

Inspection Report

13 September 2022



Whiteabbey Care Home

Type of service: Nursing Home (NH)
Address: 104-106 Doagh Road, Newtownabbey, BT37 9QP
Telephone number: 028 9085 3021

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Beaumont Care Homes Limited Responsible Individual: Mrs Carol Cousins	Registered Manager: Mrs Anne McCracken (Acting)
Person in charge at the time of inspection: Mrs Anne McCracken	Number of registered places: 59
Categories of care: Nursing Home (NH) I – old age not falling within any other category PH – physical disability other than sensory impairment PH (E) - physical disability other than sensory impairment – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 44
Brief description of the accommodation/how the service operates: Whiteabbey Care Home is a registered nursing home which provides nursing care for up to 59 patients. The home is divided into two units, one on the ground floor and one on the first floor. Patient bedrooms are located over the two floors.	

2.0 Inspection summary

An unannounced inspection took place on 13 September 2022, from 10.15am to 2.45pm. The inspection was completed by two pharmacist inspectors and focused on medicines management within the home.

The findings of the last medicines management inspection on 18 August 2022 identified concerns in relation to the management of medicines. Safe systems were not in place for the management of new admissions, maintenance of medicine related records, the management of high risk medicines, the medicine audit process and the management of medicines for distressed reactions. These findings were discussed at a serious concerns meeting on 24 August 2022. The responsible individual, regional manager and manager of Whiteabbey Care Home were in attendance. Following this meeting, RQIA decided that a period of time would be given to implement the necessary improvements.

Following the serious concerns meeting, RQIA received six statutory notifications in the period from 24 August 2022 to 7 September 2022 which identified medicines had not been administered as prescribed; some of which included critical medicines. In light of the concerns raised, RQIA conducted an inspection on 13 September 2022.

Significant concerns were identified during the inspection in relation to the governance and leadership arrangements, medicines management and staffing arrangements in Whiteabbey Care Home.

As a consequence of the inspection findings, RQIA invited the responsible individual from Whiteabbey Care Home to attend a meeting in RQIA on 16 September 2022, with the intention to serve three Failure to Comply Notices (FTC) under The Nursing Homes Regulations (Northern Ireland) 2005.

The meeting was attended virtually by Mrs Carol Cousins, responsible individual, Mrs Ruth Burrows, regional manager and Mrs Anne McCracken, manager. At the meeting, an action plan which detailed an account of the actions that had been taken to date was provided and the arrangements that had been made to ensure the improvements necessary to achieve full compliance with the required regulations were discussed. However, the representatives were unable to offer RQIA full assurance, as a number of areas required time to ensure that new processes were fully embedded into practice.

Two failure to comply notices were issued on 22 September 2022 under The Nursing Homes Regulations (Northern Ireland) 2005 as follows:

FTC Ref: FTC000199 with respect to Regulation 10.-(1)
FTC Ref: FTC000200 with respect to Regulation 13.-(4)

RQIA decided not to issue a failure to comply notice with respect to Regulation 20.-(1) (a) based on the assurances received at the meeting.

Compliance with these notices is to be achieved by 19 October 2022. A follow up inspection will be undertaken to determine if compliance has been achieved.

3.0 How we inspect

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

To prepare for this inspection, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, staffing arrangements and the auditing systems used to ensure the safe management of medicines. Staff views were also obtained.

4.0 What people told us about the service

The inspectors met with nursing staff, the manager and the care quality manager on the day of the inspection. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Discussion with the manager and care quality manager highlighted an ongoing dependency by the home on the use of agency nursing staff to cover shifts. One nurse said that they had worked in the home many years and found that the management team were approachable and responsive. One agency nurse spoken with on the day of the inspection stated it was their first shift working in Whiteabbey Care Home and they had not been provided with a robust induction including the action to take in the event of a fire. This was highlighted to the manager on the day of the inspection and included in the Failure to Comply Notice, FTC Ref: FTC000199.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Following discussion with the aligned care inspector, it was agreed that the areas for improvement identified at the last care inspection would be followed up at the next care inspection.

Areas for improvement from the last inspection on 18 August 2022		
Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 12 (1) Stated: Third time	The registered person shall ensure that repositioning records evidence the delivery of pressure area care as prescribed in the patients care plan.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Regulation 12 (1) (a) (b) Stated: Second time	The registered person shall ensure supplementary care records for patients who require enteral feeding evidence the following: <ul style="list-style-type: none"> • Mouth care as prescribed in the patients plan of care 	Carried forward to the next inspection

	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Regulation 20 (1) (c)(i) Stated: First time	<p>The registered person shall ensure that newly appointed staff are provided with a robust induction programme, and this is completed in a timely manner, signed off by the Manager and available for inspection in staff recruitment records.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
Area for improvement 4 Ref: Regulation 20 (1) (c)(i) Stated: First time	<p>The registered person shall ensure that all staff receive and complete mandatory training appropriate to their job role.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
Area for improvement 5 Ref: Regulation 13 (1) Stated: First time	<p>The registered person shall ensure that neurological observations are managed in line with best practice guidance in the event of an actual/suspected head injury.</p> <p>This specifically relates to:</p> <ul style="list-style-type: none"> • The contemporaneous and accurate recording of clinical observations by registered nurses • If observations are stopped before the recommended timeframe a clear rationale must be recorded. <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection

<p>Area for improvement 6</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure thickening agents are securely stored when not in use.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 27 (4) (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all corridors are kept clear and unobstructed at all times.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that safe systems are in place for the management of insulin.</p> <p>Action taken as confirmed during the inspection: Safe systems were not in place for the management of insulin.</p> <p>This has been included in the Failure to Comply Notice, FTC Ref: FTC000200</p> <p>See Section 5.2.1</p>	<p>Not met</p>
<p>Area for improvement 9</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that safe systems are in place for the management of warfarin.</p> <p>Action taken as confirmed during the inspection: Safe systems were not in place for the management of warfarin.</p> <p>This has been included in the Failure to Comply Notice, FTC Ref: FTC000200</p> <p>See Section 5.2.2</p>	<p>Not met</p>

<p>Area for improvement 10</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that medicines are administered at their prescribed time and medication administration records accurately maintained.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Medication administration records were not accurately maintained and some medicines were not administered at their prescribed times.</p> <p>This has been included in the Failure to Comply Notice, FTC Ref: FTC000200</p> <p>See Section 5.2.3</p>		
<p>Area for improvement 11</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The audit process is not robust and was not effective in identifying medicine related incidents.</p> <p>This has been included in the Failure to Comply Notice, FTC Ref: FTC000199</p> <p>See Section 5.2.4</p>		
<p>Area for improvement 12</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person must review the management of medicines on admission to the home. Medicine regimens must be confirmed in writing from the prescriber and any discrepancies must be followed up in a timely manner to ensure that medicines are administered as prescribed.</p>	<p>Carried forward to the next inspection</p>
<p>Admissions to the home have currently been suspended. There had been no patients requiring hospital care and re-admitted to Whiteabbey Care Home since the last inspection on 18 August 2022.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward</p>		

	to the next inspection.	
Action required to ensure compliance with Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: Third time	The registered person shall ensure the following in regard to those patients who are assessed as requiring a pressure relieving mattress: <ul style="list-style-type: none"> • The type of mattress in use must reflect the patients assessed need. • The mattress should be set correctly to meet the assessed need of the patient. • The type of mattress and correct setting must be documented correctly on the patients repositioning charts. 	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Standard 41.7 Stated: First time	The registered person shall ensure that competency and capability assessments for nurses in charge of the home in the absence of the Manager are kept up to date and regularly reviewed.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Standard 4.1 Stated: First time	The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.	Carried forward to the next inspection
	The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.	
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall review the dining experience for patients to ensure:</p> <ul style="list-style-type: none"> • The menu is appropriately displayed in both dining rooms • The service of food in the downstairs dining room is reviewed so that the food is not plated and served at one time to ensure the food patients receive is at the required temperature. <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure fluid recording charts are accurately and comprehensively maintained at all times and reconciled daily.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 6</p> <p>Ref: Standard 44</p> <p>Stated: First time</p>	<p>The registered person shall ensure the identified laundry floor is either repaired or replaced.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 7</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all governance audits evidence oversight by the home Manager.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>

<p>Area for improvement 8</p> <p>Ref: Standard 16.11</p> <p>Stated: First time</p>	<p>The registered person shall ensure complaint records are accurately and comprehensively maintained at all times to include details of all communication with the complainant, investigation, actions taken or identified and the complaint outcome.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>		
<p>Area for improvement 9</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure identified actions from the monthly monitoring visits are actioned within the specified timeframe.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>		
<p>Area for improvement 10</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure detailed care plans are in place for the management of distressed reactions.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>		
<p>Area for improvement 11</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure detailed care plans are in place on occasions when medicines are crushed to assist administration. The suitability of crushing tablets must be confirmed with the pharmacist.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>		

Area for improvement 12 Ref: Standard 39 Stated: First time	The registered person shall ensure that nurses receive guidance on the action to be taken when they identify a shortfall in the management or administration of medicines.	Not met
	Action taken as confirmed during the inspection: Nurses had failed to take appropriate action when shortfalls in the management of medicines were identified. This has been included in the Failure to Comply Notice, FTC Ref: FTC000199 See Section 5.2.5	

5.2 Inspection findings

5.2.1 Management of insulin

Review of the management of insulin identified safe systems were not in place. While the correct dose had been recorded on the insulin administration records, the insulin pen devices in use could not be audited as the date of opening was not recorded. This is also necessary to facilitate disposal at expiry. Some of the in-use insulin pens were not individually labelled to denote ownership.

Insulin is a high risk medicine and therefore safe systems must be in place to ensure patients are administered the correct dose and the administration can be readily audited. This was included in the Failure to Comply Notice, FTC Ref: FTC000200

5.2.2 Management of warfarin

Review of the management of warfarin identified safe systems were not in place. The latest warfarin dose communicated by the GP had not been verified by two members of staff when transcribed onto supplementary administration records to ensure the correct dose was recorded. Audits completed on the day of the inspection identified the wrong dose had been administered on one occasion which was not identified through the internal audit process.

Warfarin is a high risk medicine and therefore safe systems must be in place to ensure patients are administered the prescribed dose and arrangements are in place for regular blood monitoring. This was included in the Failure to Comply Notice, FTC Ref: FTC000200.

5.2.3 Medicine related records

A sample of the medicine administration records (MARs) were reviewed. Unexplained gaps were observed in the administration records, including the administration of critical medicines. There was evidence that medicines had been omitted but signed as administered by nursing staff.

Some medicines had been inaccurately signed by nursing staff as having been administered at 10.00am when the morning medicines round was not completed until 12.30pm. Complete and accurate records of the administration of medicines is necessary to evidence patients are being administered their medicines as prescribed and also to ensure that medicines are administered at appropriate intervals. This was included in the Failure to Comply Notice, FTC Ref: FTC000200.

The personal medication records reviewed were not completed to a satisfactory standard. Some of the records did not include all of the prescribed medicines as they had not been updated with details of newly prescribed medicines. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments. This was included in the Failure to Comply Notice, FTC Ref: FTC000200.

5.2.4 Medicine audits and incident reporting

Despite a recent review of the medicines audit process, discrepancies noted by the RQIA inspectors had not been identified by the manager. The medicines audits completed by the inspectors identified a number of discrepancies in the administration of liquid medicines, anticoagulants, pain relief patches, supplements and topical medicines. Some medicines had not been administered as they had been out of stock. Patients must have a continuous supply of their medicines as missed doses can impact upon their health and well-being. This was included in the Failure to Comply Notice, FTC Ref: FTC000200.

While daily running stock balances were in place for all medicines to monitor administration, corrective action had not been taken when discrepancies were noted and it had not been escalated to the manager. In addition, the 24-hour reports that were in use by nursing staff were ineffective in addressing these deficits. The date of opening was not consistently recorded on all medicines to facilitate audit. A robust audit system encompassing all aspects of medicines management is necessary to ensure safe systems are in place and that patients are administered their medicines as prescribed. Any deficits identified through the homes audit process should be detailed in an action plan and steps taken to prevent a recurrence. Statutory notifications submitted to RQIA must contain sufficient detail to provide assurance that they have been robustly managed in keeping with best practice. This was included in the Failure to Comply Notice, FTC Ref: FTC000199.

5.2.5 Staffing

Assurances were provided by the responsible individual at the serious concerns meeting on 24 August 2022 that staffing levels would be reviewed and contingency plans put in place to enable nursing staff to complete the morning medicines round efficiently and without interruptions. Despite these assurances it was observed that the completion of the morning medicines round was still significantly delayed and that nursing staff lacked sufficient time and support to administer medicines in a safe and efficient manner.

As stated in Section 4.0; discussions with management highlighted an ongoing dependency on the use of agency nursing staff to cover shifts. Given the deficits identified during the inspection and the practices observed it is evident staffing arrangements were inadequate so as to drive the necessary improvements in a robust and sustained manner.

A comprehensive review of the staffing levels in Whiteabbey Care Home is required to ensure the risk of harm to patients is minimised. This was included in the Failure to Comply Notice, FTC Ref: FTC000199.

It was evident from discussions held with agency nursing staff on the day of the inspection that the induction of agency staff who were involved in the administration of medicines was inadequate and ineffective. The manager was unaware that an identified agency nurse on duty had not worked in the home before and was not sufficiently familiar with important aspects of the home's routines including what actions to take in the event of a fire. A robust induction process must be in place for new staff members and agency staff involved in the management of medicines to ensure safe systems are in place. This was included in the Failure to Comply Notice, FTC Ref: FTC000199.

6.0 Quality Improvement Plan/Areas for Improvement

The necessary improvements required are detailed in two Failure to Comply Notices issued on 22 September 2022 (FTC Ref: FTC000199 & FTC000200).

Areas for improvement were carried forward from the previous inspection where action is required to ensure compliance with the Nursing Home Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes, April 2015.

	Regulations	Standards
Total number of Areas for Improvement	8*	11*

* the total number of areas for improvement includes nineteen which are carried forward for review at the next inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 12 (1) Stated: Third time To be completed by: With immediate effect (5 July 2022)	The registered person shall ensure that repositioning records evidence the delivery of pressure area care as prescribed in the patients care plan.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 2 Ref: Regulation 12 (1) (a) (b) Stated: Second time To be completed by: With immediate effect (5 July 2022)	The registered person shall ensure supplementary care records for patients who require enteral feeding evidence the following: <ul style="list-style-type: none"> • Mouth care as prescribed in the patients plan of care
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 3 Ref: Regulation 20 (1) (c)(i) Stated: First time To be completed by: 31 August 2022	The registered person shall ensure that newly appointed staff are provided with a robust induction programme, and this is completed in a timely manner, signed off by the Manager and available for inspection in staff recruitment records.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 4 Ref: Regulation 20 (1) (c)(i) Stated: First time To be completed by: 31 August 2022	The registered person shall ensure that all staff receive and complete mandatory training appropriate to their job role.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1

<p>Area for improvement 5</p> <p>Ref: Regulation 13 (1)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (5 July 2022)</p>	<p>The registered person shall ensure that neurological observations are managed in line with best practice guidance in the event of an actual/suspected head injury.</p> <p>This specifically relates to:</p> <ul style="list-style-type: none"> • The contemporaneous and accurate recording of clinical observations by registered nurses • If observations are stopped before the recommended timeframe a clear rationale must be recorded.
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (5 July 2022)</p>	<p>The registered person shall ensure thickening agents are securely stored when not in use.</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 27 (4) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (5 July 2022)</p>	<p>The registered person shall ensure that all corridors are kept clear and unobstructed at all times.</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (18 August 2022)</p>	<p>The registered person must review the management of medicines on admission to the home. Medicine regimens must be confirmed in writing from the prescriber and any discrepancies must be followed up in a timely manner to ensure that medicines are administered as prescribed.</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>

Action required to ensure compliance with Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 4 Stated: Third time To be completed by: With immediate effect (5 July 2022)	The registered person shall ensure the following in regard to those patients who are assessed as requiring a pressure relieving mattress: <ul style="list-style-type: none"> • The type of mattress in use must reflect the patients assessed need. • The mattress should be set correctly to meet the assessed need of the patient. • The type of mattress and correct setting must be documented correctly on the patients repositioning charts.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 41.7 Stated: First time To be completed by: 31 July 2022	The registered person shall ensure that competency and capability assessments for nurses in charge of the home in the absence of the Manager are kept up to date and regularly reviewed.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Standard 4.1 Stated: First time To be completed by: With immediate effect (5 July 2022)	The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.
	The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 4 Ref: Standard 12 Stated: First time To be completed by: With immediate effect (5 July 2022)	The registered person shall review the dining experience for patients to ensure: <ul style="list-style-type: none"> • The menu is appropriately displayed in both dining rooms • The service of food in the downstairs dining room is reviewed so that the food is not plated and served at one time to ensure the food patients receive is at the required temperature.

	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 5 Ref: Standard 12 Stated: First time To be completed by: With immediate effect (5 July 2022)	The registered person shall ensure fluid recording charts are accurately and comprehensively maintained at all times and reconciled daily. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 6 Ref: Standard 44 Stated: First time To be completed by: 31 August 2022	The registered person shall ensure the identified laundry floor is either repaired or replaced. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 7 Ref: Standard 35 Stated: First time To be completed by: 31 August 2022	The registered person shall ensure that all governance audits evidence oversight by the home Manager. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 8 Ref: Standard 16.11 Stated: First time To be completed by: 31 August 2022	The registered person shall ensure complaint records are accurately and comprehensively maintained at all times to include details of all communication with the complainant, investigation, actions taken or identified and the complaint outcome. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

<p>Area for improvement 9</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2022</p>	<p>The registered person shall ensure identified actions from the monthly monitoring visits are actioned within the specified timeframe.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 10</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2022</p>	<p>The registered person shall ensure detailed care plans are in place for the management of distressed reactions.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 11</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (18 August 2022)</p>	<p>The registered person shall ensure detailed care plans are in place on occasions when medicines are crushed to assist administration. The suitability of crushing tablets must be confirmed with the pharmacist.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>

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



The Regulation and Quality Improvement Authority

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