

Unannounced Care Inspection Report 23 November 2017



Belmont

Type of service: Nursing Home
Address: Parklands Close 81 Tillysburn Park Belfast BT4 2PD
Tel No: 028 9076 3408
Inspector: James Laverty

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 48 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Ltd/ Responsible Individual: Dr Maureen Claire Royston	Registered Manager: Gillian Finlay
Person in charge at the time of inspection: Gillian Finlay	Date manager registered: 10 October 2017
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory TI – Terminally ill.	Number of registered places: 48 comprising NH-I; NH-PH, NH-PH (E) and NH-TI

4.0 Inspection summary

An unannounced inspection took place on 23 November 2017 from 09.30 to 18.15 hours.

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.

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to promoting a culture of teamwork within the home; staff awareness relating to adult safeguarding; monitoring the professional registration of staff and governance arrangements for quality assurance and service delivery.

Areas for improvement under regulation were identified in relation to adherence to the Control of Substances Hazardous to Health (COSHH) regulations; infection, prevention and control (IPC) practices; record keeping and the delivery of care. Areas for improvement under standards were identified in relation to the environment.

Patients said that they were well cared for and expressed confidence in the ability and willingness of staff to meet their care needs. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*5	*2

*The total number of areas for improvement includes one regulation and one standard which have been stated for a second time.

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

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

4.2 Action/enforcement taken following the most recent inspection dated 05 June 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 5 June 2017. There were no further actions required to be taken following the most recent inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection the inspector met with 11 patients, six staff and six patients' relatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 6 to 19 November 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2016/17
- incident and accident records
- one staff recruitment and induction file
- induction and orientation records for agency registered nurses and care staff
- minutes of staff and patient/relatives meetings
- three patient care records
- the matrix for staff supervision and appraisal
- a selection of governance audits relating to accidents; bedrails; wounds; care records;
- complaints records
- adult safeguarding records and notifiable incidents to RQIA
- RQIA registration certificate
- certificate of public liability
- a sample of personal emergency evacuation plans (PEEPS)
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 5 June 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and was validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 5 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) (b) Stated: First time	The registered person shall ensure that adequate precautions against the risk of fire are taken, including the provision of a suitable bin within the designated smoking lounge and that all designated fire doors are closed and/or locked in adherence with current fire safety risk assessments and best practice guidance.	Met
	Action taken as confirmed during the inspection: A review of the environment and observation of staff evidenced that fire safety practices were adhered to in compliance with current fire safety risk assessments and best practice guidance.	
Area for improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: First time	The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health.	Not met
	Action taken as confirmed during the inspection: A review of the environment identified four areas in which COSHH regulations were not adhered to. This is discussed further in section 6.4. This area for improvement has not been met and has been stated for a second time.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.	Met
	Action taken as confirmed during the inspection: A review of the environment evidenced that the infection prevention and control issues identified during the previous care inspection had been satisfactorily addressed. An area for improvement has been made in relation to other infection, prevention and control observations made during this inspection. Please refer to section 6.4.	
Area for improvement 2 Ref: Standard 39 Stated: First time	The registered person shall take measures to that all staff attend adult safeguarding training and that such training is effectively embedded into practice.	Met
	Action taken as confirmed during the inspection: A review of training records and discussion with the registered manager evidenced that a robust process was in place to facilitate adult safeguarding training. Further discussion with staff evidenced that such training had been embedded into practice.	

Area for improvement 3 Ref: Standard 44 Stated: First time	The registered person shall ensure that the home environment is well maintained and fit for purpose, specifically in relation to: the provision of curtains in patient lounges; flooring within the designated smoking lounge; damaged plaster work in the laundry and reception areas.	Partially met
	Action taken as confirmed during the inspection: Observation of the environment confirmed that all patient lounges had suitable curtains in place and that damaged plaster work in those areas previously identified had been addressed. However, flooring within the smoking lounge was still observed to be stained. This is discussed further in section 6.4. This area for improvement has been partially met and has been stated for a second time.	
Area for improvement 4 Ref: Standard 12 Stated: First time	The registered person shall ensure that a suitable menu is placed on display daily for patient reference.	Met
	Action taken as confirmed during the inspection: Observation of the environment confirmed that a suitable menu was placed on display for patient reference in both dining areas.	
Area for improvement 5 Ref: Standard 6 Stated: First time	The registered person shall ensure that all practices and routines within the home promote and safeguard the principles of patient dignity and respect at all times.	Met
	Action taken as confirmed during the inspection: No confidential patient information was found to be inappropriately displayed during the inspection.	

6.3 Inspection findings

6.4 Is care safe?

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

The registered 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 patients were met. Discussion with the registered manager also confirmed that contingency measures were in place to manage short notice sick leave when necessary. A review of the staffing rotas from 6 to 19 November 2017 evidenced that there was one occasion when planned staffing levels were not adhered to. This was discussed with the registered manager who stated that this occurred due to short notice sick leave and that contingency measures were put in place to ensure that the delivery of care to patients was not impacted negatively. Discussion with patients and staff confirmed that they had no concerns regarding staffing levels. The registered manager advised that efforts to recruit staff remain ongoing and that, at present, there are three full time nurse vacancies and no full time carer vacancies. The registered manager also confirmed that a part-time deputy manager had been appointed following the previous care inspection and that the home has been further supported by the Four Seasons Healthcare 'resident experience team' on a regular basis.

Discussion with the registered manager confirmed that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through a process of both supervision and appraisal.

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 spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager further confirmed that an 'adult safeguarding champion' was identified for the home.

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Records confirmed that the registered manager had reviewed the registration status of staff on a monthly basis.

An inspection of the home's environment was undertaken and included 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. Observation of staff evidenced that fire safety training had been embedded into practice. Patients' bedrooms, lounges and dining rooms were found to be adequately warm and comfortable. Prior to this unannounced inspection, RQIA had been notified on 13 November 2017 that the home's heating system had stopped working effectively. Consequently, the registered manager put contingency measures in place including the provision of portable heaters, hourly ambient temperature checks in all areas occupied by patients and additional blankets/clothing for patients if requested. During the inspection it was observed that the ambient temperature in patient areas was within expected limits. However, while staff were observed appropriately responding to patients who requested additional blankets/clothing it was also noted that hourly ambient temperature checks were not being adhered to. This was highlighted to the registered manager and it was stressed that such checks must be carried out in a timely manner to help ensure patient comfort. Following the inspection, the registered manager confirmed that the home's heating system had been repaired.

The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Although observation of the patients' smoking lounge evidenced that a suitable ashtray was in place it was noted that there were several areas of staining on the flooring. This was discussed with the registered manager who confirmed that it is intended that this flooring will be replaced following the proposed relocation of the smoking lounge. An area for improvement under the standards was stated for a second time.

Deficits were observed in relation to infection, prevention and control practices. One storage area was observed to have a number of items inappropriately stored alongside patient linen. It was also noted that staining was evident along one wall within the first floor dining area and a corner unit within the same dining area was in disrepair. Furthermore, staff were observed leaving dining room table cloths on the floor of an adjacent communal bathroom while the dining area was being cleaned. These deficits consequently impacted the ability of staff to deliver care in compliance with infection prevention and control best practice standards and guidance. This was highlighted to the registered manager and an area for improvement under regulation was stated.

One lounge was also observed to have a significant quantity of furniture; patient records and activities/nursing equipment stored within it. This was discussed with the registered manager who stated that the lounge was being used temporarily as a storage area. The need to ensure that all communal rooms are domestic in character and suitably maintained to ensure they meet the needs of patients was stressed. This will be reviewed during future inspections. The storage of patient records is discussed further in section 6.7.

Deficits were also identified in relation to the lack of access to nurse call leads in two patient lounges and one bedroom. An area for improvement under the standards was stated.

During a review of the environment the inspector identified four areas within the home where patients could potentially have had access to several harmful chemicals. This was discussed with the registered manager and an area for improvement under regulation was stated for a second time to ensure Control of Substances Harmful to Health (COSHH) regulations were adhered to. The substances were safely stored before the conclusion of the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monitoring the professional registration of staff and governance processes relating to staff training and mentoring.

Areas for improvement

Areas for improvement under regulation were identified in relation to COSHH and infection prevention and control practices.

Two areas for improvement under the standards were identified in relation to the environment.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition and they were encouraged to contribute to the handover meeting.

Staff who were spoken with stated that there was effective teamwork within the home with each staff member knowing their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager.

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 GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found.

Review of food and fluid intake records evidenced that these were maintained in accordance with best practice guidance, care standards and legislative requirements.

A review of the care record for one patient who required wound care evidenced that two relevant care plans were conflicting, out of date and had been reviewed inconsistently. It was further highlighted that although the patient was under the care of the TVN and that nursing staff had referenced such professional recommendations within a wound care plan, the patient's dressing regime had been subsequently changed by nursing staff without any supporting rationale being recorded. An area for improvement under regulation was stated.

The care record for one patient, who was assessed as being at risk of falling, evidenced that they had an unwitnessed fall. Records demonstrated that nursing staff had carried out clinical observations of the patient immediately following the fall but this did not include necessary neurological observations. Discussion with two staff nurses on duty evidenced that staffs’ knowledge in relation to the post falls management of patients could be improved. This was discussed with the registered manager and an area for improvement under regulation was stated.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to teamwork within the home.

Areas for improvement

Two areas for improvement under regulation were identified in relation to the delivery of care.

	Regulations	Standards
Total number of areas for improvement	2	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were 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:

- “I think they are good in here.”
- “It’s wonderful.”
- “I have no complaints.”

Furthermore, feedback received from patients’ relatives/representative during the inspection included the following comments:

- “The nurses are great here and so is the care.”
- “Nursing care is very good but ... a lack of continuity.”
- “The care is excellent. The nurses keep me posted.”

All comments received during the inspection were shared with the registered manager for consideration and action as appropriate.

Staff demonstrated a good knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plans.

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, patients' relatives and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients' relatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report no completed questionnaires were received within the specified timescales. All questionnaire comments received after specified timescales will be shared with the registered manager as necessary.

Observation of the lunch time meal evidenced that patients were given a choice in regards to the meals being served. The dining area on the ground floor appeared to be clean and tidy. The cleanliness of the first floor dining area is referenced in section 6.4. Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. All patients appeared content and relaxed in their environment throughout the serving of lunch and staff were observed providing encouragement and assistance to patients in a person centred and compassionate manner.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to awareness of and adherence to the dietary requirements and preferences of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

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

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

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

The registered manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis or as required.

Discussion with the registered manager and review of the home's complaints records evidenced that these had been responded to in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. 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 registered manager further evidenced that there was a process in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to appropriate staff in a timely manner.

A review of records evidenced that monthly monitoring reports 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.

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 by the registered manager in accordance with best practice guidance in relation to care records; accident/incidents; pressure area care and weight loss.

Staff who were spoken with did demonstrate an awareness of the importance of patient confidentiality. However, review of the environment did evidence that some patient records had not been stored securely in accordance with the Nursing Homes Regulations (Northern Ireland) 2005. This was highlighted to the registered manager and an area for improvement under regulation was stated.

Staff recruitment information was available for inspection and records for one staff member evidenced that enhanced AccessNI checks were sought, received and reviewed prior to them commencing work in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005.

Areas of good practice

There were examples of good practice found throughout the inspection in regards to governance arrangements relating to quality assurance and service delivery.

Areas for improvement

One area for improvement under regulation was identified in relation to care records.

	Regulations	Standards
Total number of areas for improvement	1	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 Gillian Finlay, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons must ensure that all chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Staff supervision on COSHH carried out. E- learning module on COSHH to be completed by all staff. Key pad lock placed on domestic store. Door weights put in place to ensure closure and reduce the risk of stores being accessible to residents.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 21 December 2017</p>	<p>The registered persons must ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Items inappropriately stored in the laundry store have been removed. Dining room is scheduled to be redecorated and deep cleaning has taken place. Table clothes are placed into a laundry cart following use to be taken to be washed.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 12 (1) (a)(b), 16 (2)</p> <p>Stated: First time</p> <p>To be completed by: 21 December 2017</p>	<p>The registered persons must ensure the following in relation to patients receiving wound care:</p> <ul style="list-style-type: none"> • That all patient care plans accurately reflect the prescribed care and treatment which should be delivered in compliance with recommendations made by the multiprofessional care team. • That the delivery of care complies with the recommendations of the multiprofessional team and relevant care plans at all times. Any decision by nursing staff to deviate from such recommendations must be documented and demonstrate evidence based rationale. <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: Care Plans have been reviewed and updated to ensure that they reflect the prescribed care given by the multiprofessional care team. Any deviation from the advice given will be recorded with rationale for the change and will be discussed with the multiprofessional team.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons must ensure that nursing staff carry out neurological observations of all patients following any actual or potential head injury in keeping with best practice guidelines. Such observations should be recorded within the patients' care records.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: Supervision carried out with nursing staff in relation to carrying out CNS observations following any actual or potential head injury. Home manager will carry out checks to make sure this is imbedded into practice.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 19 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons must ensure that patients' care records are stored securely at all times.</p> <p>Ref: Section 6.7</p>
	<p>Response by registered person detailing the actions taken: Patient documentation which was in the residents lounge waiting to be shredded has been removed and is stored in line with regulation.</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 44</p> <p>Stated: Second time</p> <p>To be completed by: 29 December 2017</p>	<p>The registered persons shall ensure that the home environment is well maintained and fit for purpose, specifically in relation to flooring within the designated smoking lounge.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: New flooring has been ordered and approved and will be put down early 2018 .</p>
<p>Area for improvement 2</p> <p>Ref: Standard E8</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons shall ensure that patients have effective access to the nurse call system, specifically those patients seated within communal lounge areas and those patients being cared for in bed.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Maintainence person has carried out a full audit of all residents rooms and communal areas any missing nurse call leads have been replaced. Additional leads have been ordered for standby.</p>

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



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