



Unannounced Care Inspection Report 8 ,9 & 14 May 2019



Bangor Care Home

Type of Service: Nursing Home (NH)
Address: 27a Manor Avenue, Bangor, BT20 3NG
Tel No: 028 9127 3342
Inspectors: James Laverty & Joseph McRandle

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 Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes. 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 94 persons. Presently, the home consists of four distinct suites, namely the Stewart suite (frail elderly care), McKeown suite (dementia care), Brownlee and Bloomfield suites (learning disability care).

3.0 Service details

<p>Organisation/Registered Provider: Four Seasons Health Care</p> <p>Responsible Individual: Claire Royston</p>	<p>Registered Manager and date registered: Mauro J Magbitang Jr</p> <p>22 June 2017</p>
<p>Person in charge at the time of inspection: Mauro J Magbitang Jr</p>	<p>Number of registered places: 94 comprising: 30 - NH-I, NH-PH, NH-PH(E), NH-TI (in the Stewart Suite) 30 - NH-DE (in the McKeown Suite) 17 - NH-LD, NH-LD(E) (in the Brownlee Suite) 17 - NH-LD, NH-LD(E) (in the Bloomfield Suite)</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. LD – Learning disability. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: Registered manager to confirm post inspection.</p>

4.0 Inspection summary

An unannounced inspection took place on 8 May 2019 from 14.00 hours to 19.30 hours, and 9 May 2019 from 09.20 hours to 15.45 hours. Following this, an announced finance inspection also took place on 14 May 2019.

These inspections were undertaken by the care and finance inspectors and the findings are contained in this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015 relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 standards until compliance is achieved.

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

Areas for improvement in respect of previous estates and finance inspections have also been reviewed and validated as required.

Evidence of good practice was found in relation to staff training and support, adult safeguarding, oxygen therapy management, collaborating with the multiprofessional team, engagement with patients and relatives, complaints management and staff meetings.

Areas requiring improvement were identified in relation to fire safety, the internal environment, trip hazards, falls management, activities and the dining experience of patients. In regard to the finance inspection, areas for improvement were also highlighted in relation to the reconciliation of patients' valuables, records of nominated appointee and patients' bank accounts.

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

Comments received from patients, people who visit them, attending professionals and staff 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 patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	*7

*The total number of areas for improvement includes one area for improvement under the standards which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Mauro J Magbitang Jr, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 18 October 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 18 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 previous inspection findings, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, 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 patients 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. A poster indicating that an inspection was taking place was displayed at the entrance to the home. Five questionnaires were completed during the inspection from which some comments are included in the body of this report. No staff questionnaires were returned with the timescale for inclusion in this report.

The following records were examined and/or discussed during the inspection:

- staff training records for the period 2018/19
- accident and incident records
- four patients' care records including supplementary wound & repositioning records
- a selection of governance audits
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- staff selection and recruitment records
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- two patients' finance files
- actual monies held on behalf of patients and records of monies held
- two patients' finance files, including copies of written agreements
- actual monies held on behalf of patients and records of monies held
- a sample of records of reconciliations between patients monies and valuables held and records of monies/valuables held
- a sample of records of personal allowance monies and fees forwarded to the home from Four Seasons head office

Areas for improvement identified at the last care, premises and finance inspections were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of outstanding areas for improvement from previous inspection(s)

Areas of improvement identified at the previous care inspection have been reviewed. Of the total number of areas for improvement seven were met and two were partially met or not met and have been included in the QIP at the back of this report.

Areas of improvement identified at the previous estates inspection have been reviewed. Of the total number of areas for improvement two were met.

Areas of improvement identified at the previous finance inspection have been reviewed. Of the total number of areas for improvement 11 were met.

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

6.2 Inspection findings

6.3 Is care safe?

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

Staffing levels within the home were reviewed with the registered manager. The registered manager confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. No patients or staff expressed any concerns in regard to staffing levels.

Feedback from staff evidenced that they received regular support and guidance through the process of both supervision and appraisal. Each staff member stated that they could speak to the registered manager or their line manager if they had a concern. One staff member stated “I received a lot of support...Mauro is always supporting us.” It was noted however, that some staff may have a poor understanding of when formal supervision is occurring and what its purpose is. It was agreed with the registered manager that he would provide care staff with further support and guidance in this area of professional development.

Staff also confirmed that they received regular mandatory training to ensure they knew how to provide the right care. Staff stated that they received training in both an online and face to face format. Additional face to face training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. However, there were deficits in relation to how staff managed the needs of some patients following a fall; this is discussed further in section 6.4.

Discussion with the registered manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. Appropriate governance arrangements were in place to ensure that all staff attend adult safeguarding training and have sufficient awareness of the home's adult safeguarding policy to help ensure that it is embedded into practice. The registered manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home. The registered manager advised that the ASC position report would be compiled within expected timescales. Feedback from staff who were spoken with provided assurances that they knew how to recognise and respond to any potential incidents of abuse.

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) as required.

Discussion with the registered manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Records confirmed that the registered manager had reviewed the registration status of nursing and care staff on a monthly basis. It was noted that FSHC have now implemented a new system that ensures that the NMC status of all nurses who work within the home are checked twice monthly.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms, were personalised with photographs, pictures and personal items. The home appeared to be generally tidy although one communal bathroom and two linen stores were noted to be untidy; this was brought to the attention of the registered manager who agreed to ensure the areas were immediately tidied. The need to ensure that these areas are well maintained was stressed.

All external doorways which allow for direct/indirect access and egress from any areas occupied by patients were effectively and appropriately managed so as to promote patient safety and privacy at all times.

Review of the environment confirmed that infection, prevention and control best practice standards were consistently adhered to. However, one staff member was observed not wearing Personal Protective Equipment (PPE) or washing their hands following use of a sluice area. This was discussed with the registered manager who agreed to arrange additional training for the identified staff member. It was also noted that seating available in a corridor within the Stewart Suite was worn and in need of improvement. The registered manager agreed to address this. Observation of the environment and governance records confirmed that an area for improvement in regard to IPC during the last care inspection was met. It was positive to note that the registered manager had since written and implemented a new policy with regard to the regular changing of nasal cannula for patients and ensuring that the cleanliness of such equipment was regularly checked by staff.

Observation of enclosed external garden areas within both the Brownlee Suite and McKeown Suite highlighted several manhole covers which were a potential trip hazard for patients. While it was recognised that the Brownlee Suite is currently unoccupied, the need to ensure that these areas are well maintained and fit for patient use was stressed. An area for improvement under the standards was made.

Fire exits and corridors were observed to be clear of clutter and obstruction. However, it was noted that several internal doorways and one external doorway within the kitchen area were wedged open by staff. An area for improvement under regulation was made. Review of servicing records relating to the fire detection and alarm system during and following the inspection confirmed that this area for improvement was met. This finding was confirmed with the RQIA estates team following the inspection.

In addition, the registered person is required to ensure that sufficient practice drills, in accordance with the emergency plan and informed by the personal emergency evacuation plans, should be held to confirm that, at any time, the minimum number of staff can carry out an effective evacuation within a timescale acceptable to the fire risk assessor. Feedback from the registered manager and staff in addition to review of training records evidenced that this area for improvement was met. This finding was confirmed with the RQIA estates team following the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training and support, and adult safeguarding.

Areas for improvement

One area for improvement under regulation was highlighted in regard to fire safety. One further area for improvement under the standards was identified in relation to trip hazards.

	Regulations	Standards
Total number of areas for improvement	1	1

6.4 Is care effective?

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

Feedback from staff indicated that there was effective communication concerning the assessed needs of patients. Staff stated that they had to attend a handover meeting at the start of each shift and were able to contribute to this meeting or ask questions, as needed. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. One visiting professional informed the inspector that nursing staff “were knowledgeable about the patient” she had visited the home to assess.

There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found.

Review of four patients’ care records confirmed that admission information had been obtained and recorded in a comprehensive manner and was available within patients’ care records.

The provision and management of oxygen therapy was discussed with the registered manager. It was positive to note that since the previous inspection, a new policy and procedure for the regular cleaning and replacement of nasal cannula used by patients, had been authored and introduced by the registered manager. It was confirmed following the inspection that this new approach was being considered at a regional level within the Four Seasons Health Care Group. This proactive approach to quality improvement is commended.

The provision of wound care to patients was also considered. The care records for one patient who required regular wound care were reviewed and it was noted that a person centred and comprehensive care plan was in place. Supplementary wound care records were also found to be completed fully and contemporaneously. Nursing staff had also communicated with the TVN in a timely and ongoing manner. However, the registered manager was encouraged to ensure that nursing staff accurately and fully described the precise location of wounds when recording within patients' notes.

Care records for one patient who required regular assistance with being repositioned evidenced that staff provided such care in keeping with the patient's relevant care plan. Some documents, such as the patient's manual handling assessment, were not signed or dated by the nurse conducting the assessment. The need to ensure that all patient assessments are fully completed by the assessing nurse was highlighted. This will be reviewed at a future care inspection.

The post falls management of patients was also examined. The care records for one patient who had experienced two falls evidenced that nursing staff had not adhered to the home's protocol for conducting neurological observations on the patient following a potential head injury. While nursing staff who were spoken with demonstrated a good understanding of what this protocol required, it was found that the incorrect observation form had been used. It was also noted that although falls awareness training had been provided for nursing staff on 27 February 2019, not all nurses had attended this and were yet to receive the training. The need to ensure that neurological observations are observed and recorded after witnessed or suspected head injuries was stressed. The registered manager also agreed to ensure that all nursing staff who were yet to undergo falls awareness training would do so as a matter of priority. An area for improvement was identified.

Observation of patients confirmed that they had effective access to the nurse call system as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to oxygen therapy management and collaborating with the multiprofessional team.

Areas for improvement

One area for improvement under the standards was highlighted in relation to falls management.

	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.

Staff interactions with patients were observed to be compassionate and caring. All patients were positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the registered manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

Feedback received from several patients during the inspection included the following comments:

- "The girls are lovely."
- "The staff treat me well."
- "The staff are very very good ... very helpful."

A number of relatives were also spoken with and their feedback included the following comments:

- "... happy with personal care."
- "I can't fault the care, they've (the staff) been excellent."
- "The staff are very good."

Of the eight returned patient/relative questionnaires received following the inspection, seven respondents stated that they were either satisfied or very satisfied that care provision was safe, effective, compassionate and well led. One respondent stated "Good service; the food is nice." Another respondent said "Staff are helpful and caring; Manager is approachable."

Feedback from patients and relatives provided assurance that the registered manager maintains an open door policy and regularly engages with them to help quality assure service delivery. Review of governance records evidenced that the previous relative's meeting occurred on 16 September 2018 with the next one scheduled for June 2019.

The dining experience of patients was reviewed throughout the inspection. We observed care staff provide patients with a selection of hot/cold drinks from a mid-morning tea trolley. Care staff also provided patients with a selection of fresh fruit or a suitable alternative for those requiring a modified diet. It was noted within the Stewart Suite however, that there were insufficient tables for patients within one lounge on which they could set their mid-afternoon tea and/or snack. This was brought to the immediate attention of the nurse in charge who agreed to address this deficit.

Further shortfalls were also noted during the provision of the lunch time meal within the Stewart Suite. For instance, care staff were observed preparing lunch trays at the same table at which two patients were already seated and having their lunch. In addition, one patient within the dining room and two patients within their bedrooms were given insufficient assistance with enjoying their lunch. It was further observed that patients who were assisted to the dining room within the McKeown Suite had to wait an unduly long period before being served their meal. These shortfalls were highlighted to the registered manager and an area for improvement under the standards was identified.

Observation of the environment highlighted one dining area within the Bloomfield suite in which patient information was not stored appropriately. This was discussed with the registered manager who ensured that this information was removed from display immediately. This area for improvement was met.

The provision of a structured and patient centred activities programme throughout the home was also examined. The registered manager stated that the home currently employs two Personal Activity Leaders (PALs) who are mostly allocated to work within the Bloomfield and McKeown Suites. It was noted that the PAL position for the Stewart Suite has been vacant for the last five months. While an interim arrangement remains in place for existing PAL staff to provide a total of two days per week activities support within the Stewart Suite, the registered manager acknowledged that this was not sufficient or effective. Feedback from both relatives and staff confirmed that activity provision specifically within the Stewart Suite was inadequate. Comments included:

Patients’ comments:

“No activities besides T.V.

Relatives’ comments:

“(my relative) ... doesn’t have interaction with activities.”

The need to ensure that there is a comprehensive and person centred activities programme which is available to all patients throughout the home was highlighted. An area for improvement was identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to engagement with patients and relatives.

Areas for improvement

One area for improvement was highlighted under the standards in relation to the provision of activities.

	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.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised. In

discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registration certificate was up to date and displayed appropriately. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and observation of the Brownlee suite confirmed that no patients are currently living within the Brownlee suite. While the registered manager provided assurance that all necessary premises checks within the suite continued, it was noted that the suite was not suitable for the admission of patients in its present state. The long term purpose of this suite was discussed with both the registered manager and Elaine McShane, Resident Experience Support Manager who advised that the future use of the suite was undecided. An area for improvement arising from the previous care inspection has been subsumed into a new area for improvement under regulation.

In view of the current condition of the Brownlee Suite it was agreed that no admissions to this part of the home should proceed without prior discussion and agreement with RQIA to ensure that the environment is fit for purpose. An area for improvement under regulation was identified.

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. Records confirmed that all complaints were reviewed on a monthly basis by the registered manager.

A review of records evidenced that monthly monitoring reports were completed. The most recent available report had been compiled on 20 March 2019 and was found to be comprehensively and sufficiently detailed. The registered manager confirmed that the April 2019 visit had been completed and the report was pending.

A review of records evidenced that robust systems were in place to monitor and report on the quality of nursing and other services provided. It was evident that the registered manager regularly and consistently audited various aspects of care delivery, such as, wound care, care records, IPC and the environment.

Staff recruitment information was available for inspection and records for one staff member evidenced that all relevant checks had been carried out as required.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and that minutes/records of attendance were maintained. Staff confirmed that such meetings were held and that the minutes were made available.

With regard to the finance inspection which was conducted on 14 May 2019, the following was noted:

Reconciliation of patients' valuables - a review of records showed that valuables held on behalf of patients' were reconciled on a monthly basis. In line with good practice the records of the reconciliations were signed by two members of staff. It was noticed that the recent record of the reconciliation included valuables that were recorded as held for a patient who no longer resided at the home. The records were signed by two members of staff to confirm the items were still in the safe place at the time of the inspection on 14 May 2019. Previous records showed that the

valuables were handed back to the patient when leaving the home. This was identified as an area for improvement.

Record of nominated appointee - a review of two patients' files evidenced that the required documentation confirming the name of the patients' appointee were in place. Discussion with staff confirmed that the staff members named on the documents acting as the appointee no longer worked at the home. This was identified as an area for improvement.

Patients' bank accounts - discussion with staff and a review of records confirmed that individual bank accounts were in place for four patients. The bank accounts were in the name of the patients and no members of staff had access to the accounts. The inspector discussed the current arrangements in place for the bank accounts. Following the discussion the inspector requested that the registered manager contacted the home's head office in order to arrange a review of the bank accounts with representatives from the Health and Social Care Trust. This was identified as an area for improvement

Areas of good practice

There were examples of good practice found throughout the inspection in relation to complaints management and staff meetings.

Areas for improvement

One area for improvement under regulation was identified in regard to the Brownlee Suite.

	Regulations	Standards
Total number of areas for improvement	1	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mauro J Magbitang Jr, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to 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 nursing 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4) (b) (c) (d) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that adequate precautions against the risk of fire are taken and that best practice guidance in relation to fire safety is embedded into practice.</p> <p>Ref: 6.3.</p> <p>Response by registered person detailing the actions taken: The Registered Home Manager has reviewed the doors within the kitchen area. Supervision has been carried out with staff with regards to ensuring the Veg prep door is closed when un-occupied. This will be monitored through the auditing process by the Manager and the Regional Manager</p>
Area for improvement 2 Ref: Regulation 27 (1) (2) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that the premises are suitable for the purpose of achieving the aims and objectives set out in the statement of purpose. This area for improvement relates specifically to the Brownlee suite. Therefore, no patients shall be admitted to or make use of the Brownlee Suite without prior discussion and agreement with RQIA. RQIA should also be notified within expected timescales of any proposed change to the stated purpose of the Brownlee Suite.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The Brownlee suite remains unoccupied by residents until further discussions have been held. The RQIA will be informed if any progress has been made in this area. RQIA will be involved in discussions and agreements before any resident is admitted to this part of the home.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 11 Stated: Second time To be completed by: 4 July 2019	<p>The registered person shall ensure that robust governance arrangements are in place which ensure the provision of a programme of events and activities throughout the home. This programme should aim to provide positive and meaningful outcomes for patients and be displayed in a suitable format within appropriate locations.</p> <p>Ref: 6.5</p>

	<p>Response by registered person detailing the actions taken: A third Personal Activity Therapist has now been employed within the home specifically for the Stewart Suite. The Activity Programme has been reviewed to ensure that it is comprehensive and person centred. This will be monitored by the Registered Home Manager</p>
<p>Area for improvement 2 Ref: Standard 43 Stated: First time To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the environment is safe for patients with risks for falling and/or slipping. This relates specifically to those trip hazards highlighted in the body of this report.</p> <p>Ref: 6.3.</p> <p>Response by registered person detailing the actions taken: The identified manhole covers which were a potential trip hazard within the enclosed external gardens within both Brownlee and Mc Keown suite have been temporarily covered with large planters. The Property Manager has arranged for builders to visit the home to assess the manholes and if they can be re-bedded or replaced. RQIA will be updated when decision has been made.</p>
<p>Area for improvement 3 Ref: Standard 22 Stated: First time To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following with regard to the falls management of patients:</p> <ul style="list-style-type: none"> • that all nursing staff undergo falls awareness training • that patients' neurological observations are obtained and recorded in keeping with best practice standards/home policy <p>Ref: 6.4.</p> <p>Response by registered person detailing the actions taken: The Registered Home Manager can confirm that Falls Awareness Training has been carried out with 90% of nursing staff within the home - The remaining staff will have their training completed by the end August. The Registered Home Manager has compiled a reference folder which includes the Falls Policy and all relevant documentation in relation to falls in which staff can refer to following each fall. Post Falls TRaCA audits are being completed to ensure compliance is being maintained.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in relation to the dining experience of patients:</p> <ul style="list-style-type: none"> • patients must be served their meals in a timely manner after being assisted to the dining room • staff must not prepare meal trays for other patients at the same tables at which other patients are dining • all patients must be assisted in a dignified, timely and compassionate manner at all times, including those who choose to dine within their bedroom or other communal area <p>Ref: 6.5</p>
<p>Area for improvement 5</p> <p>Ref: Standard 14.25</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2019</p>	<p>The registered person shall review the system for reconciling patients' valuables to ensure that there is an accurate reflection between the items held and the records of items held.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The Registered Home Manager will ensure that all records are updated when a patient no longer resides in the home.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 14.20</p> <p>Stated: First time</p> <p>To be completed by: 14 June 2019</p>	<p>The registered person shall ensure that the records of the patients, identified during the inspection, are updated to show the current members of staff acting as their appointee.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The Registered Home Manager can confirm that all identified patients who have the staff members as an appointee will all be transferred to a Corporate Appointeeship.</p>

<p>Area for improvement 7</p> <p>Ref: Standard 35.4</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2019</p>	<p>The registered person shall ensure that the Health and Social Care Trust is contacted in order to arrange a review of the current arrangements for the bank accounts of the patients' identified during the inspection.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Home Manager has contacted Four Seasons Fees Team Lead requesting a review of the personal bank account arrangements of the identified patients.</p>

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



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