The Regulation and Quality Improvement Authority

Inspection Report

13 May 2021

Fairhaven

Type of service: Residential Care Home
Address: 58 North Road, Belfast BT5 5NH
Telephone number: 028 9065 0304

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Fairhaven Residential Homes Ltd **Responsible Individual(s):** Mr Kevin McKinney	**Registered Manager:** Mrs Elizabeth Sweetlove Orr **Date registered:** 01 April 2005
Person in charge at the time of inspection: Mrs Rhonda Spence – acting manager	**Number of registered places:** 36 Registration for 36 beds with no more than 10 places in category PH incorporating San Remo and Martinez Suites. Approved to provide care on a day basis only to 3 persons.
Categories of care: Residential Care (RC) PH – Physical disability other than sensory impairment. LD – Learning disability. LD(E) – Learning disability – over 65 years. MP – Mental disorder excluding learning disability or dementia.	**Number of residents accommodated in the residential care home on the day of this inspection:** 27
Brief description of the accommodation/how the service operates: This is a registered Residential Home which provides social care for up to 36 persons. The main building provides accommodation for up to 30 residents over three floors. There are two three bedded bungalows on the same site which can provide accommodation for up to six residents.	

2.0 Inspection summary

An unannounced inspection took place on 13 May 2021, at 9.25am to 5.25pm by care and pharmacy inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last care 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 teamwork and delivery of compassionate care.

Areas requiring improvement were identified in relation to management of professional registrations, the home environment, fire safety, control of substances hazardous to health, infection prevention and control and medicines management. Further areas for improvement were identified in relation to falls management, activity provision and audit.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Review of medicines management found that residents were being administered their medicines as prescribed. However, improvements were needed in the maintenance of several medicine records, the monitoring of the medicine refrigerator temperature and in the medicines management auditing system.

RQIA were assured that residents were receiving effective care and that the responsible individual had taken action to address deficits in the management and oversight of the home. Compliance with the areas for improvement identified will ensure the service is well led.

The findings detailed within this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection residents and staff were asked for their opinion on the quality of the care; and their experience of living or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

Fifteen residents and six staff were spoken with. Residents spoke highly about the care that they received and about staff. Residents told us that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff.

Staff discussed the difficulties of working through the COVID – 19 pandemic but all staff agreed that Fairhaven was a good place to work. Staff were complimentary about the home's management team and spoke of how much they enjoyed working with the residents.

At the time of issuing this report, there were no responses to the online staff survey or returned questionnaires from residents or their families.

5.0 The inspection

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

Areas for improvement from the last inspection on 29 December 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 29 **Stated:** First time	The registered person shall ensure that the regulation 29 monitoring visits are completed in a timely manner.	**Partially met**
	Action taken as confirmed during the inspection: Review of records and discussion with staff confirmed a monitoring visit had been completed in April 2021. No visits had been completed in January 2021 or February 2021 and a self-assessment had been completed by the acting manager in March 2021. This is discussed further in 5.2.7. This area for improvement is partially met and has been stated for a second time. See 5.2.11 for further details.	

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

Safe staffing begins at the point of recruitment. Systems were in place to ensure staff were recruited correctly to protect residents as far as possible. Staff told us they were provided with a comprehensive induction programme to prepare them for working with the residents, this also included agency or temporary staff. One staff recruitment file showed that the dates recorded against the employment history were not accurate and therefore gaps in person's employment history could not be explored. This was discussed with the manager who agreed to review their recruitment processes.

Staff working in residential care homes must be registered with the Northern Ireland Social Care Council (NISCC) which is the professional body for social care workers. Review of records and discussion with the manager evidenced that the system to check care staff registration status with NISCC was not robust. The manager was required to confirm by 14 May 2021 that all care staff were correctly registered. An area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including infection prevention and control (IPC), deprivation of liberty, adult safeguarding, diabetes and epilepsy management.

The manager advised, and staff confirmed, that the arrangements for staff medicines management training had recently been reviewed. Staff were required to complete two mandatory eLearning medicines modules annually and will also have their competencies reviewed by management on an annual basis. The manager confirmed that the auditing process which she plans to introduce will inform management regarding the ongoing training needs of staff.

Staff said there was good team work and that they felt well supported in their role. Staff told us they were satisfied with the staffing levels and the level of communication between staff and management. We saw evidence of good communication on review of a shared learning file the manager had introduced in recent months. Staff told us they would read the content in this communication book and record that they have reviewed the learning. This is good practice.

The staff duty rota accurately reflected the number of the staff working in the home on a daily basis, although it did not clearly identify the person in charge when the manager was not on duty. The full names of staff were not recorded. This was discussed with the manager who agreed to address this.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. They confirmed that historically, staff would have performed multiple roles within the home and they were actively recruiting for kitchen and domestic staff. It was noted that there was enough staff in the home to respond to the needs of the residents and to provide residents with a choice on how they wished to spend their day. For example, one resident was able to do some gardening outside while others relaxed in one of the lounges.

Staff told us that the resident's needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents told us staff were available when needed and spoke positively about the care they received. Two residents in particular commented on how pleasant the staff were. One resident was not pleased about the number of permanent staff and the use of agency staff although they were aware of ongoing recruitment.

There was evidence that the management ensured staffing was safe.

5.2.2 How does this service ensure residents feel safe from harm and are safe in the home?

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home.

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on an annual basis. Staff told us they were confident about reporting concerns about residents' safety and poor practice.

The manager told us that residents and their relatives were provided with written information on how to raise a concern or complaint about care or any service they received in the home. Residents spoken with said that they knew how to report any concerns and said they were confident that the staff would address them.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, especially in those residents who had difficulty in making their wishes known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs.

It was evident that appropriate safeguards were in place to support residents to feel safe in the home.

5.2.3 Is the home's environment well managed to ensure residents are comfortable and safe?

A sample of bedrooms, storage spaces, the kitchen, laundry and communal areas such as lounges and bathrooms were reviewed. The home was generally clean and some redecoration work had commenced. However a number of concerns were identified in relation to the décor and refurbishment of the home. Details were discussed with the responsible individual and it was agreed that a robust refurbishment plan would be submitted to RQIA. An area for improvement was identified.

Residents' bedrooms were personalised with items that were important to them. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. Examples of art work undertaken by residents as part of the activity programme were displayed in the home.

It was noted that cleaning chemicals were unsupervised on a number of occasions which, if accessed by residents, had the potential to cause harm. A sluice cupboard was unlocked allowing access to cleaning chemicals. An area for improvement was identified.

Fire safety measures were in place to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. Review of the emergency evacuation file confirmed it was reflective of the current occupancy of the home. The home's current fire risk assessment was not available. The manager confirmed by email that an assessment had been completed in February 2020 but that the contractor had not shared the report for action. A new risk assessment was completed on 18 May 2021 and a copy of this was shared with RQIA. An area for improvement was identified.

Corridors and fire exits were clear of clutter and obstruction although a number of fire doors were observed to be wedged open. This was brought to the attention of the manager for immediate actions as fire doors must not be propped open. An area for improvement was identified.

While residents were comfortable in their surroundings, compliance with the areas for improvement identified will ensure the home's environment is managed in line with regulations.

5.2.4 How does this service manage the risk of infection?

The manager said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The home was participating in the regional testing arrangements for residents and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check when they arrived. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE; however they were not always displayed in the appropriate area. The manager agreed to review this. There was an adequate supply of PPE and hand sanitiser.

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. While some staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly other staff did not and were not able to discuss how to use PPE correctly. An area for improvement was identified.

Observation of practice and discussion with staff confirmed they adhered to the national colour coding system to reduce the risk of cross infection. This is good practice.

Overall the risk of infection was managed well but some staff require further training.

5.2.5 What arrangements are in place to ensure residents receive the right care at the right time? This includes how staff communicate residents care needs, ensure resident rights to privacy and dignity, falls and nutrition.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected resident privacy in their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. This was good practice.

If a resident had an accident or a fall, a detailed report was completed. Review of these reports and care records did not clearly evidence how the resident was monitored following a fall. Details were discussed with the manager who agreed to implement a post fall monitoring tool and review the current falls policy. An area for improvement was identified.

There was evidence that residents' needs in relation to nutrition were being met and that their weight was checked at least monthly to look for weight loss or gain.

Residents required a range of support with meals from gentle encouragement through to assistance from staff. Residents had the choice of where to have their meals and a choice of dishes. Meals were served in the dining room or, at resident request, in their bedroom or in the lounge area.

There was welcoming atmosphere in the dining room with residents chatting with each other while waiting for their lunch. Tables were set with cutlery and tablecloths although a choice of condiments was not readily available. The manager agreed to review this. There was a choice of two dishes at each meal. There was no menu available for residents to review in the dining room. The manager confirmed a new menu board had been ordered.

Residents spoken with said that they enjoyed the food. A residents meeting was planned to discuss the menu choices and based on the outcome of the meeting the menu would be adjusted in response to the residents' requests and preferences.

Residents' needs were clearly identified and communicated to staff. Care was being delivered effectively to meet the needs of the residents and compliance with the areas for improvement will help to enhance the delivery of care.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of residents?

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Staff advised that arrangements were in place to ensure that they were provided with a list of prescribed medicines as part of the admission process and this was shared with the resident's GP and the community pharmacist as appropriate.

Care records were generally well maintained, regularly reviewed and for the most part updated to ensure they continued to meet the residents' needs. Care records examined did not consistently evidence if residents were involved in planning their own care. This was discussed with the manager who agreed to address through supervision with staff.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each resident and what or who was important to them in meeting their care needs.

Daily records were kept of how each resident liked to spend their day and the care and support provided by staff. The outcome of visits from healthcare professionals was recorded. Some evaluations of care were very detailed and resident centred although there was evidence that some staff used repetitive statements which were not individualised to the residents. The manager agreed to discuss this with staff and to ensure improvement through the audit process.

Each resident had an annual review of their care, arranged by their care manager or trust representative. A record of the meeting, including any actions required, was provided to the home.

Review of care records confirmed they provided details of the care each resident required and were reviewed regularly to reflect the changing needs of the residents.

5.2.7 How does the service support residents to have meaning and purpose to their day?

It was observed that staff offered choices to residents throughout the day which included what clothes they wanted to wear, food and drink options and where and how they wished to spend their time. Residents were observed listening to music, gardening and watching TV, while staff chatted with and played board games with others. Many of the residents spoken with said they enjoyed playing bingo regularly.

Staff told us a range of activities were provided including pool competitions, movie days and air hockey; although they confirmed these were not planned in advance. A schedule of activities was displayed although it did not reflect the activities delivered on the day. Staff spoken with confirmed the activity programme had not been reviewed recently in consultation with the residents. Review of the duty rota and discussion with staff confirmed no staff had been allocated to lead on activities.

There was evidence that records of activities provided was retained although activity provision was not regularly commented on in resident's daily progress notes. This was discussed with the manager who agreed to review this area. An area for improvement was identified.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.8 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

A number of personal medication records were inaccurate, despite the records being checked by two staff. An area for improvement was identified.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and its effect. Directions for use of medicines prescribed on a "when required" basis were clearly recorded on the residents' personal medication records and care plans.

Some residents may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals to manage weight loss. A speech and language assessment report and care plan was in place for residents who were prescribed thickening agents for addition to fluids and food. However, the type of thickening agent was not recorded on the residents' personal medication records and staff did not record when they administered the thickening agent. An area for improvement was identified.

A care plan was in place when a resident required insulin to manage their diabetes. There was sufficient detail in the care plan to direct staff if the resident's blood sugar was too low or too high.

5.2.9 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when residents required them. Staff said that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage areas were observed to be securely locked to prevent unauthorised access. Stores were tidy and organised so that medicines belonging to each resident could be easily located.

It was found that the medicines fridge was not being managed correctly to ensure medicines were stored at the right temperature. Details were discussed with the manager. An area for improvement was identified.

Discontinued medicines were returned to the community pharmacy for disposal and records maintained.

5.2.10 What arrangements are in place to ensure that medicines are appropriately administered within the home?

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

A sample of the medicine administration records was reviewed. Most of the records were found to have been accurately completed. However, the administrations of two medicines had not been recorded, and one medicine that had been stopped and was no longer in the home had continued to be recorded as having been administered. An area for improvement was identified.

It was evident that medicines had been given to the residents as prescribed.

5.2.11 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

There has been a change in the management of the home since the last inspection. Mrs Rhonda Spence has been the manager in this home since 1 February 2021 in an acting capacity.

There was evidence that audit systems were in place to monitor the quality of care and other services provided to residents. The manager completed regular audit of care records, accidents and incidents and complaints. Given the deficits identified in 5.2.3 and 5.2.4, the manager could enhance the current governance systems particularly with regards to the environment, hand hygiene and PPE use. An area for improvement relating to the environment and IPC audit process was identified.

The manager stated that regular medicine audits had not been carried out lately, but that she planned to commence a regular auditing process. The issues identified regarding record keeping and the cold storage of medicines highlighted the need for a robust audit system which covers all aspects of medicines management, to ensure that safe systems are in place and any learning is actioned and shared with relevant staff. An area for improvement was identified.

There was a system in place to manage complaints. There was evidence that the manager understood the complaints process and good records were maintained. The manager told us that complaints were seen as an opportunity to for the team to learn and improve. Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance. One staff member said “Rhonda is getting on very well. She is very approachable and knowledgeable. She is offering us support and we feel we are learning”.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

A review of accidents and incidents which had occurred in the home found that these were managed and reported appropriately.

We examined the reports of the visits made on behalf of the responsible individual. No reports had been completed for January 2021 or February 2021 due to the ongoing pandemic. The report for March 2021 had been completed by the manager although the report for April 2021 was completed appropriately. This was discussed this with the responsible individual for review and action as appropriate. This was identified as an area for improvement during an inspection on 29 December 2020; this area for improvement is stated for a second time.

Despite the areas for improvement identified, RQIA were assured that the manager and the responsible individual were taking action to ensure the delivery of safe and effective care.

6.0 Conclusion

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the home was well led.

As a result of this inspection 15 areas for improvement were identified. The outcome of this inspection was discussed with senior managers within RQIA. Due to the assurances provided by the responsible individual and the manager during and since the inspection, it was decided that a period of time would be granted to allow the necessary improvements to be made. A follow up inspection will be undertaken to determine if the necessary improvements have been implemented and sustained. Failure to implement and sustain the improvements may lead to enforcement action. Details of the areas for improvement identified can be found in the Quality Improvement Plan (QIP) included.

This inspection evidenced that care was compassionate, however significant improvements are required to ensure that it is also safe, effective and well led in all aspects of care.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011)**.**

	Regulations	Standards
Total number of Areas for Improvement	*12	3

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Rhonda Spence, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 29 **Stated:** Second time **To be completed by:** From the date of the inspection onwards	The registered person shall ensure that the regulation 29 monitoring visits are completed in a timely manner. Ref: 5.1 and 5.2.8
	Response by registered person detailing the actions taken: Regulation 29 monitoring visits are completed in a timely manner. The reports of all regulation 29 monitoring visits undertaken are retained in the home and are available for inspection at any time.
Area for improvement 2 **Ref:** Regulation 21 (1) (b) Schedule 2 (5) **Stated:** First time **To be completed by:** From the date of the inspection onwards	The registered person shall ensure details and documentary evidence of registration with an appropriate professional regulatory body is retained for all relevant staff. Ref: 5.2.1
	Response by registered person detailing the actions taken: Systems have been implemented to reflect best practice as no records of any previous system in place. Details of staff registration with their professional body, Northern Ireland Social Care Council (NISCC) are audited monthly to ensure staffs compliance with the regulation and auditing records are retained.

Area for improvement 3 **Ref:** Regulation 27 (2) (b) (c) (d) **Stated:** First time **To be completed by:** From the date of the inspection onwards	The registered person shall ensure a robust refurbishment plan is developed to address the deficits identified on inspection. This must be shared with RQIA. All parts of the home must be kept clean and reasonably decorated. Internal repairs should be addressed in the identified bedrooms. Defective resident furniture and equipment should be fixed or replaced. Ref: 5.2.3
	Response by registered person detailing the actions taken: Dedicated housekeeping staff have now been employed. This is a new initiative as housekeeping was previously undertaken by care staff, alongside their responsibilities to the residents. Robust cleaning schedules have been put in place and adherence to the schedules is monitored by the Manager or Duty Manager. A refurbishment plan for the home, both short and long term, has been developed and commenced. This will address the environment issues that had been neglected by the previous Manager / owner. The refurbishment and redecoration plan, with identified achievable timescales, has been submitted to RQIA.
Area for improvement 4 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** From the date of the inspection onwards	The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the residents have access are free from hazards to their safety, and unnecessary risks to the health and safety of residents are identified and so far as possible eliminated. This area for improvement is made with specific reference to the safe storage of substances that are hazardous to health. Ref: 5.2.3
	Response by registered person detailing the actions taken: Designated storage areas are kept locked at all times. All staff have been reminded of the importance of ensuring the housekeeping trolley and any substance hazardous to health are not left unattended. All staff have completed refresher training with regard to the control of substances hazardous to health.

Area for improvement 5 **Ref:** Regulation 27 (4) (a) **Stated:** First time **To be completed by:** From the date of the inspection onwards	The registered person shall ensure an up to date risk assessment and fire management plan and in place and any recommendations are addressed in a timely manner. Ref: 5.2.3
	Response by registered person detailing the actions taken: A fire risk assessment had been undertaken in 2020 however the report had not been made available to the current manager. A further fire risk assessment was undertaken on 18 May 2021 and remedial action has been taken to address the recommendations.
Area for improvement 6 **Ref:** Regulation 27 (4) (b) **Stated:** First time **To be completed by:** From the date of the inspection onwards	The registered person shall ensure fire doors in the home are not wedged open. Where fire-resisting self-closing doors (including all bedroom doors) are required to remain open for operational or other reasons, automatic door retention/hold-open devices linked to the home's fire alarm and detection system should be provided to ensure that the door closes on activation of the alarm. The home should liaise with their fire safety adviser/risk assessor around the specific details which should be recorded in the fire risk assessment. Reference should be made to Health Technical Memorandum (HTM) 84, section 4.13 and to British Standard BS7273-4. Ref: 5.2.3
	Response by registered person detailing the actions taken: Any door that is required to be open for operational or other reasons now has an automatic door retention / hold device, linked to the fire alarm and detection system fitted. Staff have been informed that the wedging open of a designated fire door is not acceptable.

Area for improvement 7 **Ref**: Regulation 13 (7) **Stated:** First time **To be completed by:** From the date of the inspection onwards	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following: • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. Ref: 5.2.4
	Response by registered person detailing the actions taken: Staff have completed refresher training, from the date of the inspection, regarding infection prevention and control procedures (IPC). This included the 'donning' and 'doffing' procedures for the use of personal protective equipment. Staff have been informed of the importance of good hand hygiene, particularly during the Covid-19 pandemic, and hand hygiene audits are undertaken by the duty Managers and these audits are retained in the home. Additional laminated IPC information posters are displayed throughout the home. Additional hand sanitising units have been purchased and fitted throughout the home.
Area for improvement 8 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** From the date of the inspection onwards	The registered person shall ensure that personal medication records are accurately maintained. Ref: 5.2.8
	Response by registered person detailing the actions taken: A new supplier (Chemist) has been arranged and a new operational system will commence on 9 August 2021. This will afford more effective safe administration and storage of medications procedures in the home to what had been put in place by the previous manager / owner. Residents' personal medication records were reviewed and rewritten immediately following the inspection and prior to the new medication system becoming operational.

Area for improvement 9 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** From the date of the inspection onwards	The registered person shall ensure that the arrangements for recording the prescribing and administration of thickening agents are reviewed. Ref: 5.2.8
	Response by registered person detailing the actions taken: A new supplier (Chemist) has been arranged and a new operational system will commence on 9 August 2021.This will afford more effective safe administration and storage of medications procedures in the home to what had been put in place by the previous manager / owner. New forms are now in place for recording the administration of thickening agents and are regularly audited.
Area for improvement 10 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** From the date of the inspection onwards	The registered person shall ensure that the temperature range of the medicine refrigerator is accurately monitored. Ref: 5.2.9
	Response by registered person detailing the actions taken: A new supplier (Chemist) has been arranged and a new operational system will commence on 9 August 2021. This will afford more effective safe administration and storage of medications procedures in the home to what had been put in place by the previous manager / owner. Temperature monitoring and recording of the fridge where medications are stored had not been previously carried out within the home. A new medication fridge had been purchased to safely store medications and to enable staff to accurately monitor the temperature within the fridge. Staff have been informed of the importance of accurately monitoring and recording the temperature of the fridge where medicines are stored. Temperatures are periodically spot checked by the manager.

Area for improvement 11 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** From the date of the inspection onwards	The registered person shall ensure that medicine administration records are accurately maintained. Ref: 5.2.10
	Response by registered person detailing the actions taken: A new supplier (Chemist) has been arranged and a new operational system will commence on 9 August 2021. This will afford more effective safe administration and storage of medications procedures in the home to what had been put in place by the previous manager / owner. The MAR sheet was updated following the inspection. As advised. Due to the new system implemented on 9 August 2021 the recording system has changed again.
Area for improvement 12 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 27 May 2021	The registered person shall ensure that a robust audit system which covers all aspects of medicines is implemented to ensure that safe systems are in place and any learning is actioned and shared with relevant staff. Ref: 5.2.11
	Response by registered person detailing the actions taken: A new supplier (Chemist) has been arranged and a new operational system will commence on 9 August 2021. This will afford more effective safe administration and storage of medications procedures in the home to what had been put in place by the previous manager / owner. An auditing system is in place to ensure the safe administration and storage of medications. Where a shortfall has been identified through the auditing process, remedial action has been taken and this information shared with staff for learning purposes.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 **Ref:** Standard 6.6 **Stated:** First time **To be completed by:** From the date of the inspection onwards	The registered person shall ensure residents are appropriately monitored following a fall and appropriate care plans are implemented to reflect the resident's current needs. Ref: 5.2.5
	Response by registered person detailing the actions taken: Staff have been informed of the procedure to follow in the event of a resident falling. Staff undertake neurological observations which are recorded, and the information is retained. Care plans are updated, post falls, where necessary, in accordance with post falls management guidance.

Area for improvement 2 **Ref**: Standard 13 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure the programme of activities is reviewed and developed following discussion with the residents. The activities schedule should accurately reflect planned activities. Arrangements for the provision of activities should be reviewed and daily progress notes should reflect activity provision. Ref: 5.2.7
	Response by registered person detailing the actions taken: Staff daily allocation records now reflect which staff member has been allocated the responsibility for the provision of activities on any given day. Residents' enjoyment and participation is recorded, in the activity book and also residents individual care records. The manager has organised resident' meetings and at this time residents are asked what their preference for activities are. A monthly newsletter has been implemented to inform residents of upcoming events and points of interest.
Area for improvement 3 **Ref:** Standard 35.1 **Stated:** First time **To be completed by:** From the date of the inspection onwards	The registered person shall ensure a robust system is in place to ensure compliance with best practice on infection prevention and control and management of the home environment. Ref: 5.2.11
	Response by registered person detailing the actions taken: An IPC audit was undertaken for the whole home to identify where shortfalls may be. An action plan was developed following the audit to action any identified shortfall. The manager has implemented a monthly IPC audit, again where shortfall is identified remedial action is taken and recorded. Staff are informed of any learning from the audit process to minimise the occurance of this happening again. Infection prevention and control procedures had not been put in place by the previous manager. A robust system has now been put in place.

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

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