

Inspection Report

25 June 2021



Beechill

Type of service: Nursing Home
Address: 12 Royal Lodge Road, Belfast, BT8 7UL
Telephone number: 028 9040 2871

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual : Mrs Natasha Southall	Registered Manager: Mrs Priscilla Abrenica Date registered: 31 May 2019
Person in charge at the time of inspection: Mrs Priscilla Abrenica	Number of registered places: 34
Categories of care: Nursing Home (NH) DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 30
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 34 patients. The home is divided over two floors. Both the ground floor and the first floor units provide nursing care for people with dementia.	

2.0 Inspection summary

An unannounced inspection took place on 25 June 2021 from 8.50 am to 5.25 pm, by a care inspector.

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.

All areas for improvement identified on the last inspection were reviewed and met.

An area for improvement was identified in relation to nutrition. A range of issues were identified including insufficient menu planning, lack of variety and choice of meals, small portion sizes, the over modification of foods, and the effectiveness of staffs' training in the provision of modified foods for people with swallowing difficulties. A meeting was conducted on 7 July 2021 to discuss the findings of the inspection with senior management of the home. At this meeting the registered manager and a representative on behalf of the provider gave assurances in relation to the identified areas for improvement and have submitted a detailed action plan to RQIA.

In light of the findings around nutrition the manager was asked to liaise with the Trust to ensure that patients' nutritional needs were being met.

RQIA were assured with the response from the manager and provider representative and with the action plan submitted.

Three other areas for improvement were identified in relation to infection prevention and control (IPC), pressure relieving devices, and orientation displays.

Patients looked well cared for and spoke in positive terms about the care provided and the staff. Patients who were unable to voice their opinions looked comfortable.

Staff were seen to meet patients' needs in a timely and polite manner.

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

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

3.0 How we inspect

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

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

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

Questionnaires and 'Tell Us' cards were provided to give 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 on-line questionnaire.

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

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

The findings of the inspection were discussed with Priscilla Abrenica, Manager, and Ruth Burrows, Head of Operational Quality at the conclusion of and following the inspection.

4.0 What people told us about the service

During the inspection five patients, eight staff and three relatives were spoken with. No questionnaires or survey responses were received within the allocated timeframe.

Patients said that staff were busy and sometimes a bit rushed but that they got what they needed. Patients said staff were good to them. Details relating to staffing can be found in section 5.2.1. There was mixed feedback in relation to the food provided, with one patient describing it as “brilliant” and others saying it was “ok I suppose”. Further detail on food provision can be found in section 5.2.2.

Staff told us that they were happy working in Beechill and expressed that patients’ needs, comfort and care were the priority. Care and nursing staff said that some peak times of the day were extremely busy and felt that they would better fulfil their roles if there were more care staff on duty. Staff did acknowledged that while a recruitment drive was ongoing to employ more care hours for morning shifts, the manager had offered extra hours out to existing staff to work in the mornings until a more permanent arrangement was in place.

Relatives said that they were very happy with the care and described staff as “wonderful”. Relatives confirmed that visiting arrangements were in place and working well.

5.0 The inspection

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

The last inspection to Beechill was undertaken on 24 February 2021 by a care inspector.

Areas for improvement from the last inspection on 24 February 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (7) Stated: Second time	The registered person shall ensure that the infection prevention and control issues identified during the inspection are managed to minimise the risk and spread of infection.	Met
	A more robust system to ensure compliance with best practices on infection prevention and control must be developed.	
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. Supervisions had been completed with staff and there was ongoing infection prevention and control monitoring.	

<p>Area for Improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the environmental and hygiene practices outlined in the report do not impact on other infection prevention and control (IPC) measures and effective cleaning practices.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met. Flooring, shower chairs, bedside tables, commodes and bins had been replaced.</p>		
<p>Area for Improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during the inspection, such as the appropriate use of PPE and patient equipment in relation to individual use and decontamination, are managed to minimise the risk and spread of infection.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met. Supervisions and training had been completed with staff. Staff were seen to decontaminate equipment after each use.</p>		
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 39</p> <p>Stated: First time</p>	<p>The registered person shall ensure that mandatory training is up to date.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Records showed that there was good compliance with mandatory training.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that care plans are reviewed in relation to the areas outlined in the report.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of wound care records evidenced that this area for improvement was met.</p>		

Area for improvement 3 Ref: Standard 14 Criteria (26) Stated: Third time	The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.	Met
	Action taken as confirmed during the inspection: A new system for updating patients' property lists quarterly has been introduced. Following the inspection records were reviewed along with an RQIA finance inspector and it was agreed that this area for improvement was met.	
Area for improvement 4 Ref: Standard 35 Stated: First time	The registered person shall ensure that the infection prevention and control audit is reviewed as outlined in the report.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. Infection prevention and control audits were completed at least monthly.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A sample of staff recruitment files were reviewed and showed that systems were in place to ensure staff were recruited correctly to protect patients as far as possible. It was noted that for one employee, the reason for leaving a post several years ago was not stated, nor was it explored at interview. Apart from this one omission full employment histories were obtained. This was discussed with the manager who acknowledged this oversight. Recruitment will be reviewed again at the next inspection.

Review of governance records provided assurances that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were monitored by the manager on a monthly basis. It was noted that the monthly tracker used by the manager did not state new care staffs' start dates. This is important to monitor if new care staff are approaching the six month deadline for registration. The manager was very familiar with the status of any new care staff but did agree that adding the start date on this tracker would strengthen this governance system. This will be reviewed at the next inspection.

All staff were provided with an induction programme relevant to their role and to prepare them for working with the patients. There were systems in place to ensure staff were trained and supported to do their jobs. Review of training records showed good compliance with mandatory courses relevant to each role and courses were provided on an eLearning system with some face to face sessions also taking place.

Records showed that staff were provided with an annual appraisal and supervision sessions were ongoing throughout the year, with most staff on track to have completed at least two a year.

Staff meeting records showed that there was regular formal communication between staff and management. In addition to daily 'flash' departmental meetings there were a range of staff meetings in April 2021 including, a general staff meeting, nurses meeting, domestic and laundry staff meeting, and kitchen meeting. Records also showed that clinical governance and health and safety meetings took place. The manager confirmed that the minutes from general staff meetings were posted on a notice board in the staff room for those who were unable to attend.

The duty rotas accurately reflected the staff working in the home over a 24 hour period. The manager's hours and capacity worked were stated on the duty rota and the nurse in charge at each shift in the absence of the manager was highlighted. Staff told us that they knew who was in charge of the home at any given time.

The manager confirmed that safe staffing levels were determined and/or adjusted by ongoing monitoring of the number and dependency levels of patients in the home. It was observed that staff were very busy in the morning between assisting patients to get up and dressed, serving breakfasts and doing medication rounds. Temporary arrangements had been made to address this with the visiting champion helping with morning care duties until this peak time was over. Staff said that this arrangement was helpful but that it was not in place over the seven days. Discussion with the manager confirmed that a recruitment drive was underway to employ more care assistant hours to increase the staffing in the mornings and that in the meantime staff could avail of extra shifts to make up these hours. The manager agreed to inform RQIA when these hours were fully recruited. Staffing levels will be reviewed again at the next inspection.

Patients acknowledged that staff were busy at times but also confirmed that they get assistance when required. One patient said "the staff are great when I see them...I do get help when I need".

As stated staff said that morning times were very busy and that while they managed to get duties completed and attend to all patients, they found this time pressured. Staff said that they were happy working in the home and conveyed that patients' needs and wishes were the priority. Staff generally said that they were kept up to date with events in the home but one staff member said that they did not have regular staff meetings. Review of meeting records as stated earlier in this section contradicted this staff member's view. The manager agreed to remind all staff that general meeting minutes are available for staff if they were unable to attend.

Staff were seen to respond to patients' needs and wishes in a caring and compassionate manner.

Relatives told us that they were very happy with the care provided and that staff were "wonderful...you can tell they love their job". Relatives said that communication with the home was good and that "they phone us to tell us how our relative is and any other little things".

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Patients' care records were maintained to reflect their needs. Care and nursing staff were knowledgeable of patients' individual needs, their daily routines, wishes and preferences. A diary was maintained to ensure important daily activities were not missed such as blood tests or appointments.

Staff were seen to provide a prompt response to patients' needs despite being extremely busy. Staff were observed to be respectful during interaction and to maintain patient dignity, for example by offering personal care in a discreet manner. Staff were heard to give instruction of their intent when providing direct care and to provide reassurance to patients.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients' care records were held confidentially.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients' needs and if required nursing staff consulted with the Tissue Viability Specialist Nurse (TVN) and followed the recommendations made.

Some patients assessed as requiring special attention to skin care are provided with specialist airflow mattresses as part of their care plans. Records for four patients were reviewed and for one patient it was noted that the airflow mattress setting was different from that stated in the care plan. For another patient it was noted that the type of mattress stated in the care plan was different to the one in use. An area for improvement was identified in relation to management and documentation of pressure relieving devices.

Patients with wounds had regular wound assessments completed which detailed any changes in how the wound presented, what treatments were used (in accordance with TVN recommendations), measurements and photographs were taken, and when the wound next required attention. The manager conducted a monthly wound audit to ensure that all required actions were taken.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, aids such as alarm mats and bedrails were in use, patient areas were free from clutter, and staff were seen to support and supervise patients with limited mobility. Staff also conducted regular checks on patients throughout the day and night. Those patients assessed as being at risk of falling had care plans in place.

Records confirmed that in the event of a patient falling, post falls protocol was followed and there was evidence that staff took appropriate action. Relevant parties such as next of kin, care manager and where required RQIA were informed. The manager conducted a monthly falls analysis to identify any patterns or trends and to determine if any other measures could be put in place to further reduce the risk of falls. There was evidence of manager's recommendations such as increased supervision, encouragement with fluid intake or review of pain management.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff. Breakfast and lunch servings were observed. Staff were seen to provide the appropriate level of supervision and support during both sittings. No issues were observed during the breakfast sitting.

It was noted that the daily menus on display on each floor were inconsistent with each other and with the meals served that day. The meal portion sizes during the lunch sitting were noted to be small and while it is acknowledged that individual patients may prefer smaller portions, staff conveyed that portion sizes were not always adequate for some patients.

Review of menu planners and individual patient food intake records showed inconsistencies between the menu and what was served. There was also a lack of variety and choice with the meals on offer as similar meals were seen to be served within the same week. Staff acknowledged that the meal planner was not reflective of the food served and said that they felt the meals were repetitive and that some patients were provided with modified meals when they did not require this. Staff said that they previously raised this concern with management but RQIA were not assured that appropriate action had been taken to address this issue at that time.

Patients with swallowing difficulties were assessed by speech and language therapy (SALT) and recommendations were made for modifications to the consistency of their meals. Recommended modified meals come in a range of consistencies. It was observed at the lunch time sitting that some patients were provided with foods modified to a pureed consistency when they did not require this degree of modification.

Some patients described the food as good while others described it as "ok I suppose". It was observed that some plates were returned with food untouched or just a small amount eaten.

Records showed that all staff, including catering staff were provided with training in dysphagia and the International Dysphagia Diet Standardisation Initiative (IDDSI). Discussion with catering staff brought into question the effectiveness of this training.

Patients' weights were monitored at least monthly or more often if recommended by dietetics. Records showed that where a patient had unplanned weight loss there was appropriate onward referral to SALT or dietetics, and any recommendations made were detailed in the patients' individual care records. In view of the inspection findings, the manager was asked to review the nutritional care plans of five residents and to liaise with the Trust to ensure that their nutritional needs were being met.

The lack of variety, small portion sizes, and poor management of modified meals was not conducive to the provision of a nutritional diet. An area for improvement was identified.

Following a meeting with the manager and a representative on behalf of the provider, RQIA were provided with a detailed action plan to address the deficits in meal provision. It was positive to note that the action plan covered all aspects of nutritional care and governance arrangements had been put in place to monitor progress with the plan. The Belfast Health and Social Care Trust (BHSCT) were informed of the inspection findings and plans were made to support the home through care quality reviews and further educational input from SALT.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome from any visits or communications from healthcare professionals was recorded.

Patients who could express their opinions verbally spoke in positive terms about the care provided and said that they get what they need. Patients unable to express their opinions looked comfortable and attention had been paid to personal care and appearance.

Relatives praised the standard of care provided in the home. One relative talked about the improvements noted in their relative from admission.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the homes environment included a sample of bedrooms, communal lounges, dining rooms and bathrooms, and storage spaces. The home was found to be generally clean, warm, well-lit and free from malodours. It was positive to note the use of dementia friendly signage on doors to indicate where communal toilets and bathrooms were. The enclosed courtyard was clean and tidy with a variety of seating available.

Corridors were clean and free from clutter or inappropriate storage. Fire doors were seen to be free from obstruction. Corridor walls were decorated with various pieces of art depicting local and international landmarks, and music and movie memorabilia.

Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos, items relating to hobbies and other sentimental items from home.

While the home was generally clean, there were some areas that required more attention to cleaning such as the undersides of toilet paper and soap dispensers. Some nurse pull cords also required covering to allow for effective cleaning. Linen stores were found to be clean but some items were stored on the floor. In addition, some items were found to be inappropriately stored in patients' bedrooms, such as used razors and toothbrushes in the same container. An area for improvement relating to infection prevention and control was identified.

Some information displays around the home were found to be out of date or incorrect. These included, as mentioned in section 5.2.2 the daily menu displays, the activities notice boards, and some day and date calendars around the home. Orientation displays are important for patients with dementia and displays should be maintained correctly to help with orientation. An area for improvement was identified.

Systems were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases, for example, the home was participating in the regional testing programme for patients, staff and care partners.

Visitors to the home had a temperature check and a health declaration completed for track and trace purposes. Hand hygiene facilities were available and all visitors were required to adhere to the home's infection prevention and control policy and to wear the required personal protective equipment (PPE).

PPE stations were observed to be well stocked and staff confirmed that they had ample supply of PPE and cleaning materials. Staff were seen to practice hand hygiene at key moments and to use PPE correctly. The manager monitored staffs' practice through regular auditing.

Patients expressed that they were happy with the environment and said that their bedrooms were kept clean. Patients enjoyed talking about items of sentimental belonging in their bedrooms such as family photos or photos from trips out.

Relatives expressed that they felt welcomed in the home and had no concerns with the cleanliness.

5.2.4 Quality of Life for Patients

Discussion with patients and observations confirmed that patients were able to choose how they spent their day, for example if a patient preferred to spend time in their bedroom rather than a communal area, this was accommodated.

The home had one part time activity coordinator in post that provided a programme over three days. The coordinator was not on shift at the time of inspection, but review of records showed a variety of sessions were offered, such as crafts, music, hand massage, sensory sessions, movies, and games. Care staff were seen to lead on activities in the absence of the coordinator, for example on the afternoon of the inspection some patients were provided with puzzles or fidget items to stimulate cognitive and motor skills. Staff put music on in the lounges and were seen to have social chats with patients.

Visiting arrangements were in place and reflective of the Department of Health (DoH) visiting pathway. Patients and relatives spoke positively about spending time together. One relative said that they had been visiting twice a week during the afternoons and that they would like to try an evening visit. This comment was brought to the manager's attention and she immediately went to see this relative and arranged an evening visit.

There was evidence that patients were supported to have meaning and purpose to their day.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was at any given time. Discussions with staff also evidenced that they understood their roles and responsibilities in reporting concerns or worries about patient care, staffs' practices or the environment.

There had been no changes in the management arrangements of the home since the last inspection. Mrs Priscilla Abrenica has been the registered manager since May 2019. The manager confirmed that they are supported by the organisation's senior management structure.

As detailed in section 5.2.1 there was evidence of good communication between management and staff in the form of regular meetings.

Governance records showed that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

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

A complaints policy was in place and patients and relatives were provided with a copy of this process on admission to the home. Records showed that complaints were managed appropriately.

It was positive to note that the manager maintained a record of compliments received about the home and shared these compliments with staff. One recent card read "to all you wonderful guys...for many years you cared for our relative...you showed them love, respect and kindness, for which we will be forever grateful".

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all aspects of the running of the home. The reports of these visits were completed in detail and where improvements were required an action plan was put in place. A written record of the report was provided to the manager for action. These reports are available for review by patients, their representatives, the Trust and RQIA.

Staff spoke positively about the management of the home. They acknowledged that while they felt the staffing levels should be increased in the mornings, that management was taking steps to address this.

Relatives said that they knew who the manager was and how to contact her if they had any queries.

6.0 Conclusion

Patients looked well cared for in that they were well dressed, clean and comfortable in their surroundings. Patients who required assistance to change position, mobility, or to complete meals were attended to by staff in a timely manner.

Patients said they were happy with the care and that staff were polite and helpful. Staff were seen to be polite and respectful to patients.

Areas for improvement were identified in relation to the provision of meals, infection prevention and control, orientation displays, and pressure relieving mattresses.

A meeting with the management team and the receipt of a detailed action plan provided RQIA with assurances that deficits would be addressed appropriately.

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe care in a caring and compassionate manner; and that the service is well led by the management team. Improvements made in relation to nutritional care will further improve patient care and experience.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	1	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Priscilla Abrenica, Manager and Ruth Burrows, Head of Operational Quality, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 12 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect and going forward</p>	<p>The registered person shall ensure that the deficits identified in relation to provision of nutritional are addressed and that the agreed action plan is implemented.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: A full action plan is in place to address deficits highlighted at time of inspection. A meeting was held with staff in relation to provision of nutritional issues noted on the day of the visit. Minutes of the meeting are available for those not in attendance. Flash meetings also held to keep the staff updated. Supervision sessions have been held with 100% of kitchen staff and 70% for care staff and nurses. Remaining staff to undertake supervision by 31st August 2021.</p> <p>IDDSI training was held for all the kitchen staff and new hired staff to ensure that right consistency of all modified foods are correct. Refreshing course training of IDDSI is scheduled on mid of September 2021 for all the staff.</p> <p>Compliance is being monitored by the Home Manager and the Support team with action plan being updated.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the documentation relating to pressure relieving mattresses is up to date and that the directions in the care plan are followed.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: A review has been undertaken of all pressure relieving mattresses in the Home used by the residents. A robust system is now in place and up to date to check and cross reference with the care plan and actual setting.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that infection prevention and control deficits identified in this report are addressed.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: A staff meeting and supervision took place with staff in relation to infection prevention control. Compliance is being monitored via a daily walk around audit of a minimal of 3 per week by Home Manager, Deputy Managers and Nurses in charge. This includes ensuring that the patients personal wash items are appropriately stored.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 24 Criteria 1</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that any orientation displays in the home are maintained with up to date and accurate information.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: The Home has updated all the orientation displays. This subject was included in the recent staff meeting and all staff are aware that they require to be vigilant to ensure that orientation displays are correct. This includes but not limited to calenders, clocks, pictorial menus and the daily activities board.</p> <p>Compliance to be monitored as part of the Home Managers, Nurses in charge and activity staff walkabout.</p>

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