



# Unannounced Follow Up Care Inspection Report 4 August 2018



## Massereene Manor

**Type of Service: Nursing Home (NH)**  
**Address: 6 Steeple Road, Antrim, BT41 1AF**  
**Tel No: 028 9448 7779**  
**Inspectors: Lyn Buckley and Michael Lavelle**

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide nursing care and residential care for up to 74 persons.

### 3.0 Service details

|  |  |
|--|--|
| <b>Organisation/Registered Provider:</b><br>Massereene Manor<br><br><b>Responsible Individual(s):</b><br>Ms Naomi Carey<br>Mrs Janet Montgomery  | <b>Registered Manager:</b><br>Lynda Burton   |
| <b>Person in charge at the time of inspection:</b><br>Registered nurse Justina Hakim   | <b>Date manager registered:</b><br>13 April 2018   |
| <b>Categories of care:</b><br>Nursing Home (NH)<br>DE – Dementia.<br>MP – Mental disorder excluding learning disability or dementia.<br>MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.<br>LD – Learning disability.<br>LD(E) – Learning disability – over 65 years.<br><br>Residential Care (RC)<br>DE – Dementia. | <b>Number of registered places:</b><br>74 comprising<br>61 – NH - DE, MP and MP(E)<br>10 – RC – DE<br>3 – NH - LD and LD(E)<br><br>The home is also approved to provide care on a day basis to four persons. |

### 4.0 Inspection summary

An unannounced inspection took place on 4 August 2018 from 22:15 to 00:30 hours.

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.

This inspection was conducted following receipt of information from the Northern Health and Social Care Trust (NHSCT) and one relative in relation to staffing levels on night duty.

It is not the remit of RQIA to investigate complaints or adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care (Trust). However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- staffing levels
- delivery of care during early part of night duty including the provision of nutrition, medications and pressure area care
- fire safety measures and practice on night duty
- the environment.

Areas requiring improvement were identified in relation to staffing arrangements, staff knowledge of fire safety, effective communication outside of usual working hours, infection prevention and control practices, storage of cleaning chemicals and medicines, administration of medicines.

As a result of this inspection RQIA invited the responsible individual, Mrs Janet Montgomery, to a meeting in RQIA on 30 April 2018 to discuss the inspection findings and the areas for improvement identified.

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.

The term 'patient' is used to describe those living in Massereene Manor which provides both nursing and residential care.

#### 4.1 Inspection outcome

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 8           | 7*        |

\*The total number of areas for improvement made under the standards includes six which have been carried forward for review during the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with registered nurse Justina Hakim, nurse in charge of the home, as part of the inspection process. Details of the inspection findings were also provided to the responsible individual, Mrs Janet Montgomery, by telephone, on 5 August 2018. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 8 February 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 8 February 2018. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection. Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

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

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

During the inspection the inspectors spoke seven patients still awake at the commencement of the inspection and 10 staff on duty from 20:00 hours.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or carried forward to the next care inspection due to the focus of this 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 the most recent inspection dated 8 February 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. Due to this inspection focus only two areas for improvement were reviewed during this inspection. Other areas for improvement are carried forward to the next care inspection. Refer to the next section for details.

## 6.2 Review of areas for improvement from the last care inspection dated 8 February 2018

| Areas for improvement from the last care inspection   |   | Validation of compliance |
|---|---|--------------------------|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 |   |                          |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 20<br><br><b>Stated:</b> First time | <p>The registered person shall ensure that the numbers and skill mix of staff on duty are appropriate to meet the health and welfare needs of patients. A review of the current staffing arrangements in conjunction with the fire risk assessment shall be undertaken to ensure the safe delivery of care to all patients specifically at night. Evidence of this review should be maintained for inspection.</p>  | <b>Met</b>               |
|   | <p><b>Action taken as confirmed during the inspection:</b><br/>           Discussion with the responsible individual confirmed that senior management had reviewed the staffing arrangements following the last care inspection and that they continued to keep levels under review to ensure the needs of patient were safely and effectively met.</p> <p>Review of planned staffing levels for the nursing home evidenced that the minimum skill mix of at least 35% registered nurses and up to 65% of care assistants was maintained over 24 hours.</p> <p>Observation of the care delivered during this inspection evidenced that the needs of patients were met by the numbers of staff on duty.</p> <p>As stated this area for improvement had been met.</p> |                          |

|  |   |   |
|--|---|---|
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p> | <p>The registered person shall notify RQIA of any occasion when the planned staffing levels for each unit of the home is not met. Details of the efforts made to 'cover' the deficits should be included in the notifications and the actions taken to reduce the risk a recurrence.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/>Review of notifications submitted to RQIA since the last care inspection, on 8 February 2018, evidenced that this area for improvement had been met. However, the notification of staffing deficits should continue until further notice.</p> | <p><b>Met</b></p>   |
| <p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b></p>    |   | <p><b>Validation of compliance</b></p>                    |
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 22</p> <p><b>Stated:</b> First time</p>   | <p>The registered person shall ensure that patients' care plans and risk assessments are updated post falls.</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>Carried forward to the next care inspection</b></p> |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p>   | <p>The registered person shall ensure infection prevention and control training is provided for all housekeeping staff and that the use of PPE is monitored and poor practice challenged in keeping with best practice guidance.</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>Carried forward to the next care inspection</b></p> |
| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p>   | <p>The registered person shall ensure that the covering of the internal extractor fans and the identified handrail are reviewed and replaced/repared as required.</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>Carried forward to the next care inspection</b></p> |

|  |   |   |
|--|---|---|
| <p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>    | <p>The registered person shall ensure that patients' care plans regarding wound care and the management of behaviours that challenge accurately reflect the prescribed care and treatment and/or recommendations made by other healthcare professionals.</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>Carried forward to the next care inspection</b></p> |
| <p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> First time</p>    | <p>The registered provider shall ensure that 'net pants' are not used communally but individually labelled for any patient requiring their use.</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>Carried forward to the next care inspection</b></p> |
| <p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 35.7</p> <p><b>Stated:</b> First time</p> | <p>The registered provider shall ensure that reports of visits undertaken on behalf of the responsible individual provide evidence of a review of previous action plan and that areas of concern raised by relatives/visitors are reported to the manager/ nurse in charge of the home.</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>Carried forward to the next care inspection</b></p> |

This inspection focused solely on issues previously outlined in section 4.0. The areas for improvement from the last care inspection on 8 February 2018 were not all reviewed as part of the inspection; those not reviewed are carried forward to the next care inspection.

## 6.3 Inspection findings

### 6.3.1 Staffing levels

The nurse in charge of the nursing home, in the absence of the registered manager confirmed the staffing for the night duty shift. We were advised that one care assistant working from 19:45 to 22:45 hours had not reported for duty and that cover was not obtained. The nurse in charge of the home was also the registered nurse on duty in John Irvine House and had responsibility for 48 patients. The second nurse on duty was deployed in Adeline House and had responsibility for 24 patients.

Staff on duty were aware of the nurse in charge of the whole home and knew how to contact her in the case of an emergency. The nurse in charge confirmed that the second nurse kept in touch with her overnight and communicated any concerns.



It was evident during this inspection from the observation of the care delivered that the needs of patients were met by the numbers of staff on duty. This was supported by the ability of the nurse in charge of the home to lead and manage her staff team. This nurse was commended to senior managers for her management skills and that she provided RQIA with assurances that patients' needs were and would continue to be met safely and effectively during her span of duty. However, we were concerned that on another night under different circumstances that this may not be the case. These concerns were discussed with the responsible individual during a meeting in RQIA on 9 August 2018. While the responsible individual confirmed that senior management kept staffing levels and deployment under review, it was agreed and accepted that the level of responsibility placed on one registered nurse in charge of John Irvine House during night duty, required to be reviewed, particularly if that nurse was also the nurse in charge of the whole home. An area for improvement was made.

Review of planned staffing levels for the nursing home evidenced that the minimum skill mix of at least 35% registered nurses and up to 65% of care assistants was maintained over 24 hours.

We had asked the nurse in charge of the home to contact the registered manager to alert her of our inspections findings. A telephone call to the nurse in charge of the home on 5 August 2018, day duty, confirmed that they were aware of the inspections findings but that they had been unable to contact the registered manager or senior manager. We did speak with the responsible individual on 5 August 2018 who had come into the home when contacted by staff. We were concerned that nursing staff had experienced difficulty in communicating with the registered manager and /or senior managers outside of the usual working hours. These concerns were discussed with the responsible individual during a meeting in RQIA on 9 August 2018. It was confirmed that senior management had ensured that the nurse in charge of the home had clear written instructions for contacting senior staff and clear arrangements for 'on call' arrangements would be agreed moving forward. An area for improvement was made.

### Areas for improvement

Areas for improvement were identified in relation to staffing levels on night duty and contacting the registered persons and/or senior managers outside of the usual working hours.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 2           | 0         |

### 6.3.2 Delivery of care

We observed that between the two 'houses' only seven patients remained up and dressed at the commencement of the inspection. Staff confirmed, for each of these patients, that this would be their usual pattern.

We also discussed the nutritional needs of patients and were assured that supper was served and fluids were readily available throughout the night. Staff could access snacks for patients overnight as required. For example, tea and toast, cereals, biscuits and yoghurts were accessed from the kitchen.

We discussed and reviewed the delivery of pressure area care. It was evidenced that patients in bed before 19:45 hours had been repositioned in keeping with their assessed needs.

Medications in John Irvine House were completed by 23:00 hours. Care staff confirmed they informed the nurse in charge when a patient was ready to retire and the nurse ensured the patient received their medicines. In Adeline House the nurse in charge of this house was completing the medication round, as observed, at 12 midnight. This was concerning and was discussed with the responsible individual during the meeting in RQIA. It was agreed that they would investigate the reasons for this delay given the number of patients accommodated was approximately half of those accommodated in John Irvine House. An area for improvement was made.

We observed two care staff wearing personal protective equipment (PPE) such as gloves and aprons. The staff were wearing two pairs of gloves. When asked about this the staff confirmed they removed the top pair of gloves and their aprons between each patient. The second pair of gloves were not removed and a new 'top' pair of gloves would be put on before attending to the next patient. We explained why this practice was not acceptable and when discussed further the staff were aware of the correct use of PPE. In addition staff were observed to enter other units wearing PPE. During the previous care inspection housekeeping staff had been observed doing the same.

In addition we observed a toilet in Adeline House to be contaminated with faecal matter and a trolley containing clean linen and incontinence pads stored in a bathroom with a toilet. It was concerning that staff spoken with did not assure us that this toilet would be cleaned and they were not aware of the concerns regarding storage of clean supplies where there was a toilet. Details were discussed with the nurse in charge of the home during feedback who agreed to ensure correct practice was adhered to. An area for improvement under the regulations was made.

We also observed that cleaning chemicals were not securely maintained. For example, a container of difficle-s was observed in unlocked sluice cupboard in Holyhill unit and in the ground floor kitchen cupboard in Adeline House. Also the medication cupboard which was used to store topical medicines in Holyhill unit was left open and unattended. Two areas for improvement were made.

### Areas for improvement

Areas for improvement were identified in relation to the timely administration of medicines, infection prevention and control practices, storage of cleaning chemicals and storage of medicines.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 3           | 1         |

### 6.3.3 Fire safety

We observed that fire exits and fire exit routes in John Irvine House were free from obstruction and maintained clear. However, in Adeline House we observed a specialist chair positioned in the corridor to block a fire exit escape route, a large ornament of a dog partially blocked fire exit doors in a lounge; and catering trollies in the kitchen blocked the fire exit door and route to this door. Details were provided to the nurse in charge of Adeline House and the patient chair was removed before the conclusion of the inspection. The nurse in charge of the home was provided with these details during feedback and she agreed to address the remaining concerns immediately. An area for improvement was made.

We discussed the action to be taken in the event of a fire alarm sounding with all of the staff on duty. It was concerning that only four of the 10 staff on duty, the nurse in charge of the home and three care assistants; were able to confirm the correct action to take. Two members of the staff also stated, to inspectors, that they had not received fire safety training. During feedback the nurse in charge of the home agreed to ensure all of the staff on duty would be aware of the correct action to take. This was concerning and was discussed with the responsible individual during the meeting in RQIA.

The responsible individual provided RQIA with evidence that a system was in place to ensure staff received fire safety training when they commenced their employment in the home and thereafter at least twice annually. It was agreed that they would investigate the reasons for the lack of knowledge demonstrated during the inspection and would ensure that training was embedded into practice. An area for improvement was made.

### Areas for improvement

Areas for improvement were identified in relation to fire safety measures and staff knowledge of the action to be taken in the event of a fire alarm sounding.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 2           | 0         |

#### 6.3.4 Additional areas examined

We observed that the external door to the laundry room for John Irvine House was open. The internal door was opened with a push button and led directly into the ground floor lounge of the home. We were concerned regarding the risks to both patients and staff from potential intruders who could easily access the home. The nurse in charge was alerted to this breach in home security and agreed to ensure each house was secure. An area for improvement was made.

### Areas for improvement

An area for improvement was made in relation to the security of the home.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 1           | 0         |

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Justina Hakim, nurse in charge of the home, and Janet Montgomery, responsible 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 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 DHSSPS 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>  |   |
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>31 August 2018</p>             | <p>The registered person shall ensure that the responsibility of being the nurse in charge of the home, in the absence of the registered manager, is delegated appropriately on night duty to ensure the delivery of safe and effective care.</p> <p>Ref: 6.3.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>We believe that this responsibility is delegated appropriately and was the case during this inspection and fully supported the delivery of safe and effective care. The staff who are in charge are all deemed by the registered manager to have been assessed as competent and confident to do so.</p>  |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>Immediate action required.</p> | <p>The registered person shall ensure that the nurse in charge of the nursing home, in the absence of the registered manager, can make contact with the registered persons and/or senior managers as required. For example, outside normal working hours to communicate serious concerns or in an emergency.</p> <p>Ref: 6.3.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>At the time of the inspection the nurse manager had not shared info with colleagues or managers that she may be uncontactable due to overnight location. A new on call system has been devised to ensure this does not happen again. Senior staff from Head Office are available 24 hours a day and telephone numbers are displayed for all staff. However, a new matrix has been devised for contacting senior staff and will be implemented fully at the end of September 2018 to ensure this is maximised.</p> |
| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>Immediate action required.</p> | <p>The registered person shall ensure that staff adhere to good practice in relation to the use of personal protective equipment (PPE) such as aprons and gloves, the storage in areas where there is a toilet and the cleaning of contaminated toilets outside usual housekeeping hours.</p> <p>Ref 6.3.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>Action taken to ensure full compliance and staff have been informed of the approach to be taken. This includes a memo from the manager to all staff and an agenda item in staff meetings. Infection control audits also highlight any deficiencies in this regard. The staff on duty at the time of this inspection have all been given a clear instruction by the manager about the practice observed and that it is unacceptable.</p>   |

|   |   |
|---|---|
| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 14 (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required.</p>     | <p>The registered person shall ensure that cleaning chemicals are securely stored in accordance with COSHH requirements.</p> <p>Ref: 6.3.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>On the occasion of this visit a full explanation has been provided in house as to what was the cause of this breach. A satisfactory explanation was received but the staff have been reminded to exercise greater awareness, caution and compliant practice.</p>  |
| <p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required.</p>     | <p>The registered person shall ensure that any medicine which is kept in the nursing home is stored in a secure place.</p> <p>Ref: 6.3.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>Secure facilities are fully available throughout the nursing home and compliance is promoted constantly in this regard. The topical medicines cupboard aspect of this inspection has been highlighted to all staff. Cupboards will be secured after each access.</p>  |
| <p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 27 (4) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required.</p> | <p>The registered person shall ensure that fire escape routes and fire exit doors are maintained free from obstruction at all times in accordance with fire safety regulations.</p> <p>Ref: 6.3.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>The scenarios presented during this inspection have been reviewed and staff advised to change practices and approach to ensure full compliance is achieved. Where trolleys were stored in a kitchen area this unoccupied space does not present as part of the fire evacuation plan at that time of the day and no escape route exists in this area unless the part of the building is occupied by staff preparing food between the hours of 8am and 8pm. The trolleys stored in the kitchen at that time are removed as soon as the staff commence their daily activity. The specialist chair in the corridor has been reviewed by a fire professional and advice shared re the safe storage and placement of this during night time hours.</p> |

|   |  |
|---|--|
| <p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 27 (4) (e) and (f)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required.</p> | <p>The registered person shall ensure that all staff can demonstrate the action to be taken in the event of a fire alarm sounding.</p> <p>Ref: 6.3.3</p> <p><b>Response by registered person detailing the actions taken:</b> 6 fire safety training sessions have been conducted and 64 staff have attended so far. Those not yet retrained will be offered further sessions ASAP. The registered manager has written to approximately 20 staff re their non attendance at the arranged sessions and 2 further sessions will be arranged to ensure full compliance is achieved.</p>   |
| <p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 14 2 (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required.</p>           | <p>The registered person shall ensure that the nursing home is secured, particularly after the usual working hours, to avoid unwanted intruders and to maintain the safety of patients and staff.</p> <p>Ref: 6.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> New systems have been added to enhance security at critical entrances - all staff in charge have been reminded that building security must remain an integral part of the shift management process. A night time review procedure has been initiated. The registered manager has placed a memo on the staff notice board reminding all staff that service areas and areas with door access to the outer environment must be fully secured at all times when there is no member of staff in that area. Staff exiting the building for any purpose must use the main door and avail of the security systems in place.</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 22</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required.</p>                   | <p>The registered person shall ensure that patients' care plans and risk assessments are updated post falls.</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>Ref: 6.2</p>   |

|   |   |
|---|---|
| <p><b>Area for improvement 2</b></p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by:<br/>30 April 2018</p>   | <p>The registered person shall ensure infection prevention and control training is provided for all housekeeping staff and that the use of PPE is monitored and poor practice challenged in keeping with best practice guidance.</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>Ref: 6.2</p>  |
| <p><b>Area for improvement 3</b></p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by:<br/>31 March 2018</p>   | <p>The registered person shall ensure that the covering of the internal extractor fans and the identified handrail are reviewed and replaced/repared as required.</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>Ref: 6.2</p>   |
| <p><b>Area for improvement 4</b></p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by:<br/>31 March 2018</p>    | <p>The registered provider shall ensure that 'net pants' are not used communally but individually labelled for any patient requiring their use.</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>Ref: 6.2</p>   |
| <p><b>Area for improvement 5</b></p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by:<br/>31 March 2018</p>    | <p>The registered provider shall ensure that 'net pants' are not used communally but individually labelled for any patient requiring their use.</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>Ref: 6.2</p>   |
| <p><b>Area for improvement 6</b></p> <p>Ref: Standard 35.7</p> <p>Stated: First time</p> <p>To be completed by:<br/>31 March 2018</p> | <p>The registered provider shall ensure that reports of visits undertaken on behalf of the responsible individual provide evidence of a review of previous action plan and that areas of concern raised by relatives/visitors are reported to the manager/ nurse in charge of the home.</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>Ref: 6.2</p> |



|   |   |
|---|---|
| <p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 28.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>31 August 2018</p> | <p>The registered person shall ensure that patients' receive their medication in a timely manner.</p> <p>Ref: 6.3.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>A full review of the reasons for the delay in medicine delivery process has been conducted and the staff member concerned on this occasion has been spoken to re his practices and approach. The explanations given were deemed to be acceptable and in fact due to striving to ensure all clients received a quality care service during his shift.</p> |
|---|---|

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



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

**Twitter** @RQIANews