# Inspection Report
# 15 October 2020

# Fairfields Care Centre

**Type of Service: Nursing Home**
**Address: 80a Fair Hill Road, Cookstown, BT80 8DE**
**Tel No: 028 8676 6294**
**Inspectors: 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 which is registered to provide nursing and residential care for up to 70 patients.

## 3.0 Service details

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|---|---|
| **Organisation/Registered Provider:**<br>Care Facilities & Management Ltd<br><br>**Responsible Individual:**<br>Mrs Barbara Haughey | **Registered Manager and date registered:**<br>Mr Phillip McGowan<br>18 April 2016 |
| **Person in charge at the time of inspection:**<br>Mrs Eilis Bell, Deputy Manager | **Number of registered places:**<br>70<br>This number comprises:<br><br>• 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<br>• a maximum of 42 patients in categories NH-I/NH-PH in the Brook, Adelaide and Maine suits. There shall be a maximum of two named residents receiving residential care in category RC-I within these three units.<br><br>The home is approved to provide care on a day basis for five persons. |
| **Categories of care:**<br>Nursing Home (NH)<br>I – old age not falling within any other category<br>DE – dementia<br>MP(E) - mental disorder excluding learning disability or dementia – over 65 years<br>LD(E) – learning disability – over 65 years<br>PH – physical disability other than sensory impairment | **Number of patients accommodated in the nursing home on the day of this inspection:**<br>67 |

## 4.0 Inspection summary

An unannounced medicines management inspection took place on 15 October 2020 from 10.15 to 16.45.

This inspection was undertaken to determine the progress made in addressing the areas identified for improvement with regards to medicines management at the last inspection (20, 21 and 24 July 2020) and to determine if the improvements had been sustained. Areas for improvement with regards to care issues identified at the last inspection will be reviewed at the next care inspection.

At the last inspection, whilst we were assured that the majority of medicines were administered as prescribed, we could not conclude that robust systems were in place for all aspects of the management of medicines and we found that the governance systems were not effective in identifying issues and driving the necessary improvements.

The responsible individual and registered manager were invited to attend an inspection feedback meeting in RQIA on 4 August 2020 to discuss the concerns identified.

During the meeting, the registered persons provided details of their action plan to address the concerns raised. Assurance was given that the concerns were being addressed by Care Facilities & Management Ltd. Following the meeting RQIA decided to allow a period of time to demonstrate that the improvements had been made and advised that a further inspection would be undertaken to ensure that the issues had been effectively addressed. RQIA informed the registered persons that enforcement action may be considered if the issues were not addressed and the improvement sustained.

The following areas were examined during this inspection:

- medicine related care plans and associated records
- medicine records
- records for enteral feeding and fluid intake
- controlled drugs
- medicines administration
- the governance and auditing systems in relation to medicines management
- medicine related incidents
- medicines management training
- the time of the night time medicine round

We were assured that the majority of medicines were being administered as prescribed and that some improvements had been implemented and sustained since the last inspection.

However, further improvement is necessary. Areas for improvement were identified for a second time regarding the secure storage of medicines awaiting disposal, the management of controlled drugs and eye preparations. Two new areas for improvement in relation to the management of thickening agents and implementing a robust audit system were identified.

Detailed feedback was provided to the responsible individual and deputy manager who advised that they fully understood the improvements which must be implemented and sustained.

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 Fairfields Care Centre which provides both nursing and residential care.

## 4.1 Inspection outcome

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 7* | 3* |

*The total number of areas for improvement includes two under the Regulations and one under the Standards which have been stated for a second time, three under the Regulations and two under the Standards which have been carried forward for review at a future care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Barbara Haughey, Responsible Individual, and Mrs Eilis Bell, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of the last inspection (20, 21 and 24 July 2020) in relation to the staffing arrangements in the home. RQIA held a meeting with representatives from Care Facilities & Management Ltd with the intention of serving a Failure to Comply Notice, however, due to the actions taken and planned action this was not served.

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 last inspection
- the registration status of the home
- written and verbal communication received since the last inspection
- the returned QIP from the last inspection
- the last inspection report

During the inspection we met with three registered nurses, the deputy manager and the responsible individual.

Ten 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. No responses were received within the timeframe (two weeks) specified for inclusion in this report.

The following records were examined during the inspection:

- duty rotas from weeks commencing 28 September 2020, 5 October 2020 and 12 October 2020
- 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 and enteral feeding
- training records and competency assessments with regards to medicines management
- the governance and auditing systems for medicines management
- the management of medication related incidents

Areas for improvement regarding medicines management identified at the last inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

Areas for improvement with regards to care related issues were not reviewed at this inspection and were carried forward for review at 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 last inspection (20, 21 and 24 July 2020)

<table>
<tr><th colspan="3">Areas for improvement from the last 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<br><br>Ref: Regulation 20 (1)(a)<br><br>Stated: Second time</td><td>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 –<br>(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.<br><br>Reference to this is made in that there must be a comprehensive review of staffing levels so that:<br>• Levels meet the assessed dependencies of patients/residents.<br>• That the overall staffing levels on night duty is adequate to meet the numbers and dependencies of patients/residents</td><td rowspan="2">Carried forward to the next care inspection</td></tr>
<tr><td>Action required to ensure compliance with this regulation was not reviewed as part of the inspection. This will be carried forward for review at the next care inspection. (See Section 6.2.8)</td></tr>
<tr><td rowspan="2">Area for improvement 2<br><br>Ref: Regulation 16 (1)(2)<br><br>Stated: First time</td><td>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.</td><td rowspan="2">Carried forward to the next care inspection</td></tr>
<tr><td>Action required to ensure compliance with this regulation was not reviewed as part of the inspection. This will be carried forward for review at the next care inspection.</td></tr>
</table>

<table>
<tr><td rowspan="2">Area for improvement 3<br><br>Ref: Regulation 13 (7)<br><br>Stated: First time</td><td>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of infection.<br><br>With specific reference to:<br>• correct use of PPE<br>• adherence to IPC guidelines in regard to effective handwashing</td><td rowspan="2">Carried forward to the next care inspection</td></tr>
<tr><td>Action taken as confirmed during the inspection:<br>In order to reduce footfall in the home we remained in the treatment rooms and office throughout the inspection.<br><br>Registered nurses were observed to be wearing appropriate personal protective equipment and adhering to effective handwashing.<br><br>Action required to ensure compliance with this regulation was not reviewed as part of the inspection. This will be carried forward for review at the next care inspection.</td></tr>
<tr><td rowspan="2">Area for improvement 4<br><br>Ref: Regulation 13 (4)<br><br>Stated: First time</td><td>The registered person shall review the storage of medicines awaiting disposal to ensure that they are stored securely until they are safely disposed.</td><td rowspan="2">Not met</td></tr>
<tr><td>Action taken as confirmed during the inspection:<br>There was no evidence of any improvements in the storage arrangements for medicines awaiting disposal on the first floor.<br>See Section 6.2.2.<br><br>This area for improvement is stated for a second time.</td></tr>
<tr><td>Area for improvement 5<br><br>Ref: Regulation 13 (4)<br><br>Stated: First time</td><td>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.</td><td>Partially met</td></tr>
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| | **Action taken as confirmed during the inspection**:<br><br>There was evidence of some improvement in the management of controlled drugs, however further improvements are necessary.<br>See Section 6.2.2 and 6.2.3<br><br>This area for improvement is stated for a second time. | |
| **Area for improvement 6**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time | The registered person shall review the management of medicines on admission and medication changes to ensure that all medicines are administered as prescribed. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Robust systems were observed to be in place for the management of medicines on admission and medicine changes. | |
| **Area for improvement 7**<br><br>**Ref:** Regulation 30<br><br>**Stated:** First time | The registered person shall ensure that medicine related incidents are reported to the prescriber for guidance, to the patient/ representative, care management and RQIA. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>When identified medication related incidents are reported to the prescriber for guidance, to the patient/ representative, care management and RQIA. | |
| **Action required to ensure compliance with The Care Standards for Nursing Homes (2015)** | | **Validation of compliance** |
| **Area for improvement 1**<br><br>**Ref**: Standard 43<br><br>**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 required to ensure compliance with this standard was not reviewed as part of the inspection. This will be carried forward for review at the next care inspection.** | |

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| **Area for improvement 2**<br><br>**Ref**: Standard 44<br><br>**Stated:** First time | The registered person shall ensure that the malodours identified are investigated and action taken. | **Carried forward to the next care inspection** |
| | **Action required to ensure compliance with this standard was not reviewed as part of the inspection. This will be carried forward for review at the next care inspection.** | |
| **Area for improvement 3**<br><br>**Ref**: Standard 29<br><br>**Stated:** First time | The registered person shall ensure that a record of all incoming medicines is maintained. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>There was evidence that records for the receipt of medicines had been accurately maintained. | |
| **Area for improvement 4**<br><br>**Ref**: Standard 29<br><br>**Stated:** First time | The registered person shall ensure that hand-written updates on the medication administration records are verified and signed by two registered nurses. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Hand-written updates on the medication administration records had been verified and signed by two registered nurses to ensure accuracy. | |
| **Area for improvement 5**<br><br>**Ref**: Standard 29<br><br>**Stated:** First time | The registered person shall review the administration of eye preparations and timing of doses to ensure optimal delivery for the patient. | **Not met** |
| | **Action taken as confirmed during the inspection**:<br>Four expired eye preparations were observed in the treatment room on the ground floor which indicates that they may not have been administered as prescribed/were administered after their expiry dates had been reached.<br><br>For some patients who were prescribed multiple eye preparations guidance on how the eye drops should be administered was not recorded in a care plan.<br><br>This area for improvement is stated for a second time. | |

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| **Area for improvement 6**<br><br>**Ref**: Standard 28<br><br>**Stated:** First time | The registered person shall ensure that registered nurses receive training specific to the medication related issues identified at this inspection. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Records of training and competency assessment on the management of medicines were available for inspection.<br><br>The registered manager had informed all staff of the improvements that were necessary in the management of medicines via email following the last inspection.<br><br>The deputy manager provided further training during a recent nurses' meeting.<br><br>The responsible individual and deputy manager provided assurances that further supervision specific to the findings of this inspection would be provided for the nursing staff.<br><br>Due to training already delivered and the assurances provided this area for improvement was assessed as met. | |

## 6.2 Inspection findings

### 6.2.1 Medicine related care plans and associated records

We reviewed the management of distressed reactions. Care plans contained details of how the patients expressed their distressed reactions, known triggers or de-escalation/engagement strategies and referenced the prescribed medicines. This information is recorded to ensure effective care delivery for each patient. The reason for and outcome of administration of these medicines was recorded on most occasions and there was evidence that their use was evaluated monthly. For one patient the medicine was required regularly; this had been referred to the prescriber for review. The prescriber was aware of the regular use and provided advice to staff. In addition to recording any administration, registered nurses also recorded each time they offered the medication but it was not required; this makes it difficult to see when the medicine was actually administered. It was agreed that in order to provide a clear audit trail registered nurses would only record when they had actually administered the medication and would maintain a running stock balance.

The management of thickening agents was reviewed for four patients. The most recent speech and language assessments were available and care plans were in place; one needed to be updated following a recent change and this was completed during the inspection. The current recommended consistency level was recorded on the personal medication record. Records for

administration were not accurately recorded; for two patients there were no records for administration and for the other two patients records of administration were only completed twice daily. Records of administration must be accurately maintained in order to evidence that thickening agents are administered as prescribed. An area for improvement was identified.

The management of medicines via the enteral route was reviewed for three patients. There was evidence that the medicines were administered as prescribed and that the food and fluid intake was in accordance with the most recent regimen. Each patient had an individual file which contained a detailed care plan, their current regimen and their daily food and fluid intake chart. Registered nurses advised that they had received appropriate training and felt competent to administered medicines and nutrition via the enteral route.

The management of pain was reviewed. We noted that 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 a 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. The management of pain was subsumed into the area for improvement regarding care records at the last inspection. This area for improvement (See Section 6.1) will be further reviewed at the next inspection.

### 6.2.2 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 had identified that records of medicines received into the home had not been accurately maintained for patients accommodated on the first floor. There was evidence that this had been addressed and no further concerns were noted.

We had noted that significant quantities of currently prescribed medicines were being disposed of each month. The deputy manager has since taken on the responsibility for ordering medicines and a significant reduction in the quantity of medicines disposed of was observed.

As identified at the last inspection, 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 stated for a second time.

### 6.2.3 Controlled drugs

Controlled drugs in Schedule 2 and Schedule 3 were stored in controlled drug cabinets; stock balances were reconciled at each handover of responsibility.

We had identified that the management of controlled drugs required improvement regarding the completion of the controlled drug record book, stock balance checks and the management of discontinued controlled drugs. There was evidence at this inspection that stock balances had been brought to zero when the controlled drug had been disposed of/transferred out of the

home. The stock balance checks for controlled drugs in Schedule 4 Part (1) had been reviewed by management and stock was checked on a weekly basis.

On the first floor, there was no evidence to indicate that controlled drugs in Schedule 4 Part (1) were denatured prior to disposal. Records of disposal did not state that these medicines were denatured prior to disposal.

As detailed in Section 6.2.2, controlled drugs in Schedule 4, Part (1), awaiting disposal, were not stored securely in the treatment room on the first floor.

Although some improvement in the management of controlled drugs was observed, further improvements with regards to storage and denaturing are necessary. The area for improvement with regards to controlled drugs is stated for a second time.

### 6.2.4 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.

We reviewed the management of medicines on admission/re-admission to the home. Written confirmation of currently prescribed medicines had been obtained and medicines had been accurately received into the home. The personal medication records and hand-written medication administration records had been verified and signed by two registered nurses and there was evidence that the medicines had been administered as prescribed.

Daily stock balances were maintained for the majority of medicines and there was evidence that medicines were being administered as prescribed. However, for one medicine, we were unable to determine if this medicine had been administered, as staff could not confirm administration and evidence was not available. The registered managed submitted a copy of the medication administration record to RQIA on 19 October 2020 which indicated that the medicine had been administered.

As part of the inspection focus, we wanted to ensure that robust arrangements were in place to manage patients' eye medicines. We reviewed this in two treatment rooms in the home. Four expired eye preparations were observed in the treatment room on the ground floor which indicates that they may not have been administered as prescribed/were administered after their expiry dates had been reached. For some patients who were prescribed multiple eye preparations guidance on how the eye drops should be administered was not recorded in a care plan. An area for improvement regarding the management of eye preparations was stated for the second time. See also Section 6.1.

### 6.2.5 The governance and auditing systems in relation to medicines management

Following the last inspection a revised auditing system was developed. In addition to the daily stock balances, a daily medication audit is completed on the management of medicines for one patient on each floor each night. These audits are completed by a registered nurse and reviewed by the unit sisters.

Whilst it was acknowledged that the audits had driven some improvement, the audits did not cover all of the issues identified at the last inspection including the management of controlled drugs, thickening agents, distressed reactions and eye preparations.

The audit tool should be further developed. The registered persons should implement a robust audit tool which covers all aspects of the management of medicines including those detailed in the quality improvement plan. Action plans to address shortfalls should be developed and implemented. An area for improvement was identified.

### 6.2.6 Medicine related incidents

We had highlighted that medicine related incidents must be reported to RQIA. We acknowledged that the medication related incidents which had been identified and reported following the last inspection were managed appropriately.

However, the records showed that one patient had recently missed four doses of a medicine. This had not been reported to the registered manager. The deputy manager agreed to investigate this incident and submit a report of the findings and action taken to prevent a recurrence to RQIA. This report was received on 27 October 2020. Registered nurses were reminded that the non-administration of medicines due to stock supply issues may affect the health and well-being of a patient and is a medication related incident.

### 6.2.7 Medicines management training

Due to the findings at the last inspection, we had highlighted the need for training in medicines management. There was evidence that registered nurses had received a structured induction which included medicines management. Records of recent training and competency assessments were available for inspection.

The registered manager had updated staff on the findings of the last inspection, including the management of controlled drugs, medication refusals, medication related incidents, staff accountability and the management of eye preparations (via email) following the last inspection. The deputy manager had used the quality improvement plan and the outcomes of recent audits to further discuss medicines management during a recent nurses' meeting.

The responsible individual and deputy manager provided assurances that all registered nurses would receive individual supervision on the management of medicines specific to the home and the findings of this inspection.

### 6.2.8 Staffing

The deputy manager advised that when possible an additional registered nurse works a twilight shift on the ground floor to facilitate the timely administration of medicines. In order to monitor staffing issues, nursing staff maintain a log of the number of patients who are wakened from their sleep to enable medicines to be administered. The log showed that on five nights since the last inspection some patients had been wakened from their sleep; this had not occurred since 11 September 2020. The registered manager is aware that RQIA must be informed if the agreed staffing levels are not met. Staffing levels will be reviewed further during the next inspection.

### Areas of good practice

We noted that the standard of record keeping had improved and additional monitoring arrangements had been implemented.

**Areas for improvement**

Areas for improvement regarding the secure storage of medicines awaiting disposal, the management of controlled drugs and eye preparations were identified for a second time and two new areas for improvement in relation to the management of thickening agents and implementing a robust audit system were identified.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 2 | 0 |

## 6.3 Conclusion

There was evidence that some of the medicine management issues identified at the last inspection had been addressed in a satisfactory manner and the improvement had been sustained. However, further improvement is necessary as three areas for improvement have been stated for second time and two new areas for improvement were identified.

Detailed feedback was provided for the responsible individual and deputy manager who advised that they fully understood the improvements which must be implemented and sustained.

We would like to thank the patients and staff for their assistance throughout the inspection.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Eilis Bell, Deputy Manager, and Mrs Barbara Haughey, 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 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**<br><br>**Ref**: Regulation 13 (4)<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>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.<br><br>Ref. 6.1 & 6.2.2 |
| | **Response by registered person detailing the actions taken:**<br>It was noted in the original QIP that drugs awaiting return will be stored in boots containers. This was the situation on the second inspection.<br><br>With regardsunauthorised access the room now have a key pad inplace rather than a lock usable by master key. |
| **Area for improvement 2**<br><br>**Ref**: Regulation 13 (4)<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>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.<br><br>Ref. 6.1, 6.2.2 & 6.2.3 |
| | **Response by registered person detailing the actions taken:**<br>All staff have been re informed regarding the immediate denaturing of schedule 4 drugs as per the homes policy. |
| **Area for improvement 3**<br><br>**Ref**: Regulation 20 (1)(a)<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>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 –<br><br>(b) 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.<br><br>Reference to this is made in that there must be a comprehensive review of staffing levels so that:<br><br>• Levels meet the assessed dependencies of patients/residents.<br>• That the overall staffing levels on night duty are adequate to meet the numbers and dependencies of patients / residents. |
| | **Action required to ensure compliance with this regulation was not fully reviewed as part of this inspection and this will be carried forward to the next care inspection.** |

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|---|---|
| | Ref: 6.1 & 6.2.8 |

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|---|---|
| **Area for improvement 4**<br><br>**Ref:** Regulation 16 (1)(2)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>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. |
| | **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.**<br><br>Ref: 6.1& 6.2.1 |
| **Area for improvement 5**<br><br>**Ref:** Regulation 13 (7)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>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.<br><br>With specific reference to:<br>• correct use of PPE<br>• adherence to IPC guidelines in regard to effective handwashing |
| | **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.**<br><br>Ref: 6.1 |
| **Area for improvement 6**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate and ongoing | The registered person must ensure that records for the administration of thickening agents are accurately maintained.<br><br>Ref: 6.2.1 |
| | **Response by registered person detailing the actions taken:**<br>The homes care records have changed to icare. On giving fluid to a resident the care assistant will record the amount of fluid ad also the texture prescription, thickener amount and type on the system |
| **Area for improvement 7**<br><br>**Ref:** Regulation 13 (4) | The registered person should implement a robust audit tool which covers all aspects of the management of medicines. Action plans to address shortfalls should be developed and implemented. |

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| **Stated:** First time<br><br>**To be completed by:**<br>Immediate and ongoing | Ref: 6.2.5 |
| | **Response by registered person detailing the actions taken:**<br>A full 360 degree audit system has been implemented to cover every aspects of medication |

| 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**<br><br>**Ref**: Standard 29<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>Immediate and ongoing | The registered person shall review the administration of eye preparations and timing of doses to ensure optimal delivery for the patient.<br><br>Ref: 6.1 & 6.2.4<br><br>**Response by registered person detailing the actions taken:**<br>Residents who have been prescribed eye drops now have a schedule of administration attached to their care plan as agreed by the Ophthalmology Nurse NHSCT |
| **Area for improvement 2**<br><br>**Ref**: Standard 43<br><br>**Stated:** First time<br><br>**To be completed by:**<br>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.<br><br>**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.**<br><br>Ref: 6.1 |
| **Area for improvement 3**<br><br>**Ref**: Standard 44<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediately and going | The registered person shall ensure that the malodours identified are investigated and action taken.<br><br>**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.**<br><br>Ref: 6.1 |

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

The Regulation and Quality Improvement Authority

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