Unannounced Inspection Report
20, 21 and 24 July 2020

Fairfields Care Centre

Type of Service: Nursing Home (NH)
Address: 80a Fair Hill Road, Cookstown, BT80 8DE
Tel No: 028 8679 6294
Inspectors: Gillian Dowds, Sharon McKnight, Helen Daly and Judith Taylor

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 and residential care for up to 70 persons.

3.0 Service details

Organisation/Registered Provider: Care Facilities & Management Ltd **Responsible Individual:** Barbara Haughey	**Registered Manager and date registered:** Phillip McGowan 18 April 2016
Person in charge at the time of inspection: Phillip McGowan	**Number of registered places:** 70 A maximum of 28 patients in category NH-DE in the Church and Spires units to include no more than one named patient in category NH-MP (E) and one named patient in category NH-LD(E). A maximum of 42 patients in categories NH-I/ NH-PH in the Brook, Adelaide and Maine suites. There shall be a maximum of two named residents receiving residential care in category RC-I within these three units. The home is also approved to provide care on a day basis for five persons.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP (E) - Mental disorder excluding learning disability or dementia – over 65 years. LD (E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. Residential Care (RC) I – Old age not falling within any other category	**Number of patients accommodated in the nursing home at the time of this inspection:** 66

4.0 Inspection summary

An unannounced care inspection took place on 20 July 2020 from 20.40 to 23.10 hours and 21 July 2020 from 10.00 to 17.30 hours. Due to the findings of this inspection an unannounced medicines management inspection was also carried out on 24 July 2020 from 09.50 to 17.10 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes.

The following areas were examined during the inspection:

- staffing
- Personal Protective Equipment (PPE)
- care delivery
- governance and management
- medicines management.

Concerns were identified in relation to staffing arrangements. This deficit had the potential to impact negatively on patients.

As a consequence, a meeting was held via video teleconference on 4 August 2020 with the intention of serving one Failure to Comply Notice under The Nursing Homes Regulations (Northern Ireland) 2005, in relation to:

• Regulation 20 (1) (a) - relating to staffing arrangements

The meeting was attended via video teleconference by Barbara Haughey Responsible Individual, Kieran Haughey, Director and Phillip McGowan Registered Manager.

During the meeting the responsible individual provided details of an action plan which had been developed to address the concerns identified relating to staffing arrangements. It was decided that the Failure to Comply Notice would not be issued under Regulation 20 (1) (a).

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 'patients' is used to describe those living in Fairfield's which provides both nursing and residential care.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*7	*6

*The total number of areas for improvement includes one under regulation that has been stated for a second time and one under the standards which has been carried forward for review at a future care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Phillip McGowan, Manager, 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.

Due to the inspection findings relating to staffing arrangements a meeting was held on 4 August 2020 via video link in RQIA with the intention of issuing a Failure to Comply Notice under The

Nursing Homes Regulations (Northern Ireland) 2005, Regulation 20 (1) (a) – in relation to staffing arrangements.

During the meeting, the responsible individual acknowledged the deficits identified and presented an action plan as to how the deficits would be addressed by management. RQIA were provided with appropriate assurances and the decision was made to take no further enforcement action at this time.

A further inspection will be undertaken to validate sustained compliance and to drive necessary improvements. A number of additional areas for improvement are also identified and detailed in the body of the report below.

RQIA informed the responsible individual that further enforcement action may be considered if the issue was not addressed and the improvement sustained. RQIA will continue to monitor progress during subsequent inspections.

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

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

Enforcement notices for registered establishments and agencies are published on RQIA's website at https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity with the exception of children's services.

Whilst we were assured that the majority of medicines were being administered as prescribed we could not conclude that robust systems were in place for all aspects of the management of medicines and the current governance systems were not effective in identifying areas for improvement. The responsible individual and manager were invited to attend an inspection feedback meeting in RQIA on 4 August 2020 to discuss issues with regards to some aspects of the management of medicines, including the timing of the night time medicine round, care planning, the management medication on admission, controlled drugs and medication incidents. The management team advised that an action plan was in place to address all of the issues highlighted. A follow up inspection will take place to ensure that the necessary improvements have been implemented and sustained

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 last care and medicines management inspections
- the registration status of the home
- written and verbal communication received since the last care and medicine management inspections
- the returned QIP from the last care inspection
- the last care and medicine management reports.

The following records were examined during the inspection:

- Duty rota from 6 to 20 July 2020
- five care records
- complaints records
- two recruitment files
- two staff induction
- staff registration monitoring
- monthly monitoring reports
- training records
- a selection of governance audits including infection prevention and control (IPC) and hand hygiene.
- Records for the prescribing, administration, receipt and disposal of medicines
- controlled drug record books
- care records pertaining to the management of distressed reactions, pain, thickening agents, antibiotics, enteral feeding and warfarin
- training records and competency assessments for the management of medicines
- the governance and auditing systems
- the management of medication related incidents.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, not met, or carried forward to be reviewed at a future care 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 last care inspection on 27 January 2020

<table>
<tr><th colspan="3">Areas for improvement from the last care inspection</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 27 (2) (c)

Stated: First time</td><td>The registered person shall ensure that all wheelchairs are fitted with footrests.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
Wheelchairs viewed on the day of inspection had foot rests fitted; one wheelchair without a footrest was discussed with the manager and the reason for same explained.</td></tr>
</table>

Area for improvement 2 **Ref**: Regulation 14 (2) (c) **Stated:** First time	The registered person shall ensure that all staff know when to display wet floor signs.	**Met**
	Action taken as confirmed during the inspection: Wet floor signs were observed to be used and staff knew when to display same.	
Area for improvement 3 **Ref**: Regulation 20 (1) (a) **Stated:** First time	The registered person shall having regard to the size of the nursing home, the statement of purpose and the number and needs of the patients – (a) Ensure that at all times suitably qualified competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients. Reference to this is made in that there must be a comprehensive review of staffing levels so that; • Levels meet the assessed dependencies of patients/residents. • That the overall staffing levels on night duty is adequate to meet the numbers and dependencies of patients/residents.	**Not met**
	Action taken as confirmed during the inspection: During the inspection it was observed that the staffing levels on night duty were not adequate This is further discussed in section 6.2.1	
Area for improvement 4 **Ref**: Regulation 20 (1) (a) **Stated:** First time	The registered person shall ensure the deployment of staff is reviewed to ensure patients are appropriately supervised and have their needs attended to in a timely manner. This is in specific reference to, but not exclusive to, the supervision of patients the Church unit at night.	**Met**
	Action taken as confirmed during the inspection: Observation during the inspection evidenced that this area for improvement was met.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 **Ref**: Standard 5 **Stated:** Second time	The registered person shall ensure that confidential information regarding patients' individual care is not on view or accessible by others to protect patients human rights. • This is in particular reference to the archiving stores.	**Met**
	Action taken as confirmed during the inspection: Observation of the environment evidenced that confidential information was not accessible by others or on view inappropriately.	
Area for improvement 2 **Ref**: Standard 4 **Stated:** Second time	The registered person shall ensure that robust patient centred care plans are in place for each patient's assessed need, including those with a dementia diagnosis and presentation of behaviour that challenges.	**Not met**
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was not met. Care plans are discussed further in section 6.2.3. This area for improvement has not been met and is subsumed into a new area for improvement under regulation.	
Area for improvement 3 **Ref**: Standard 9 **Stated:** Second time	The registered person shall review the provision of activities in the dementia unit to ensure meaningful activities are offered and training is sourced to enable the activity therapist to provide same.	**Met**
	Action taken as confirmed during the inspection: A review of the provision of activities evidenced that this area for improvement was met; this is discussed in section 6.2. 2	

Area for improvement 4 **Ref**: Standard 43 **Stated:** First time	The registered person shall ensure that the environment of the dementia units (Spires and Church) are enhanced to provide an environment for persons living with dementia that is familiar and easy to understand. A baseline audit should be completed and thereafter at regular intervals to ensure the environment is in keeping with best practice guidelines.	**Carried forward to the next care inspection**
	Action taken as confirmed during the inspection: Although some improvements to the environment were evident, we were unable to validate compliance due to the restrictions caused by the Covid-19 pandemic; this is discussed in section 6.2.4. This area for improvement has been carried forward to be reviewed at the next care inspection.	
Area for improvement 5 **Ref**: Standard 46 **Stated:** First time	The registered person shall ensure that there is a system in place to ensure the maintenance and cleaning of equipment. • This is in reference but not limited to the wheel chairs.	**Met**
	Action taken as confirmed during the inspection: A review of equipment and records evidenced that this area for improvement was met.	
Area for improvement 6 **Ref**: Standard 44 **Stated:** First time	The registered person shall ensure that the malodours identified are investigated and action taken.	**Met**
	Action taken as confirmed during the inspection: Observation of the environment confirmed that the malodours identified during the previous care inspection were no longer present. Other malodours identified within the Church unit were discussed with the manager; this is further discussed in section 6.2.4.	

6.2 Inspection findings

6.2.1 Staffing

On arrival to the home, patients on the ground floor general nursing unit were observed to be within their bedrooms. We spoke with the nurse in charge of the home who confirmed the number of staff on duty throughout the home. We discussed the management and timing of the night time medication round on the ground floor with the nurse who stated that had been commenced at approximately 20.30 hours. We remained in the home until 23.10 hours and the nurse confirmed that the medicine round would take at least another 30 minutes to complete. RQIA were concerned that, given the anticipated length of time it would take to complete the medication round, the nurse would have to waken a number of patients from their sleep in order to administer their medications. Staff who spoke with inspectors advised that patients were regularly wakened from their sleep in the evening to receive their medicines.

On the first floor of the home, in the Spires and the Church units, there was one nurse on duty for both units. We discussed the management and timing of the night time medication round with the nurse who confirmed that the night time medicine rounds commenced at approximately 20.15 hours and were completed by 22.40 hours.

Staffing was discussed with the manager who advised that the current staffing provision was determined by an internal assessment conducted by him; the manager stated that staffing levels were in keeping with patient dependencies and the size and layout of the home.

Due to concerns identified in relation to the night time staffing levels on the ground floor units, and the impact on the patients, we invited the responsible individual and the manager to a meeting with RQIA on 4 August 2020 with the intention of one Failure to Comply Notice under The Nursing Homes Regulations (Northern Ireland) 2005, under Regulation 20 (1) (a) in relation to staffing arrangements. The responsible individual presented an action plan focused on addressing these deficits which RQIA accepted; implementation of this action plan will be monitored during future inspections. An area for improvement in regard to staffing levels has been stated for a second time.

6.2.1. Care Delivery

We observed staff attending to patients' needs in a caring manner. Patients looked well cared for and were observed to be content in their surroundings and in their interactions with staff. Staff were aware of their patients' needs; staff were observed to display and warm and friendly attitude towards the patients.

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

We observed the serving of lunch in the Spires unit. The meal looked appetising and well presented. Staff were available to assist patients where required.

Patients were encouraged with their meal and a variety of drinks were offered. We observed positive interaction between staff and patients; staff were also aware of their patients' dietary needs and preferences.

Patients spoken with commented positively about their experience of living in Fairfields, they told us;

- “It’s good, I’m getting on well.”
- “Staff are friendly.”
- “It’s lovely.”

6.2.2 Activities

We reviewed the provision of activities in the home. Two new activity therapists had been employed in the home for the Church and Spires units. We observed an activity taking place within the units and viewed activity records within the Spires unit. We observed that these activities were meaningful to patients. We observed that activities were being provided to patients by various staff members.

We discussed the plan for the training of staff; however, training could not be sought due to the Covid-19 pandemic. Given the level of the activity and discussions with staff on the day of the inspection the area for improvement was met.

6.2.3. Care records

We observed that assessments to identify patients’ need and a range of care plans to direct the care required were in place. However, deficits were identified in regard to the quality of care plans for individual patients including those with a diagnosis of dementia. These care plans did not contain person centred information about individual patient’s needs but contained generic, pre-printed statements which would not direct care in a meaningfully manner. An area for improvement in regard to care records was not met and has been subsumed into a new area for improvement under regulation.

6.2.4. Environment / Infection prevention and control (IPC)

During the inspection we observed various PPE stations situated throughout the home. Information on the correct usage of PPE was available. We identified that some staff were either not wearing a face mask or were wearing them incorrectly. We discussed this with the manager who addressed this immediately. One staff member was observed not using the required PPE when disposing of laundry and continence aids. Some staff were also observed not adhering to best practice guidance for effective handwashing. We also discussed this with the manager who agreed to address this and an area for improvement was made.

We reviewed the environment of the home and observed fire safety measures were in place; corridors and fire exits were clear from obstruction. A sample of patients’ bedrooms was reviewed and good examples of personalisation were observed.

We observed the quality of the environment within the dementia units (Spires and Church) and noted that some improvement had been for the benefit of those living there, such as new signage in place however, the manager informed us that further improvements had been delayed due to the ongoing COVID-19 pandemic. An area for improvement in relation to this has been carried forward to be reviewed at a future care inspection.

Malodours identified at the last care inspection had been addressed. However, malodours identified in the Church unit during this inspection were discussed with the manager and an area for improvement was identified.

6.2.5 MEDICINES MANAGEMENT

Whilst we were assured that the majority of medicines were being administered as prescribed we could not conclude that robust systems were in place for all aspects of the management of medicines and the current governance systems were not effective in identifying areas for improvement (outlined below). The responsible individual and manager were invited to attend an inspection feedback meeting in RQIA on 4 August 2020 to discuss issues with regards to some aspects of the management of medicines, including the timing of the night time medicine round, care planning, the management medication on admission, controlled drugs and medication incidents. The management team advised that an action plan was in place to address all of the issues highlighted. A follow up inspection will take place to ensure that the necessary improvements have been implemented and sustained.

6.2.6 Medicine related care plans and associated records

We reviewed the management of distressed reactions for five patients. Care plans contained limited details on how the patients expressed their distressed reactions, known triggers or de-escalation/engagement strategies and did not reference prescribed medicines. This information must be recorded to ensure effective care delivery for each patient. The reason for and outcome of administration of these medicines was not routinely recorded. There was evidence that the use of medicines was evaluated monthly. For two of the patients the medicines were required regularly. The manager and deputy manager advised that the prescribers had been consulted and were aware of the regular use, but were reluctant to change the prescription details.

The management of pain was reviewed for two patients. One patient's care plan contained limited details, did not reference why the patient experienced pain or the prescribed medicines. This information must be recorded to ensure effective care delivery for the patient. Prescribed medicines were detailed in the monthly review. Registered nurses advised that pain was assessed regularly throughout the day and at each medicine round. For the second patient, the pain relieving medicines were prescribed for regular administration; however, staff had not administered these as prescribed and this was discussed with management for immediate review (see below).

The management of thickening agents was reviewed for three patients. There was evidence that care staff were administering the thickening agents in accordance with the most recent recommendations from the speech and language therapist. However, for one patient the recommended consistency level was not recorded on the personal medication record and for one patient the wrong consistency level was recorded. This could lead to an error in administration. Assurances were provided that these records would be updated following the inspection and kept under review.

The management of medicines via the enteral route was reviewed. There was evidence that medicines were being administered as prescribed and that the food and fluid intake was in accordance with the most recent regimen. However, a detailed care plan was not available for inspection and obsolete regimens had not been cancelled and archived. For one patient the

incorrect nutritional supplement was recorded on their fluid intake chart. These discrepancies have the potential to lead to an error.

The management of distressed reactions, pain, thickening agents and enteral feeding was subsumed into the area for improvement regarding care records (see above).

6.2.7 Medicine records

Records of receipt, administration and disposal/transfer of medicines must be maintained for each patient. This facilities the ordering, stock control and audit process for medicines.

We identified that records of medicines received into the home had not been accurately maintained on the first floor, that is, several medicines had been brought into the home; however, a record of receipt had not been maintained. An area for improvement has been identified.

A review of the medicine disposal books evidenced that significant quantities of currently prescribed medicines were disposed of each month. This unnecessary wastage was discussed in detail with management who advised that the GP surgeries continued to issue prescriptions for medicines which they have not ordered. The management team agreed to maintain a record of any additional medicines supplied and to follow up with the GP practice pharmacists/practice managers.

Several medicines awaiting disposal, including controlled drugs in Schedule 4, Part (1), were not stored securely in the treatment room on the first floor. Medicines awaiting disposal should be stored securely to prevent unauthorised access and to reduce the risk of medication errors. An area for improvement was identified.

6.2.8 Controlled Drugs

Controlled drugs in Schedule 2 and Schedule 3 were stored in the controlled drug cabinets; stock balances were reconciled at each handover of responsibility. A review of the controlled drug record books indicated that balances of seven controlled drugs had not been brought to zero when the controlled drugs were disposed of/transferred out of the home. The management team were requested to reconcile entries in the controlled drug book and disposal record book. Any discrepancies should be investigated and reported to the appropriate authorities. The manager advised that the investigations had been completed. Two controlled drugs remained unaccounted for. This was discussed at a meeting held with the management team on 4 August 2020 and it was agreed that notifications detailing the action taken to prevent a recurrence would be forwarded to RQIA. The notifications were received by RQIA. In order to prevent a recurrence the Standard Operating Procedures had been updated and registered nurses had received additional training on the management of controlled drugs.

A review of the disposal books evidenced that controlled drugs in Schedule 4 Part (1) were not being denatured prior to disposal. The management team were unaware that this was necessary. Controlled drugs in Schedules 2, 3 and 4 Part (1) must be denatured prior to disposal in order to render them irretrievable.

Controlled drugs in Schedule 4 Part (1), for example, diazepam, lorazepam and zopiclone were stored in the medicines trolleys and overstock cupboard. Stock balances of these medicines

were maintained when administered. The management team were requested to risk assess this practice to ensure that robust systems were in place for the management of controlled drugs.

A robust system for the safe management of controlled drugs, including denaturing of Schedule 4 (Part 1) controlled drugs, audit and record-keeping should be developed and implemented. An area for improvement was identified.

6.2.9 Medicines Administration

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

Within the home, a record of the administration of medicines is completed on pre-printed or occasionally handwritten medicine administration records (MARs) when medicines are administered to a patient. When handwritten this should involve two members of trained staff to ensure accuracy of the information recorded. An area for improvement was identified.

We reviewed a sample of the MARs on each floor. On the ground floor there was evidence that the MARs had been accurately maintained. Daily stock balances were maintained for the majority of medicines and there was evidence that medicines were being administered as prescribed.

On the first floor, we noted similar findings. However, due to the standard of record keeping we could not ascertain if all topical medications had been administered as prescribed to patients. Discrepancies were identified in the audits of eye drops and liquid medicines and were discussed with management for immediate improvement.

We noted that review of the management of eye medicines was necessary to ensure that when a patient is prescribed more than one eye medicine, staff are aware of the timing between each administration to ensure optimal delivery of each eye medicine. This is important to ensure one dose does not wash out the previous dose. An area for improvement was identified.

We reviewed the management of medicines on admission/re-admission to the home for two patients. The home's procedures had been followed for one of the patients and there was evidence that their medicines had been administered as prescribed.

For the second patient, we identified several failings in the management of this patient's medicines which included non-administration of regularly prescribed pain relief (as mentioned above), other prescribed medicines and lack of follow up for a new prescribed medicine and change of medicine regime. These issues were highlighted to staff and the manager for immediate corrective action. An area for improvement was identified. A referral to the safe guarding team was also made.

6.3.0 Medicine related incidents

Occasionally medicines incidents occur within homes. It is important that there are systems in place that quickly identify that an incident has occurred, so that action can be taken to prevent a recurrence and that staff can learn from the incident.

The auditing system in place helped staff to identify medicine related incidents. However, it was noted that not all incidents which had been identified by the registered nurses and the

management team had been reported to the prescriber for guidance and to RQIA. The inspectors noted that errors which had been identified during the audit undertaken in April 2020 had not been reported to RQIA. We also noted that two medicines incidents had not been reported to the prescribers for guidance or to RQIA. The incident report forms were received by RQIA on 27 July 2020. Incident reports were also submitted with regard to poor record keeping for the disposal of two controlled drugs. Medication related incidents must be reported to the prescriber for guidance, to the patient/their representative, care management and RQIA. An area for improvement was identified.

6.3.1 Medicines management training

To ensure that patients are well looked after and receive their medicines appropriately, registered nurses who administer medicines to patients must be appropriately trained. The manager has a responsibility to check that registered nurses are competent in managing medicines and that registered nurses are supported to do this.

Registered nurses in the home had received a structured induction which included medicines management. Records of recent training and competency assessments were available for inspection. However, the findings of this inspection evidenced that further training on the management of controlled drugs, medication refusals, medication related incidents and staff accountability was necessary. An area for improvement was identified.

Areas for improvement

Areas for improvement were identified in relation to: IPC, patient centred care records, management of the identified malodours in the Church unit, the timing of the night time medicine round, the management of medicines on admission, controlled drugs, medication incidents, the storage of medicines, eye preparations, medication records and staff training.

	Regulations	Standards
Total number of areas for improvement	6	5

6.3 Conclusion

During the inspection, patients appeared to be relaxed and interacted comfortably with staff. The dining experience of patients was also managed in a person centred and sensitive manner by staff.

Enforcement action resulted from the findings of this inspection in relation to staffing arrangements as referenced in section 4.1.

An enhanced feedback meeting was also held with the responsible individual and manager on 4 August 2020 in relation to medicines management findings; this is referenced in section 6.2.5.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Phillip McGowan, manager 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.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

Area for improvement 1 **Ref**: Regulation 20 (1)(a) **Stated:** Second time **To be completed by:** Immediately and ongoing	The registered person shall having regard to the size of the nursing home, the statement of purpose and the number and needs of the patients – (a) Ensure that at all times suitably qualified competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients. Reference to this is made in that there must be a comprehensive review of staffing levels so that: • Levels meet the assessed dependencies of patients/residents. • That the overall staffing levels on night duty is adequate to meet the numbers and dependencies of patients / residents. Ref:6.1 & 6.2.1
	Response by registered person detailing the actions taken: The homes current staffing levels meet the dependencies of the residents housed within the facility. The home manager undertakes dependency levels using two different tools to ensure a quantitative analysis. However, the manager accepts that residents should not be woken to administer night medications and as such will ensure adequate staff trained in medication administration are on duty from 8pm to 10pm to faciliatte indiviualised needs.
Area for improvement 2 **Ref:** Regulation 16 (1)(2) **Stated:** First time **To be completed by:** 1 September 2020	The registered person shall ensure that robust patient centred care plans are in place for each patient's assessed need including those with a dementia diagnosis and presentation of behaviour that challenges. Ref: 6.1 and 6.2.3
	Response by registered person detailing the actions taken: The home has made a decision to change the care administrative system and will in qtr 4 be introducing a fully computerised system which works with individualised assessments and care plans in order to assist the nurses in managing their care plans

Area for improvement 3 **Ref:** Regulation 13 (7) **Stated:** First time **To be completed by:** Immediately and ongoing	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of infection. With specific reference to: • correct use of PPE • adherence to IPC guidelines in regard to effective handwashing Ref: 6.2.4
	Response by registered person detailing the actions taken: PPE and donning/doffing training are updated every two weeks in line with COVID-19 updates. General IPC training is currently at 100% compliance. The link nurse is increasing handwashing audits and any negative findings are actionned immediately
Area for improvement 4 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** Immediate and ongoing	The registered person shall review the storage of medicines awaiting disposal to ensure that they are stored securely until they are safely disposed. Ref: Ref: 6.2.7
	Response by registered person detailing the actions taken: Medications for disposal are stored in 'boots' boxes until staff have the time to facilitate disposal. All medications are kept behind a locked door
Area for improvement 5 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** Immediate and ongoing	The registered person shall develop and implement a robust system for the safe management of controlled drugs, including denaturing of Schedule 4 (Part 1) controlled drugs, audit and record-keeping. Ref: 6.2.8
	Response by registered person detailing the actions taken: Schedule 4 drugs are now auditted weekly. The destruction of such drugs is now done immediatley upon discontinuation and recorded as per protocol and denatured.

Area for improvement 6 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** Immediate and ongoing	The registered person shall review the management of medicines on admission and medication changes to ensure that all medicines are administered as prescribed. Ref: 6.2.9
	Response by registered person detailing the actions taken: Medications on admission are noted on the discharge letter from the facility transferring to Fairfileds. Staff have been informed that this needs transferred onto a MARR sheet and Kardex. Any chnages must be made immediatley and documented in the MDT notes to ensure a full audit pathway
Area for improvement 7 **Ref:** Regulation 30 **Stated:** First time **To be completed by:** Immediate and ongoing	The registered person shall ensure that medicine related incidents are reported to the prescriber for guidance, to the patient/ representative, care management and RQIA. Ref: 6.3.0
	Response by registered person detailing the actions taken: All incidents are reported where required after the governance checks have been undertaken
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 43 **Stated:** First time **To be completed by:** 4 February 2020	The registered person shall ensure that the environment of the dementia units (Spires and Church) are enhanced to provide an environment for persons living with dementia that is familiar and easy to understand. A baseline audit should be completed and thereafter at regular intervals, to ensure the environment is in keeping with best practice guidelines. Ref: 6.1 & 6.2.4
	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.
Area for improvement 2 **Ref**: Standard 44 **Stated:** First time **To be completed by:** Immediately and going	The registered person shall ensure that the malodours identified are investigated and action taken. Ref: 6.2.4
	Response by registered person detailing the actions taken: Humidifiers and new flooring has been placed in the unit

Area for improvement 3 **Ref**: Standard 29 **Stated:** First time **To be completed by:** Immediate and ongoing	The registered person shall ensure that a record of all incoming medicines is maintained. Ref: 6.2.7
	Response by registered person detailing the actions taken: Staff have been reminded that all drugs coming into the home should have the amount recorded on a MARR sheet
Area for improvement 4 **Ref**: Standard 29 **Stated:** First time **To be completed by:** Immediate and ongoing	The registered person shall ensure that hand-written updates on the medication administration records are verified and signed by two registered nurses. Ref: 6.2.9
	Response by registered person detailing the actions taken: Staff have been reminded about the evidence base of standard 29
Area for improvement 5 **Ref**: Standard 29 **Stated:** First time **To be completed by:** Immediate and ongoing	The registered person shall review the administration of eye preparations and timing of doses to ensure optimal delivery for the patient. Ref: 6.2.9
	Response by registered person detailing the actions taken: This area was part of the RQIA report to the safe guarding. No issues where identified during the safe guarding investigation. However, the manager will ensure that multiple/complicated prescriptions are monitored and checked by two nurses to ensure the continued good practice currently within the home
Area for improvement 6 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 24 August 2020	The registered person shall ensure that registered nurses receive training specific to the medication related issues identified at this inspection. Ref: 6.3.1
	Response by registered person detailing the actions taken: All staff complete 3 assessments per year and also undertake a service update. In addition following this inspection the staff have had a NMC update on responsibility and also online training as face to face is not currently appropraite

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
Web www.rqia.org.uk
@RQIANews