



Unannounced Care Inspection Report 6 and 10 June 2019



Blair Mayne Residential Care Home

Type of Service: Residential Care Home

**Address: c/o Blair House Care Home, 107 Dakota Avenue,
Newtownards, BT23 4QX**

Tel No: 028 9182 4450

**Inspectors: Marie-Claire Quinn, Kate Maguire and Catherine
Glover**

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 registered residential care home which provides care for up to 25 residents who are living with dementia. This home is located in the same building as Blair House Nursing home.

3.0 Service details

Organisation/Registered Provider: Amore (Watton) Limited Responsible Individual: Nicola Cooper	Registered Manager and date registered: Jacqueline Bowen 29 January 2019
Person in charge at the time of inspection: Craig Spears, senior care assistant from 07.25 until 08.00 hours. Christine Smith, team leader and senior care assistant and Jacqueline Bowen, registered manager from 08.00 hours.	Number of registered places: 25 11 residents to be accommodated on the Ground Floor and 14 residents to be accommodated on the First Floor.
Categories of care: Residential Care (RC) DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 23

4.0 Inspection summary

An unannounced care inspection took place on 6 June 2019 from 07.25 to 18.15 hours.

This inspection was undertaken following concerns raised with RQIA anonymously. The concerns were in relation to:

- Early morning rising
- provision of food and fluids
- management of the care one resident
- gender mix of staff
- supply of bedlinen and face clothes
- malodours in the home
- cleanliness of environment
- effectiveness of management

We therefore commenced this inspection out of hours, at 07.25.

At the care inspection serious concerns were identified in relation to the quality of management and governance arrangements in the home and the planning and delivery of individualised care. These deficits had the potential to impact on the quality of care delivered in the home.

As a result of the concerns noted during the care inspection, an unannounced medicines management inspection was completed on 10 June 2019. This inspection did not result in enforcement action being taken. However, areas for improvement were identified and can be viewed in section 6.2.9 and in the quality improvement plan (QIP) issued.

As a consequence of the inspection findings, RQIA invited the responsible individual and the registered manager to attend a meeting in RQIA on 14 June 2019 with the intention of issuing two failure to comply notices under The Residential Care Homes Regulations (Northern Ireland) 2005, in relation to Regulation 10 (1) regarding the quality of management and governance in the home; and Regulation 12 (1) (a) the delivery of care to meet individual resident's needs.

The meeting was attended by Sharon Butler, regional director and Jacqueline Bowen, registered manager. Nicola Bales, managing director and Sarah Mann, head of quality assurance and governance, attended by conference call. They submitted an action plan and provided a full account of the actions taken to date, and the arrangements made to ensure the improvements necessary to achieve full compliance with the required regulations. We were satisfied that sufficient progress had been made regarding addressing the issues under Regulation 12 (1) (a) and decided not to issue a failure to comply notice in this area. However, the representatives were unable to offer RQIA full assurance regarding governance arrangements in the home and it was decided that a failure to comply notice under Regulation 10 (1) would be issued, with the date of compliance to be achieved by 14 August 2019.

Despite the enforcement action being taken, the inspection identified areas of good practice in relation to relationships between staff and residents, activities, medicines administration, medicine records, storage and the management of controlled drugs.

In addition to enforcement action, areas requiring improvement were identified in relation to developing, implementing and maintaining a social care model in the home which is reflected in practice and in care records and practices when preparing medication.

Residents reported that felt looked after in the home and described staff as kind. Residents unable to clearly voice their opinions were seen to be comfortable in their interactions with staff.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	8

Details of the Quality Improvement Plan (QIP) were discussed with Jacqueline Bowden, registered manager, Sharon Butler, regional director, and Roberta Wilson, quality improvement lead, as part of the inspection process.

Enforcement action resulted from the findings of this inspection. A failure to comply notice was issued under The Residential Care Homes Regulations (Northern Ireland) 2005 as follows:

FTC Ref: FTC000052 with respect to Regulation 10(1).

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

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

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

4.2 Action/enforcement taken following the most recent inspection dated 14 March 2019

The most recent inspection of the home was an unannounced medications management inspection undertaken on 14 March 2019. No further actions were required to be taken following this inspection.

5.0 How we inspect

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

During our inspection we:

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

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. Two relatives responded to questionnaires and stated that they were very satisfied that the care provided in the home is safe, effective and compassionate. One respondent was very satisfied that care is well led, and one respondent was satisfied. One respondent commented "More emphasis could be put on activities and stimulation. Need more motivation on a one-to-one basis for residents who do not do well in groups." This feedback was provided to the home following the inspection.

A poster was provided for staff detailing how they could complete an electronic questionnaire. No staff responded within the agreed time frame.

During the inspection a sample of records was examined which included:

- minutes of residents meetings 3 January 2019
- minutes of staff meetings 10 August 2018, 7 November 2018 and 23 January 2019
- complaints records
- training matrix
- the care records of 6 residents
- staff competency and capability assessments
- monthly monitoring reports dated 28 January, 22 February, 20 March and 27 May 2019
- activities schedule
- staff medication training and competency
- management of medicines on admission and discharge
- management of distressed reactions and controlled drugs
- personal medication records, medicine administration records, medicines requested, received and transferred/disposed
- medicines management audits

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 outstanding areas for improvement from previous inspection(s)

One area of improvement was identified at the last care inspection. This was reviewed and assessed as being met.

There were no areas for improvement identified as a result of the last medicines management inspection.

6.2 Inspection findings

6.2.1 Early morning rising

When we arrived to the home at 07.25, 12 residents were up and out of bed, dressed and sitting in the lounge or in chairs in their rooms. Many of these residents were sleeping in their chairs. Although some residents described themselves as early risers, some residents confirmed that they had been woken by staff that morning and were still feeling quite tired. We saw staff waking some residents to administer medication or offer them a hot drink.

Residents' preferred daily routines, including rising and retiring times, were recorded in some care records. Records for personal care evidenced that residents were awake from 06.30 hours when personal care was provided. We queried staff's response to resident's needs and preferences on the day; for instance, even if a resident usually wakes up early, they should be supported on days when they wish to stay in bed if they are tired. Review of staff meeting minutes identified that these issues had been raised on several occasions however the practice still occurred. This has been stated as an area for improvement in the quality improvement plan (QIP) issued.

6.2.2 Staffing

The home consists of two 'suites' – Blair Mayne and Strangford – which are located over two floors. During the night, there is one senior care assistant and two care assistants on duty. Staff confirmed that although this was currently adequate to meet the basic needs of residents', there are times when residents require the assistance of two staff.

During the day, there is one senior care assistant and one care assistant in each suite. Staffing levels appeared adequate on day of inspection; calls bells were responded to promptly, and staff were responsive and attentive to residents. Residents reported:

- "There is usually enough staff, although sometimes I have to go get staff to help the others (residents)".
- "I've no complaints! The girls (staff) are great."
- "There is absolutely enough staff."

Discussion with staff highlighted that there were two additional members of staff working on the 6 June; one newly employed care assistant who was commencing their induction in the home, and an activities co-ordinator. Such additional staffing was not standard in the home; staff and one relative had raised concerns about staffing levels during monthly monitoring visits but no changes had been made. Staff stated, "Residents' basic needs are met, but there's not enough staff for one-to-ones; you'd love to have the time to just sit and chat to residents, maybe help them with their nails."

Staff expressed concern that current staffing levels were insufficient to allow time for the completion of care documentation. There was also a lack of protected managerial time available for the team leader to complete specific responsibilities such as the management of care records. Comments from staff included:

- "The residents are always our priority before paperwork, but it's just increasing...files take a long time to make up and we don't have administrative support...we're told it's just the way it's always been done."
- "I don't feel I got the full induction I was promised... I wasn't informed about the sheer amount of paperwork; it's too much and takes away from time with residents."

The home are to review staffing arrangements by 14 August 2019, following enforcement action.

At the previous care inspection, an area for improvement was identified in relation to the completion of staff competency and capability assessments. Review of records confirmed that this had been reviewed and completed with senior care staff in the home. This area for improvement has been met.

6.2.3 Care delivery

There was a calm and quiet atmosphere in the home on 6 June. Residents were enjoying watching the D Day anniversary celebrations on the television and listened to music from the 1940s and 1950s during their lunch time meal.

Residents had been supported to attend to their personal care and maintain good hand hygiene. Residents were positive about the care provided in the home:

- "Staff are good! I have (a condition) and they give me two little tablets and I'm fine!"
- "Staff are kind and the food is lovely."
- "The staff and food are first class. Everyone is mannerly."

We attended the handover between day and night staff. Staff felt that the written preparation for handovers was repetitive and time consuming, with limited positive impact on resident's care. We observed good communication, planning and delegation between staff during this handover.

Staff were observed as polite and friendly in their interactions with residents. We saw staff respect resident's privacy and choice by knocking doors before entering, discretely offering support with toileting and providing meals in their bedrooms if residents declined to go to the dining room. Staff would also gently wake residents for lunch or a cup of tea, if they were sleeping during the day.

Staff had an excellent knowledge and understanding of individual resident's needs and preferences however described care in the home as "too nursing focused". For example, staff were directed to complete additional assessments such as the Malnutrition Universal Screening Tool. We were also informed that staff would soon be required to complete physical health observations with residents, including taking blood pressure. Staff had not received training to complete these duties, and there was no evidence that such training was planned for the future. Staff presented as eager and enthusiastic for additional training opportunities such as management of diabetes, medication and care planning.

Management of the home have been directed to review and implement appropriate staff training by 14 August 2019, following enforcement action.

6.2.4 Care records

Review of care records identified some areas of good practice as care records included an assessment of resident's communication needs. Pain assessments had also been completed to ensure staff can support residents effectively even if they cannot clearly verbally express their pain. Our observations of staff's interactions confirmed this, as staff were responsive and attentive to residents. Care records also contained life stories and personal histories of the resident which was positive.

We were concerned as care records contained the home's post falls protocol which stated that residential care staff should complete neurological observations. However, staff were clear that this is not the practice in the home, and that medical advice and treatment is always sought following any accidents or incidents in the home. There was good evidence of contact and input from district nursing, GPs, and other health professionals.

However care records were not reflective of a social care model and were not person centred to the needs of residents. Staff advised that care records were taken directly from the nursing home. Care records referred to "nursing interventions" and included specialist assessments such as Braden score. There was no clear rationale for the use of these assessments with residents, and again, residential care staff had not been trained in the use of these tools.

Staff reported that updates to care records were ongoing including the implementation of new care plans. Review of current records identified several deficiencies; care plans had not been signed by residents or their representatives to confirm their knowledge, understanding and agreement; written records of consent had not been signed; risk assessments were incomplete and had not been dated or signed by staff; best interests decision making assessments had not been signed by families or the GP; care plans did not detail how staff support residents who present with distressed reactions requiring the use of medication (PRN). There was confusion among staff regarding the admission of one resident and there was no evidence of when incidents had been discussed with or reported to the adult safeguarding team.

Six areas for improvement in relation to care records have been stated in the quality improvement plan (QIP) issued.

6.2.5 Environment

The home was clean, warm and tidy. Dementia friendly art work and pictures were displayed throughout the home, for instance a bus stop sign. Doors and toilet seats were in contrasting colours, and written and pictorial signs were visible to support residents' independence.

Cleaning was ongoing throughout the day. Staff advised that one cleaner is responsible for both floors, which they felt was insufficient. Night care staff are asked to complete some cleaning duties; review of the minutes of staff meetings identified that this was not being completed consistently.

The home has a secured garden accessible on the ground floor. This was well maintained including a seating area which residents reported enjoying in the warmer weather. We noted that the door of the garden shed was unlocked. The shed contained weed killer and petrol for the lawn mower. This was highlighted to management and an area of improvement has been made regarding the safe management of hazardous substances.

Laundry facilities are shared between the residential and nursing homes. Staff stated, "There is not enough clean bed linen, towels and face clothes" available. This had also been raised in staff meetings but not addressed. We noted that laundry trolleys had been left in the corridor. This was concerning as this had not been addressed even after being stated as an area for improvement on two previous inspections of the nursing home.

The home are to audit and monitor staff practice and maintenance of the home's environment to ensure it is safe for residents at all times. This will be reviewed by 14 August 2019, following enforcement action.

6.2.6 Catering arrangements

We saw residents enjoying their breakfast. They had a choice of hot or cold breakfast and were positive about this; "I'm having bacon and eggs, it's lovely!" Other residents enjoyed cereal, porridge, fruit, toast and orange juice. Staff continued to provide residents with tea, coffee, juice and water throughout the day.

There were two options for the lunch time and evening meal and we observed resident's being offered a choice of meal. On the 6 June, staff advised that as many residents disliked one option of carbonara, they substituted this with beans on toast. Staff advised that some residents also disliked the other option of soup, which they described as watery and tasteless. We saw staff encourage residents to eat their meal, and offer alternatives or extra portions as required. Residents who spoke with the inspector commented:

- "I had vegetable soup and sandwiches. It was nice."
- "I just had the ordinary, I'm full up now."
- "Yes, we get a cup of tea whenever we want it."

Care staff advised that residents have previously complained about the food and are not involved in menu planning. In addition, some staff felt that supper was inadequate as some residents can waken hungry at night; staff will offer tea and toast when this occurs. Despite these issues, changes have not been implemented or reviewed by kitchen or management staff.

The need to review catering arrangements has been stated as an area for improvement in the quality improvement plan (QIP) issued.

6.2.7 Activities

We observed a residents meeting, and residents were positive about their experiences living in the home. Residents were particularly pleased as the home was arranging a trip to Seaforde Butterfly House which is a popular annual activity. The home advertised a range of activities to meet the social, cultural and spiritual needs of residents. This included knitting, outings to the aquarium, an Elvis impersonator, mystery tours and carers week. Religious services were offered on a weekly basis and residents could request additional home visits as required.

The home had developed good links with the community. Photographs were displayed of residents enjoying activities with the Alzheimer's society, during dementia action week and watching a 'Bringing the Past to Life' picture show. The home had also been involved in 'All Ages April' and had linked in with another residential home, a nursery and primary school for a life story work project, where children and residents shared memories and stories. This had been published as a book, "Your Story, Our Story" containing photos, drawings and stories from the project. This is good practice and is to be commended.

There were no areas for improvement stated in relation to the activities provided in the home, however comments made from relatives following the inspection have been provided to the home for consideration.

6.2.8 Governance

While staff described the manager as very supportive and understanding, RQIA were concerned as the above findings strongly indicated a lack of oversight and robust management arrangements in the home.

Additional concerns regarding this were identified as review of monthly monitoring reports highlighted that many of the issues which we identified on inspection had already been identified by management. Staff reported that as different managers complete the monthly monitoring visits, there can be inconsistent and conflicting guidance given. This was evident as there was no clear implementation and review of action plans, and the manager was unable to assure us that issues had been addressed.

Annual care reviews had not been completed with residents. Staff advised that there had been a delay due to change in trust staff. However, there was no evidence that the home had reviewed the resident's care, or escalated this issue to the trust.

Complaints procedures were insufficiently robust. There was no clear record of complaints, how these had been addressed and the outcome. The home had received a complaint from a relative regarding the furniture in the downstairs lounge, which was showing signs of wear and tear. The home had been aware of this issue since January 2019 but the furniture was yet to be replaced.

Management in the home are to review and implement robust governance arrangements by 14 August 2019, following enforcement action.

6.2.9 Findings of the medicines management inspection

Medicines were managed by staff who have been trained and deemed competent to do so. The impact of training was monitored through team meetings, supervision and annual appraisal. Refresher training in medicines management was provided within the last year.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines. Antibiotics had been received into the home without delay.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medication administration sheets were updated by two members of staff. This safe practice was acknowledged.

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home.

There was evidence that time critical medicines had been administered at the correct time. There were arrangements in place to alert staff of when doses of weekly medicines were due.

The management of pain and distressed reactions was examined. All of the appropriate records and assessments had been completed. Protocols for the administration of medicines which are prescribed on a "when required" basis had been completed.

Medicines were safely and securely stored. They were stored in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised.

The pharmacist inspector observed the senior care assistant pre-dispensing medicines for three residents for administration at 14.00. This is poor practice and could lead to medicines being administered to the wrong resident. The registered person should ensure that medicine doses are prepared immediately prior to administration from the container in which they were dispensed. This has been stated as an area for improvement in the quality improvement plan (QIP) issued.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the relationships between staff and residents, activities, medicines administration, medicine records, storage and the management of controlled drugs.

Areas for improvement

Ten areas for improvement were identified during this inspection in relation to developing, implementing and maintaining a social care model in the home which is reflected in practice and in care records and that medicine doses should be prepared immediately prior to administration from the container in which they were dispensed.

Specific details on areas for improvement are in the quality improvement plan (QIP) issued.

	Regulations	Standards
Total number of areas for improvement	2	8

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jacqueline Bowden, registered manager, Sharon Butler, regional director, and Roberta Wilson, quality improvement lead, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care 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

<p>Area for improvement 1</p> <p>Ref: Regulation 13. – (3)</p> <p>Stated: First time</p> <p>To be completed by: with immediate effect</p>	<p>The registered person shall for the purpose of providing care to residents, and making proper provision for their health and welfare, so far as practicable, ascertain and take into account their wishes and feelings. This is specifically in relation to ensuring that residents' choice regarding rising times is listened and responded to.</p> <p>Ref: 6.2.1</p>
	<p>Response by registered person detailing the actions taken: This has been resolved by establishing regular unannounced early morning visits; review of individual careplans and staff meetings/supervisions</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 12.- (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: with immediate effect</p>	<p>The registered person shall provide care and any other services to residents in accordance with the statements of purpose, and shall ensure that the care, treatment, if necessary, and other services provided to each resident –</p> <p style="padding-left: 40px;">(a) meet his individual need.</p> <p>The home must ensure that a social care model is developed and implemented in the home.</p> <p>Ref: 6.2.4</p>
	<p>Response by registered person detailing the actions taken: This has been developed and observed as such by inspector on 14/8/19. This will be ongoing regarding person centred approaches and staff training and development, to include training</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 6.3</p> <p>Stated: First time</p> <p>To be completed by: 6 September 2019</p>	<p>The registered person shall ensure that the resident or their representative, where appropriate, sign the care plan along with the member of staff responsible for drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref: 6.2.4</p>
	<p>Response by registered person detailing the actions taken: This has been progressed and staff understand the importance of doing this. Families have had this raised also at a relatives meeting on 15/7/19 and will be reiterated at next relatives meeting on 10/9/19</p>

<p>Area for improvement 2</p> <p>Ref: Standard 7.4</p> <p>Stated: First time</p> <p>To be completed by: 6 September 2019</p>	<p>The registered person shall ensure that completed written consent forms, where used, are maintained within individual case records. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: This is in place and as above</p>
<p>Area for improvement 3</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be completed by: with immediate effect</p>	<p>The registered person shall ensure that</p> <p>5.1 the resident’s representative, where appropriate, and relevant professionals and disciplines are involved in the assessment process;</p> <p>5.2 that assessments contain comprehensive detail;</p> <p>5.4 that the assessment is signed by the resident or their representative, where appropriate, and the member of staff responsible for carrying it out. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: This is in place and as above.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 6 July 2019</p>	<p>The registered person shall ensure that, where required, care plans include details of the management of any identified risks and strategies or programmes to manage specified behaviours including the use of medication. This is specifically in relation to the management of distressed reactions.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: Distressed reaction management to include medication interventions have all been reviewed. This is an ongoing action within the services own QIP</p>
<p>Area for improvement 5</p> <p>Ref: Standard 3.4</p> <p>Stated: First time</p> <p>To be completed by: with immediate effect</p>	<p>The registered person shall ensure that a referral form providing all necessary information, including any risk assessment relating to the resident and the delivery of their care and services, is completed before the resident is admitted.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: We have not had any new admissions. However this is in place overall and has been highlighted to all staff and new manager</p>

<p>Area for improvement 6</p> <p>Ref: Standard 16</p> <p>Stated: First time</p> <p>To be completed by: with immediate effect</p>	<p>The registered person shall ensure that</p> <p>16.4 All suspected, alleged or actual incidents of abuse are reported to the relevant persons and agencies in accordance with procedures and legislation and</p> <p>16.7 Written records are kept of suspected, alleged or actual incidents of abuse.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: This is in place. Staff are all trained in safeguarding but this is also under review regarding safeguarding competency assessing that the new manager will implement.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 6 September 2019</p>	<p>The registered person shall ensure that:</p> <p>12.2 Residents are involved in planning the menus and</p> <p>12.9 Meals are served in suitable portion sizes. This is specifically in relation to supper.</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: This has been reviewed and discussed with head chef. It was just discussed recently (26/8/19 by S Butler with chef to reinforce this)</p>
<p>Area for improvement 8</p> <p>Ref: Standard 33</p> <p>Stated: First time</p> <p>To be completed by: with immediate effect</p>	<p>The registered person shall ensure that medicine doses are prepared immediately prior to administration from the container in which they were dispensed.</p> <p>Ref: 6.2.9</p> <p>Response by registered person detailing the actions taken: Formal action was taken on this by S Butler. All staff have been made aware of this requirement</p>

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



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