

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY (RQIA)**

**FAILURE TO COMPLY NOTICE**

<b>Name of Registered Establishment:</b> Rectory Field (RQIA ID: 1220)	<b>Name of Registered Person:</b> Dr Anne Kilgallen
<b>Address of Registered Establishment:</b> 19b Limavady Road, Londonderry, BT47 6JU	
<b>Issue Date:</b> 21 August 2020	<b>FTC Ref:</b> FTC000110
<b>Regulation not complied with:</b>  <b><i>The Residential Care Homes Regulations (Northern Ireland) 2005</i></b>  <b><i>Statement of purpose</i></b>  <b><i>Regulation 3.—</i></b> <b><i>(1) The registered person shall compile in relation to the residential care home a written statement which shall consist of –</i></b> <b><i>(a) a statement of the aims and objectives of the home;</i></b> <b><i>(b) a statement as to the facilities and services which are to be provided by the registered person for residents; and</i></b> <b><i>(c) a statement as to the matters listed in Schedule 1.</i></b>  <b><i>(2) The registered person shall supply a copy of the statement of purpose to the Regulation and Improvement Authority and shall make a copy of it available for inspection by every resident and any representative of a resident.</i></b>  <b><i>(3) Nothing in regulation 18(1) or 27(1) shall require or authorise the registered person to contravene, or not to comply with –</i></b> <b><i>(a) any other provision of these Regulations; or</i></b> <b><i>(b) the conditions for the time being in force in relation to the registration of the registered person under Part III of the Order.</i></b>	
<b>Specific failings to comply with regulations:</b>  In accordance with the Covid 19 Guidance for Nursing and Residential Care Homes in Northern Ireland. RQIA undertook to work with providers to come to solutions that may be “outwith” the letter of standards or regulations but which would provide safe, pragmatic remedies to issues that could never have been planned for. On this basis on 14 April 2020 Rectory Field were granted a temporary condition to their registration to allow them to admit nursing patients. However it was made clear at the time that this condition was agreed only on a temporary basis and once the surge had passed the home’s registration was to revert to normal.	

During the unannounced care inspection on the 11 August 2020 a copy of the home's Statement of Purpose was provided and reviewed. However, from our observations, discussion and review of the delivery of care it was evident that the home was operating outside of its' Statement of Purpose and registration status.

The signage at the entrance of the home had been changed to "Rectory Field Nursing Rehab Unit".

Environmental changes made to the home, such as the change of a bedroom to a sluice and change of two lounges to meeting rooms and the change of name not been discussed with RQIA in advance of the changes being made and in accordance with the relevant regulations.

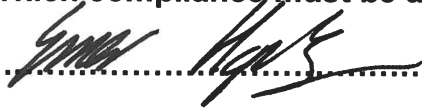
There was a lack of robust systems to regularly review the quality of care and other services provided by the home. This included, but is not limited to, the oversight and management of the home's environment, infection prevention and control measures, recording and reporting of accidents and incidents, management of complaints, care records, risk management, governance audits and maintenance of duty rotas.

**Action required to comply with regulations:**

The responsible individual must ensure that:

- the home reverts back to its registration status as outlined in the registration certificate and statement of purpose.
- the signage at the entrance of the home reflects the registration status
- the statement of purpose reflects the registration status of the home and the matters listed Regulation 3 (1) Schedule 1.
- RQIA are provided with a copy of the home's revised Statement of Purpose.
- a robust system of governance, including regular audits, is implemented to ensure that the quality of care and other services provided by the home are reviewed at regular intervals. This includes but is not limited to the home's environment, infection prevention and control measures, recording and reporting of accidents and incidents, care records, fire safety and risk management and maintenance of duty rotas.
- there is clear evidence that when deficits are identified through the audit process, an action plan is put in place to ensure the necessary improvements are made in a timely manner.
- a system for recording complaints is introduced and managed in accordance with Regulation 24.
- a robust system is in place to review resident care records on a regular basis and any deficits identified are addressed.

**The Registered Person may make written representations to the Chief Executive of RQIA regarding the issue of a failure to comply notice, within one month of the date of serving this notice.**

**Date by which compliance must be achieved: 21 September 2020**  
Signed.......... **Director of Improvement (acting)**

***This notice is served under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (Northern Ireland) 2005.***

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<b>Issue Date:</b> 21 August 2020	<b>FTC Ref:</b> FTC000111
<b>Regulation not complied with:</b>  <b><i>The Residential Care Homes Regulations (Northern Ireland) 2005</i></b>  <b><i>Health and welfare of residents</i></b>  <b><i>Regulation 13.—</i></b> <b><i>(1) The registered person shall ensure that the residential care home is conducted so as –</i></b> <b><i>(a) to promote and make proper provision for the health and welfare of residents;</i></b> <b><i>(b) to make proper provision for the care and where appropriate, treatment and supervision of residents.</i></b>	
<b>Specific failings to comply with regulations:</b>  During the unannounced care inspection on 11 August 2020 concerns were identified regarding the management of resident care and record keeping. This includes but is not limited to:  Care plans reviewed were not person centred nor reflective of individual needs. The care plan and daily evaluation notes regarding the level of assistance required with personal hygiene and personal care were not documented.  Falls risk assessments were not completed on admission to the home and there was no evidence that accident and incident records were maintained in accordance with regulations.  Care plans did not reflect the recommendations made by healthcare professionals such as the tissue viability nurse (TVN), speech and language therapist (SALT); and three residents with a history of weight loss did not have a care plan in place to reflect the care and treatment agreed by the dietician.  Care records also evidenced that staff had not adhered to healthcare professionals' recommendations on at least two identified occasions.	

Residents' care records were not maintained securely and confidentially.

There was no system in place to regularly review the standard of record keeping or the content of residents' care records.

**Action required to comply with regulations:**

The responsible individual must ensure that:

- care plans are person centred to reflect the resident's assessed needs and to direct the agreed care.
- fall risk assessments are completed for each resident when they are admitted to the home and are kept updated to reflect the resident's current or changing needs. For example, following a fall.
- the home's accident and incidents records are clear, accurate and traceable.
- accidents and incidents are reviewed regularly to identify any trends or patterns emerging and records of this review, including any actions taken, are maintained.
- where required care plans reflect the recommendations made by tissue viability nurses (TVN) and the care records evidence that these recommendations are adhered to.
- care plans reflect the assessed needs of any resident requiring support from staff to maintain their personal care and records are maintained of all personal care and support provided.
- any resident identified as having a weight loss has a care plan in place to reflect the recommendations made by dieticians and the care records evidence that these recommendations are adhered to.
- where required care plans reflect the recommendations made by speech and language therapist (SALT) in relation to modified diets and the care records evidence that these recommendations are adhered to.
- residents' care record audits are implemented with clear evidence that when deficits are identified through the audit process, an action plan is put in place to ensure the necessary improvements are made.

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**Date by which compliance must be achieved: 21 September 2020**

Signed.......... Director of Improvement (acting)

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<b>Address of Registered Establishment:</b> 19b Limavady Road, Londonderry, BT47 6JU	
<b>Issue Date:</b> 21 August 2020	<b>FTC Ref:</b> FTC000112
<b>Regulation not complied with:</b>  <b><i>The Residential Care Homes Regulations (Northern Ireland) 2005</i></b>  <b><i>Health and welfare of residents</i></b>  <b><i>Regulation 13.—</i></b> <b><i>(4) Subject to paragraph (5) the registered person shall make suitable arrangements for the ordering, storage, recording, handling, safe keeping, safe administration and disposal of medicines used in or for the purposes of the home to ensure that –</i></b> <b><i>(a) any medicine which is kept in a home is stored in a secure place; and</i></b> <b><i>(b) medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed, and to no other resident; and</i></b> <b><i>(c) a written record is kept of the administration of any medicine to a resident.</i></b>	
<b>Specific failings to comply with regulations:</b>  During the unannounced care inspection on 11 August 2020 concerns were identified in relation to the safe administration and management of medications.  Senior carer assistants were administering medications on occasions. During discussions with registered nurses they said they were concerned about this practice in relation to their professional registration and their responsibilities under the delegation framework.  Monthly drug orders were being completed by senior care assistants and not the registered nurses on duty.  The treatment room door was observed to be unlocked on two occasions during the inspection and within the treatment room keys had been left in the locks of cupboard doors. The lid of the medication disposal bin and sharp boxes were open all of which presented a potential risk to residents accommodated.  Review of records identified that not all registered nurses had had their medicine competency assessment completed; and medicines competencies for senior care assistants had not been updated since April 2019.	

A serious medication incident involving a controlled drug, which was reported to the Consultant Pharmacist (Older People) WHSCT, on 18 June 2020 was not reported to RQIA. There was no evidence available to confirm that staff medicine competencies had been reviewed following the incident.

**Action required to comply with regulations:**

The responsible individual must ensure that:

- any staff member given the responsibility of managing residents' medications are assessed and deemed competent and capable to do so. This includes the ordering, handling, safe administration and disposal of medicines.
- where medicines are stored, including cupboards and treatment room door, should be secured at all times.
- lids to sharp boxes and medicine disposal containers are kept secure and that the temporary closure deployed when not in use.
- medication incidents or near misses must be reported to RQIA in accordance with Regulation 30.
- there is an effective management system in place to monitor the safe administration of medicines in the home.

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<b>Issue Date:</b> 21 August 2020	<b>FTC Ref:</b> FTC000113
<b>Regulation not complied with:</b>  <b><i>The Residential Care Homes Regulations (Northern Ireland) 2005</i></b>  <b><i>Health and welfare of residents</i></b>  <b><i>Regulation 13.—</i></b> <b><i>(7) The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between residents and staff.</i></b>	
<b>Specific failings to comply with regulations:</b>  During the unannounced care inspection on the 11 August 2020 there were multiple deficits identified with regards to infection prevention and control (IPC) measures throughout the home.  The integrity of a number of surfaces, within bedrooms, were compromised and could not be effectively cleaned. This included bed frames, vanity units and chest of drawers. Grout between tiles in a number of bedroom around the vanity units was stained and required cleaning or replacement  On arrival at the home the staff member who greeted the inspector was not wearing a face mask and a care assistant was observed entering the kitchen without the correct personal protective equipment (PPE).  The inspector's temperature was not checked in line with the current COVID-19 guidelines for visiting care homes and during discussions with the manager it was confirmed that service users transferred from hospital to the home were not isolated in line with the current COVID-19 guidance. A COVID-19 information folder for staff was available but it contained the March 2020 care home guidance and not the current version of the guidance.  There was no evidence available to confirm that IPC audits had been undertaken.	

**Action required to comply with regulations:**

The responsible individual must ensure that:

- all staff working in the home can demonstrate their knowledge of infection prevention and control measures commensurate with their role and function in the home.
- that the current Care Homes Guidance on COVID-19 is available and accessible to staff.
- any visitor/visiting professional to the home has a temperature/health check completed as per the current COVID-19 care home guidance.
- there is an effective management system in place to monitor staff compliance with best practice specific to infection prevention and control.
- regular IPC audits for all of the areas of the home and staff practice are implemented with clear evidence that when deficits are identified through the audit process, an action plan is put in place to ensure the necessary improvements are made.

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<b>Issue Date:</b> 21 August 2020	<b>FTC Ref:</b> FTC000114
<b>Regulation not complied with:</b>  <b><i>The Residential Care Homes Regulations (Northern Ireland) 2005</i></b>  <b><i>Staffing</i></b>  <b><i>Regulation 20.—</i></b> <b><i>(1) The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents –</i></b> <b><i>(a) ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents;</i></b> <b><i>(b) ensure that the employment of any persons on a temporary basis at the home will not prevent residents from receiving such continuity of care as is reasonable to meet their needs;</i></b> <b><i>(c) ensure that the persons employed by the registered person to work at the home receive –</i></b> <b><i>(i) appraisal, mandatory training and other training appropriate to the work they are to perform; and</i></b> <b><i>(ii) are supported to maintain their registration with the appropriate regulatory or occupational body; and</i></b> <b><i>(iii) are enabled from time to time to obtain training and/or further qualifications appropriate to the work they perform; and</i></b> <b><i>(3) The registered manager shall carry out a competency and a capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in his absence.</i></b>	
<b>Specific failings to comply with regulations:</b>  During the unannounced care inspection on 11 August 2020 concerns were identified regarding the staffing arrangements.	

This includes but is not limited to:

There was no recorded evidence to confirm that new staff had received an induction or orientation to the home; nor had any person given the role of the person in charge of the home in the absence of the manager been deemed competent and capable to do so. In addition the duty rota did not clearly identify the person in charge of the home, staff job titles/roles and the hours worked by staff. Also the names of staff who had not yet commenced working in the home were included on the staff rota which created difficulty in determining who had worked each shift

The staff training matrix did not include the names of all staff working in the home therefore we were unable to establish mandatory and other training compliance levels.

Not all care staff working in the home were registered with the Northern Ireland Social Care Council (NISCC) nor was there evidence to confirm that a system was in place to check and monitor the registration status of nursing staff, working in the home, with the Nursing and Midwifery Council for the United Kingdom (NMC).

**Action required to comply with regulations:**

The responsible individual must ensure that:

- systems are in place to ensure that new staff receive an induction and orientation to the home which is recorded and signed and dated by the person carrying out the induction and the staff member.
- competency and capability assessments are completed for any staff member taking charge of the home in the absence of the manager.
- the staff training matrix includes all staff working within the home and the training completed.
- the staff duty rota should clearly identify the person in charge of the home, the name and role of each staff member working in the home and the capacity in which they worked.
- a robust system is in place to ensure that staff are registered with the relevant regulatory body in accordance to their job role.

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<b>Issue Date:</b> 21 August 2020	<b>FTC Ref:</b> FTC000115
<b>Regulation not complied with:</b>  <b><i>The Residential Care Homes Regulations (Northern Ireland) 2005</i></b>  <b><i>Fitness of premises</i></b>  <b><i>Regulation 27.—</i></b> <b><i>(4) The registered person shall –</i></b> <b><i>(a) have in place a current written risk assessment and fire management plan that is revised and actioned when necessary or whenever the fire risk has changed;</i></b> <b><i>(e) make arrangements for persons working at the home to receive suitable training, from a competent person, in fire prevention; and</i></b> <b><i>(f) to ensure, by means of fire drills and practices at suitable intervals, that the persons working at the home and, so far as practicable, residents, are aware of the procedure to be followed in case of fire, including the procedure for saving life.</i></b>	
<b>Specific failings to comply with regulations:</b>  During the unannounced care inspection on 11 August 2020 concerns were identified in relation to the fitness of the premises. This includes but is not limited to:  There was no evidence that the home's fire risk assessment had been reviewed or updated to reflect the changes to the premises or the categories of care of the service users accommodated.  There was no evidence that fire safety training had been undertaken as part of new staff's induction to the home and the majority of staff had not received an update to their fire training in the last 6 months.  In addition boxes and armchairs for removal were stored in the corner of a lounge where patients were seated, creating a potential fire hazard.	

**Action required to comply with regulations:**

The responsible individual must ensure that:

- there is a current fire risk assessment and fire management plan that is revised and actioned when necessary or whenever the fire risk has changed.
- fire safety training is included as part of new staff's induction to the home.
- fire safety training is completed with all staff at a minimum of every six months and a record of this training is to be maintained in accordance with the Residential Care Homes Minimum Standards – Standard 23.
- staff can demonstrate their knowledge of fire safety measures and precautions commensurate with their role and function in the home.

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