

# Inspection Report

11 May 2023



## Cherryvalley

Type of service: Nursing  
Address: 14-24 Kensington Drive, Belfast, BT5 6NY  
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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Beaumont Care Homes Ltd  <b>Responsible Individual:</b> Mrs Ruth Burrows	<b>Registered Manager:</b> Ms Marites Astorga – not registered
<b>Person in charge at the time of inspection:</b> Ms Marites Astorga	<b>Number of registered places:</b> 46
<b>Categories of care:</b> 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 impairment – over 65 years. TI – Terminally ill.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 31
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 46 patients. Patient bedrooms are located over the two floors. There are communal lounges, dining rooms and garden space.	

## 2.0 Inspection summary

An unannounced inspection took place on 11 May 2023, from 9.30 am to 6.20 pm by two care inspectors.

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.

The home was clean with a welcoming atmosphere. Patients looked comfortable in their surroundings and during interactions with staff. Patients spoke in positive terms about the care and services they received in Cherryvalley Care Home.

Staff were seen to be attentive to the needs of patients and to treat patients with respect and kindness.

Areas for improvement identified at previous inspections were reviewed; five areas were assessed as met and two areas for improvement were assessed as not met or partially met and were stated for a second time. Two areas for improvement relating to medicines management were not assessed as part of this inspection and have been carried forward for review at a future inspection.

Three new areas for improvement were identified in relation to potential hazards in the environment, auditing systems, and the provision and documentation of patients' personal hygiene care.

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 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 and how staff went about their work was observed.

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 the management team at the conclusion of the inspection.

### **4.0 What people told us about the service**

Patients, staff, and visiting professionals were consulted during the inspection. No questionnaire or survey responses were received within the allocated time frame.

Patients expressed that their experiences of living in Cherryvalley Care Home were positive. Patients said that they were happy with the care provided and described staff as “very good” and “lovely”, and said that staff were available when they needed. One patient commented that sometimes they could be waiting for approximately thirty minutes for staff to attend if they were busy with other patients but that this did not happen often and that they were overall very happy with the care.

Patients said that they could choose where they spent their time in the home and that they were satisfied with the levels of cleanliness. Patients’ descriptions of the food ranged from “good” to “average” and one patient said that they would like the food to be served warmer. Comments were shared with the management team for action where required.

Staff told us that they were satisfied with the staffing arrangements in the home and that they felt supported by management.

Two visiting professionals said that they attend the home on a regular basis and that they observed good practice. They described good continuity of care and said that staff were consistent, informed, and helpful.

## 5.0 The inspection

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

Areas for improvement from the last inspection on 23 September 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall review the management of thickening agents to ensure that care plans are in place and records of prescribing and administration are accurately maintained.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that systems are in place to provide patients with the correct level of supervision during meal times, and that patients are positioned safely as per SALT recommendations.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that systems are in place for the effective cleaning of shared equipment before and after each use. This is with specific reference to commodes.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review the management of distressed reactions to ensure that care plans are in place and the reason for and outcome of administration are recorded on all occasions.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 12.1 and 12.6</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that patients' dietary preferences are recorded accurately on dietary notification records and shared with relevant departments such as catering in a timely manner.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of dietary notification records, care records, and discussions with patients evidenced that this area for improvement was not met and has been stated for a second time.</p> <p>Further detail can be found in section 5.2.2 of this report.</p>	<p><b>Not met</b></p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 44.3 and 44.11</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review the arrangements for the two identified communal rooms being used for storage.</p> <p>Consideration must be given to the overall availability of communal spaces for patients.</p> <p>Further variation from the original purpose of these rooms should be formally submitted to RQIA in writing.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was met.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 9.1 and 9.6 and Standard 43.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that patients are provided with adequate variety in where they spend their time and are routinely offered the choice to use communal spaces in addition to the privacy of their bedrooms.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was met.</p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 43.2 and 43.6</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review the aesthetics of the home's environment and address the décor to promote more homely spaces with some visually stimulating pictures / art.</p> <p>This is with specific reference to:</p> <ul style="list-style-type: none"> <li>- the personalisation of some patients' bedrooms</li> <li>- wall art / décor in bedrooms</li> <li>- wall art / décor in communal spaces such as corridors</li> </ul>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was met.</p>		

<b>Area for improvement 6</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> First time	The registered person shall review the provision of activities within the home and ensure that person centred activities are provided to patients in a consistent manner.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of activities records and discussions with staff and patients evidenced that this area for improvement was partially met and has been stated for a second time.  Further detail can be found in section 5.2.4 of this report.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Two staff recruitment files were reviewed. There was evidence that a system was in place to ensure staff were recruited correctly to protect patients. The importance of ensuring all gaps in employment history are explored was stressed as a number of small gaps in one file were identified. Employment gaps were identified in the second recruitment file although there was a record of an exploratory discussion during the interview process. This will be reviewed again at the next inspection.

Governance records showed that all required staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC), and there was a system in place for monthly review by the manager.

The manager confirmed that they had oversight of staff compliance with essential training courses and staff told us that the provision of training supported them to deliver safe and effective care to patients.

The duty rota accurately reflected the staff working in the home on a daily basis. The manager's hours were stated on the duty rota and the person in charge of the home in the absence of the manager was highlighted. An on-call duty rota for senior management cover was available to the person in charge to escalate any issues or concerns.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example, some patients chose to lie on in bed in the morning and staff were seen to assist them to get up later in the day at times requested by each patient.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Patients spoke with warmth about the staff and told us that staff were kind and available to them when they needed. One patient commented that sometimes they could be waiting for approximately thirty minutes for staff to attend if staff were busy with other patients but that this did not happen often and that they were overall very happy with the care.

Visiting professionals said that they observed good practice while in the home and described staff as informative and helpful. The visiting professionals told us that staff work in partnership with them and followed any specialist recommendations made.

### 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. In addition, patient care records were maintained which accurately reflected the needs of the patients.

Staff were knowledgeable of individual patients' needs, and their daily routine. It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering and discussing patients' care in a confidential manner. Patients who were in their bedrooms were seen to have nurse call bells within reach and staff were responsive to requests for assistance.

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 these care plans included any advice or recommendations made by other health professionals.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

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 such as frequency of repositioning and if any specialist pressure prevention equipment such as airflow mattresses were used. If required, nursing staff consulted with other relevant specialists such as Tissue Viability Nurse (TVN) or Podiatrist.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, increase supervision and/or assistance from staff, where recommended walking aids were used, and patient areas were maintained free from clutter and obstacles as far as reasonably possible.

Examination of records and discussion with nursing staff confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The serving of lunch was observed. Staff were seen to provide the appropriate level of supervision and/or assistance to patients as required.



Patients were seen to choose where they had their meals with some coming to the communal dining room and some opting to eat in their bedrooms or smaller lounge areas. The atmosphere during lunch was calm and unhurried and patients said that they enjoyed their meal. Patients told us that they were satisfied with the food and confirmed that they had a variety of choice around food and drinks. One patient told us that they prefer to eat their meals in their bedroom but that sometimes the food was not as hot as they liked. Comments were shared with the management team for action where required. It was noted that the menu format on display in the dining room was not in a user friendly or easy read format. This was discussed with the management team who agreed to review how they display the menus. This will be reviewed at the next inspection.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Review of care records pertaining to nutritional needs showed that recommendations made by speech and language therapy (SALT) were followed correctly. Some shortfalls were identified in relation to patients' dietary notification records which included likes and dislikes. For example, one patient stated specific preferences about food during their pre-admission assessment however staff did not include this information on their dietary notification once admitted to the home. In addition, it was identified that the dietary notification folder in the kitchen was not up to date for all patients in the home. An area for improvement identified at a previous inspection was stated for a second time.

Some shortfalls were identified in relation to the management of patients' personal hygiene and bathing preferences. Review of care records and discussion with patients evidenced that some patients' preferred frequency of bathing or showering were not consistently followed by staff. For example, two patients who stated a preference for showering once a week were overdue by several days. Another patient's needs had changed from weekly shower to requiring bed bathing. It was unclear from the records if this need was being met as staff were recording "refused" shower on the personal care chart. This evidenced that this patient's changing needs were not captured in the care records and it was unclear if staff had changed their approach to this patient's personal hygiene needs. An area for improvement was identified.

Despite some comments about having to wait for staff on occasion and the serving temperature of the food, patients told us that they were overall very satisfied with the quality of care and services provided in Cherryvalley Care Home.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was observed to be warm, clean, tidy, and free from malodours. Improvements had been noted in the overall décor and aesthetics of the home, with some new communal furnishings, framed pictures or art on the walls, and homely touches such as flowers and bookshelves in communal rooms.

There was a variety of communal seating areas for patients to choose from on both floors.

It was observed that two large freezers were located in the patient's communal dining area. Both freezers contained food supplies for the home and were unlocked. This was discussed with the management team who informed us that there was not enough room in the main kitchen to hold the freezers. It was agreed that there were potential risks in association with

cross contamination, unwanted tampering of food items, theft, or risk of someone falling into the chest freezer. The location of the freezers also encroached on patients' communal space. The manager took action to get locks fitted to both freezers as an interim safety measure. Following discussion with the RQIA estates inspector it was agreed to allow time for the home to make alternative arrangements for the location of the freezers and the home agreed to liaise with the environmental health agency during this process. This will be reviewed at the next inspection.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were maintained free from obstruction. The most recent fire risk assessment was completed on 6 April 2023 and no recommendations were made by the assessor.

There was evidence that systems were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, all staff were trained in infection prevention and control (IPC), there was a good supply of personal protective equipment (PPE), and the home liaised with the Public Health Authority (PHA) when required.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was monitored by the manager through audits.

Review of governance records showed that a number of audits, including IPC and hand hygiene, did not contain action plans when issues were found and therefore did not evidence that appropriate action had been taken when required. An area for improvement was identified.

A number of hazards were observed in the environment; a treatment room was left unlocked allowing access to overstock medications, a sluice room containing cleaning chemicals was found to be unlocked, and a linen store had electrical equipment such as televisions and fans stored in a hazardous manner on high shelving. Both the treatment and sluice room doors were secured by the inspectors and the manager was alerted. An area for improvement was identified.

Patients said that they were happy with the levels of cleanliness in the home and observed staff cleaning their bedrooms daily.

#### **5.2.4 Quality of Life for Patients**

Observation of the daily routine confirmed that staff offered patients choices throughout the day. For example, where they wished to sit, if they wanted a television or radio on, or what they had to eat and drink. Staff were seen to interact with patients in a positive and compassionate manner at all times.

Some improvements had been noted in relation to the provision of activities. A part time activities coordinator was in post and facilitated organised sessions three days each week. A monthly activities programme was on display on each floor and showed events such as balls games, baking, dog therapy, and pampering sessions. Some patients were seen to take part in planting flowers during the inspection. The activities coordinator kept a record of participation for each individual patient. This is good practice.

However, a number of shortfalls remained in the provision of activities; there was no evidence of religious or spiritual events, and some patients told us that they preferred to occupy their own time by reading or listening to music because there was nothing that appealed to them on the current activities programme. There was no evidence of consultation with patients in relation to planning of activities. The management team informed us that a patient satisfaction survey was completed in November 2022, however the home manager was unable to produce the results of this survey within an allocated timeframe for this inspection report. This area for improvement was stated for a second time.

Visiting arrangements were in place and patients confirmed that they could avail of visits in a variety of lounges or in the privacy of their own bedroom.

### **5.2.5 Management and Governance Arrangements**

There had been a change in management arrangements in the home since the last inspection. Ms Marites Astorga was appointed manager on 3 October 2022. The management team informed us that the plan was to complete the manager's registration with RQIA. No application has been received by RQIA to date and this will be followed up with the manager directly.

The manager confirmed that they were supported by a senior management team.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. As stated in section 5.2.3, some shortfalls were identified in relation to the completion of some audits to ensure that they drove the necessary improvements. For example, some IPC, hand hygiene, and medication audits did not have a clear action plan or evidence of review after issues were found. As stated in section 5.2.3 an area for improvement relating to auditing was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

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

The manager told us that complaints were seen as an opportunity for the team to learn and improve. A system was in place to address any complaints raised about the service and records were maintained.

Staff commented positively about the manager, telling us that she was approachable and available for support and/or guidance when required.

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 areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

## 6.0 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 the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	4*

\*The total number of areas for improvement includes two that have been stated for a second time and two that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Marites Astorga, Manager, and Kerrie Wallace, Regional Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection (16 June 2022)	The registered person shall review the management of thickening agents to ensure that care plans are in place and records of prescribing and administration are accurately maintained.  Ref: 5.1  <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 17 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2023</p>	<p>The registered person shall ensure that deficits identified during the process of auditing are addressed through an action plan stating the actions required, who is responsible, and expected timeframe for completion.</p> <p>There should be evidence that plans have been reviewed and signed off once the required actions have been taken.</p> <p>Ref: 5.2.3 and 5.2.5</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Action plans are now developed to address any deficits noted as a result of an audit completed within the Home. The action plan identifies the issue noted, the action to be taken, the person responsible and the expected completion date. Each action will also detail the outcome of the review when completed and actions signed off. Completion of the action plans will be monitored by Home Manager and during monthly visits by Operations Manager.</p>
	<p>The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety. This was in relation to securing of rooms where medications and/or chemicals are stored. Storage rooms should be organised in such a fashion as to reduce the risk of heavy equipment such as televisions falling from high shelving.</p> <p>Ref: 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Supervision has been completed with all staff regarding the security of treatment rooms and sluice rooms. Storage rooms have been reviewed and items have been rearranged to ensure safety of storage on high shelving. Compliance will be monitored by Home Manager and Operations Manager, any issues identified will be addressed with individual staff at the time.</p>

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 18  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection (16 June 2022)	The registered person shall review the management of distressed reactions to ensure that care plans are in place and the reason for and outcome of administration are recorded on all occasions.  Ref: 5.1
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12.1 and 12.6  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that patients' dietary preferences are recorded accurately on dietary notification records and shared with relevant departments such as catering in a timely manner.  Ref: 5.1 and 5.2.2
	<b>Response by registered person detailing the actions taken:</b> A full review of Diet Notifications has been completed to ensure residents likes and dislikes have been recorded. These have also been shared and signed by catering staff. The Home Manager will monitor the Diet Notification Folder held in kitchen during monthly Food Safety Audit to ensure it contains a fully completed Diet Notification with relevant up to date information for each resident and record same on audit. Completion of Diet Notifications for any new admissions will be spot checked by Home Manager and Operations Manager during the completion of Regulation 29.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> Second time  <b>To be completed by:</b> 30 June 2023	The registered person shall review the provision of activities within the home and ensure that person centred activities are provided to patients in a consistent manner.  Ref: 5.1 and 5.2.4
	<b>Response by registered person detailing the actions taken:</b> The Personal Activity Leader is completing a questionnaire with the residents regarding their activity preferences. On completion this will be reviewed to develop an activity planner which includes residents' preferences where possible.

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4 and 6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2023</p>	<p>The registered person shall ensure that care plans relating to the personal hygiene needs of patients are reflective of each patient’s current preferences in relation to bathing and showering. Reasons for veering from patients’ stated preferences should be documented.</p> <p>Care plans should be developed for those patients who cannot avail of a bath or shower and required bed-bathing.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>A review of resident’s care plans for personal hygiene has been completed by Home Manager to ensure each residents preferences in relation to bathing/showering has been recorded. This Care Plan will also include details if a bed bath for individual residents is required.</p> <p>The Daily Care Chart has been updated to include a section for the recording if a bed bath has taken place.</p> <p>Supervision has been completed with all staff regarding completion of personal hygiene records/care plans and to ensure refusals are reported to nurse in charge and recorded in daily progress notes for monitoring.</p> <p>The Home Manager will carry out spot checks during recorded walkabouts and Operations Manager will also spot check care plans and Daily Care Charts during monthly visits.</p>

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



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