Unannounced Care Inspection Report
9 & 10 May 2017

Bangor Care Home

Type of Service: Nursing Home
Address: 27a Manor Avenue, Bangor, BT20 3NG
Tel no: 028 9127 3342
Inspector: James Laverty

1.0 Summary

An unannounced care inspection of Bangor Care Home took place on 9 May 2017 from 09.45 to 17.15 hours and on 10 May 2017 from 09.30 to 14.00 hours.

The inspection sought to assess progress with any issues raised during and 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.

Is care safe?

The manager confirmed the planned daily staffing levels throughout the home and that these levels were subject to regular review to ensure that the assessed needs of the patients were met. All of the staff spoken with were knowledgeable in relation to their specific roles and responsibilities. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Shortfalls were observed concerning the storage of manual handling equipment which were not stored in accordance with best practice guidelines for infection prevention and control (IPC). Weaknesses were also identified concerning a number of bedrooms which were being utilised as storage areas. Deficits with regards to maintaining the cleanliness of commodes and shower chairs in compliance with best practice in IPC were also evident.

Observation of the lunch time experience within the Stewart suite highlighted weaknesses with respect to the serving of meals in accordance with the DHSSPS Care Standards for Nursing Homes 2015 and best practice guidance. Several bedroom doors within the Bloomfield suite were also found to be in a state of disrepair.

Five recommendations were made to ensure compliance and drive improvement.

Is care effective?

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. There was also evidence of multi-disciplinary working and collaboration with G.P.s, dieticians and speech and language therapists (SALT).

Care records evidenced that a range of validated risk assessments were used and informed the care planning process.

Weaknesses were identified in relation to the timely completion of risk assessments following patient admission. Deficits were also evidenced with regards to the use of restrictive practices. One requirement and recommendation was made. The recommendation was stated for a second time.

Shortfalls were also identified in the communication of the nutritional needs of patients between nursing and kitchen staff. A requirement was stated.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were mostly observed to be afforded choice, privacy, dignity and respect. Patients who had

difficulty verbalising their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Patients and members of staff spoken with confirmed that patients were listened to, valued and communicated with in an appropriate manner. Weaknesses were observed with regards to ensuring that patient's communal areas were not used for the storage of wheelchairs thereby ensuring a patient centred approach in the delivery of care. A recommendation was made.

Is the service well led?

Discussion with manager and staff evidenced that there was a clear organisational structure within the home. There were systems in place to monitor and report on the quality of nursing and other services provided.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, and copies of the reports were available for patients, their representatives, staff members and trust representatives.

Complaints were managed in accordance with legislation. Notifiable events were reported to RQIA or other relevant bodies appropriately.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	7*

*The total number of requirements and recommendations includes one recommendation which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mauro J Magbitang Jr, manager, and Alana Irvine, regional 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.

1.2 Actions/enforcement taken following the most recent medicines management inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 6 February 2017. There were no requirements or recommendations arising from this inspection. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Dr Maureen Claire Royston Four Seasons Healthcare	**Registered manager:** See box below
Person in charge of the home at the time of inspection: Mauro J Magbitang Jr	**Date manager registered:** Mauro J Magbitang Jr- registration pending
Categories of care: NH-I, NH-PH, NH-PH(E), NH-DE, NH-TI, NH-LD, NH-LD(E). 30 patients in categories NH-I, NH-PH, NH-PH(E), NH-TI to be accommodated in the Stewart Suite. 30 patients in category NH-DE to be accommodated in the McKeown Suite. 17 patients in categories NH-LD, NH-LD(E) to be accommodated in the Brownlee Suite. 17 patients in categories NH-LD, NH-LD(E) to be accommodated in the Bloomfield Suite.	**Number of registered places:** 94

3.0 Methods/processes

Specific methods/processes used in this inspection include the following:

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection we met with 13 patients, three relatives, six registered nurses, seven care staff, one ancillary staff and two catering staff.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

The following information was examined during the inspection:

- four patient care records
- four patient supplementary care records
- staff duty rotas for the period 8 to 31 May 2017

- staff training records
- accident and incident reports
- complaints records
- a sample of audits
- minutes of staff meetings
- minutes of patients/relatives meetings
- induction and orientation records for agency registered nurses
- monthly quality monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 06 February 2017

The most recent inspection of the home was an unannounced medicines management inspection.

There were no issues required to be followed up during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 28 October 2017

Last care inspection statutory requirements		**Validation of compliance**
Requirement 1 **Ref:** Regulation 12 (1) (a) (b) **Stated:** First time	The registered person must ensure good practice guidance is adhered to with regard to post falls management.	**Met**
	Action taken as confirmed during the inspection: Discussion with the manager and staff evidenced that staff have good awareness of current best practice guidance relating to post falls management.	
Last care inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref:** Standard 4 Criteria (1) (7) **Stated:** Second time	It is recommended that patients' continence assessments and care plans are fully completed to include the specific continence products required by the patient.	**Met**
	Action taken as confirmed during the inspection: A review of two patients' care records evidenced that continence risk assessments and care plans were fully completed and specified the type of incontinence product required.	

Recommendation 2 **Ref:** Standard 4 Criteria (9) **Stated:** Second time	The registered person should ensure that charts relating to the management of bowels are recorded accurately and consistently throughout the home and transcribed into the individual patients' care record. Any action taken to address concerns regarding the normal bowel pattern should be identified within the patients' daily evaluation record.	**Met**
	Action taken as confirmed during the inspection: A review of two patients' supplementary care records relating to continence care evidenced that staff had completed them accurately and consistently and had transcribed them accurately into patients' care records. Records also evidenced that appropriate action was taken by nursing staff in response to patients' bowel function.	
Recommendation 3 **Ref:** Standard 12 Criteria (6) (15) (22) **Stated:** Second time	The registered person should ensure that the meals and mealtime experience for the patient is reviewed in that: • Meals are served in a timely manner at an appropriate time • Menus are displayed in a suitable format at the suitable time reflecting the food being served • Meals are plated for patients requiring assistance with their meals only when the assistant is available to provide the required assistance	**Met**
	Action taken as confirmed during the inspection: Observation of the lunch time experience of patients evidenced that all aspects of this recommendation had been met.	
Recommendation 4 **Ref:** Standard 4 Criteria (9) **Stated:** First time	It is recommended that repositioning charts are completed in full and contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning when continence needs are attended too.	**Met**

	Action taken as confirmed during the inspection: A review of two patients' supplementary care records relating to repositioning and skin care evidenced that staff completed them in full and also confirmed that an inspection of patients' pressure areas had been undertaken at the time of repositioning or when continence care was being delivered.	
Recommendation 5 **Ref**: Standard 18 Criteria (1)(4)(5) **Stated:** First time	The registered person should ensure that patients and their representatives are involved in decision making prior to restrictive practices being implemented and where possible consent is obtained.	**Not Met**
	Action taken as confirmed during the inspection: Discussion with the manager and regional manager and review of patient care records evidenced that there was no written record of staff consulting and/or engaging with patients and/or their representatives prior to restrictive practices being implemented. There was also no record of patient consent having been explicitly obtained whenever restrictive practices were being implemented. This recommendation has not been met and is therefore being stated for a second time.	
Recommendation 6 **Ref:** Standard 4 Criteria (5) **Stated:** First time	The registered person should ensure that patients and/or their representatives are involved in the care planning process and evidence of this involvement is included within the patients' care records. Where this is not possible, the reason why should be included within the patient care records.	**Met**
	Action taken as confirmed during the inspection: A review of patient care records evidenced that nursing staff did actively consult and engage with patients and/or their representatives throughout the care planning process.	

Recommendation 7 **Ref:** Standard 41 **Stated:** First time	The registered person should ensure that minutes are created from staff meetings to include dates, attendees, topics discussed and decisions made. These minutes should be made available to staff in a timely manner following the staff meeting.	**Met**
	Action taken as confirmed during the inspection: Discussion with the manager and a review of available records confirmed that minutes from all staff meetings were available and included the day of the meeting; the names of attendees; the topics discussed and any decision which were made.	

4.3 Is care safe?

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of the patients were met. A review of the staffing rotas from 8 to 31 May 2017 evidenced that the planned staffing levels were adhered to. Observation of the delivery of care provided assurance that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients confirmed that they had no concerns regarding staffing levels.

Review of the training records indicated that training was planned to ensure that mandatory training requirements were met. Additional training was also provided, as required, to ensure staff were enabled to meet the assessed needs of the patients. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly quality monitoring visit in accordance with regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

The manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Nursing staff demonstrated awareness of the various forms of abuse and how these might be recognised.

An inspection of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be well decorated, warm and comfortable. Fire exits and corridors were observed to be clear of clutter and any obstruction. The majority of patients' bedrooms were personalised with photographs, pictures and personal items.

Three bedroom doors within the Bloomfield suite had wood exposed around the lower half of the door and the lower hinges which could not be effectively cleaned. A recommendation was made in relation to IPC measures.

Deficits were also observed concerning a number of bedrooms which were being used as storage areas. For example, one unoccupied bedroom within the Brownlee Suite was used to

store pillows, bed linen and commode seats. A second unoccupied bedroom was used to store equipment such as mattresses, wheelchairs, bed linen and commode items. A recommendation was made.

During a review of a communal bathroom within the Stewart suite it was further observed that a patient hoist and sling were inappropriately stored. This was discussed with the manager and a recommendation was made to ensure that all moving and handling equipment was maintained and stored in adherence with best practice guidance on IPC.

Further shortfalls were also observed in relation to IPC. For example, the underside of a commode within the Stewart suite and a shower chair within the McKeown suite were observed to be stained and not effectively cleaned. The fabric covering of a toilet backrest of a communal toilet within the McKeown suite was also observed to be torn and required to be repaired or replaced. A recommendation was made.

Weaknesses were further identified with regards to the serving of meals for patients in the Stewart suite who were dining in their own bedrooms. On four occasions throughout the lunchtime meal, care staff were observed bringing food out of the dining room without ensuring that the food was appropriately covered. A recommendation was made.

During the previous care inspection it was observed that vanity units within the Stewart suite were worn with bare wood exposed. It was subsequently confirmed by the regional manager that plans were in place to replace 28 of these units along with an intention to convert two double bedrooms within the Stewart Suite into single bedrooms. The conversion of these double rooms has since been completed and approved by the Regulation and Quality Improvement Authority (RQIA). However, nine vanity units were still observed to have bare wood exposed with one noted to have a partially attached door. This was brought to the attention of the manager and regional manager who gave assurances that there was an ongoing programme to replace these units. It was agreed that any outstanding maintenance work to the vanity units would be carried out without delay. This issue will be reviewed at a future inspection.

During the first day of the inspection it was observed that two communal bathrooms were currently being refitted. Both bathrooms were unlocked and accessible. This posed a risk to both patients and relatives who could gain access to these rooms. This was brought to the immediate attention of the manager who secured both rooms. It was stressed to the manager that such rooms should be maintained securely while any maintenance work is ongoing. The two rooms remained secure throughout the duration of the inspection.

Areas for improvement

The registered person should ensure that all bedroom doors within the Bloomfield suite are well maintained and fit for purpose.

The registered persons should ensure that patient bedrooms are not used inappropriately as storage areas.

The registered persons should ensure that equipment is cleaned and maintained in compliance with best practice relating to IPC.

The registered persons should ensure that moving and handling equipment is stored in adherence with best practice guidance in IPC.

The registered persons should ensure that all meals are appropriately covered by staff when being brought from the dining room to patient bedrooms.

Number of requirements	0	Number of recommendations	5

4.4 Is care effective?

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. There was also evidence of multi-disciplinary working and collaboration with professionals such as G.P.s, dieticians and SALT.

Supplementary care charts, such as repositioning, food and fluid intake records, evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements.

Staff also demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals.

Weaknesses were identified with regards to the use of restrictive practices. Review of one patient's care records indicated that a pressure mat was in use to alert staff when the patient was mobilising without supervision overnight. Although the care records did include a relevant care plan it showed no record of either patient consent being obtained or that collaboration with the patient's representative was sought. There was also no clear evidence of any consideration being given to the patient's capacity to consent to the intervention or that the intervention had been appropriately risk assessed so as to ensure that the restrictive practice was necessary and proportionate. A recommendation was stated for a second time.

Deficits were also identified relating to the timeliness of risk assessments being completed following admission. For example, the care records for one patient indicated that the patient had swallowing difficulties and required a modified diet. There was no evidence that nursing staff had carried out any assessment following admission, to determine the patient's risk of choking or malnutrition. A requirement was made.

Weaknesses were further identified with regards to the manner in which the nutritional needs of patients were shared between nursing and kitchen staff. During discussions with kitchen staff they expressed concerns that there is often a delay in nursing staff providing them with 'diet notification sheets' which outline the dietary needs of patients following their admission into the home. A review of records held by kitchen staff evidenced that they had no such record for a patient who had been recently admitted and required a modified diet. It was also evidenced that a list of patients which kitchen staff refer to for dietary advice was out of date and therefore inaccurate. This was brought to the attention of both the manager and regional manager during feedback and a requirement was made.

Areas for improvement

The registered persons must ensure that patients' swallowing needs are comprehensively assessed in a timely manner following admission in order to ensure that care is delivered in an effective way.

The registered persons must ensure that the dietary needs of patients (including any subsequent dietary changes) are communicated to kitchen staff in an effective and timely manner.

Number of requirements	2	Number of recommendations	0

4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were mostly observed to be afforded choice, privacy, dignity and respect. Patients were very positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Feedback received from a number of patients during the inspection included the following comments:

- "It's lovely."
- "I love it here."
- "Nurses are number one."
- "It's nice."
- "Food is excellent."

Staff spoken with demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans. Staff were also aware of the requirements regarding patient information and confidentiality.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

In addition to speaking with patients, relatives and staff, RQIA provided 10 questionnaires for staff to complete, 10 for relatives and eight for patients. At the time of writing this report all questionnaires had been returned and evidenced a high level of satisfaction with the quality of care provided within the home. Respondent's answers ranged from 'very satisfied' to 'satisfied' when asked if the care in the home was safe, effective, compassionate and well led.

During the first day of the inspection it was observed that several doors leading to patients' bedrooms within the Brownlee Suite lacked appropriate signage in keeping with best practice guidance in learning disability care. This was discussed with the manager and actioned before completion of the inspection.

An observation of the lunch time meal within the McKeown Suite evidenced that staff served meals to patients in a timely manner and provided them with assistance whenever it was required. The lack of a suitable menu on display for patients was discussed with the manager who addressed this by ensuring that an appropriate menu was placed on display before the inspection was concluded.

It was observed in a communal lounge area within the McKeown Suite, at 16.05 hours that staff had placed a number of patients' wheelchairs in the centre of the lounge while patients

were still seated and relaxing in the lounge. This created a cluttered environment and would also have posed a risk to any patient mobilising independently or for visiting relatives. This was discussed with the manager who later advised that staff had done this in anticipation of assisting patients to the bathroom prior to the evening meal. A recommendation was made.

Areas for improvement

The registered persons should ensure that wheelchairs are only brought to patients by staff when they are required so as to ensure that communal areas promote patient dignity at all times.

Number of requirements	0	Number of recommendations	1

4.6 Is the service well led?

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. 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.

We discussed the process of the manager's registration with the manager who confirmed that it was his intention to proceed with an application to become registered with RQIA.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussion with the manager and observations made throughout the inspection confirmed that the home was operating within its registered categories of care.

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.

Discussion with the manager and a review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, infection prevention and control, environment, complaints, incidents/accidents. Quality of life (QOL) audits were also completed daily by nursing staff within each of the four suites and then reviewed by the manager.

Discussion with the manager and a review of records evidenced that monthly quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and trust representatives. An action plan was generated to address any areas for improvement.

An area of good practice was noted in that the acting manager had also commenced a new initiative involving 'unit meetings' which allowed for regular meetings for care staff working in

each of the four suites throughout the home. These meetings would be led by senior nursing staff in an effort to further improve communication between staff within the home.

Areas for improvement

No areas for improvement were made under this domain.

Number of requirements	0	Number of recommendations	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mauro J Magbitang Jr, manager, and Alana Irvine, regional manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to Web Portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref**: Regulation 15 (2) (a) (b) **Stated:** First time **To be completed by:** 10 May 2017	The registered persons must ensure that patients' swallowing needs are comprehensively assessed in a timely manner following admission in order to ensure that care is delivered in an effective way. **Ref: Section 4.4**
	Response by registered provider detailing the actions taken: A Choking Risk Assessment is completed upon admission and reviewed at a minimum monthly or if there is any change in the residents condition.This is monitored through the audit process and actions taken immediately to address any non-compliance identified.
Requirement 2 **Ref:** Regulation 13 (1) (a) (b) **Stated:** First time **To be completed by:** 10 May 2017	The registered persons must ensure that the dietary needs of patients (including any subsequent dietary changes) are communicated to kitchen staff in an effective and timely manner. **Ref: Section 4.6**
	Response by registered provider detailing the actions taken: Diet Notification form is completed upon admission of the resident or If a new reccommendation has been made after visit from the SALT and the orginal retained in the residents care profile and a copy is given to the kitchen.
Recommendations	
Recommendation 1 **Ref**: Standard 44 **Stated:** First time **To be completed by:** 7 June 2017	The registered person should ensure that all bedroom doors within the Bloomfield Suite are well maintained and fit for purpose. **Ref: Section 4.3**
	Response by registered provider detailing the actions taken: As discussed during the inspection these works are included in program of refurbishment on-going in the home.
Recommendation 2 **Ref**: Standard 44 **Stated:** First time **To be completed by:** 10 May 2017	The registered persons should ensure that patient bedrooms are not used inappropriately as storage areas. **Ref: Section 4.3**
	Response by registered provider detailing the actions taken: Staff are informed not to use vacant bedrooms for storage. This will be monitored by the Registered Manager and Nurse in Charge

Recommendation 3 **Ref**: Standard 46 **Stated:** First time **To be completed by:** 10 May 2017	The registered persons should ensure that equipment is cleaned and maintained in compliance with best practice relating to IPC. **Ref: Section 4.3**
	Response by registered provider detailing the actions taken: All staff have completed Infection Control module on E learning which includes decontamination of equipment. This will be monitored through the FSHC Monthly Infection Control audit and an action plan is put in place to address any non complinace identified. This will then be reviewed by the Registered Manager and signed off when complete.
Recommendation 4 **Ref**: Standard 46 **Stated:** First time **To be completed by:** 10 May 2017	The registered persons should ensure that moving and handling equipment is stored in adherence with best practice guidance on IPC. **Ref: Section 4.3**
	Response by registered provider detailing the actions taken: All staff have been informed of the correct storage of moving and handling equipment. This will be monitored through FSHC Quality of Life daily audit and actions will be taken to address any non compliance
Recommendation 5 **Ref**: Standard 12 **Stated:** First time **To be completed by:** 10 May 2017	The registered persons should ensure that all meals are appropriately covered by staff when being brought from the dining room to patient bedrooms. **Ref: Section 4.3**
	Response by registered provider detailing the actions taken: Both Catering and Care staff have been advised that all foods must be covered prior to serving in the residents bedroom. This will be monitored by the Registered Manager, Unit Managers and Cook Manager to ensure compliance
Recommendation 6 **Ref**: Standard 18 Criteria (1)(4)(5) **Stated:** Second time **To be completed by:** 7 June 2017	The registered person should ensure that patients and their representatives are involved in decision making prior to restrictive practices being implemented and where possible consent is obtained. **Ref: Section 4.4**
	Response by registered provider detailing the actions taken: Registered Nurses have been informed that they should obtain consent from both residents and their representatives and this will be documented and reviewed at least monthly or when there is a change to the residents condition.

Recommendation 7 **Ref**: Standard 6 **Stated:** First time **To be completed by:** 10 May 2017	The registered persons should ensure that wheelchairs are only brought to patients by staff when they are required so as to ensure that communal areas promote patient dignity at all times. **Ref: Section 4.6**
	Response by registered provider detailing the actions taken: This has been discussed with staff to ensure the dignity of all residents is maintained.

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

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews