had been satisfactorily addressed.

We reviewed supplementary care records, these records evidenced that for those patients who required nutritional support, a record of the food and fluid intake was not maintained. This was discussed with the manager and the relevant charts were put in place at the time of inspection. We also observed that for one patient with a urinary catheter there was no fluid intake/output record maintained. An area for improvement was identified.

We reviewed the care plan and repositioning chart for the one patient who required to be repositioned. These records evidenced gaps in the recording of the repositioning and checks of the patients' skin integrity were not recorded. The care plan reviewed also evidenced that the patient required a pressure relieving mattress however, in the care plan the mattress setting was not recorded in the care plan or the monthly review of care. This was discussed with the nurse who confirmed that the patient's skin was satisfactory. An area for improvement was made.

We reviewed the nutritional records for two patients. We evidenced gaps in the recording of the monthly weights and one did not have a care plan in place for a patient who was assessed as requiring a modified diet by the patient speech and language therapist. This was discussed with the manager who confirmed that the diet was being delivered correctly and relevant referrals were made to speech and language therapists and dieticians. An area for improvement was identified.

#### **6.2.5 Governance and management arrangements**

The manager told us that she felt well supported in her role and that good working relationships were maintained in the home.

Review of records evidenced that there were systems in place to manage complaints.

Three recruitment files were reviewed and in two of these files we evidenced:

- Two identified staff employed without evidence of timely and valid Access NI checks in place.
- A reference document for one employee was incomplete as it did not have the employee's name stated.
- There was no evidence of necessary follow up in relation to details of one reference received for one employee.
- There was no evidence of explanation of employment gap for one employee.

Recruitment processes had been stated as an area for improvement for a second time at the previous care inspection. In light of this and the inspection findings the management of the home were invited to a teleconference meeting with RQIA on 30 November 2020. An immediate contingency plan had been put in place by the manager and the two staff members had been removed from the duty rota until a satisfactory Access NI check had been received. This was discussed further at the meeting held and an action plan was submitted to provide assurances as to how the deficits were to be addressed. The action plan was accepted and will be reviewed at a future care inspection.

We reviewed a sample of governance audits, including those focused on infection prevention and control, and care records. Audits were in place to monitor the quality of the service provided. We reviewed the process for the auditing of the care records although the audits were done the deficits found at inspection had not been identified. This was discussed with the manager and an area for improvement from the previous inspection was partially met and therefore stated for a second time.

Provider monthly monitoring visits were reviewed for September and October 2020. We could see that the visits were unannounced, had evidence of consultation with patients, staff and relatives, and resulted in a written report for the manager's reference and ongoing quality improvements. We noted that in some parts of the provider report it was unclear what audits had been reviewed, with particular reference to care record audits. This was discussed with the responsible individual during the inspection, who confirmed that care record audits were reviewed monthly as part of the visit and this would be made clear on future provider monitoring reports. This will be reviewed at the next inspection.

The manager told us that staff compliance with mandatory training was monitored and staff were reminded when training was due. There was a system in place to monitor that staff were registered with the NMC or NISCC as required.

### **Areas of good practice**

Areas of good practice were identified in relation to staff knowledge of their patients, friendly interactions between staff and patients, the dining experience and the culture and ethos of the home.

### **Areas for improvement**

Areas for improvement were identified in relation to recruitment practices, Control of Substances Hazardous to Health (COSHH) regulations and IPC. Further areas for improvement were identified in relation to fluid balance recording, repositioning, weight management and nutritional care plans.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	3	5

## 6.3 Conclusion

During the inspection we observed positive interactions between patients and staff. Patients were observed to be well cared for, content and settled. Staffing levels were satisfactory and staff advised they were supported in their role. Following the inspection the management was invited to a serious concerns meeting as discussed in the body of this report and satisfactory assurances were given by the registered persons.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jacqueline Davey, manager and Barbara Sloan registered individual, as part of the inspection process. The timescales commence from the date of inspection.

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

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

## 7.1 Areas for improvement

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

## 7.2 Actions to be taken by the service

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that personal medication records and medication administration records match and reflect the prescriber's most recent instructions; any discontinuations must be promptly recorded.</p> <p>Ref: 6.1</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that the medicine refrigerator is managed appropriately so that maximum and minimum temperatures remain within the required range of 2-8°C. An accurate record must be maintained and immediate action taken when deviations are identified.</p> <p>Ref: 6.1</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 21  <b>Stated:</b> Third and final time  <b>To be completed by:</b> 20 February 2021	<p>The registered person shall ensure that no individuals are employed within the home until all the information and documents as outlined in paragraphs 1 to 7 of Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005 have been obtained.</p> <p>Ref: 6.1 and 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>            New more robust checking systems were put in place to ensure no recurrence. A new system for payment to umbrella body providing Access NI checks put in place to enable a clear trail. Following a serious concerns meeting with RQIA on 30/11/2020 we have been advised that these measures were considered satisfactory</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 14 (2)(a)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person must ensure that chemicals are stored in keeping with COSHH regulations</p> <p>Ref: 6.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All staff have received supervision on COSHH. The cleaner who left the cleaning product unattended in an empty room had left the room to fetch a cloth as the Inspector was entering the room. The cleaner remained outside the door and went back inside and continued to clean the room when the Inspector had left the room. The cleaner has since been advised to ensure she takes any cleaning products with her if leaving a room, no matter how brief</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall ensure in relation to infection prevention and control:</p> <ul style="list-style-type: none"> <li>• robust system in place to ensure IPC training is embedded into practice</li> <li>• guidance for usage of PPE is adhered to</li> <li>• clean laundry is stored appropriately.</li> </ul> <p>Ref: 6.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> IPC checking systems are in place and ongoing. Further supervision has taken place. A requested Trust IPC support visit has since taken place and confirms that PPE was being used in the appropriate manner. In consultation with staff following the inspection, it transpired that they felt very uneasy and under pressure at having two inspectors accessing all areas of the Home. Unfettered access to the Home has not been allowed since March 2020 with the exception of controlled necessary medical interventions and essential maintenance. We understood their concerns but reiterated that PPE guidelines must be adhered to at all times. Laundry and staff changing areas have been reconfigured under advisement following the IPC support visit</p>
<p><b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 November 2020</p>	<p>The registered person shall ensure that written confirmation of patients' medicines and any new medicines or changes is in place in order to confirm the accuracy of the personal medication record.</p> <p>Ref: 6.1</p> <hr/> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 November 2020</p>	<p>The registered person shall ensure that the audit process for the management of medicines is robust and include all aspects of the management of medicines; staff must be aware of what is expected.</p> <p>Ref:6.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 November 2019</p>	<p>The registered person shall ensure that robust governance arrangements are in place which ensures the provision of a programme of events and activities throughout the home. This programme should aim to provide positive and meaningful outcomes for patients and be displayed in a suitable format within appropriate locations.</p> <p>Ref: 6.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 1 February 2021</p>	<p>The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice, specifically, care record audits and patients' weights audits.</p> <p>Ref: 6.1 and 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Audit systems are being kept under review to ensure compliance</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall when a urinary catheter is in use an accurate fluid balance is recorded, evaluated and reviewed by the registered nurses.</p> <p>Ref: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> All nursing staff have been issued with a nursing memo reminding them that it is a requirement for any Resident with a urinary catheter to have an accurate fluid balance record, evaluation and review. A more robust auditing system will ensure compliance.</p>



<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 February 2021</p>	<p>The registered person shall ensure the following in regards to the management of patients who require assistance with repositioning and pressure area care:</p> <ul style="list-style-type: none"> <li>• all supplementary repositioning records shall be completed in an accurate, legible comprehensive and contemporaneous manner at all times</li> <li>• skin assessment checks are recorded</li> <li>• the care plan includes the setting of the pressure relieving device and a review of this setting is included in the monthly evaluation of care.</li> </ul> <p>Ref: 6.2.4</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 February 2021</p>	<p><b>Response by registered person detailing the actions taken:</b> Supervision sessions with nursing and care staff to ensure up to date knowledge of their responsibilities for repositioning and pressure area care. All assessments are recorded and all relevant information is updated in the monthly evaluation of care</p> <p>The registered person shall ensure a robust system is in place to ensure patients' weights are recorded monthly or more frequently as needed.</p> <p>Ref: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> A more robust filing system for weight audits has been implemented. Information that was not available at the time of inspection was subsequently emailed to the Inspector.</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 February 2021</p>	<p>The registered person shall ensure nutritional care plans are reflective of the current guidance from the SALT.</p> <p>Ref: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> A nursing memo was issued to remind nurses of the requirement to have an appropriate care plan in place which accurately reflects SALT guidance.</p>

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



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