

Unannounced Care Inspection Report 15 October 2020 & 19 November 2020



Beverly Lodge

Type of Service: Nursing Home (NH)

Address: 186a Bangor Road, Newtownards, BT23 7PH

Tel no: 028 9182 3573

Inspector: Heather Sleator & Joseph McRandle

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 45 persons.

3.0 Service details

Organisation/Registered Provider: Ashdon Care Ltd Responsible Individual: Lesley Catherine Megarity	Registered Manager and date registered: Joanne Roy – 29 August 2019
Person in charge at the time of inspection: Joanne Roy	Number of registered places: 45
Categories of care: Nursing Home (NH) DE – Dementia	Number of patients accommodated in the nursing home on the day of this inspection: 44

4.0 Inspection summary

An unannounced inspection took place on 15 October 2020 from 09.25 to 18.15 hours. A finance inspection was undertaken on 19 November 2020 from 10.45 to 14.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. The inspection also sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC) including personal protection equipment (PPE) and the environment
- care delivery
- care records
- management of patients' finances
- governance and management arrangements.

Evidence of good practice was found in relation to maintaining patients' health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients. Governance and management systems were well organised and infection prevention and control procedures were signposted throughout the home.

Areas for improvement were identified regarding fire safety, the arrangements at mealtimes and staff adhering to specific recommendations for assisting patients at mealtimes. An area for improvement regarding responding to behaviours displayed by patients has been stated for a second time.

Patients said that they felt they were well cared for by staff and commented, "Food is brilliant, better than brilliant."

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	1	3*

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Joanne Roy, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection. One standard was assessed as not met and has been stated for a second time.

Enforcement action did not result from the findings of this 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
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with eight patients individually and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. The inspector provided the manager with 'Tell us' cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rotas from 28 September to 15 October 2020
- three staff competency and capability assessments
- five patients' care records
- complaint records
- compliment records
- staff training information including induction training
- staffs' annual appraisal and supervision planner
- a sample of governance audits/records
- infection prevention and control procedures
- accident/incident records
- a sample of the monthly monitoring reports
- RQIA registration certificate.
- three patients' finance files including copies of written agreements

- a sample of financial records including patients' personal allowance monies and valuables
- a sample of records of payments to the hairdresser
- a sample of records of two patients' personal property
- a sample of records from patients' comfort fund
- financial policies and procedures

Areas for improvement identified at the last care and finance inspections were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

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

The most recent inspection of the home was an unannounced care inspection undertaken on 23 January 2020.

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 13 (1) Stated: First time	The registered person shall ensure that all unwitnessed falls are managed in line with current best practice guidance and neurological observations are obtained. Action taken as confirmed during the inspection: We reviewed a patient's care records regarding the management of falls. We observed that neurological observations had been recorded for the required time period.	Met
Area for improvement 2 Ref: Regulation 12 (1) (a) Stated: First time	The registered person shall ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance. Action taken as confirmed during the inspection: We reviewed the wound care management of one patient. Evidence was present of the initial	

	wound assessment and subsequent dressing regime. Refer to 6.2.4 for further information.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 29 Stated: Second time	The registered person shall ensure that handwritten personal medication records and medicine administration records are routinely signed by two staff.	Met
	Action taken as confirmed during the inspection: We reviewed the personal medication records and medicine administration records. Evidence was present that the records had been signed by two staff.	
Area for improvement 2 Ref: Standard 4 Stated: First time	The registered person shall ensure that all evaluations of care are meaningful and patient centred.	Met
	Action taken as confirmed during the inspection: We reviewed the evaluation of care in five patients' care records. Generally an improvement in the standard of evaluations was present. The manager stated that she was aware of the need to support/guide registered nurses with care recording at present as changes had been made to registered nurses responsibilities in respect of the care planning process. Refer to 6.2.4	
Area for improvement 3 Ref: Standard 4 Stated: First time	The registered person shall ensure that patient centred care plans are in place for each patient's assessed need, including those with a dementia diagnosis and presentation of behaviour that challenges.	Not met
	Action taken as confirmed during the inspection: The review of patients' care records did not, in all cases, evidence a robust approach and care planning was not present for those patients who displayed behaviours that challenge.	
	This area for improvement has not been met and has been stated for a second time.	

Area for improvement 4 Ref: Standard 4 Stated: First time	The registered person shall ensure that the registered nurses evidence clearly that they have reviewed and evaluated the effectiveness and delivery of care for any patient requiring a daily fluid intake target.	Met
	Action taken as confirmed during the inspection: The review of patients care recording evidenced that night staff evaluate patients' daily fluid intake. This total is highlighted in the patients' progress records and brought to the attention of registered nurses when or where action is required to be taken.	

Areas for improvement from the last finance inspection

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 14 Stated: First time	The registered person shall ensure that a written safe contents record is introduced, which should be reconciled and signed and dated by two people at least quarterly. (Any entries recording deposits or withdrawals from the safe place should also be signed and dated by two people.)	Met
	A review of records evidenced that a system was in place to record patients' items deposited to and withdrawn from the safe place. Records of items held in the safe place were up to date at the time of the inspection. Records showed that the contents of the safe place were reconciled at least quarterly. Two members of staff had signed the records to confirm the items were checked. This area for improvement had been met.	
Area for improvement 2 Ref: Standard 14.9 Stated: First time	The registered person shall ensure that patients' individual income and expenditure records and the patients' comfort fund records follow a standard financial ledger format which is used to clearly and accurately detail transactions for patients. The format captures the following information each time an entry is made on the ledger: the date; a description of the entry; whether the entry is a lodgement or withdrawal; the amount; the running balance of the resident's cash total held; and the signatures of	Met

	<p>two persons able to verify the entry on the ledger.</p>	
	<p>A review of records evidenced that a system for recording transactions for patients (including from the patients' comfort fund) had been implemented following the last finance inspection.</p> <p>The details recorded included the date, amount and description of the transaction; whether the entry was a lodgement or withdrawal and the running balance of the patients' cash held. Each entry reviewed was signed by two members of staff. This area for improvement had been met.</p>	
<p>Area for improvement 3 Ref: Standard 14.13 Stated: First time</p>	<p>The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the resident or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each resident.</p>	Met
	<p>A review of a sample of records of payments to the hairdresser evidenced that the records were signed by both the hairdresser and a member of staff. This area for improvement had been met.</p>	
<p>Area for improvement 4 Ref: Standard 14.25 Stated: First time</p>	<p>The registered person shall ensure that a reconciliation of money and valuables held and accounts managed on behalf of residents is carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p>	Met
	<p>A review of records confirmed that reconciliations of patients' monies and valuables were undertaken quarterly as in line with the Care Standards for Nursing Homes (2015). The records of the reconciliations were signed by the member of staff undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Discussions with staff confirmed that the bank account identified at the last finance inspection has since been closed. This area for improvement had been met.</p>	

Area for improvement 5 Ref: Standard 14.28 Stated: First time	<p>The registered person shall ensure that the balance of patients' comfort fund monies currently deposited within the business bank account is withdrawn, accounted for and safeguarded separately.</p>	Met
	<p>Discussions with staff and a review of records confirmed that comfort fund monies were no longer held within the business bank account. Records also showed that the monies were accounted for and safeguarded separately. This area for improvement had been met.</p>	
Area for improvement 6 Ref: Standard 14.26 Stated: First time	<p>The registered person shall ensure that an inventory of property belonging to each resident 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.</p>	Met
	<p>A review of two patients' property records evidenced that, since the last finance inspection, the records had been updated and reconciled at least quarterly as in line with the Care Standards for Nursing Homes (2015). The records were signed by the member of staff undertaking the reconciliation and countersigned by a senior member of staff. This area for improvement had been met.</p>	
Area for improvement 7 Ref: Standard 14.30 Stated: First time	<p>The registered person shall ensure that a policy and procedure is in place addressing the aims and objectives of the comfort fund and providing guidance for staff on the ethos and operation of the fund. The policy and procedure should include reference to and inclusion of the resident and/or relative forum in the decision making process for expenditure from the comfort fund.</p>	Met
	<p>A review of records confirmed that a policy and procedure addressing the aims and objectives of the comfort fund was implemented following the last finance inspection. The policy provided guidance for staff in the operation of the comfort fund. This area for improvement had been met.</p>	
Area for improvement 8 Ref: Standard 2.8 Stated: First time	<p>The registered person shall ensure that any changes to a patient's individual agreement are agreed in writing by the patient or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the patient or their</p>	Met

	<p>representative is unable to or chooses not to sign the revised agreement, this is recorded.</p>	
<p>Area for improvement 9 Ref: Standard 2.2 Stated: First time</p>	<p>The registered person shall ensure that the content of the home's generic patient agreement is compared with the minimum content of a patient agreement as set out within standard 2.2.</p> <p>A review of three patients' written agreements showed that the agreements were updated to include the details of the person paying the fees and the method of payment for the fees. A list of the current charges for additional services provided to patients was also included in the agreements. This area for improvement had been met.</p>	<p>Met</p>
<p>Area for improvement 10 Ref: Standard 14.6, 14.7 Stated: First time To be completed by: 07 June 2018</p>	<p>The registered person shall ensure that personal monies authorisations providing authority for the home to make purchases of goods or services and/or authority for specific financial arrangements to be in place with the home are updated for all relevant patients. Evidence should be available to confirm that there is authority from the patient/their representative/ HSC trust care manager (where relevant) for the detailed arrangements.</p> <p>A review of records evidenced that since the last finance inspection written authorisation forms were in place for the patients identified during the last inspection. The authorisation forms detailed the items members of staff were authorised to purchase from the patients' monies. The forms were signed by the patients' representatives. This area for improvement had been met.</p>	<p>Met</p>

Area for improvement 11 Ref: Standard 35.7 Stated: First time To be completed by: May 2018 to July 2018 inclusive	The registered person shall ensure that the registered provider regulation 29 monthly monitoring visits for the next three months include a review of the matters highlighted for improvement following the finance inspection.	Met
	This area for improvement related to the previous registered person of the home. Due to the findings of the finance inspection on 19 November 2020 this area for improvement was deemed as met.	

6.2 Inspection findings

6.2.1 Staffing

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of patients accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the patients and provide the correct level of support.

The staff reported that they all work together for the benefit of the patients. Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. Staff said:

- "Everyone is very approachable, if you've got an idea they (management) listen."
- "There's no problem getting any resources, if we need anything we just ask"
- "It's all about organisation and it's working well here, if you get it right in the morning it all flows."

We reviewed three staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager's absence. We discussed the annual staff appraisal and supervision of staff with the manager. The manager maintains a 'planner' which was viewed and confirmed the processes were on-going. We spoke to staff who also confirmed the arrangements for supervision and the annual staff appraisal.

We reviewed the minutes of staff meetings which evidenced that the last staff meeting held was in May 2020. In discussion with the manager it was stated that general staff meetings had been 'put on hold' due to Covid-19. The manager stated that one to one supervision sessions with staff were being held instead of a general meeting. The manager also stated that weekly heads of department meetings were held with those staff responsible for catering, housekeeping and care. Care staff spoken with told us that they do not attend a handover report when commencing duty. The handover report is given by night staff to the registered nurses coming on duty and the senior care assistant/s. A daily allocation sheet directs care staff regarding the plan of the day and this is supplemented by any necessary information from the senior care assistant. We discussed this arrangement with the manager as it is beneficial

for care staff to be fully informed of the wellbeing of the patients when commencing duty. The manager stated that she recognised the need for care staff to attend a handover report when commencing duty and this would be commenced in the following week.

Staff training schedules which were reviewed evidenced that mandatory training was being provided for staff and maintained on an ongoing basis. The review of the fire safety training records evidenced that this was up to date. The manager advised that additional training was also provided for staff as and when required, for example; infection prevention and control procedures were discussed at staff meetings and 'ad-hoc' meetings alongside the scheduled training date. Induction training records, including those of agency staff, were reviewed and were signed and dated by the supervisor and the staff member.

There were no questionnaires completed and returned to RQIA by staff prior to the issue of the report.

6.2.2 Infection prevention and control procedures and the environment

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed. In discussion with staff they confirmed the frequency of having their temperature and symptom checks taken when on duty and if that the information was recorded. Records were available and viewed at the time of the inspection.

One of the housekeeping staff spoken with advised that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of daily cleaning duties were maintained along with advice and guidance for housekeeping staff.

We observed that staff used PPE according to the current guidance. The staff had identified changing facilities where they could put on their uniform and the recommended PPE (personal protective equipment). PPE was readily available and PPE stations were well stocked. Staff told us that sufficient supplies of PPE had been maintained. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. A staff member commented, "We did COVID training online and then one of the nurses did the practical part with us."

Visiting arrangements were pre-arranged with staff and a 'pod' was outside the entrance to the home which had been designated for visiting. The location of the visitors pod meant that visitors were not walking through the main home and this minimised the potential health risk for other patients and staff.

An inspection of the internal environment was undertaken; this included observations of a number of bedrooms, en-suites, bathrooms, a lounge, dining areas and storage areas.

The majority of patients' bedrooms were found to be personalised with items of memorabilia and special interests, this was to the preference of the individual. We observed that the bedlinens on patients' bed, whilst freshly laundered, had not been ironed and presented with multiple creases. This was discussed with the manager who agreed to inform laundry staff that bed linen must be ironed and/or be presentable for use. All areas within the home were observed to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction. There had been a number of improvements to the environment including redecoration, new flooring and furnishings. This gave a homely appearance to the environment.

A copy of the fire risk assessment report and action plan was forwarded to RQIA by the provider by e-mail following the inspection on 15 October 2020. The assessment was carried out on 30 June 2020 by a fire risk assessor who is on a recognised register of fire risk assessors. The report's action plan listed a number of items requiring attention and remedial works and the risk was rated as 'moderate' pending the action plan being addressed which, was stated, would reduce the risk to 'tolerable'. It was good to note that the items listed on the action plan had been signed off by the provider indicating that all items had either been addressed immediately or in the weeks immediately following the risk assessment. The provider should now engage with the fire risk assessor to confirm that the risk has been reduced to 'tolerable'. This has been identified as an area for improvement.

6.2.3 Care delivery

We observed that patients looked well cared for; they were generally well groomed and nicely dressed. It was obvious that staff knew the patients well; they spoke to them kindly and were very attentive. Patients appeared to be content and settled in their surroundings and in their interactions with staff. Patients who were in bed appeared comfortable, personal care needs had been met and call bells were placed within easy reach for those patients. The atmosphere in the home was calm, relaxed and friendly. We observed examples of staff engaging with patients in a kindly and thoughtful manner, particularly the activities coordinators.

Some comments made by patients included:

- "Like it alright here, it's good."
- "It's alright here but I've only just arrived."
- "The food is brilliant, better than brilliant."

The staff told us that they recognised the importance of maintaining good communication with families due to the current pandemic. The care staff assisted patients to make phone calls with their families in order to reassure relatives, (where possible). As previously discussed, arrangements had been in place on a phased appointment basis to facilitate relatives visiting their loved ones at the home.

Discussion with staff and a review of the activity programme showed that arrangements were in place to meet patients' social, spiritual and recreational needs. A planned activities programme was displayed in the entrance lobby of the home.

We spoke with the two activities coordinators whilst an activity was on-going in a lounge. New activities resources had been purchased to provide interest to and promote patients independence. Patients were engaged in painting (on table top easels) and board games which had enlarged features for ease of participation. The activities coordinators were enthusiastic and attentive to the needs of the patients.

We observed the serving of the lunchtime meal. Dining tables were appropriately set with place mats and a range of condiments. Meals were served in differing coloured plates and when asked, staff stated the colours represented the texture of meal required by patients. Patients were offered a choice of fluids to accompany their meal.

Social distancing was maintained in the dining room and lounge areas during the mealtime. Staff were helpful, attentive and demonstrated their knowledge of patients' dietary preferences. However, whilst staff had been allocated specific areas of responsibilities during the lunchtime period this was not as effective as it could be. We observed that some patients had a lengthy

wait for assistance with their meal and some patients required more time spent with them to facilitate an adequate nutritional intake. We also observed that trays were not used, on all occasions, for those patients receiving their meals in their bedrooms and meals were not always covered during transit to bedrooms or lounge areas. A review of the mealtime arrangements was discussed with the manager who was advised that the mealtime arrangements should be reviewed for a more organised and consolidated approach. This has been identified as an area for improvement. We also observed that a patient, who was seated in a specialised chair in the 'tilt' position, was not placed in an upright position when being assisted with their meal despite this position being specifically stated in the individual's care plan. All staff should be aware of the optimal and safe ways of assisting patients with their meals and their individual assessed needs. This has been identified as an area for improvement.

6.2.4 Care records

We reviewed five care records which evidenced that generally care plans were in place to direct the care required and reflected the assessed needs of the patients. The exception was in relation to care planning for responding to behaviours that challenge. The review of a patient's care plan regarding behaviour management did not clearly specify how the behaviour presented, any known triggers or how to respond/diffuse the behaviour. This was identified as an area for improvement at the previous inspection of 23 January 2020 and has been stated for a second time in this report.

Whilst the records reviewed were written in a professional manner the terminology used was, on occasions, outdated and not in accordance with best practice guidance. We observed during the review of patients' care records that reference to the status of a patient's wound was not evident in the daily progress record, only in the wound care management documentation, and that on one occasion a body map was not completed following a patient falling. These areas were discussed with the manager who agreed to inform the registered nurses of the need to reflect current standards and terminology and due diligence when recording in patients' care records.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs, for example, recommendations from the speech and language therapist (SALT) or dieticians were included. Risk assessments including the management of falls were also present.

6.2.5 Governance and management arrangements

There was a clear management structure within the home and the manager was available throughout the inspection process. The manager retains oversight of the home. All staff and patients spoken with commented positively about the manager and described her as supportive and approachable. A staff member commented: "The manager is very good and everyone is listened to."

There were numerous 'thank you' cards displayed and comments included:

- "You are all doing an amazing job which we greatly appreciate.

Relative- May 2020

- “We express our heartfelt thanks care for the kindness and care given.”
Relative- May 2020
- “We appreciate the very important work you are all doing in caring for your residents, especially our (relative).”
Relative- April 2020

A system of audits was in place in the home. Examples of such audits reviewed were: the management of IPC, the environment and PPE compliance among staff. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

We reviewed the reports of accidents and incidents. We noted where an unwitnessed fall had occurred medical attention was sought. We discussed the management of unwitnessed falls and the manager clearly defined staffs response in relation to any fall which may happen.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and we were advised that there is an identified person within the home who holds this responsibility and ensures that the organisation’s safeguarding activity is in accordance with the regional policy and procedures.

Procedures were in place to ensure that any complaints received would be managed in accordance with regulation, standards and the home’s own policies and procedures. The review of the complaints records confirmed that they had been managed appropriately and that complainants were satisfied with the outcome of the action taken to address the issues raised. The complaints records and all quality audits were reviewed at the time of the monthly quality monitoring visit.

A visit by the registered provider’s representative was undertaken as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. The reports of the visits for July, August and September 2020 were reviewed. An action plan within these reports had been developed to address any issues identified which included timescales and the person responsible for completing the action.

Areas of good practice

Evidence of good practice was found in relation to promoting patients health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home. Governance and management systems were in place and were consistently reviewed and evaluated. Infection prevention and control procedures were being adhered to.

Areas for improvement

Areas for improvement were identified regarding fire safety, the arrangements at mealtimes and staff adhering to specific recommendations for assisting patients at mealtimes. An area for improvement regarding responding to behaviours displayed by patients has been stated for a second time.

	Regulations	Standards
Total number of areas for improvement	1	3*

6.3 Conclusion

Evidence of good practice was found in relation to maintaining patients' health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients. Governance and management systems were well organised and infection prevention and control procedures were signposted throughout the home.

Areas for improvement were identified regarding fire safety, the arrangements at mealtimes, staff adhering to specific recommendations for assisting patients at mealtimes. An area for improvement regarding responding to behaviours displayed by patients has been stated for a second time.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Joanne Roy, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4) (a) Stated: First time To be completed by: 30 November 2020	<p>The registered person shall ensure that following completion of measures and remedial works to address the items listed on the fire risk assessment action plan, undertake a review of the fire risk assessment by the fire risk assessor to confirm that the risk in the premises is now 'tolerable'.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: Once all remedial works have been completed a review of the fire risk assessment will be arranged with the fire risk assessor.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 4 Stated: Second time To be completed by: Immediate	<p>The registered person shall ensure that patient centred care plans are in place for each patient's assessed need, including those with a dementia diagnosis and presentation of behaviour that challenges.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: A review of each resident's care plan will be completed to ensure that care plans are person centred, including those with a dementia diagnoses and presentation of behaviours that challenge. Ongoing monitoring will continue.</p>
Area for improvement 2 Ref: Standard 12 Stated: First time To be completed by: 16 November 2020	<p>The registered person shall ensure that the organisation of the mealtime arrangements is reviewed so as:</p> <ul style="list-style-type: none"> • Sufficient time is afforded to patients who require assistance with their meals • Patients who are not able to attend the dining room have their meals served appropriately on a tray and that meals are covered • The length of time patients wait for the serving of their meal is minimised <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: The mealtime arrangements in the home are currently being reviewed to ensure sufficient time is afforded to residents who require assistance and those unable to attend the dining room to ensure the length of time residents wait for their meals is minimised. Ongoing monitoring will continue.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 12.7</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff adhere to the specific recommendations made by the Speech and Language Therapist and/or Dietician when assisting patients with their meals.</p> <p>Ref: 6.2.3</p>
<p>To be completed by: Immediate</p>	<p>Response by registered person detailing the actions taken: Further supervision sessions have been completed with staff and further monitoring of staff will continue to ensure specific recommendations made by the Speech and Language Therapist and/or the dietitian are adhered to. Ongoing monitored will continue.</p>

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



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