



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report

## 16 April 2019



## Beechill

**Type of Service: Nursing Home**  
**Address: 12 Royal Lodge Road, Belfast, BT8 7UL**  
**Tel No: 028 9040 2871**  
**Inspectors: Dermot Walsh and Judith Taylor**

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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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 34 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual:</b> Dr Maureen Claire Royston	<b>Registered Manager and date registered:</b> Priscilla Abrenica – registration pending
<b>Person in charge at the time of inspection:</b> Priscilla Abrenica	<b>Number of registered places:</b> 34
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 30

### 4.0 Inspection summary

An unannounced inspection took place on 16 April 2019 from 09.15 hours to 18.00 hours.

This inspection was undertaken by the care inspector and pharmacist inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care and medicines management inspections 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 the previous medicines management inspection has also been reviewed and validated as required.

Evidence of good practice was found in relation to staffing arrangements, induction, supervision and appraisal, risk assessment, falls management, teamwork and shift handovers. Further good practice was identified in relation to the delivery of compassionate care and with maintaining good working relationships.

Areas were identified for improvement in relation to the completion of a nurse in charge competency assessment, completion of an identified medication competency assessment, mandatory training compliance, recruitment reference checks, patients' access to rooms containing hazards, the management of distressed reactions and with the accurate completion of medication administration records. Further areas for improvement were identified in relation to the mealtime experience, recording of wound care and with the use of equipment.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others. Comments received from patients, people who visit them 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
<b>Total number of areas for improvement</b>	3	7

Details of the Quality Improvement Plan (QIP) were discussed with Priscilla Abrenica, 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 30 October 2018

The most recent inspection of the home was an unannounced finance inspection undertaken on 30 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, notifiable events and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients and people who visit them 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 their views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire to give their views on the running of the home.

A poster indicating that an inspection was taking place was displayed at the entrance to the home and invited visitors to speak with the inspector.

The following records were examined during the inspection:

- duty rota for all staff week commencing 8 April 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records

- medicine records including controlled drugs
- medicine storage temperatures
- one staff recruitment file
- patient care records
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of monthly monitoring reports from January 2019
- RQIA registration certificate.

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

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 12 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (2) (b) <b>Stated:</b> First time	The registered person shall ensure that the flooring in the identified area within the home is repaired/replaced to ensure the safety of persons using them and to allow for their effective cleaning.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the flooring in the identified room evidenced that this had been replaced and maintained appropriately.	

There were no areas for improvement identified following the last medicines management inspection on 4 December 2017.

## 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.**

The manager confirmed that the number of staff and the skill mix of staff on duty at any given time was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota for week commencing 8 April 2019 confirmed that the planned staffing level and skill mix was adhered to. Duty rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Patients and the visitor consulted spoke positively in relation to the care provision in the home. Discussion with staff confirmed that they were satisfied that patients' needs were met with the planned staffing level and skill mix.

A review of one staff's recruitment records confirmed that pre-employment checks had been completed prior to the staff member commencing in post. References had been obtained, however, a reference had not been requested from the staff members most recent employer. This was discussed with the manager and identified as an area for improvement. Records indicated that Access NI checks had been conducted and received prior to the staff member commencing in post. Checks were regularly made on registered nurses to ensure that they were registered with the Nursing and Midwifery Council (NMC). Similar checks were made on care workers to ensure that they were on the Northern Ireland Social Care Council (NISCC) register and that no restrictions to their employment had been identified. New care staff were required to join the NISCC register as soon as possible following commencement of employment. The manager evidenced regular checks made on all staff following employment in the home to ensure that they maintained their registration with NMC and NISCC as appropriate.

Staff consulted confirmed that they completed a structured orientation and induction programme when they commenced employment in the home. Staff confirmed that supernumerary hours were allocated to them at the commencement of their employment. These are hours in which staff were not counted within staffing numbers on the duty rota. This would give new staff the opportunity to work alongside a more experienced member of the team in order to gain knowledge of the home's policies and procedures. Staff spoke positively in relation to the induction process. The manager confirmed that all registered nursing and care staff were also mentored and coached through supervision and appraisal. A system had been developed to ensure that all registered nursing and care staff employed received, at minimum, two recorded supervisions per year and one annual staff appraisal.

Discussion with a registered nurse, who had been given the position of the nurse in charge of the home in the absence of the manager, confirmed that they had not had a nurse in charge competency and capability assessment completed prior to taking charge of the home. This was discussed with the manager and identified as an area for improvement.

A record of any training that staff had completed was maintained in the home. A review of the completed training evidenced that compliance required improvement within identified areas, for example, compliance with first aid and safeguarding. This was discussed with the manager and identified as an area for improvement.

An adult safeguarding champion had been identified to manage any potential safeguarding incidents. Discussion with the manager confirmed that they were aware of the regional safeguarding policy and procedures. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

A review of three patients' care records evidenced that appropriate individualised risk assessments were completed on each patient at the time of their admission. Risk assessments had been reviewed regularly and care plans had been developed which were reflective of the risk assessments. Care plans had also been reviewed and updated regularly.

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear. Compliance with infection prevention and control had been well maintained. Building repair works were in progress during the inspection and were conducted causing minimal impact to patient care and patient safety. Staff were aware of the actions to take should an emergency arise during the building works. However, three identified rooms were accessible to patients where the potential for harm was evident. This was discussed with the manager and identified as an area for improvement.

The following areas were examined by the pharmacist inspector and were found to be satisfactory:

- Admission process with regards to medicines management
- Management of medicine related incidents
- Receipt and disposal of medicines records
- Management of controlled drugs
- Management of antibiotics
- Management of insulin
- Management of pain
- Policies and procedures relating to medicines management

Records to indicate that one new registered nurse had been trained and deemed competent in medicines management were not in place. The manager confirmed that the nurse had completed the necessary induction and training. These records must be put in place. An area for improvement was identified.

Most of the personal medication records and medication administration records examined were well maintained and readily facilitated the audit process; however, we observed that there was non-correlation between these records regarding a small number of patients. This was mainly in relation to external preparations; we observed that the administration records were not in place or were not being accurately maintained. An area for improvement was identified.

Some patients are prescribed medicine(s) on a "when required" basis, to manage distressed reactions. In the instances where a patient is prescribed two medicines on a "when required" basis, the care plan should clearly detail which medicine is to be used as first line and second line treatment. When administered, the reason for and outcome of each dose should be recorded on every occasion. An area for improvement was identified.

In relation to the storage of medicines we discussed the lock on the controlled drug cabinet. The manager advised that this would be followed up and provided details of the action taken by telephone on 25 April 2019.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, induction, supervision and appraisal.

## Areas for improvement

The following areas were identified for improvement in relation to the completion of a nurse in charge competency assessment, completion of an identified medication competency assessment, mandatory training compliance, recruitment reference checks, patients' access to rooms containing hazards, the management of distressed reactions and with the accurate completion of medication administration records.

	Regulations	Standards
<b>Total numb of areas for improvement</b>	3	4

### 6.4 Is care effective?

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

There was evidence within three patients' care records reviewed that appropriate risk assessments were completed on admission and reviewed on a regular basis. Risk assessments had been completed on falls management, nutrition, pressure management and restrictive practice. Care plans had been developed which were reflective of the risk assessments. The care plans had also been reviewed regularly or as the patients' needs changed.

Dietary requirements such as the need for a gluten free or diabetic diet, were communicated through staff handovers and via diet notification sheets to the kitchen. Staff were knowledgeable in relation to the new International Dysphagia Diet Standardisation Initiative (IDDSI) indicators to ensure that patients were safely given the correct foods and fluids. Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was implemented to determine the risk of weight loss or weight gain. Where a risk was identified there was evidence within patients' care records that advice was sought from an appropriate health professional, such as a dietician. Patient care records also evidenced that advice received from health professionals were incorporated within the patients' care plans.

We reviewed the lunchtime meal experience during the inspection. The meal commenced around 12.30 hours. Food was plated in the kitchen and served from a heated trolley. Food taken outside of the dining room was covered on transfer. Staff were knowledgeable in relation to patients' dietary requirements. Patients wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with patients when assisting with meals and patients were assisted in an unhurried manner. Patients consulted confirmed that they enjoyed the meal. However, shortfalls were identified with the mealtime experience in relation to supervision of patients and with timely assistance. These were discussed with the manager and identified as an area for improvement.

Patients' risk of pressure related skin damage was assessed on their admission and reviewed on a monthly basis. When a risk was identified, such as immobility, poor diet or incontinence; a care plan was developed to guide staff in measures to prevent skin breakdown. There was evidence that when a wound was identified, an initial wound assessment would have been completed and a



wound care plan developed to direct the care in managing the wound. Body maps were completed identifying the location of the wound and wound observation charts completed to monitor the progress of the wound at the time of wound dressing. However, a review of one patient's wound records evidenced that three wounds had been included intertwined on one wound care plan rather than separate care plans for each wound. Two wounds were included as one on the wound observation chart and only one set of wound dimensions recorded. This was discussed with the manager and identified as an area for improvement.

Falls in the home were monitored on a monthly basis for any patterns and trends in times or locations of the fall. This would be to review the pattern to proactively plan measures to reduce the incidences of falls where possible. Accident records were maintained following any fall in the home. A review of one patient's accident records evidenced that the appropriate actions had been taken following the fall and the patient's falls care plan had been reviewed and updated following the fall.

When a restrictive practice, such as the use of bedrails or an alarm mat had been implemented, there was evidence within the patient's care records of an initial assessment completed to ensure safe use. This assessment was reviewed regularly. There was evidence of communication with the patient's next of kin in relation to use of the restrictive practice and a consent/discussion form had been signed by the next of kin. The assessed need for the restrictive practice was included within the patient's care plans and there was evidence that the continued need for the use of restrictive practice was monitored. However, a review of one patient's care records evidenced the continued need of a restrictive practice. On review of the patient's environment, the restrictive practice was not evident. This was discussed with the manager and identified as an area for improvement. The restrictive practice was implemented straight away when identified.

Staff stated that they worked well together as a team; each staff member knew their role, function and responsibilities. Comments from staff included:

"Teamwork is very good here."

"We are all very close."

"Teamwork is great."

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to risk assessment, falls management, teamwork and shift handovers.

### **Areas for improvement**

The following areas were identified for improvement in relation to the mealtime experience, recording of wound care and the use of equipment.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	3

## 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 were aware of individual patients' wishes, likes and dislikes. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were given choice, privacy, dignity and respect. Staff were also aware of patient confidentiality regarding the handling and use of patient information.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

A relatives' notice board was maintained at the entrance to the home along with information leaflets on infection control, bereavement and Beechill nursing home. Relatives and patients' opinions were sought electronically through a Quality of Life programme at the entrance to the home.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

- "I am writing to thank you for the wonderful care and attention that you are giving my dad since he came to your care home."
- "Thank you for your tender care of ... over the past year. You showed her kindness, understanding and compassion."
- "A very big thank you to all staff for your loving kindness in caring for our mum ... during her stay at Beechill."

Consultation with eight patients individually, and with others in smaller groups, confirmed that living in Beechill was a positive experience. Patient questionnaires were left for completion. None were returned within the timeframe for inclusion in this report.

Patient comments:

- "It is very good here. The foods good and the staff are good."
- "Everything is ok here. I have no complaints."
- "It is dead on here."
- "I am very comfortable here."

One patient's visitor was consulted during the inspection. Patient representatives' questionnaires were left for completion. One was returned. Some patient representatives' comments were as follows:

- "I find the care in this home very good. You would not get better."
- "The staff must be warmly commended for the selfless and generous manner in which they discharge their often difficult and complex duties. My mother is always treated with affection, respect and assiduous good will. 200% for conscientiousness."

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from six staff consulted during the inspection included:

- “I really like it here.”
- “I am happy working here. Good here.”
- “I am happy working here, feel supported.”
- “It is nice here. I like it.”
- “I am happy here.”
- “It is ok.”

A visiting professional spoke positively on staff’s knowledge of the patients during the inspection.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the manager for their information and action, as required.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the delivery of compassionate care and valuing patients and their representatives.

### Areas for improvement

No areas for improvement were identified during the inspection in the compassionate domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 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.**

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. This certificate identifies the management arrangements for the home and the maximum number of patients allowed to be accommodated in the home. Since the last care inspection, the management arrangements in the home had not changed. The manager has made an application to RQIA for registration and this was being processed. Discussion with the manager and staff, and observations confirmed that the home was operating within its registered categories of care.

A review of the duty rota clearly evidenced the identity of the nurse in charge of the home in the absence of the manager. The duty rota had been reviewed and signed by the manager. The manager’s hours were clearly indicated on the rota.

The manager confirmed that they had not received any recent complaints in the home relating to patients’ care or in relation to the provision of any service in the home. A system was in place to record any complaints received including all actions taken in response to the complaint. Patients and their visitors consulted during the inspection confirmed that they would have no issues in

raising any identified concern with the home's staff or management. A review of monthly monitoring reports, conducted by senior management within Four Seasons Health Care, confirmed that complaints would be reviewed as part of this visit by a nominated person.

The nominated person conducting the monthly monitoring visits would also review the care provision and service provision of the home. Any areas identified for improvement had been documented as discussed with the manager or nurse in charge and identified within an action plan included in the report. There was evidence within the reports that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed. Reports were available for review by patients and their visitors, staff, trust staff and other healthcare professionals.

Discussion with the manager and review of auditing records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records, wound care, restrictive practices and infection prevention and control practices.

Discussion with the manager and 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.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection in the well led domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Priscilla Abrenica, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 20 (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 May 2019</p>	<p>The registered person shall ensure that registered nurses given the responsibility of taking charge of the home in the absence of the manager first completes a competency and capability assessment for the nurse in charge.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> This has been addressed. A completed competency and capability assessment was completed for the nurse who will be in charge of the Home.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that rooms containing obvious hazards to patient safety are not accessible to patients.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> This has been addressed. It was discussed with all the staff that any room containing any hazard to patient safety will not be left opened and unattended at all times. Registered Manager will monitor for compliance during her daily walkabouts around the Home.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 19 (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 May 2019</p>	<p>The registered person shall ensure that a record of training and competency regarding medicines management is in place for one registered nurse.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> This has been addressed. A medicine management competency assessment for one Registered Nurse has been completed and a record of training is in place.</p>

<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<p><b>Area for improvement 1</b></p> <p>Ref: Standard 38 Criteria 3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 July 2019</p>	<p>The registered person shall ensure that before an offer of employment is made, a reference is obtained from the staff member's present or most recent employer.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> This was discussed and has been addressed with FSHC HR Department. Reference is now on file.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 39</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 July 2019</p>	<p>The registered person shall ensure that training, which has been deemed mandatory in the home, is completed in a timely manner and compliance is maintained.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> This has been addressed. A robust system has now been put in place to monitor the records of all mandatory training for the staff for both face to face and e-learning training to ensure the completion in a timely manner.</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 31</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 May 2019</p>	<p>The registered person shall make the necessary arrangements to ensure that personal medication records and medicine administration records pertaining to external preparations are fully and accurately maintained at all times.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> This has been addressed with all the trained staff during a meeting and supervision. All prescribed external medicines are now being administered accordingly and are being signed when given for accurate recording. Trained staff have updated their e-learning training for medicine management and foundations. Medicine management competency assessment has been completed as scheduled.</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 18</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 May 2019</p>	<p>The registered person shall review the management of distressed reactions to ensure that where two medicines are prescribed, parameters for first line and second line treatment are clearly recorded; and the reason for and outcome of any administration of these medicines is documented.</p> <p>Ref: 6.4</p>

	<p><b>Response by registered person detailing the actions taken:</b> This has been addressed. Trained staff liaised with the GP and discussed this in which of two medicines will be the first line treatment when needed, (when resident has a distressed reaction) Clear directions of administration of the two PRN medications has been clarified. Any reason and outcome of administration is being documented.</p>
<p><b>Area for improvement 5</b></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 that patients in the dining room are supervised at all times during their meal and that food is only served when patients are ready to eat or be assisted with their meal.</p> <p>Ref: 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> This has been discussed with all staff during a staff meeting and supervisions, that the dining room should not be left unattended at any time when residents are having their meals. Food is being served whenever staff are available to assist the resident and the resident is ready to eat. Staffs are attending Dining Experience training before the end of June 2019.</p>
<p><b>Area for improvement 6</b></p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2019</p>	<p>The registered person shall ensure that wound care records are maintained in a manner where the plan of care and monitoring of progress on each individual wound is easily distinguishable.</p> <p>Ref: 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> This has been addressed. Registered Manager has discussed the issue with the trained staff during the feedback from the inspection. Individual wounds are being documented separately whenever there's a multiple wounds. Individual care plans are also in place, with individual on-going wound charts and individual evaluations.</p>
<p><b>Area for improvement 7</b></p> <p>Ref: Standard 22 Criteria 2</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that equipment is readily available and used when a restrictive practice is deemed necessary for a patient.</p> <p>Ref: 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> This has been addressed. Discussion has taken place with the trained staff that any resident needing any equipment should be in place.</p>

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





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