Unannounced Care Inspection Report
11 June 2019

Greenvale House Residential Home

Type of Service: Residential Care Home
Address: 82-84 Mill Hill, Castlewellan BT31 9NB
Tel no: 028 4377 8280
Inspectors: Alice McTavish and Helen Daly

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 12 residents.

3.0 Service details

Organisation/Registered Provider: Greenvale House **Responsible Individuals:** Barbara Frances Foster Norman Foster Margaret Foster	**Registered Manager and date registered:** Donna Elizabeth Fitzpatrick 20 February 2018
Person in charge at the time of inspection: Donna Elizabeth Fitzpatrick	**Number of registered places:** 12
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	**Total number of residents in the residential care home on the day of this inspection:** 12

4.0 Inspection summary

An unannounced inspection took place on 11 June 2019 from 14.00 to 21.50.

This inspection was undertaken by care and pharmacist inspectors.

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

Evidence of good practice was found in relation to staffing, staff induction, training, the management of medication changes, controlled drugs and antibiotics, the dignity and privacy afforded to residents, quality improvement and maintaining good working relationships.

Five areas for improvement were identified by the care inspector. These related to the staff duty rota, the format of the daily menu, the annual satisfaction survey, notification to RQIA of accidents or incidents and the annual quality report. Four areas for improvement were identified by the pharmacist inspector. These were in relation to the management of distressed reactions, pain, nutritional supplements and monitoring the storage temperature for medicines.

Residents described living in the home as being a good experience. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others and with staff.

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

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	7

Details of the Quality Improvement Plan (QIP) were discussed with Donna Fitzpatrick, Registered Manager and Barbara Foster, Responsible Individual, 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.

4.2 Action/enforcement taken following the most recent inspection dated 3 October 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 3 October 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from last care and medicines management inspections, 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

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. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned to RQIA.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

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

- staff duty rotas from 6 June 2019 to 12 June 2019
- staff training
- two staff recruitment and induction files
- three residents' records of care
- complaint records
- compliment records
- governance audits
- accident/incidents
- visits by the registered provider reports from January 2019 to April 2019
- Annual Satisfaction Survey report
- Annual Quality Report 2019
- RQIA registration certificate
- records relating to the management of medicines on admission and medication changes
- records and care plans relating to the management of distressed reactions, pain, controlled drugs and antibiotics
- personal medication records, medicine administration records, records of medicines requested, received and transferred/disposed of
- medicines management audits

Areas for improvements identified at the last care and medicine management inspections were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 the last care and medicines management inspections

Areas for improvement identified at the last care and medicines management inspections have been reviewed and assessed as being met.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

The people who live in this home said that they felt safe. They said that there were always staff around to help them if they needed help. A resident told us: "I know that if I need any help during the day or night, I only have to use my bell….I feel safe here. I miss living in my own home, but I know that I was always afraid of staying on my own at night, and I don't have to worry about that now, for there's always staff around."

The registered manager and staff on duty confirmed that staffing was safe and kept under review. There was care staff, laundry, kitchen, domestic and administrative staff on duty during the day and care staff in the evenings and overnight.

Staffing and recruitment

We could see that the duty rota accurately reflected all of the staff working within the home and all staff who were to be on duty were present and were carrying out their duties. We saw that the rota used a colour code to denote who was in charge when the registered manager was not on duty but there was no key to show what the colour was used for. We asked that a key is included on the staff rota to meet the standards.

We could see that there was enough staff in the home to quickly answer any requests by residents for help, to assist with care when needed and to provide residents with activities.

We looked at staff files to make sure that staff were properly recruited and that all pre-employment checks had been made. We saw that written references for one member of staff, who had commenced employment in the home several years ago, were returned after the start date. This is not the correct practice. We discussed this with the registered manager who told us that the system for completing pre-employment checks had been made more stringent since she took up post. This area will be monitored during future care inspections.

We saw from the recruitment records that staff were properly vetted and suitable to work with the residents in the home.

Staff induction, supervision, appraisal and competency

We saw from staff files that staff got a thorough induction to working in the home. The registered manager and responsible individual described the arrangements in place for all staff to have regular supervision and for care staff to be registered with their professional body, the Northern Ireland Social Care Council (NISCC). This procedure is necessary to ensure that social care staff are safe practitioners and adhere to NISCC social care standards of conduct and practice.

We saw evidence that all senior care staff had an assessment of their competency and capability completed by the registered manager to ensure that they can take charge of the home when she was not on duty. The registered manager reviewed this every year to ensure that it was always current. She would also review it if the member of staff was returning from a long term absence, for example, after sickness or maternity leave. This is good practice.

Staff training

We looked at training records to make sure that staff had been given the core training they needed to do their jobs safely. We could see that staff either had the training, or if it was out of date, there was a plan in place for staff to get the training. The registered manager described the system in place to ensure that she can keep track of staff training.

Safeguarding residents from harm

The registered manager described how residents in the home were protected from abuse or harm. The home had a policy and procedure which was in keeping with current regional adult safeguarding guidance. The home had a safeguarding champion.

Staff who we spoke with were able to describe what they might look out for if a resident was being abused or harmed. They were aware of the need to report all suspected abuse and keep accurate records. Staff told us that their training helped them feel confident about what they should do in such situations.

The registered manager was able to describe how safeguarding referrals would be made to trusts, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

Environment

We walked around the home and saw that it was in good decorative state and it was kept clean and warm. There was a communal lounge and a dining room for the use of residents on the ground floor which allowed space for activities and meetings.

Residents' bedrooms were located on the lower ground floor and on the first floor of the building, with one bedroom on a mezzanine floor. We looked in the bedrooms of some residents, with their permission. Some bedrooms had en-suite bathrooms. We saw that bedrooms and bathrooms were personalised and there were no malodours. Residents told us that they liked their rooms and felt they had their own space and privacy. A resident said, "My room is warm, clean and comfortable."

We saw that all fire exits were free from obstruction and that the furniture in bedrooms and communal areas was in good repair.

Restrictions

The registered manager told us that she makes sure that residents living in Greenvale House enjoyed as much freedom as possible whilst remaining safe and that some restrictions were necessary to achieve this.

Residents who were safe to leave the home alone or with family could do so and for residents who were not safe to leave the home, staff were available to provide reassurance or engagement. For residents who may be at risk of falling, pressure alarm mats were used to alert staff if residents had left their beds or seats. When we looked at care records for residents we saw that restrictions were correctly documented.

Infection prevention and control (IPC)

The registered manager told us about the arrangements in place to make sure that the home was kept clean and free, as far as possible, from any outbreaks of infection. We could see from training records that staff had received training in IPC in line with their roles and responsibilities. Staff told us how they used gloves and aprons to keep their hands and clothing clean to reduce the risk of spreading infection. We saw that there were aprons and gloves available and that staff used these.

Medicines management

Satisfactory systems for the following areas of the management of medicines were observed: staff training and competency, medicine records, the ordering and receipt of medicines, the administration of the majority of medicines, the management of controlled drugs and antibiotics and the management of medication incidents. One audit discrepancy was observed for an inhaled medicine and this was discussed. The registered manager monitors the administration of inhaled medicines as part of the management audits.

A small number of residents were prescribed a medicine for administration 'when required' for the management of distressed reactions. The dosage instructions were recorded on the personal medication record and staff spoken to were aware of how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour and were aware that it may be due to pain or infection. However, care plans were not in place and the reason for and outcome of each administration were not routinely being recorded. For two residents these medicines were being administered regularly. This had not been referred to the prescriber for review. The management of distressed reactions should be reviewed and revised. Care plans should be in place. The reason and outcome of each administration should be recorded. Regular use should be referred to the prescriber for review. An area for improvement was identified.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the resident was comfortable. Staff advised that all residents could verbalise their pain. However, care plans for the management of pain were not available. An area for improvement was identified.

The audits completed at the inspection indicated that the majority of medicines had been administered as prescribed. However, two audits on nutritional supplements produced unsatisfactory outcomes and a number of audits on nutritional supplements could not be completed as balances remaining in the home prior to the new delivery had not been maintained. The registered manager should review the management of nutritional supplements so that there is evidence that they are being administered as prescribed. An area for improvement was identified.

Medicines were observed to be stored safely and securely. However, there was evidence that the refrigerator thermometer was not being reset each day after the maximum, minimum and current temperatures were being recorded. This is necessary to provide evidence that the required temperature ($2^{o}C$ - $8^{o}C$) is maintained since the last time the thermometer was reset. In addition, a record of the daily treatment room temperature was not being recorded. The temperature of the treatment room and medicine refrigerator should be accurately recorded each day. Corrective action should be taken if temperatures outside the recommended range are observed. Medicines must be stored at the manufacturers' required temperature to ensure their effectiveness. An area for improvement was identified.

There had been no recent admissions to the home. Staff on duty advised that medicine regimens were confirmed in writing with the prescriber and that personal medication records and medication administration records were written and verified by two trained members of staff. We reviewed the management of several medication changes. The personal medication records and medication administration records had been updated by two trained members of staff. There was no evidence that entries on these records were being amended (rather than discontinued and a new entry made). Medicines which had been discontinued had been

removed from the medicines trolley and overstock cupboards to minimise the likelihood of a discontinued medicine being administered.

A review of the personal medication records indicated that they were up to date and correlated with the medication administration records. Recently prescribed medicines had been recorded and discontinued medicines had been cancelled. Due to the high number of prescribed medicines, several residents required more than one personal medication record and this had been recorded, for example, 1 of 2, 2 of 2. The resident's allergy status was recorded on the majority of the personal medication records and where medicines were administered by the community nursing team these medicines were now recorded on the personal medication records.

A review of the medication administration records indicated that they were up to date and correlated with the personal medication records. The majority of hand-written updates had been signed by two members of staff.

The home's medicines management auditing systems were reviewed. Dates of opening had been recorded on all medicines and only one supply of each medicine was observed to be in current use for each resident. These practices readily facilitated the audit process. Running balances were maintained for some medicines which were not supplied in the blister pack system. The registered manager also completed a monthly audit on several medicines which were not supplied in the blister pack system. In addition, the registered manager and community pharmacist completed a quarterly audit. There was evidence that action plans were addressed in a timely manner. The audits completed at the inspection indicated that the majority of medicines had been administered as prescribed. Some small discrepancies were discussed with the registered manager for ongoing vigilance.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff induction, training, infection prevention and control, risk management and the management of medication changes, controlled drugs and antibiotics.

Areas for improvement

Five areas for improvement were identified. These related to the staff duty rota, the storage temperature for medicines and the management of distressed reactions, pain and nutritional supplements.

	Regulations	Standards
Total numb of areas for improvement	1	4

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We could see that the residents were getting the right care and that the staff knew the residents well. Staff were able to describe in detail the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

Management of risks relating to residents

The registered manager described a robust assessment and admissions process before residents could be admitted to Greenvale House. When risks are identified and assessed, a plan is put in place to meet the care needs of the resident and to reduce any risks. If, for example, a resident has dementia, this might include the use of a locked external door. The registered manager described how there were good working relationships between professionals and how this was used to provide the correct care for residents.

We spoke with a specialist nurse who said, "The staff are very knowledgeable about the residents' care needs. I was very impressed today how a member of care staff had identified an issue with a resident early and had told us about her concern. When we went to see the resident we could see that the staff were right to be concerned and to have let us know. I find that the staff in this home keep very good communication with our service."

The registered manager told us that she completes an audit of accidents or incidents in the home each month and this includes falls. The audit looks for any patterns or trends and considers actions to reduce the likelihood of further falls happening. The registered manager and staff were aware of how they could get professional advice from medical or trust staff. We saw evidence that equipment was in place to minimise risk of falls and that risk assessments were kept under regular review.

Staff told us about how any resident who might be at risk of choking was referred to a speech and language therapist for specialist advice. The advice was shared with care and kitchen staff and the latest guidance for preparing food and fluids at the correct consistency was available. If any resident was at risk of losing weight, they were referred to a dietician and were weighed regularly.

Care records

The care records for residents were kept securely to ensure that they were confidential.

There was a care plan in place and appropriate risk assessments; staff kept detailed daily notes of the care provided. We saw how a care review was completed with the resident, their family, care staff and staff from the Trust each year. We also saw evidence that the care records were audited regularly to make sure that they were accurate and up to date.

The dining experience

We could see that the dining room was spacious, clean and bright. There was a menu on display setting out the choices on the lunch and dinner menus. The menus were in small print and were not easy for residents to read. We asked that the menu for each day be displayed in a larger format to meet the standards.

We saw that residents' meals were prepared in the catering kitchen and served from a heated trolley. Staff told us that all food was made fresh on the premises and they were able to describe the dietary needs and preferences of residents. Staff were aware of the preparation and use of textured foods and thickeners for fluids as recommended by a Speech and Language Therapist.

We saw that there was a relaxed but well organised evening meal service. The residents we spoke with said that they enjoyed the food in the home. One resident said, "I get plenty to eat and they make sure that I get plenty of juice, especially on a warm day like this." Another resident said, "I get plenty. If there's something for lunch or dinner that I don't like, I can have something different."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews and communication between residents, staff and other key stakeholders.

Areas for improvement

One area was identified for improvement. This was in relation to the format of the daily menu.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Culture and ethos of the home

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents laughing and joking with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff. We saw that when a resident had a specific support need, staff were able to respond appropriately and sensitively.

We could see that residents' wishes, interests and preferences were reflected in care records, for example, there was information about what activities each resident would like to do and residents' daily routines were recorded. We also saw that the care records noted preferences such as what time residents liked to get up or go to bed, whether they liked to be checked during the night, how they like to be helped with care and how they choose what to wear. Staff told us that the residents' routines depended on what they wanted to do and that the staff adopted a flexible approach.

We could see that staff could communicate well with any residents who have a sensory disability and with those who may sometimes be confused and in need of additional reassurance or support.

A resident said, "The staff are very kindly…they are attentive to me and help me with anything I need." Another resident said, "It's very good here". Two residents' relatives said, "The staff really are excellent, very friendly, approachable and helpful and they make us feel very welcome when we visit."

We spoke with a nurse who said, “When I come into Greenvale I see how the staff treat the residents and I have absolutely no concerns. The staff know the residents very well and they provide a high quality of care. They also carry out any recommendations that we might have for the care of the residents.”

Activities

Staff told us about the range of activities available and how staff worked to make sure that each resident could have access to meaningful pastimes, hobbies, crafts or outings. A programme of available activities was displayed and we saw that staff kept records of the activities in which residents had participated.

Residents said that they enjoyed the activities on offer and there was enough to do if they wanted to join in.

Resident involvement

We looked at the minutes of residents’ meetings and could see that this gave residents an opportunity to discuss any issues and to make suggestions about what they would like. The registered manager told us that these meetings took place regularly. Staff told us that the registered manager was always available to speak with any residents or their family members if they wished to discuss any issues or concerns.

There was a satisfaction survey completed annually. We saw that questionnaires were sent to the relatives of residents in the residential home and patients in the adjoining nursing home. We looked at the summary report for the last survey completed in 2019 and this indicated that all parties were satisfied with the care, services and facilities in the home. We asked, however, that the survey is completed separately to the nursing home, that it includes responses from the home’s residents and that it identifies any areas for improvement along with an action plan and timescales for any improvements.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy and listening to and valuing residents and their relatives.

Areas for improvement

One area was identified for improvement. This was in relation to the annual satisfaction survey.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Staff in the home said that they got good support from the registered manager who was supportive and approachable. The registered manager described the staff team as being committed, dedicated and reliable with a focus on delivering a high quality of care to residents.

Managerial oversight

The registered manager described how she spent some time working on the floor to make sure that the care delivered to the residents by the staff was good; this also allowed her to get to know the residents well.

The registered manager also spends time completing managerial tasks to make sure she is satisfied that the home runs well. She completes audits of areas such as accidents and incidents, catering and nutrition, care records and complaints and looks for any ways in which these areas can be improved. The registered manager makes sure that staff are properly supported to do their jobs through providing regular supervision, appraisal and training. The registered manager makes sure, too, that all of the systems are in place to ensure the safety of the home, for example, that all fire checks are completed. We saw that fire drills were carried out annually. We discussed the benefit of carrying out more frequent fire drills with the registered manager who agreed to arrange this.

Complaints and compliments

The registered manager deals with any complaints raised by residents or their family members. We looked at the records of complaints since the last inspection and could see that they were managed appropriately. Residents told us that they knew how to make a complaint and staff told us that they would not hesitate to raise issues with the registered manager, if needed.

The registered manager also shared compliments received from residents, their families and professionals as this is important for staff morale and learning. We saw that numerous thank you cards had been sent to the residential home and the adjoining nursing home. We advised the registered manager that written compliments should be dated when they are received and kept separately for each home.

Accidents and incidents

The registered manager told us about the system for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. We looked at these records and found that some incidents had been appropriately notified to all parties except RQIA. We have identified this as an area for improvement to meet the regulations.

Communication

The registered manager made sure that there were regular staff meetings and that information was shared with the staff team about any issues arising. She also made sure that any best practice guidance, for example, the International Dysphagia Diet Standardisation Initiative (IDDSI), was shared with the staff team and was used in the home for the benefit of residents.

Annual Quality Report

We looked at the report completed in 2019 and found that it provided a comprehensive overview of the quality of care, services and facilities across the residential home and the adjoining nursing home. We asked that annual quality reports are prepared separately for the residential home in future to meet the standards.

We saw that there was detailed analysis of the responses obtained through the annual satisfaction survey contained in the annual quality report. We gave advice on how this analysis would be of more benefit if it was contained within the summary report of the annual satisfaction survey.

Visits by the registered provider

The responsible individual was present for part of the inspection. Barbara Foster described how she ensured that the home was well organised and managed. There was a clear management structure throughout the organisation.

The home was visited by the responsible individual each month and all aspects of the running of the home were reviewed, analysed and evaluated. We looked at the reports of the visits between January and April 2019 and found that these were comprehensive. The reports showed evidence of how the responsible individual engaged with residents, their families and staff to get their views on the care in the home; the responsible individual also checked that audits, complaints and reports were properly managed and shared, where necessary. Where any improvements could be made, these were documented in a way that they could be tracked until they had been satisfactorily completed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints, quality improvement and maintaining good working relationships.

Areas for improvement

Two areas were identified for improvement. These were in relation to notification to RQIA of accidents or incidents and to the annual quality report.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Donna Fitzpatrick, Registered Manager and Barbara Foster, Responsible Individual, 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	
Area for improvement 1 **Ref:** Regulation 30 **Stated:** First time **To be completed by:** 12 June 2019	The registered person shall ensure that robust arrangements are put in place for RQIA to be notified of all accidents, incidents and other events as set out in current RQIA guidance. Ref: 6.6
	Response by registered person detailing the actions taken: All reportable incidents and events have been reported to RQIA as set out in current RQIA guidance.
Area for improvement 2 **Ref**: Regulation 13 (4) **Stated:** First time **To be completed by:** 12 June 2019	The registered person shall ensure that the medicines refrigerator and treatment room temperatures are accurately monitored and recorded each day. Corrective action should be taken if temperatures outside the accepted range are observed. Ref: 6.3
	Response by registered person detailing the actions taken: A record is now in place to evidence treatment room temperatures are accurately monitored and recorded each day. The temperatures have been in range. Corrective action will be taken if they are outside the accepted range.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 **Ref**: Standard 25.6 **Stated:** First time **To be completed by:** 28 June 2019	The registered person shall ensure that a key is included on the staff duty rota to explain the colour codes used for staffing in the home. Ref: 6.3
	Response by registered person detailing the actions taken: A key is now included on the duty rota.
Area for improvement 2 **Ref**: Standard 12.4 **Stated:** First time **To be completed by:** 28 June 2019	The registered person shall ensure that the menu for each day is displayed in a larger format. Ref: 6.4
	Response by registered person detailing the actions taken: The menus are now displayed in a larger format.

Area for improvement 3 **Ref**: Standard 20.12 **Stated:** First time **To be completed by:** 1 June 2020	The registered person shall ensure that the annual satisfaction survey: • is completed separately to the nursing home • includes responses from the home's residents • identifies any areas for improvement along with an action plan and timescales for any improvements Ref: 6.5
	Response by registered person detailing the actions taken: There will be two separate annual satisfaction surveys completed any areas for improvement will be included alongside and action plan with timescales.
Area for improvement 4 **Ref**: Standard 20.12 **Stated:** First time **To be completed by:** 1 June 2020	The registered person shall ensure that all future annual quality reports are prepared separately for the residential home. Ref: 6.6
	Response by registered person detailing the actions taken: The annual quality reports will be completed seperately from the nursing home.
Area for improvement 5 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 12 June 2019	The registered person shall review and revise the management of distressed reactions. Care plans should be in place. The reason and outcome of each administration should be recorded. Regular use should be referred to the prescriber for review. Ref: 6.3
	Response by registered person detailing the actions taken: The management of distressed reactions have been reviewed and included in their care plans and the reason and outcome of each administration is recorded. Regular use of medications have been referred to the prescriber.
Area for improvement 6 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 12 June 2019	The registered person shall review and revise the management of pain to ensure that care plans are in place. Ref: 6.3
	Response by registered person detailing the actions taken: Care plans are in place for all residents presenting with pain.

Area for improvement 7 **Ref**: Standard 30 **Stated:** First time	The registered person shall review and revise the management of nutritional supplements to ensure that there is evidence that they are being administered as prescribed. Ref: 6.3
To be completed by: 12 June 2019	**Response by registered person detailing the actions taken:** The nutritional supplements have been included in the food recording books when they have been administrated and also on the MAR sheet that they have been taken.

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

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

Assurance, Challenge and Improvement in Health and Social Care