

Unannounced Care Inspection Report 8 October 2020



Millbrook Court

Type of Service: Residential Care Home
Address: 228 Donaghadee Road, Bangor BT20 4RZ
Tel No: 028 9146 2472
Inspectors: Linda Parkes and Helen Daly

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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home which is registered to provide care for up to 50 persons. Millbrook Court is divided in to four units; Millbrook Street, Avenue and Mews, each with 12 beds; and Close with 14 beds.

3.0 Service details

Organisation/Registered Provider: Radius Housing Association	Registered Manager and date registered: Siobhan Diane Strong
Responsible Individual: Fiona McAnespie	1 April 2005
Person in charge at the time of inspection: Siobhan Diane Strong	Number of registered places: 50
Categories of care: Residential Care (RC) DE – Dementia	Number of residents accommodated in the residential home on the day of this inspection: 44

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

An unannounced inspection was undertaken by the care inspector and the pharmacist inspector on 8 October 2020 from 09:30 to 17:55.

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

The following areas were examined during the inspection:

- the environment / Infection Prevention and Control (IPC)
- staffing and care delivery
- residents' care records
- governance and management
- medicines management.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	*13

*The total number of areas for improvement includes five which have been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Siobhan Diane Strong, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the last care inspection
- the registration status of the home
- written and verbal communication received since the last care inspection
- the returned QIP from the last care inspection
- the previous care inspection report.

During the inspection the inspectors met with two residents individually, small groups of residents in the sitting areas and dining rooms and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspectors provided the manager with "Tell us cards" which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No responses were received within the timescale specified.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rotas for the period 1 September 2020 to 31 October 2020
- daily cleaning schedule
- a selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- compliment records
- incident and accident records
- four residents' care records
- RQIA registration certificate
- personal medication records, medicine administration records, medicine receipt and disposal records
- controlled drug records
- medicine storage temperatures
- staff training and competency records.

Two areas for improvement identified at the last care and medicine management inspections were reviewed and assessment of compliance recorded as met. One area for improvement identified at the last care inspection and four areas for improvement identified at the last

finance inspection were not reviewed and have been carried forward to be reviewed at a future inspection.

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

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 12 December 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 6.2 Stated: First time	The registered person shall ensure electronic care plans fully reflect the interventions required to meet specified care needs.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of two residents' electronic care plans regarding falls, evidenced that they reflected the interventions required to meet specified care needs.	
Area for improvement 2 Ref: Standard 7.4 Stated: First time	The registered person shall ensure that written consent / authorisation is in place in regard to night checks.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and will be carried forward to the next care inspection.	

The most recent unannounced medicines management inspection of the home was undertaken on 24 May 2019.

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that antibiotics are administered as prescribed.	Met
	Action taken as confirmed during the inspection: We reviewed the management of antibiotics for several residents. There was evidence that they had been administered as prescribed. An auditing system was in place.	

The most recent unannounced finance inspection of the home was undertaken on 16 & 21 January 2019.

Areas for improvement from the last finance inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Standard 15.12 Stated: First time	The registered person shall ensure that a system is implemented for recording and checking (at least quarterly) valuables held at the home. A safe register should also be maintained showing when items have been deposited and removed from the safe place.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and will be carried forward to the next care inspection.	
Area for improvement 2 Ref: Standard 15.2 Stated: First time	The registered person shall ensure that signed consent forms authorising the home to hold and make transactions on behalf of residents are retained in all relevant residents' files.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and will be carried forward to the next care inspection.	

<p>Area for improvement 3</p> <p>Ref: Standard 4.4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that copies of up to date and signed written agreements are retained within all residents' files.</p> <p>Where the resident or their representative is unable to sign or chooses not to sign, this is recorded on the agreement. Copies of any documentation forwarded to residents or their representatives reminding them to sign and return the agreements should also be retained within residents' files.</p>	<p>Carried forward to the next care inspection</p>
<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>	
<p>Area for improvement 4</p> <p>Ref: Standard 20.14</p> <p>Stated: First time</p>		<p>The registered person shall ensure that the use of correction fluid on residents' records ceases immediately.</p> <p>Any errors should be crossed out and a new line used to record the transaction. A reason for the error should be recorded and initialled by the staff member recording the transaction.</p>
<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and will be carried forward to the next care inspection.</p>		

6.2 Inspection findings

6.2.1 The internal environment / Infection Prevention and Control

On arrival to the home, both inspectors were required to undergo a temperature and symptom check in order to adhere to the Department of Health and the Public Health Agency guidelines in relation to the Covid-19 pandemic. The manager advised that staff also had a temperature and symptom check upon arrival to work and that a record of this was maintained.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, communal lounges, the dining rooms and storage areas. The home was found to be warm, fresh smelling and clean throughout.

Review of records from 5 to 8 October 2020 evidenced that the daily cleaning schedules had been completed. Records were noted to be well documented and the domestic store was observed to be locked appropriately.

The environment had been adapted to promote positive outcomes for the residents. Bedrooms were personalised with possessions that were meaningful to the residents and reflected their life experiences. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind residents of the date, time and place.

We observed that Personal Protective Equipment (PPE), for example, face masks, gloves and aprons were available throughout the home for staff and were used appropriately. Dispensers containing hand sanitiser were observed to be full and in good working order.

Deficits were highlighted in regard to infection prevention and control practices. It was noted that items of residents' clothing had not been placed in the appropriate laundry bag and were found on the floor of an identified bathroom in Millbrook Mews. A yellow waste bag was also observed to be sitting on the floor rather than being attached to a suitable bin holder. In the bathroom of the Close, items of clothing were seen to be left unattended in the bath. These IPC concerns were discussed with staff and the manager and were addressed immediately. The manager advised that this practice is unacceptable and not usual in the home and she will continue to complete a daily walk around in order to identify any IPC concerns. The manager said she would speak with staff to ensure that the environment is managed in order to minimise the risk of infection for residents and staff.

In addition, pull cords in bathrooms throughout the home were observed to be uncovered and therefore could not be easily cleaned. This was discussed with the manager who advised that pull cord covers had been ordered. An area for improvement was identified.

We observed that signage which was on display was not laminated and therefore could not be effectively cleaned; this was discussed with the manager and an area for improvement was identified.

In an identified shower room the resident call bell fitting was observed to be detached from the wall with wires exposed. This was immediately brought to the manager's attention who then decommissioned the shower room and advised that she would make arrangements to ensure that it is repaired. Correspondence from the manager on 16 November 2020 advised that the resident call bell system in the identified shower room has been fixed on 9 October 2020. An area for improvement was identified.

A ceiling tile in the corridor near an identified fire exit was observed to have a large hole in it. The manager advised that arrangements had been made to have it replaced. Correspondence from the manager on 21 December 2020 advised that the damaged ceiling tile has been replaced.

In regard to fire safety, it was observed that equipment and furniture was located in some areas of the home that could potentially obstruct fire exit routes and access to two fire extinguishers in the event of an emergency. It was also observed that the kitchen door in Millbrook Mews was unlocked and wedged open and a fire extinguisher was left unattended and unsecured on the floor in an identified bathroom. On request, a copy of the Fire Risk Assessment for 3 February 2020 was provided to the inspector on the day of inspection. The shortfalls were discussed with the manager and an area for improvement was identified.

6.2.2 Staffing and care delivery

A review of the staff duty rota from 1 September 2020 to 31 October 2020 evidenced that the planned staffing levels were not always adhered to due to a high volume of staff illness, in particular during the month of September 2020. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the residents and to support the care staff. Concerns regarding staffing levels were raised by a number of care staff in the home. Two staff members commented:

- “Low staffing levels are the main problem as resident dependency levels are higher than before the pandemic.”
- “Diane (manager) is trying 100 per cent to get staff. She works on the floor too. Staffing levels are a bit better now. The morning routine takes time. The residents are not suffering.”

The manager advised that the month of September 2020 had been a challenging time for staff due to the impact of a recent infectious outbreak in the home, resulting in staff illness, sometimes at short notice, which impacted on planned staffing levels. The Public Health Agency (PHA) and RQIA were appropriately notified of the outbreak. The manager advised that every effort has been made to cover shifts and that she continues to actively recruit new staff. Agency staff are block booked in order to maintain continuity for residents. The manager stated that staffing levels had since improved and would be regularly reviewed along with resident dependency levels in order to meet all residents’ needs. RQIA will continue to monitor and review staffing levels in the home during future inspections.

Observation of the delivery of care evidenced that residents’ needs were met in a timely and caring manner. Residents spoken with indicated that they were well looked after by the staff and felt safe and happy living in Millbrook Court. We also sought the opinion of residents and their representatives on staffing via questionnaires. No questionnaires were returned within the timescale specified. A resident commented, “I’m keeping well and I’m being looked after well.”

Cards of thanks were displayed in the home. Some of the comments included:

- “Thanks again to you and all the staff for your care and thoughtfulness.”
- “Thank you all so much for looking after our Dad and keeping him and the other residents safe. We are truly blessed to have you all.”

We observed the serving of the lunchtime meal in Millbrook Mews. The food appeared nutritious and appetising. Residents wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Residents who were able to verbally communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of residents’ likes and dislikes regarding food and drinks.

We discussed the provision of activities in order to meet residents’ social, religious and spiritual needs within the home. The manager advised that due to the recent infectious outbreak within the home, activities offered to residents by staff had been limited. Prior to this, staff from the adjacent day centre had been redeployed to the home, in response to the COVID-19 pandemic and had been providing assistance to staff with the provision activities. The manager advised that a new activity therapist had been employed and was due to commence post imminently. RQIA will continue to monitor the provision of activities provided to residents in the home during future inspections.

Discussion with the manager evidenced that care staff were required to attend a handover meeting at the beginning of each shift that provides information regarding each resident's condition and any changes noted. The manager advised that she holds 'flash meetings' in order to update staff on current information.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

6.2.3 Residents' care records

Two residents' electronic care records were reviewed and evidenced that care plans regarding falls management had been clearly documented and well maintained to direct the care required and reflected the assessed needs of the residents. Appropriate risk assessments and evaluations had been completed. Falls safety calendars for August 2020 and September 2020 were observed to have been completed.

Review of two care records from March 2020 to September 2020, regarding residents' weights identified gaps in the recording of both records. One resident's monthly weight record showed gaps in weight records for May 2020 and August 2020. While a care plan regarding the resident's modified dietary requirements was in place, a care plan in relation to weight loss was unavailable to view. The second resident's monthly weight record showed gaps in weight records for May 2020. Although a care plan regarding the resident's dietary requirements was in place, it had not been updated and another care plan in relation to weight loss was unavailable to view. Despite both residents having experienced weight loss referrals had not been made to notify their General Practitioner (GP) or dietician. This was discussed with the manager and the senior carer on duty who advised that referrals for both residents would be made the following day. Correspondence from the manager on 18 November 2020 advised that following the inspection, weekly weights of all residents have commenced initially and will be kept under review. Several residents whose weight had reduced due to illness, have now increased, this includes the two residents identified at the time of inspection. Referrals have been made to the dietician who is keeping each case under review. An area for improvement was identified.

The manager advised that no residents in the home had wounds.

6.2.4 Governance and management

Since the last inspection there has been no change in management arrangements. The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with the manager and observations confirmed that the home was operating within the categories of care registered.

The manager confirmed on 18 November 2020, that a process was in place to monitor the registration status of care staff registration with the Northern Ireland Social Care Council (NISCC). This is monitored by Radius Housing Association, Human Resource Department.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding infection prevention and control (IPC) practices including hand hygiene and weekly weights for residents who had been prescribed dietary supplements by their General

Practitioner (GP). However, deficits were identified in relation to the environment regarding IPC practices (refer to section 6.2.1) and weight loss (refer to section 6.2.3). An area for improvement was identified regarding working practices and the audit process relating to these aspects of care.

We reviewed accidents/incidents records from 1 to 7 September 2020 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Residential Care Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Monthly quality monitoring visits by the responsible individual in accordance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 were reviewed. A selection of records from 21 July 2020 to 27 August 2020 evidenced that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

The manager advised that no complaints had been received from 1 to 8 October 2020 and that systems were in place to ensure that complaints were managed appropriately.

6.2.5 Medicines management

Personal medication records and associated care plans

Residents in care homes should be registered with a GP to ensure that they receive appropriate medical care when they need it. At times, residents' needs will change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Residents in the home were registered with local GPs and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, medication reviews and hospital appointments.

The majority of the personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the majority of the personal medication records when they were written and updated to provide a double check that they were accurate. We highlighted two discrepancies to the senior carer and manager for updating. The correct medication was being administered.

Copies of residents' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

All residents should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines, these may include care plans for the management of distressed reactions, pain, modified diets, and self-administration.

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 what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident.

We reviewed the management of medicines prescribed on a "when required" basis for the management of distressed reactions for three residents. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour and were aware that this change may be associated with pain. Directions for use were clearly recorded on the personal medication records and care plans directing the use of these medicines were available in the medicines file. Records of administration were clearly recorded. The reason for and outcome of administration were recorded. We noted that for two residents the medicines were being used regularly. This should be referred to the prescriber for review. An area for improvement was identified.

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. Care plans detailing how the resident should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the resident.

We reviewed the management of thickening agents and nutritional supplements for two residents. Speech and language assessment reports and care plans were in place. The manager provided evidence that training on the management of thickening agents was planned. Records of prescribing were in place. Records of administration were not maintained. This is necessary to ensure that there is evidence that thickening agents are being administered as prescribed. An area for improvement was identified.

A small number of residents have their medicines administered in food/drinks to assist administration. This had been authorised by the prescribers. However, care plans detailing how the medication should be given were not in place. An area for improvement was identified.

Care plans were in place when residents required insulin to manage their diabetes. It was noted that the care plans for the management of hypo/hyperglycaemia had been archived. The senior carer advised that they would be brought back into use.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required. Care plans directing the required care were in place.

Medicine storage and record keeping

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the residents' 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 advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The treatment room was observed to be locked when we arrived at the home. Some cupboard doors were not locked. The manager said this had been risk assessed and deemed secure as only senior care staff have access to the treatment room. Medicines were stored in four trolleys which were observed to be securely locked to prevent unauthorised access. The trolleys were tidy and organised so that medicines belonging to each resident could be easily located.

Satisfactory recordings were observed for the refrigerator and room temperatures.

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

Administration of medicines

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.

Within the home, a record of the administration of medicines is completed electronically. A sample of these records was reviewed. The records were found to have been fully and accurately completed.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs were recorded in controlled drug record books. It was noted that no additional monitoring was carried out on controlled drugs in Schedule 4, Part (1) for example, diazepam, and lorazepam. This was discussed with the manager for consideration as audit discrepancies were observed for two supplies of diazepam tablets.

The manager advised that audits are completed monthly. However, records were not available for inspection. The audits completed at the inspection indicated that the majority of medicines were administered as prescribed. However, apparent discrepancies were observed for two supplies of diazepam tablets and two inhaled medicines. Some audits could not be completed as the date of opening had not been recorded. The manager should implement a robust audit system which covers all aspects of the management of medicines including care planning, controlled drugs in Schedule 4, Part (1) and the management of thickening agents. An area for improvement was identified.

Management of medicines on admission/re-admission to the home

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one care setting to another.

We reviewed the management of medicines on admission for two residents. Hospital discharge letters had been received and a copy had been forwarded to the residents' GPs. The residents' personal medication records had been verified and signed by two members of staff. Medicines

had been accurately received into the home and administered in accordance with the most recent directions. There was evidence that staff had followed up any discrepancies in a timely manner to ensure that the correct medicines were available for administration.

Medicine related incidents

Occasionally, medicines incidents occur in homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident.

There had been no medicine related incidents reported to RQIA since the last medicines management inspection. However, the findings of this inspection indicate that the auditing system is not robust and hence incidents may not be identified. The need for a robust audit system which covers all aspects of medicines is necessary to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff.

Medicines management training

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that staff are supported.

The manager advised that staff in the home receive a structured induction which included medicines management when this forms part of their role. Competency assessments were completed annually; records were available for inspection.

Records indicated that there had been no training on medicines management since 2016. The manager agreed to review the relevant policy and provide update training if necessary or requested by staff.

Areas of good practice

Evidence of good practice was found throughout the inspection in relation to the use of personal protective equipment (PPE), the cleanliness of the environment and the personalisation of the residents' bedrooms. Good practice was found regarding management of accidents/incidents and communication between residents and staff.

Areas for improvement

Ten new areas for improvement were identified during the inspection in relation to fire safety, medicines management, infection prevention and control, health and safety, audits, record keeping and referrals to appropriate bodies.

	Regulations	Standards
Total number of areas for improvement	2	8

6.3 Conclusion

There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of residents and regarding the use of Personal Protective Equipment.

With regards to medicines management the area for improvement identified at the last medicines management inspection had been addressed. Four new areas for improvement in relation to administration records for thickening agents, referring the regular use of “when required” medicines, care planning for adding medicines to food/drink to assist administration and implementing a robust audit system were identified.

Whilst we identified areas for improvement, we can conclude that overall, with the exception of a small number of medicines, the residents were being administered their medicines as prescribed.

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

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Siobhan Diane Strong, 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 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 residential 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27.4 (c) Stated: First time To be completed by: Immediate action required	The registered person shall ensure that fire exits are kept clear and are free from obstruction and that wedges are not used to prop doors open. Ref: 6.2.1 Response by registered person detailing the actions taken: Actions were taken on the day to ensure no doors were wedged open and reminiscence items were moved. Additional fail safe units have been requested.
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: From the date of the inspection	The registered person shall ensure that records for the administration of thickening agents are accurately maintained. Ref: 6.2.5 Response by registered person detailing the actions taken: Management team now complete a daily audit of thickening agent administration to ensure that these are accurately recorded.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 7.4 Stated: First time To be completed by: 31 March 2019	The registered person shall ensure that written consent / authorisation is in place in regard to night checks. Ref: 6.1 Action required to ensure compliance with this standard was not reviewed as part of this inspection and will be carried forward to the next care inspection.
Area for improvement 2 Ref: Standard 15.12 Stated: First time To be completed by: 8 February 2019	The registered person shall ensure that a system is implemented for recording and checking (at least quarterly) valuables held at the home. A safe register should also be maintained showing when items have been deposited and removed from the safe place. Ref: 6.1 Action required to ensure compliance with this standard was not reviewed as part of this inspection and will be carried forward to the next care inspection.

<p>Area for improvement 3</p> <p>Ref: Standard 15.2</p> <p>Stated: First time</p> <p>To be completed by: 15 February 2019</p>	<p>The registered person shall ensure that signed consent forms authorising the home to hold and make transactions on behalf of residents are retained in all relevant residents' files.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and will be carried forward to the next care inspection.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4.4</p> <p>Stated: First time</p> <p>To be completed by: 22 February 2019</p>	<p>The registered person shall ensure that copies of up to date and signed written agreements are retained within all residents' files.</p> <p>Where the resident or their representative is unable to sign or chooses not to sign, this is recorded on the agreement. Copies of any documentation forwarded to residents or their representatives reminding them to sign and return the agreements should also be retained within residents' files.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and will be carried forward to the next care inspection.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 20.14</p> <p>Stated: First time</p> <p>To be completed by: 22 January 2019</p>	<p>The registered person shall ensure that the use of correction fluid on residents' records ceases immediately.</p> <p>Any errors should be crossed out and a new line used to record the transaction. A reason for the error should be recorded and initialled by the staff member recording the transaction.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and will be carried forward to the next care inspection.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that all pull cords throughout the home are fitted with washable covers in order to adhere to infection prevention and control best practice.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: Washable pullcord covers had been requested prior to the Inspection as part of IP&C. These appear to be difficult to source presently. A second request has been placed for these.</p>

<p>Area for improvement 7</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that infection prevention and control issues regarding notices displayed throughout the home are managed to minimise the risk and spread of infection.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: On the day of the inspection the Inspector noted a notice which had not been laminated. This was immediately followed up and staff reminded that all notices must be laminated.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that the home is maintained in a safe manner in order to comply with health and safety procedures and legislation.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: On the day of the Inspection the Inspector noted an issue in respect of a residents clothing and a clinical waste bag. Staff have been reminded of the correct procedure and the management team will continue to monitor to ensure compliance with IP&C.</p>
<p>Area for improvement 9</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that records are kept in accordance with professional and legislative requirements on each resident's situation, actions taken by staff and appropriate report/referrals are made to the appropriate bodies and this is closely monitored by the registered person.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: The RM will complete a regular review of resident care plans in particular for any resident whose need's have changed to ensure timely evaluation and update has been completed. The DP will complete a spot check each month.</p>
<p>Area for improvement 10</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that management systems are in place that support and promote the delivery of safe, quality care services, and that working practices are systematically audited and that action is taken when necessary.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: As per point 9. The RM will complete a regular review of resident care plans and care practices. The DP will complete a monthly spot check.</p>

<p>Area for improvement 11</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that regular use of medicines which are prescribed to be administered “when required” is referred to the prescriber for review.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: All PRN medications which were being administered with regularity have been referred for review by the prescribing agent to adjust the prescription to reflect the frequency of resident need.</p>
<p>Area for improvement 12</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that care plans for adding medicines to food/drinks to assist swallowing contain sufficient detail to direct the required care.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: A review of these care plans has been completed. Care Plans have been updated to provide sufficient detail to describe the method of administration.</p>
<p>Area for improvement 13</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Action plans to address any identified shortfalls should be developed and implemented.</p> <p>Records should be available for inspection.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: The monthly audit system has been reviewed to ensure sufficient detail is reflected on all aspects of medication management and training. Audits must include an action plan or summary statement which all Seniors must review and sign to confirm their awareness. These will be reviewed by the DP at each monthly visit.</p>

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



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