



Unannounced Care Inspection Report 17 and 19 April 2019



Glenview

Type of Service: Nursing Home

Address: 9 Cabragh Road, Dungannon, BT70 3AH

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service 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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 45 persons.

3.0 Service details

<p>Organisation/Registered Provider: Glenview</p> <p>Responsible Individuals: Mervyn John Gregg Jennifer Elizabeth Gregg</p>	<p>Registered Manager and date registered: Veronica McElmurry</p> <p>29 September 2016</p>
<p>Person in charge at the time of inspection: Veronica McElmurry</p>	<p>Number of registered places: 45</p> <p>A maximum of 10 patients in category NH-DE. There shall be a maximum of 1 named person receiving residential care.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 42</p>

4.0 Inspection summary

An unannounced inspection was undertaken by the care inspector and pharmacist inspector which took place on 17 April 2019 from 08.30 hours to 17.40 hours.

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

The inspection assessed progress with any areas for improvement identified during and since the last care, medicines management and premises inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff recruitment, induction, training, supervision and appraisal, communication between residents, staff and other key stakeholders and maintaining good working relationships. Further areas of good practice was identified in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas requiring improvement were identified in relation to fire safety, the environment, administration of eye preparations, a robust system to manage eye preparations and effective auditing system to cover all aspects of medicines management. Other areas requiring improvement were identified in relation to record keeping, secure placement of patient information, appropriate display of the activity schedule and quality assurance audits. An area that was identified at the previous care inspection in relation to monthly quality monitoring reports has been stated for a second time.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others/with staff.

Comments received from patients, people who visit them, professionals and staff during and after the inspection, are included in the main body of this report.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*6	5

*The total number of areas for improvement includes one regulation which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Veronica McElmurry, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 28 September 2018

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

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 8 April 2019 to 21 April 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- medicine records including controlled drugs
- medicine storage temperatures
- three patient care charts including food and fluid intake charts and reposition charts
- three patient elimination charts
- a sample of governance audits/records
- complaints record
- compliments received
- staff supervision and appraisal matrix
- a sample of reports of monthly monitoring reports from January 2019
- RQIA registration certificate
- public liability insurance certificate

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 28 September 2018

The most recent inspection of the home was an unannounced premises inspection. The completed QIP was returned and approved by the estates inspector.

6.2 Review of areas for improvement from the last care inspection dated 23 August 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: First time	The registered person shall ensure that rooms where cleaning agents/chemicals are stored remain locked at all times.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that rooms where cleaning agents/chemicals are stored remained locked.	
Area for improvement 2 Ref: Regulation 29 Stated: First time	The registered person shall ensure that the monthly quality monitoring report is robust, provides sufficient information on the conduct of the home and includes an action plan of any identified areas for improvement following the visit.	Not met
	Action taken as confirmed during the inspection: The inspector reviewed three monthly quality monitoring reports which did not provide sufficient information on the conduct of the home. This is discussed further in 6.7. This area for improvement has not been met and has been stated for a second time.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 17 Stated: First time	The registered person shall ensure that care plans provide the necessary information to support the patient/s and staff when responding to behaviours.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that care plans provided the necessary information to support the patient/s and staff when responding to behaviours.	

There were no areas for improvement identified following the last medicines management inspection undertaken on 4 June 2018.

From an estate inspector`s perspective the former estate inspection report IN033033 (ref. VA011021) Quality Improvement Plan (QIP) is validated as completed. The report QIP was reviewed during an estate inspector visit to the home on 19 April 2019.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

We arrived in the home at 08.30 and were greeted initially by staff followed by the registered manager who facilitated an orientation of the building. Patients were mainly in their bedroom and staff were attending to their needs. Some patients were seated in one of the lounges in preparation for breakfast whilst others remained in bed. Staff were friendly and welcoming and appeared confident in their role and delivery of care. Medication was being administered by the registered nurses and catering staff were preparing breakfast.

Patients indicated that they were well looked after by the staff and felt safe and happy living in Glenview. One patient said "Getting well looked after". We also sought the opinion of patients on staffing via questionnaires. Unfortunately there was no response in the time frame allocated.

Staffing rotas for weeks commencing 8 April 2019 and 15 April 2019 were reviewed which evidenced that there were adequate numbers of staff employed to ensure patients were kept safe and their social and physical needs are met in a timely manner. The registered manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary.

A discussion with staff evidenced that they were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that they felt supported by management, comments included; "I love it here", "Very fair place to work" and "Manager very approachable". We also sought staff opinion on staffing via an online survey. There was no response in the time frame provided.

On review of two staff recruitment records it was evidenced that they were employed following a robust monitoring system to ensure the safety of patients. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Patients were supported by staff that received on-going training to ensure they understood and were able to respond to patients needs. The registered manager informed us that all new staff had induction training which was confirmed by the staff on duty. One staff member said "Good training opportunities here". A system was also in place to direct the management team of when staff were due their bi-annual supervision and yearly appraisal.

Records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care assistants with the Northern Ireland Social Care Council (NISCC).

The staff we spoke with understood their responsibilities in relation to keeping patients safe and were able to describe what they would do if they suspected or witnessed any form of abuse. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. On discussion with one patient during the inspection an adult safeguarding issue was raised which was reported to the registered manager immediately to make appropriate contact with all relevant parties. Following the inspection the registered manager confirmed the actions taken and provided assurances that appropriate action had been initiated.

A number of audits were completed on a monthly basis by the registered manager and/or clinical sister to ensure the safe and effective delivery of care. Falls in the home were monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall. Following the review an action plan was implemented to reduce the incidences of falls where possible and the patient's risk of falls assessment and care plan was updated, however, on review of one patient's care records following a fall it was identified that the risk assessment and care plan had not been reviewed and there was no evidence within the daily records that the care manager and next of kin had been informed. Other audits were carried out on patients' with wounds which were generally well maintained and provided a clear action plan when deficits were identified, however, on review of one patient's records it was identified that the wounds had not been dressed according to the recommended time frame within the care plan. The registered manager also completed an overall audit of care records by generating a weekly report via the computerised system. The most recent audit was carried out on 15 April 2019 which identified a number of deficits including care plans and risk assessments that were 11 days overdue for one patient, 10 days overdue for another patient and seven days overdue for a further identified patient. The registered manager acknowledged the shortfalls in the overall audit process which is discussed further in 6.7.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. It was observed that paint work to a number of identified walls throughout the home and floor coverings between bedrooms and ensembles were worn. On inspection of individual patient bedrooms it was further observed that the surface of identified bedroom furniture was damaged and therefore unable to be appropriately cleaned. Environmental audits were being carried out on a monthly basis with the most recent audit carried out 13 March 2019. On review it stated that the home's interior such as walls were in good state of repair, despite the above deficits which were identified during the inspection as needing redecorated and a refurbishment plan was requested. This was identified as an area for improvement. The estates inspector for the home was notified and during the premises inspection on 19 April 2019 a copy of the refurbishment plan was made available.

The door of a nurse's office was left open attached to a hook on the wall. During the inspection the inspector closed the door and spoke with the manager regarding the importance of maintaining fire safety. The door was identified later in the inspection as being hooked to wall again and was brought to the registered manager's attention again who spoke with the nurse and advised her not to hook the door to the wall. It was of significant concern that during the inspection the door was then propped open with a chair. The propping open of a fire door renders that door ineffective and raises a significant risk to the welfare of patients. The registered manager must ensure that this practice ceases immediately and that staff have a clear

understanding of the specific risks that this practice raises. This was discussed with the registered manager and identified as an area for improvement.

The following areas were examined by the pharmacist inspector and were found to be satisfactory:

- Staff training and competency
- Admission process with regards to medicines management
- Management of medication incidents
- Receipt and disposal of medicines records
- Personal medication records
- Management of controlled drugs
- Management of distressed reactions
- Management of antibiotics
- Management of insulin

Robust arrangements were not in place for the management of eye preparations. We observed that there were overstocks, indicating the stock was not being replaced each month, meaning that the eye preparation had been used when it was past the expiry date. One eye preparation was not marked with the date of opening and therefore the expiry date could not be determined. The audits outcomes also identified that the eye preparations were not being administered as prescribed. The personal medication records did not clearly state which eye the eye preparation was to be administered. This should be clearly stated to direct care delivery and safe administration of medicines. In relation to one patient, we had no assurances that this patient's eye healthcare needs were being met. The registered manager was requested to investigate this observation and provide a written report of the findings and action taken. Two areas for improvement were made.

Whilst we were advised of the auditing processes and noted the running stock balances for medicines, the current auditing system was not effective in identifying areas for improvement. The outcomes of several audits indicated discrepancies in medicines which were not supplied within the monitored dosage system including liquid medicines. These discrepancies indicate that the patients did not receive the correct dose of medicines. We reviewed the most recent overarching medicines audit and also noted discrepancies in liquid medicines. These had not been brought to the registered manager's attention. The need to follow up on audit outcomes was discussed and advice given. An effective auditing process should be developed and implemented. An area for improvement was made.

We observed that sharps containers were not dated when opened and the aperture was not closed when not in use. This was discussed in relation to the safe management of sharps and infection prevention and the registered manager provided assurances that this would be communicated to all registered nurses and monitored by management going forward.

In relation to the storage of medicines, medicines were stored safely and securely. However, we identified several medicines which did not require, or must not be refrigerated. This was raised with staff and addressed at the inspection. Staff were reminded that sachets of lidocaine plasters must be kept sealed. It was agreed that the registered manager would discuss these observations with staff at the upcoming staff meeting.

In relation to pain management we observed a sample of care plans and medicine related records. Most of these well maintained. However, we queried one patient's pain management regarding pain relief in the afternoon and the medicines prescribed; the registered manager agreed to follow

this up with staff and the prescriber with immediate effect. We were assured that this patient could express pain and staff would respond appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal.

Areas for improvement

The following areas were identified for improvement in relation to fire safety, the environment, administration of eye preparations, a robust system to manage eye preparations and effective auditing system to cover all aspects of medicines management.

	Regulations	Standards
Total numb of areas for improvement	4	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

We reviewed three patient care records which contained the management of nutrition, patients' weight, management of infections and wound care and evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient. There was evidence of regular communication with representatives within the care records. A system was also in place to audit patient care records and each patient had a key worker. A daily record had been maintained to evidence the delivery of care and there was evidence that the care planning process included input from patients and/or their representatives, if necessary. One representative said "staff always keep me informed about my care".

Referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians where necessary and appropriately maintained within the patients care records. Supplementary care charts such as food and fluid intake, repositioning records and elimination records evidenced that contemporaneous records were maintained on most occasions. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

On review of the repositioning records there were gaps identified within one patient's charts where the patient had not been repositioned as per their care plan. It was further identified that set fluid intake targets were not consistently met and where targets were set they generally averaged as a lower intake than the total recommended daily intake with no comment within the daily notes of any action taken. Elimination records were also reviewed for four patients which identified that the continence assessment did not include what the patient's normal bowel pattern was and one patient with a history of constipation did not have a care plan in place and had not had a bowel movement in five days. Furthermore, the computerised system had generated the frequency of the patient's eliminations to ensure that the registered nurses had an oversight of the patient's elimination history and were documenting when the patient had no bowel movement within their normal pattern, they did not document what action they had taken. We discussed the above findings with the registered manager who acknowledged the shortfalls in the

documentation and agreed to review all patients care plans regarding elimination and communicate with the registered nurses to ensure they document accurately the daily events within patients care records. This was identified as an area for improvement.

It was positive to note that restrictive practice, such as the use of bedrails or floor alarm mats, had been discussed with the patient, their next of kin and care manager and appropriate consent provided prior to implementing this practice. There was also evidence within the patient's care records of an initial assessment completed to ensure safe use which was reviewed regularly and was included within the patient's care plans.

Staff confirmed that they were required to attend a handover meeting at the beginning of each shift and were aware of the importance of handover reports in ensuring effective communication. Staff confirmed that the shift handover provided information regarding each patient's condition and any changes noted. One staff member said "Good team work. Good handovers". Other comments included; "Brilliant team" and "Good handovers – in depth".

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to, communication between residents, staff and other key stakeholders.

Areas for improvement

The following area was identified for improvement in relation to record keeping.

	Regulations	Standards
Total number of areas for improvement	1	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were observed to be compassionate, caring and timely and they demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Patients were afforded choice, privacy, dignity and respect. However, it was identified that there was no lock within an identified communal toilet. This was discussed with the registered manager who provided assurances that a lock would be installed immediately. This was shared with the estates inspector who visited the home on 19 April and the lock had not been installed. Confidential patient information was also easily accessed at a nurse's station where the door had been propped open. This was discussed with the registered manager and two areas for improvement were identified.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

“Thank you for all your kindness”

“Forever grateful”

“Many thanks for all the love and care you gave to

Consultation with 12 patients individually, and with others in small groups, confirmed that living in Glenview was a mostly positive experience.

Patient comments:

- “Staff good”
- “Getting well looked after”
- “Couldn’t be better”
- “Not enough meaningful activities”
- “Pretty good care. Plenty to do”
- “Staff are great”

Representative’s comments:

- “Very friendly here. Staff very good”
- “Manager is exceptional.”
- “Home from home”
- “Care very, very good”
- “Staff look after the patients well”
- “Staff very compassionate”

During the inspection we met with four patient representatives and one visiting professional who were very complimentary of the homes environment and did not raise any concerns. We also sought relatives’ opinion on staffing via questionnaires. There was no response in the time frame provided.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

A variety of methods were used to promote orientation, for example, appropriate signage, photographs and the provision of clocks and prompts for the date. Patients’ bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. Patients and staff spoken with were complimentary in respect of the home’s environment whilst acknowledging that there were further improvements to be made.

The dining room was well presented with place mats, condiments and a range of drinks available at each table. Lunch commenced at 12.30 and patients were assisted to the dining room or had trays delivered to them as required. On observation the food was uncovered on transportation. This was discussed with the registered manager who agreed to provide suitable lids to cover the food on trays going forward. Patients received food and fluids which met their individual needs and took into account their preferences. Staff were mostly observed assisting patients with their meal appropriately in an unhurried manner, however, one care assistant was observed assisting two patients with their meal at the same time. This was discussed with the registered manager

who confirmed that this is not normal practice and would monitor the meal time experience to ensure that this type of practice does not continue. One patient told us “The food is very good”. Another patient said “Food is first class”. There was a menu on display within the dining room which offered a choice of two main meals.

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs within the home. On the day of the inspection the activity coordinator was not on duty to discuss the provision of activities and the current arrangements within the home to facilitate patient involvement. The patients appeared to enjoy the interaction between the staff and each other. However, it was identified that the schedule was not on display within any of the lounges. This was discussed with the registered manager and identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

The following areas were identified for improvement in relation to patient privacy, secure placement of patient information and the appropriate display of the activity schedule.

	Regulations	Standards
Total number of areas for improvement	0	3

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager’s hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff/patients/representatives evidenced that the registered manager’s working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA which confirmed that records were maintained appropriately and notifications were submitted in accordance with regulation. The inspector also evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA and/or other relevant bodies appropriately.

As previously discussed in 6.4 a number of governance audits were completed on a monthly basis by the manager, clinical sister, however, a discussion was held with the registered manager regarding the quality of the audit outcomes considering some of the issues identified during inspection were not actioned appropriately in a timely manner and other areas were not identified as requiring attention such as the quality of the environment. This was identified as an area for improvement.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed, and were generally well maintained.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual. Copies of the report were available for patients, their representatives, staff and trust representatives. There were discrepancies in the documentation of the reports where information was lacking regarding follow up to previous quality improvement plans from RQIA. This was identified as an area requiring improvement at the previous care inspection and has been stated for a second time.

Staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Comments included; "Manager easy to approach", "Very supported by management" and "Good place to work".

Areas of good practice

There were examples of good practice found throughout the inspection in relation maintaining good working relationships.

Areas for improvement

The following areas were identified for improvement in relation to quality assurance audits.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Veronica McElmurry, registered 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

<p>Area for improvement 1</p> <p>Ref: Regulation 29</p> <p>Stated: Second time</p> <p>To be completed by: 17 June 2019</p>	<p>The registered person shall ensure that the monthly quality monitoring report is robust, provides sufficient information on the conduct of the home and includes an action plan of any identified areas for improvement following the visit.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: Regulation 29 monitoring reports have been discussed with the external consultant who will ensure that adjustments are made to provide robust and sufficient information on the conduct of the home. This will include action plans of any identified areas for improvement to be followed up on the next visit.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall take adequate precautions against the risk of fire. Ensure fire doors are not propped/held open unless fitted to a device that will release the door in the event of a fire.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Automatic magnetic door closure now fitted.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27</p> <p>Stated: First time</p> <p>To be completed by: 17 June 2019</p>	<p>The registered person shall ensure that a refurbishment plan is implemented to include the repair or replacement of identified furniture in a number of patient bedrooms and repair to damaged walls in multiple rooms.</p> <p>A copy of the refurbishment plan, including timescales, should be submitted with the returned QIP.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Ongoing refurbishment plan in place and attached.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13(4)</p>	<p>The registered person shall investigate the observations made in the administration of one patient's eye preparations and forward a written report of the findings and action taken to RQIA.</p>

Stated: First time	Ref: 6.4
To be completed by: 17 May 2019	Response by registered person detailing the actions taken: Written report submitted, patient was receiving sufficient treatment.

<p>Area for improvement 5</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by: 17 May 2019</p>	<p>The registered person shall develop and implement a robust system to manage eye preparations.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Eye-drops are now audited on a daily basis by administrating staff and checked monthly.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 17 June 2019</p>	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p> <p>Specific reference to recording charts and daily records:</p> <ul style="list-style-type: none"> • Action taken should be documented within daily records when set fluid targets have not been maintained • Where a patient has been repositioned the frequency should reflect the current care plan and state the intervention on each repositioning • Where a patient has not had a bowel movement within a time frame which is normal for them, the action taken must be clearly documented <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Nurses are now prompted to record actions taken when fluid targets not reached. Current repositioning charts reflect the frequency, position and skin status. Staff have been reminded to record the actual time of repositioning and not their record-entry time. Nurses are reminded to record actions taken more clearly when Day 3 or over with no bowel movement</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 17 May 2019</p>	<p>The registered person shall ensure that an effective auditing system is developed and implemented which covers all aspects of medicines management.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Increased, more specific medication auditing is now in place to cover all aspects of medication management and to monitor actions taken.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that patients are respected and their rights to privacy and dignity are upheld at all times.</p> <p>This is with specific reference to ensuring that a lock is installed to the identified communal toilet door.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Privacy locks installed on identified communal toilet door. This was completed as soon as lock available</p>
<p>Area for improvement 3</p> <p>Ref: Standard 37</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that confidential information relating to patients is stored securely within the home.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: New lockable cupboard fitted in office to ensure confidentiality of notes.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 17 June 2019</p>	<p>The registered person shall ensure that the programme of activities is displayed in a suitable format and in an appropriate location so that patients know what is scheduled.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Scheduled activities are displayed within the home with the installation of activity boards and creation of flyers.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 17 June 2019</p>	<p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.</p> <ul style="list-style-type: none"> • Environmental audits should be sufficiently robust to ensure that any deficits are appropriately identified and actioned • Governance audits in respect of post falls management, care records and wound care should be improved to ensure any deficits are appropriately identified and actioned. <p>Ref: 6.7</p>

	<p>Response by registered person detailing the actions taken: Auditing schedule has been reviewed and more detail included with action plans developed to ensure more robust quality assurance is maintained.</p>
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Please ensure this document is completed in full and returned via Web Portal



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