Unannounced Care Inspection Report
31 October 2019

Valley Nursing Home

Type of Service: Nursing Home
Address: 8 Tullybroom Road, Clogher, BT76 0UW
Tel No: 028 8554 8048
Inspectors: James Laverty, Jane Laird, Helen Daly and Paul Nixon

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 servicefrom 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 Homes2015.

1.0 What we look for

2.0 Profile of service

This is a nursing home which is registered to provide nursing care and residential care for up to 96 persons. Patients' bedrooms are located within two buildings. The 'Main House' comprises three distinct units: one unit providing care for people requiring frail elderly nursing care (the Valley unit), one unit for people living with dementia (the Lane unit) and one unit for people living with a brain

injury (the Amadeus unit). The adjacent building (Tullybroom House) provides care for people living with dementia.

3.0 Service details

Organisation/Registered Provider: Valley Nursing Home (MPS) Ltd **Responsible Individual:** Paul Warren-Gray	**Registered Manager and date registered:** Jan James Acting, no registration required.
Person in charge at the time of inspection: No identified Nurse in charge upon our arrival – see section 6.2. for further detail. Mark Laight, operations director, 08.30 – 15.15 hours	**Number of registered places:** 96 A maximum number of 58 patients in category NH-DE, in addition 2 persons may receive care on a day basis only in Tullybroom House and 2 persons who do not require bath/shower facilities may receive care on a day basis only in the Dementia Unit (Main House). There shall be a maximum of 4 named residents receiving residential care in category RC-DE and 4 named residents receiving residential care in category RC-A
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	**Number of patients accommodated in the nursing home on the day of this inspection:** 76

4.0 Inspection summary

An unannounced inspection was undertaken by care and pharmacist inspectors on 31 October 2019 from 05.50 hours to 15.15 hours following receipt of information by RQIA. The issues raised highlighted concerns in relation to care delivery, wound care, staff competency, managerial oversight, governance processes and medicines management.

It is not the remit of RQIA to investigate whistleblowing/adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners

of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of thehome.

The term 'patient' is used to describe those living in the Valley Nursing Home which provides both nursing and residential care.

The following areas were examined and/or discussed during the inspection:

- the internal environment
- care records
- care delivery to patients
- training records
- a range of governance records

Significant concerns were identified with regard to care delivery, fire safety, staff training, managerial oversight and governance arrangements. As a consequence, a meeting was held on 4 November 2019 in RQIA with the intention of imposing urgent conditions on the registration of the home under The Nursing Homes Regulations (Northern Ireland) 2005.

The meeting was attended by Paul Warren-Gray, Responsible Individual, Joel Gray, Chief Executive, Vanessa Davis, Director of Operations and Gemma Hallett, Deputy Manager (Non Clinical). RQIA was advised during the meeting that immediate actions had been taken in relation to the deficits highlighted during this inspection. Further actions were agreed with the home management and confirmed in a letter sent on 5 November 2019.

In addition, it was agreed that RQIA wouldcarry out an unannounced inspection of Valley Nursing Home on at least a monthly basis for a further three months. Following each inspection, RQIA will review the inspection findings and take any further action(s) considered appropriate. They will also complete a comprehensive inspection to determine overall compliance with regulation within three months. Should substantial compliance not be achieved, further enforcement action will be considered.

Any areas for improvement identified during care inspections that have been conducted since 7 June 2019 which were not validated will be reviewed at a future care inspection.

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.

4.1Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*8	*8

*The total number of areas for improvement includes one regulation which has been stated for a second time. Three regulations and five standards have been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Mark Laight, operations director, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcementaction did result from the findings of this inspection by way of an NOP intention meeting.

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

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

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

4.2Action/enforcementtaken following the most recent inspection dated 16 October 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 16 October 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action is ongoing in respect of the home.

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, previous management arrangements, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, 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

The following records were examined and/or discussed during the inspection:

- care records for six patients
- supplementary repositioning records for three patients
- staff training records
- competency and capability assessments of registered nurses whotake charge of the home
- records of fire drills
- staff induction records

Areas for improvement identified at the last care inspection which were not reviewed as part of this inspection have been carried forward for review at the next care inspection.

The findings of the inspection were provided to the Mark Laight, operations director of the home, who was in attendance on 31 October 2019.

6.0 The inspection

6.1 Review of areas for improvement from previousinspection(s)

Due to the specific focus of this inspection which was in response to concerns received by RQIA on 28 October 2019, the majority of areas for improvement identified at the last care inspection have not been reviewed during this inspection. These will be reviewed at a future care inspection.

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 27 (2) (b) **Stated:** Second time	The registered person shall ensure that the premises both internally and externally are kept in good state of repair. This relates to the uneven surface of the outdoor patient smoking area within the Valley suite.	**Carried forward to the next care inspection**
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the nextcareinspection.	
Area for improvement 2 **Ref:** Regulation 27 (4) (b) **Stated:** First time	The registered person shall take adequate precautions against the risk of fire. This is with specific reference to the gaps identified to fire resistant doors.	**Not met**
	Action taken as confirmed during the inspection: Review of this area for improvement evidenced that this had not been met. Therefore this area for improvement has been stated for a second time.	

Area for improvement 3 **Ref:** Regulation 18 (2) (c) **Stated:** First time	The registered person shall having regard to the size of the nursing home and the number of patients provide adequate furniture, bedding and other furnishings suitable to meet the needs of the patients. Overgrown foliage from the window view of identified patient bedrooms must also be removed. An action plan detailing the time frame for completion of these works must be submitted separately when returning the QIP.	**Carried forward to the next care inspection**
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the nextcareinspection.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 4 **Stated:** Second time	The registered person shall ensure that all nursing interventions are appropriate to the individual patient's needs and supported by current evidence and best practice guidelines. Specific reference to fluid and repositioning recording charts: • Fluid target should be recorded on daily intake chart over 24 hours. • Frequency of repositioning to be recorded on individual charts.	**Carried forward to the next care inspection**
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the nextcareinspection.	
Area for improvement 2 **Ref**: Standard 6 **Stated:** First time	The registered person shall ensure that patients are treated with respect and their right to privacy is upheld. With specific reference to knocking on a patient's bedroom door before entering and establishing if the patient agrees for them to enter.	**Carried forward to the next care inspection**
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the nextcareinspection.	

Area for improvement 3 **Ref**: Standard 30 **Stated:** First time	The registered person shall review and revise the management of insulin. Insulin pens should be individually labelled and marked with the date of opening. In-use insulin pens should be stored at room temperature. **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.**	**Carried forward to the next care inspection**
Area for improvement 4 **Ref**: Standard 18 **Stated:** First time	The registered person shall review and revise the management of distressed reactions. Detailed care plans should be in place. The reason for and outcome of administration should be recorded. **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.**	**Carried forward to the next care inspection**
Area for improvement 5 **Ref**: Standard 18 **Stated:** First time	The registered person shall ensure that the level, nature and type of any restraint is proportionate to the risk it is attempting to address and that relevant documentation is maintained including evidence of consultation with the patient (where appropriate), their next of kin and care manager. This is with specific reference to the locking of bedroom doors within the identified unit of the home. **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.**	**Carried forward to the next care inspection**

6.2 Inspection findings

Governance arrangements

On arrival to the home at 05.50 hours we were greeted by the nurse in charge of the Amadeus unit. The majority of patients throughout the home were still in bed while some were observed resting within communal areas as was their expressed preference.

Discussion with agency staff on night duty evidenced that there was no effective induction process being adhered to. Three agency staff on night duty told inspectors that they had not undergone

any form of written induction prior to commencing their shift within the home.An area for improvement was made.

We asked staff about the arrangements within the home to identify the nurse in charge. There was a lack of knowledge regarding the nurse in charge arrangements which was highlighted with the operations director who agreed to review the current system.This was identified as an area for improvement.

A number of staff were asked to explain what actions they would take with regard to the safe evacuation of patients in the event of the fire alarm sounding. Overall, knowledge of night staff was either absent, uncertain, limited or contradictory. Staff on day duty were able to answer appropriately what action they would take and stated that they had received recent fire training, however, they were unsure when the most recent fire drill had taken place. We reviewed records which evidenced that the most recent planned fire drill was in May 2018. This was discussed with the operations director who agreed to complete a fire drill on the day of inspection and thereafter until all staff have been deemed competent in what action to take and to maintain a record of all fire drills. This was identified as an area for improvement.

Fire exits and corridors were observed to be clear of clutter and obstruction; however, gaps under a number of bedroom doors remained evident which would not be effective in the event of fire. This was discussed with the operations director for immediate action to be taken to resolve this issue. This area for improvement was stated for a second time.

Review of care records for one patient who presented with behaviours which staff may find challenging highlighted that these were incomplete. Nursing staff also stated that the electronic care record system (Patient Centred Software, PCS) did not facilitate staff to fully record all aspects of how this patient is managed. Staff further expressed concern that they were not up to date with regard to training in the management of patients displaying behaviours which challenge and/or with regard to dementia awareness.

Discussion with nursing staff on day duty highlighted that some staff had limited awareness of current best practice in regard to wound care. In addition, feedback from one staff member evidenced that they had not received any training with regard to basic life support or the management of seizures since commencing employment within the home despite the complex needs of patients to whom they were delivering care.

Nursing staff told us that the PCS system was not fully updated with all patient care records. Staff stated that they were not fully aware of how to use the system effectively and felt that there was a need for more training in this area.

These findings were shared with the operations director and it was agreed that staff training should be provided as a matter of priority in order to ensure that all staff had the necessary skills and competencies to provide safe and effective care to patients. An area for improvement was made.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA which identified that a recent incident notification had not been submitted in accordance with regulation. This was discussed with the operations director who agreed to review this further and a notification was submitted retrospectively.The need to ensure that statutory notifications are submitted to RQIA at all times and in a timely manner was stressed.

Staffing arrangements

Several staff members expressed concern in regard to staffing levels. These comments were shared with the operations director for consideration and action, as appropriate. Review of the duty rota evidenced that the planned staffing levels were generally adhered to.

Staff were aware of the ongoing recruitment drive and welcomed the addition of new staff to ensure a full complement of staff.Discussion with the operations director identified that recruitment for suitably skilled and experienced staff was ongoing and advised that a contingency plan is in place whereby agency staff would be sought as required to cover short notice staff absence.

Staff also stated that the new interim manager wasvisible within the home throughout the day and is very supportive. Staff also told us that staff moral had improved since the appointment of the current interim manager. Staff comments included:

- "(I) feel supported."
- "Jan (interim manager) coming in has helped morale … she's very fair."

The need to ensure that staffing levels were maintained so as to ensure the delivery of safe, effective and compassionate care at all times was stressed.

Care delivery

We reviewed three patients' care records with regard to wound care. These records were found to be incomplete and/or inconsistent. This was discussed with the operations director during the inspection and then later with the interim manager and identified as an area for improvement. Supplementary charts specific to repositioning were reviewed for one patient who required assistance with regular repositioning. We noted that while staff had repositioned the patient, this was not done as regularly as required.This was discussed with the operations director and the need to ensure that patients are repositioned in adherence to their prescribed care was stressed. This will be reviewed at a future care inspection.

Review of the care records for one patient who required assistance with mobilising highlighted that the care plan was inaccurate and contradictory. A related mobility assessment also provided contradictory information to the patient's care plan. Nursing staff were unable to explain the reason for this discrepancy. Observation of staff highlighted one instance of an unsafe manual handling technique being used. An area for improvement was made.

Medicines Management

We focused on the aspects of medicines management which were detailed in the information received by RQIA on 27 October 2019.

We asked to see records of training and competency assessments for the four nurses on duty. Training records were provided for three of the four nurses. The medication induction and competency assessment for one of the nurses on duty was provided. The most recent medication competency assessments for the other three nurses on duty could not be provided. Records of staff medicines management training and competency assessments should be available for inspection. An area for improvement was made.

We reviewed all of the personal medication records in the Valley and Lane units and a sample in the Amadeus unit. They were up to date and reflected the medicines supplied in the monitored dosage system. A number of "when required" medicines e.g. analgesics and laxatives were prescribed. Accurate running balances were maintained for these medicines indicating that they had been administered as prescribed.

All medicines were available for administration in the Valley, Lane and Amadeus units. Registered nurses advised of the robust systems in place for the management of medication changes.

We observed the administration of the morning medicines in the Amadeus, Tullybroom and Valley units. There was no evidence that medicines were pre-dispensed and no infection control issues were identified in relation to the administration process.

We asked registered nurses if they were aware of any recent medication related issues. They advised that there had been no incidents. We observed a medication related incident on the day of the inspection. The incident was brought to the attention of the registered nurses on duty for immediate action. The chief executive and operations director were requested to investigate the incident, identify and share any learning and report to the appropriate authorities including RQIA.A statutory notification relating to this incident was then submitted to RQIA as required.

We reviewed the management of distressed reactions in the Valley and Lane units. Two patients were prescribed 'when required' medication for the management of distressed reactions. Care plans were in place. These medications had not been used recently for one patient. For the second patient, they had been administered on two recent occasions. The reason for the administration was recorded on the medication administration. Staff advised that they recorded the outcome in the daily progress notes. However, this could not be confirmed as staff did not know how to retrieve previous records on the computerised records. Staff were not fully aware of how to use the system effectively and felt that there was a need for more training in this area. We reviewed the management of topical medicines in the Valley and Lane units. Registered nurses and care assistants advised that they are now stored in locked cupboards in each bedroom. Staff hold a universal key to these cupboards. There was evidence that prescription only topical medicines were administered by registered nurses and emollients by care staff.

We reviewed the systems in place for the covert administration of medicines. Medicines were not being administered covertly in the Valley and Lane units. Two medicines were being crushed to facilitate administration via the enteral route in the Valley suite. A hospital discharge letter detailing how the medicines were to be administered was in place. In the Amadeus unit, medicines were being administered covertly to one patient. The care plan evidenced that the covert administration had been authorised by prescriber and the pharmacist was consulted.

For two patients with Type 2 diabetes, blood glucose was being monitored in accordance with their care plans. This practice had been identified as inappropriate and stopped recently by the interim manager. Input from the diabetic specialist nurse had been requested.

Oxygen cylinders were available in the treatment rooms. However, signage was available on the doors of only two out of the three treatment rooms and the location of oxygen was not recorded in the fire plan. Registered nurses advised that oxygen was administered in accordance with their professional judgement. The chief executive was requested to ensure that a policy and procedure was in place for the use of oxygen in an emergency. An area for improvement was made.

We observed that medicines were stocked in locked treatment rooms. We noted that locks on some of the cupboards within the treatment rooms were broken. Registered nurses advised that this had recently been referred to the maintenance man and was being addressed. Some keys were unmarked so it would be difficult for staff who are unfamiliar with the home i.e. agency nurses to open medicine cupboards. This was discussed for resolution during telephone feedback with the chief executive.

A container for the disposal of medicines which have been refused was observed in the Amadeus unit. We did not observe medication in the sharps bins.

We reviewed the systems in place for the disposal of medication labels to ensure patient confidentially. Two registered nurses advised that the empty sachets are placed in yellow bags in the treatment rooms. These bags were labelled 'clinical waste'. One registered nurse advised that they are placed in the non-food bin in the kitchen. Medicine labels/containers which contain patient details/information need to be disposed of in confidential waste. This was discussed for resolution during telephone feedback with the chief executive.

Areas for improvement

Four new areas for improvement under regulation were highlighted in regard to fire safety, staff training, wound care and the management of oxygen. An area for improvement under regulation was stated for a second time in relation to fire resistant doors. Three new areas for improvement under the standards were also identified in regard to staff management.

	Regulations	Standards
Total number of areas for improvement	4	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mark Laight, operations director,as part of the inspection process. Inspection feedback was also provided to Joel Gray, Chief Executive, following the inspection. 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 providershould confirm that these actions have been completed and return the completed QIPvia Web Portalfor assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 27 (2) (b) **Stated:** Second time **To be completed by:** 31 August 2019	The registered person shall ensure that the premises both internally and externally are kept in good state of repair. This relates to the uneven surface of the outdoor patient smoking area within the Valley suite. Ref: 6.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the nextcareinspection.
Area for improvement 2 **Ref:** Regulation 18 (2) (c) **Stated:** First time **To be completed by:** 7 July 2019	The registered person shall having regard to the size of the nursing home and the number of patients provide adequate furniture, bedding and other furnishings suitable to meet the needs of the patients. Overgrown foliage from the window view of identified patient bedrooms must also be removed. An action plan detailing the time frame for completion of these works must be submitted separately when returning the QIP. Ref: 6.1
	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.
Area for improvement 3 **Ref:** Regulation 27 (4) (b) **Stated:** Second time **To be completed by:** With immediate effect	The registered person shall take adequate precautions against the risk of fire. This is with specific reference to the gaps identified to fire resistant doors. Ref: 6.1 and 6.2.
	Response by registered person detailing the actions taken: It is reported in Fire Risk Assessment 27.11.19 that doors are satisfactory. This will remain under review.

Area for improvement 4 **Ref:** Regulation 14 (2) (a) (b) and (c) **Stated:**First time **To be completed by:**Immediate effect	The registered person shall ensure that cleaning chemicals are suitably labelled and stored in accordance with COSHH regulations. Ref: 6.1
	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.
Area for improvement 5 **Ref**: Regulation 27 (4)(b) **Stated:**Firsttime **To be completed by:** With immediate effect	The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home. Specific reference to ensuring that: • staff have training in fire awareness • fire drills are completed Ref: 6.2.
	Response by registered person detailing the actions taken: Fire Safety training was held in the Home on 27.11.19. Fire drills are ongoing. A matrix has been put in place by Healthcare Ireland for ease of identifying any member of staff requiring attendance at drill or training. Fire Safety Awareness training has also been completed on Evo online training platform when introduced by Healthcare Ireland. This is monitored at least monthly.
Area for improvement 6 **Ref:** Regulation 20 (1) (c) (iii) **Stated:** First time **To be completed by:** 26 November 2019	The registered person shall ensure that persons employed to work at the nursing home receive training relevant to their role. With specific reference to: • the management of wounds • first aid • dementia awareness • behaviours which are challenging • training in the use of Person Centred Software Ref: 6.2.
	Response by registered person detailing the actions taken: Training has been provided through the online platform introduced by Healthcare Ireland except for the last subject which is no longer applicable as paper records now used again.

Area for improvement 7 **Ref:** Regulation 13 (1) (a) (b) **Stated:** First time **To be completed by:** 26 November 2019	The registered person shall promote and make proper provision for the nursing, health and welfare of patients as follows: • Care plans must be written in a comprehensive and person centred manner; they must also be reflective of multiprofessional recommendations, as appropriate, and regularly reviewed by staff. • Patients' wound care need must be consistently met in keeping with their prescribed care and best practice standards. Ref: 6.2.
	Response by registered person detailing the actions taken: Priority focus was placed within the Management Action plan compiled by Healthcare Ireland to improve care records. Significant progress made and ongoing monitoring continues as does ongoing development of nurses responsible.
Area for improvement 8 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall review the systems in place for the management of oxygen to ensure that signage is in place, the location of oxygen is detailed in the fire plan and a policy for the use of oxygen in an emergency is available. Ref: 6.2.
	Response by registered person detailing the actions taken: This was addressed. Ongoing monitoring continues.
Action required to ensure compliance withthe Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 4 **Stated:**Second time **To be completed by:** With immediate effect	The registered person shall ensure that all nursing interventions are appropriate to the individual patients' needs and supported by current evidence and best practice guidelines. Specific reference to fluid and repositioning recording charts: • Fluid target should be recorded on daily intake chart over 24 hours. • Frequency of repositioning to be recorded on individual charts. Ref: 6.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the nextcareinspection.

Area for improvement 2 **Ref**: Standard 6 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that patients are treated with respect and their right to privacy is upheld. With specific reference to knocking on a patient's bedroom door before entering and establishing if the patient agrees for them to enter. Ref: 6.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 3 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 20 September 2019	The registered person shall review and revise the management of insulin. Insulin pens should be individually labelled and marked with the date of opening. In-use insulin pens should be stored at room temperature. Ref: 6.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 4 **Ref:** Standard 18 **Stated:** First time **To be completed by:** 20 September 2019	The registered person shall review and revise the management of distressed reactions. Detailed care plans should be in place. The reason for and outcome of administration should be recorded. Ref: 6.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 5 **Ref**: Standard 18 **Stated:** First time **To be completed by:** 16 October 2019	The registered person shall ensure that the level, nature and type of any restraint is proportionate to the risk it is attempting to address and that relevant documentation is maintained including evidence of consultation with the patient (where appropriate), their next of kin and care manager. This is with specific reference to the locking of bedroom doors within the identified unit of the home. Ref: 6.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.

Area for improvement 6 **Ref**: Standard 39 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that newly appointed staff and agency staff complete a structured orientation and induction and records are retained. Ref: 6.2.
	Response by registered person detailing the actions taken: Healthcare Ireland records are introduced. Auditing of personnel files identified shortfalls which formed part of an action list. Reauditing commencing presently to confirm all shortfalls addressed
Area for improvement 7 **Ref**: Standard 41 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that the nurse in charge of the home in the absence of the manager is clearly identified for each shift on the staffing rota and communicated to staff. Ref: 6.2.
	Response by registered person detailing the actions taken: This is addressed and held within the off duty folder and within units. Nurse in charge competency assessments have been completed and are currently up to date.
Area for improvement 8 **Ref**: Standard 28 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that records of staff medicines management training and competency assessments are available for inspection. Ref: 6.2.
	Response by registered person detailing the actions taken: This is addressed with medication competency assessments up to date presently.

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

The Regulation and Quality Improvement Authority

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