

# Inspection Report

**21 and 23 September 2021**



## Bruce House

**Type of Service: Residential Care Home**  
**Address: 6a Duncairn Avenue, Belfast, BT14 6BP**  
**Tel no: 028 9504 0570**

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Belfast HSC Trust  <b>Responsible Individual:</b> Dr Catherine Jack	<b>Registered Manager:</b> Mr Thomas McCorry – Not registered
<b>Person in charge at the time of inspection:</b> Mrs Christine Kennedy, Deputy manager, until 11.40 Mr Thomas McCorry, Acting manager, after 11.40.	<b>Number of registered places:</b> 30  Only two service users should be resident at any time in RC-A category of care.
<b>Categories of care:</b> Residential Care (RC) DE – Dementia A – Past or present alcohol dependence.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 20
<b>Brief description of the accommodation/how the service operates:</b>  This is a registered Residential Home which provides social care for up to 30 residents. The home is a single storey building and residents have access to communal lounges, a dining room and gardens.	

## 2.0 Inspection summary

An unannounced inspection took place on 21 September between 10.30 a.m. and 5.15p.m. The inspection was conducted by two care inspectors. An estates inspector conducted an unannounced inspection on 23 September 2021 from 10.00 a.m. and 12.30p.m.

Enforcement action resulted from the findings of this inspection. Serious concerns were identified in regard to: governance arrangements and managerial oversight within the home; the quality of the environment; risk management; the storage of care records; fire safety practices; the management of nutritional care; and monthly monitoring reports.

Given the concerns raised, a meeting with the responsible individual's representatives was held on 30 September 2021 with the intention to issue a failure to comply notice under the Residential Care Homes Regulations (Northern Ireland) 2005, (Regulation 10 (1)), in relation to these shortfalls. At the meeting the senior management team discussed the identified deficits and the actions that had been taken since the inspection to address these shortfalls. A comprehensive action plan was also provided, confirming how the management team would address these deficits and drive areas for improvement in a sustained manner.

At the meeting RQIA received assurances that necessary action had been taken to address the deficits identified. It was decided that a failure to comply notice would not be issued under Regulation 10(1).

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.

Two areas for improvement were carried forward to be reviewed at the next inspection and five areas for improvement were stated for the second time. Eight new areas for improvement were identified; these are outlined in the body of the report and in Section 7.0.

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

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

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

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

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

#### 4.0 What people told us about the service

We spoke with 15 residents and six staff either individually or in small groups. No questionnaires were returned and we received two responses from the online staff survey.

Residents spoke positively about the care that they received and about their interactions with staff. Residents said that staff treated them well.

Staff said that Bruce House was a good place to work, that there was improved team work and described how much they enjoyed caring for the residents. Staff were complimentary in regard to the manager.

#### 5.0 The inspection

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

The last inspection of Bruce House was undertaken on 1 June 2021 by a care inspector.

Areas for improvement from the last inspection on 1 June 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 30 (1) (d) <b>Stated:</b> First time	The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of any event in the nursing home which adversely affects the wellbeing or safety of any resident; this relates specifically to estates related issues.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of accidents and incidents records confirmed these were appropriately managed and reported.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 12 (5) (b) (c) (d)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the food provided is suitable for the needs of each resident and there are sufficient choices of food available to residents who require a modified diet or a vegetarian diet.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the staff confirmed there was a choice of food available for residents who required a modified or vegetarian diet.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that there is a robust system in place for recording, monitoring and managing residents' weights; this should also facilitate the manager analysing any significant trends or patterns across the home.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of records confirmed that there was a system in place to ensure that residents' weights are recorded. However, there was no evidence of a trends analysis being completed.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	<p><b>Partially met</b></p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that firm plans are put in place for the replacement of built-in furniture in residents' bedrooms.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the manager confirmed that while one new wardrobe was on place, no other bedrooms had been similarly improved.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	<p><b>Partially met</b></p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that all handwritten entries on personal medication records and medication administration records are signed by two trained members of staff to ensure accuracy.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a record of all administered medicines is maintained.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 27.5</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that robust arrangements are in place to help ensure that the garden is kept tidy, safe, suitable for and accessible to all residents.</p> <p><b>Action taken as confirmed during the inspection:</b> An inspection of the environment confirmed that the garden was accessible to residents. However, the garden was in need of weeding and clearing.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	<p><b>Partially met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 29.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the Trust's Fire Manual is updated to include that RQIA must be notified of fires or incidents of false alarms.</p> <p><b>Action taken as confirmed during the inspection:</b> An inspection of the home's general risk assessment in regards to fire safety confirmed that this was appropriately updated.</p>	<p><b>Met</b></p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> <li>• the menu on display accurately reflects the daily food choices on offer</li> <li>• residents are involved in the designing of menus</li> <li>• there is fresh fruit available at all times for residents.</li> </ul>	<p><b>Partially met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Observations of the environment and discussions with staff confirmed that the menu on display accurately reflected the daily food choices on offer and that residents were involved in the designing of menus.</p> <p>However, the only fresh fruit available to residents on the day of the inspection was bananas.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>		
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 4.6</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that individual written agreements are reviewed and kept up to date.</p>	<p><b>Not met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of residents' records confirmed that individual written agreements were not consistently reviewed and were not signed or dated by either party.</p> <p>This area for improvement has not been met and is stated for a second time.</p>		

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

We reviewed the staff duty rota and confirmed that the manager's hours were recorded; the rota also identified the person in charge in the absence of the manager. However, the rota did not accurately reflect the staff working in the home and the full names and grades of staff were not detailed. This was identified as an area for improvement.

The manager confirmed that safe staffing levels were determined and / or adjusted by on-going monitoring of the number and dependency levels of residents in the home. It was noted that there was enough staff available in the home to respond to the needs of residents.

Residents told us that they were satisfied with the delivery of care and the kindness and support received from staff. Two residents made the following comments; "It's very good here" and "I like it here."

Staff told us that the workload was busy but manageable. Staff were seen to attend to residents' needs in a timely manner and to maintain residents' dignity by offering personal care discreetly. Residents were offered choices throughout the day, for example, where and how they wished to spend their time and what activity they wished to engage in.

Staff said there was improved team work and that they felt well supported in their role; staff also stated that they were satisfied with the staffing levels and the level of communication between staff and management. Staff described how the residents' needs and wishes were very important to them.

### 5.2.2 Care Delivery and Record Keeping

Staff were knowledgeable of residents' needs, their daily routines, and their likes and dislikes. Staff met at the beginning of each shift to discuss any changes to the needs of the residents. In addition, the staff attended daily huddles/meetings with the manager to discuss any concerns identified in regards to the residents, their wellbeing or the running of the home. Staff spoke positively about this level of communication.

Staff were observed to be prompt in recognising residents' needs and any early signs of request for assistance. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Staff interactions with residents were observed to be friendly, polite, warm and supportive.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. We noted that the food smelled appetising, good portions were provided; and the tables were appropriately set. Supervision and support from staff was readily available where this was required.

There were some residents in the home who required a modified diet in order to swallow their food safely. We noted that the information displayed in the kitchen in relation to modified dietary requirements was contradictory to that on individual resident's placemats at their table setting. This matter was raised with the manager during the inspection for immediate action.

We reviewed four residents' care records and noted that these contained assessments of needs, care plans and associated risk assessments. However, concerns were identified regarding the management of record keeping to direct residents' care specifically in regards to modified diets. It was noted that the residents' care records contained contradictory information and inconsistent use of terminology with records not reflecting International Dysphagia Diet Standardisation Initiative (IDDSI) terminology. This lack of consistency was concerning given the importance of ensuring that residents adhere to modified dietary requirements in order to manage the risk of choking.



These shortfalls were discussed during the inspection and at the meeting on 30 September 2021. RQIA were advised that all care plans in relation to modified diets were subsequently reviewed to ensure they contained the correct information. This was identified as an area for improvement.

### **5.2.3 Management of the Environment and Infection Prevention and Control (IPC)**

The most recent legionella risk assessment was completed on 8 June 2021. Records were in place to verify that the appropriate checks were completed.

Observation of the home's environment evidenced that residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably decorated and furnished.

Shortfalls were noted in regard to infection prevention and control practices within the home; for instance, a number of areas throughout the home were identified as being damaged or inadequately cleaned. In addition, offensive malodours were identified in two communal bathrooms and three residents' bedrooms. We also found the store room to be untidy and disorganised with a number of unused continence products inadequately stored.

Shortfalls were also identified in regard to the effective management of risk to residents within the environment as a number of unsecured items were observed throughout the home which posed a potential risk to their health and wellbeing. For example, we observed a number of residents' toiletries being stored insecurely within communal bathroom areas. It was also noted that the hairdressing room was not secured when not in use.

Observation of the environment also highlighted that residents' records were not being stored in keeping with best practice.

Shortfalls in relation to fire safety included identified fire doors which were either inappropriately propped open or did not effectively self-close; and the lack of clutter in an identified corridor.

The staff had identified changing facilities where they could put on their uniform and the recommended Personal Protective Equipment (PPE) before entering the area they were working in. We observed that staff used PPE according to the current guidance and this was readily available.

These shortfalls were discussed during the inspection and at the meeting on 30 September 2021. RQIA was advised that some corrective action was taken immediately following the inspection, including remedial works to fire doors and the shower drains in the communal bathrooms. An action plan was subsequently provided to RQIA which further outlined planned actions to be taken to improve the overall condition of the environment. Five new areas for improvement were made in this regard and two other areas for improvement were stated for the second time.

#### 5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. Residents confirmed that they could go for a walk when they wanted, remain in their bedroom or go to a communal room when they requested.

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

#### 5.2.5 Management and Governance Arrangements

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

There has been a change to management arrangements for the home since the last inspection. Mr Thomas McCorry is currently the acting manager for the home.

It was established that the manager had a system in place to monitor accidents and incidents that occurred in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

However, given the areas for improvement identified throughout the inspection, RQIA was concerned that there was a lack of robust governance and managerial oversight within the home. In addition, while monthly monitoring visits had been completed and were available in the home for August 2021 and June 2021, it was disappointing to note that these reports did not identify issues highlighted during the inspection. An area for improvement was made in this regard.

These shortfalls were discussed during the inspection and at the meeting on 30 September 2021. An action plan was provided which outlined planned actions by the senior management team to address these shortfalls.

### 6.0 Conclusion

This inspection resulted in enforcement action. A meeting was held on 30 September 2021 with the intention of issuing one failure to comply notice due to deficits in regard to: managerial oversight and governance arrangements; the quality of the environment; risk management; the storage of care records; fire safety practices; the management of nutritional care; and monthly monitoring reports.

RQIA was assured at this meeting that actions had been taken and were planned to address these shortfalls and drive the necessary improvement in a sustained manner. RQIA decided not to serve the failure to comply notice.

Residents were seen to be content and settled in the home and in their interactions with staff. Staff treated residents with respect and kindness. Care was provided in a person centred and compassionate manner.

New areas for improvement were highlighted and are discussed within the body of the report and Section 7.0.

## 7.0 Quality Improvement Plan/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/or the Residential Care Homes' Minimum Standards (August 2011)**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	9*	6*

\* the total number of areas for improvement includes five areas that have been stated for a second time and two areas which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Thomas McCorry, manager and Breege Connery, BHSCT, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 October 2021</p>	<p>The registered person shall ensure that there is a robust system in place for recording, monitoring and managing residents' weights; this should also facilitate the manager analysing any significant trends or patterns across the home.</p> <p>Ref: 5.1</p> <p><b>Response by registered person detailing the actions taken:</b> A standardised procedure for monitoring residents weights has been implemented in all BHSCT Statutory Residential Dementia Homes. This was completed in conjunction with residential home managers and BHSCT Dietitian services. This procedure provides a robust system for staff to quickly identify and monitor a decrease or increase of weight per resident with guidance in place for timely onward referrals to Dietician services for input where indicated. The Registered manager undertakes monthly audits to identify and analyse any significant trend or patterns and ensure appropriate, timely actions are taken to address.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 19 (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that the staff duty rota:</p> <ul style="list-style-type: none"> <li>• Records the full names and grades of all staff</li> <li>• Accurately reflects the staff on duty in the home.</li> </ul> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> A review of the rota has been completed which now includes the full names and grades of all staff on shift per day. A new daily allocation sheet has been devised and implemented which documents on a daily basis the staff on duty per day and the allocated duties to be undertaken by each member of staff per shift.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 16 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that care plans accurately reflect recommendations from professionals specifically in relation to modified dietary requirements and adhere to the correct use of IDDSI terminology.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> A review of all care plans has been completed. Care Plans now accurately reflect recommendations from all professionals. This includes IDDSI recommendations and the correct recording of terminology. IDDSI remains a standing item on monthly team</p>

	<p>meeting, daily huddles and handovers to ensure all staff including PCSS staff are informed of any updates in relation to the residents food and nutritional needs. An IDDSI resource file is in place for reference for all staff.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that all parts of the home are kept clean and reasonably decorated.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> PCSS staff are present within the home on a daily basis in line with the cleaning schedule and rota. . PCSS Supervisors complete weekly checks of the home to ensure cleanliness is maintained. The registered Manager completes a number of daily walkarounds of the home and any areas identified for improvement from an enviromental cleanliness/ Estates perspective are addressed at that time. A full re-decoration of the home has been carried out including re-painting of all communal areas and bedrooms. New blinds have been fitted to all windows within the home. Currently the fitted wardrobes are being replaced on a phased basis with 6 completed rooms as of 04/01/2021 and the second phase of 6 rooms has commenced. New furniture has been procured for the home within the communal areas of the home. Staff awareness of the reporting mechanisms in relation to ensuring any damage to furniture/ paint work and all enviromental areas has been discussed at meetings and staff have proactively been reporting deficits.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 18 (2) (j)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that all areas of the home are kept free from offensive odours.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Offensive odours which had been identified at last inspection have been addressed within the identified rooms. New flooring has been fitted and a full re-decoration of rooms has been undertaken, no offensive odours have been identified since. In relation to the communal bathroom, Ace Drains have been contracted to visit the home on a fortnightly basis to assess the drainage system. Estates services have also completed works in relation to the closing of an un-used drain in this bathroom which now has elimated the odour which was presenting within this area. The Registered Manager has implemented a daily enviromental walk-around the home which is completed 2 hourly and by various members of the team per shift to monitor this area and address any reoccurrence in a timely manner</p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 14 (2) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that all unnecessary risks to the health, welfare and safety of residents, are identified and as far as possible eliminated. This includes but is not limited to:</p> <ul style="list-style-type: none"> <li>• Ensuring that the hairdressing room must be secured when not in use</li> <li>• Ensuring that residents' toiletries are safely stored at all times.</li> </ul> <p>Ref: 5.2.3</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 19 (1)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that confidential documents must be appropriately secured.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> The hairdressing room is secured at all times when not in use. And when in use staff will be present at all times. A check of the hairdressing room has been added to the 2 hourly environmental safety audits which continue to be carried out daily.</p> <p>All bedrooms now have a lockable drawer which staff carry the key for and each residents toiletries/ COSHH items are stored within these drawers. Risk assessments are in place and risk reduction measures implemented for residents who access to their own toiletries/ topical creams unsupervised.</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 27 (4) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall take adequate precautions against the risk of fire.</p> <p>This is with specific reference to those deficits identified in the body of this report.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> The BHSCT Fire and Safety Officer has visited Bruce House and reviewed all fire doors within the home. Daily fire door checks continue to be completed by night staff and any deficits</p>

	<p>are reported immediately to the Estates department. RQIA Estates Inspector visited Bruce House on 23/09/2021 and was satisfied that adequate precautions against the risk of fire are in place. Daily environmental audit (2 hourly) includes checking of all fire doors within the home to ensure these are free from obstruction. All staff have re-attended Fire Safety and Environmental Awareness Training in October 2021</p>
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Regulation 29 (3) and (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that the visits undertaken on behalf of the registered provider are completed on a monthly basis and are robust in detail so as to effectively identify deficits and drive improvements in a sustained manner. Any included actions plans within these reports should be addressed in a timely manner.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> The Assistant Service Manager completes an unannounced visit to the home on a monthly basis and provides the Manager with feedback and guidance to support improvements being made within the home in a sustained manner. The Regulation 29 reports are audited by the Service Manager and any issues regarding the quality of these visits or the detail of the recording are addressed.</p> <p>The Collective Leadership team have completed both announced and unannounced visits to the home and provided the Manager with feedback on findings from each visit. Follow up actions are discussed with the Assistant Service Manager. Weekly progress meetings led by the Collective Leadership team took place from October 2021 - December 2021 to monitor and review processes, progress against the service improvement plan and re-decoration/ modernisation of the home.</p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that all handwritten entries on personal medication records and medication administration records are signed by two trained members of staff to ensure accuracy.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b> Monthly Manager's audit in place which includes a medication audit. Audit has evidenced records are signed by two trained</p>

	<p>members of staff with no not deficits identified. The Registered Manager continues to address through supervision with senior staff the importance of accurately recording in medication records as per procedure and training</p>
<p><b>Area for improvement 2</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time  <b>To be completed by:</b>                  Immediate and ongoing</p>	<p>The registered person shall ensure that a record of all administered medicines is maintained.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 3</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> Second time  <b>To be completed by:</b>                  Immediate and ongoing</p>	<p>The registered person shall ensure that firm plans are put in place for the replacement of built-in furniture in residents' bedrooms.</p> <p>Ref: 5.1</p> <p><b>Response by registered person detailing the actions taken:</b>                  Currently bedroom fitted furniture (wardrobes) are being replaced on a phased basis with 6 completed rooms as of 04/01/2021 and the second phase of 6 rooms has commenced.</p>
<p><b>Area for improvement 4</b>  <b>Ref:</b> Standard 27.5  <b>Stated:</b> Second time  <b>To be completed by:</b>                  Immediate and ongoing</p>	<p>The registered person shall ensure that robust arrangements are in place to help ensure that the garden is kept tidy, safe, suitable for and accessible to all residents.</p> <p>Ref: 5.1</p> <p><b>Response by registered person detailing the actions taken:</b>                  A monthly contract with Estates services remains in place to ensure the garden is kept tidy, safe and suitable for access for all residents. When required additional garden maintenance is requested via Estates services as and when required. This is followed up by a monthly audit of outstanding Estates jobs/ requests by the registered Manager and esclation of these when required..                  Estates provided a refurbishment of plants for the communal gardens and undertook a landscaping project in October 2021 .</p>



<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> <li>• the menu on display accurately reflects the daily food choices on offer</li> <li>• residents are involved in the designing of menus</li> <li>• there is fresh fruit available at all times for residents.</li> </ul> <p>Ref: 5.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The menu displayed daily identifying choices of food on offer on that day. This is checked daily prior to 10am by the senior on duty to ensure information is correct. Residents are involved in the redesigning of menus. Information for this initially comes from preferences recorded in the residents 'All About Me' documentation. This document is completed on admission to the home and updated on an ongoing basis with the resident by the Activity Worker who uses information gathered during reminiscence exercises with residents. Liaison between the Manager, care staff and PCSS staff continues to take place to ensure meal options are discussed, which ensures appropriate foods which reflect residents choices of food are ordered. Fresh fruit is available for all residents within the home.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 4.6</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 October 2021</p>	<p>The registered person shall ensure that individual written agreements are reviewed and kept up to date.</p> <p>Ref: 5.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A review of documentation has been completed by the registered Manager. An Action plan is in place to ensure all documentation/ individual written agreements are up to date. and agreements signed by NOK's when visiting. This documentation is included for review and signature at the annual review to ensure it is regularly reviewed and kept to date.</p>

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



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