

# Inspection Report

20 February 2024



## Clandeboye Care Home

Type of service: Nursing  
Address: 35 Cardy Close, Bangor, BT19 1AT  
Telephone number: 028 9127 1011

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation:</b> Beaumont Care Homes Ltd	<b>Registered Manager:</b> Mrs Laura Patterson
<b>Responsible Individual:</b> Mrs Ruth Burrows	<b>Date registered:</b> 23 May 2023
<b>Person in charge at the time of inspection:</b> Mrs Laura Patterson	<b>Number of registered places:</b> 52  The home is approved to provide care on a day basis to 1 person.
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 49
<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 52 patients. The home is divided into two units. Patients' bedrooms, communal lounges and dining rooms are located within each unit and patients have access to enclosed gardens.	

## 2.0 Inspection summary

An unannounced inspection took place on 20 February 2024, from 9.50am to 4.40pm by care inspectors.

The inspection assessed progress with 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.

Areas requiring improvement were identified and are included in the Quality Improvement Plan (QIP) in section 6.0.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The findings of this report will provide the manager 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 was observed and how staff went about their work.

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

The findings of the inspection were discussed with Mrs Laura Patterson at the conclusion of the inspection.

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

We spoke with patients and staff individually and in small groups about living and working in the home.

Patients' comments were positive and complimentary about the care provided by staff, the food provided and the activities programme.

Staff said they were happy working in the home and were supported by the manager. Staff also commented that at times staffing levels were reduced and this impacted on patient care. This was brought to the attention of the manager for her review.

No completed patient or relative questionnaires were received and no responses were received from the online staff survey.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

## 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 2 November 2023		
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 12 (1) (a) (b)  <b>Stated:</b> First time	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> <li>a system is developed and implemented to monitor pressure relieving mattress settings and ensure these are correctly maintained for each individual patient</li> <li>records of repositioning are fully completed with all required details and signed by two staff where necessary.</li> </ul>	<b>Not met</b>
<p><b>Action taken as confirmed during the inspection:</b>            This area for improvement was not met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.2</p>		
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> Second time	<p>The responsible person shall ensure care plans are in place for patients prescribed medicines for distressed reactions. The reason for and outcome of administration of these medicines should be consistently recorded.</p>	<b>Carried forward to the next inspection</b>
<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>		
<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time	<p>The registered person shall ensure that the mealtime is a positive experience for patients:</p> <ul style="list-style-type: none"> <li>staff should be appropriately seated to assist patients with their meal</li> <li>condiments should be offered to patients at the time of serving the meal</li> </ul>	<b>Partially met</b>

	<ul style="list-style-type: none"> <li>• plate covers should be used when serving meals on trays</li> <li>• there should be a selection of suitable crockery available for patients</li> </ul>	
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 45</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that equipment, such as wheelchairs and shower chairs, are decontaminated according to the cleaning schedules in place and also as and when required.</p>	<b>Not met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>This area for improvement was partially met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.3</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> <li>• identified worn bed rail covers are replaced immediately and as required going forward</li> <li>• an action plan for the repair and/or replacement of vanity units in patients' bedrooms and identified furniture is developed and implemented</li> <li>• the action plan has a timeframe included and identifies who is responsible for ensuring the actions are completed.</li> </ul>	<b>Not Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>This area for improvement was not met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.3</p>		

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. It was noted that there was enough staff in the home to respond to the needs of the patients; and to provide patients with a choice on how they wished to spend their day.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff said there was good team work and that they felt well supported in their role, however they said there were not enough staff on duty in all units in the morning to meet the needs of patients in a timely way. An area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their jobs, however, compliance was low for Deprivation of Liberty Safeguards and Legionella. An area for improvement was identified.

Staff were observed to work well and communicate well regarding any changes to patient care requirements.

### 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. A handover sheet was provided with up to date information on each patients' care requirements. Staff were knowledgeable of individual patients' daily routine wishes and preferences.

Staff respected patients' privacy by their actions such as providing intimate care tactfully, asking permission to enter patients' bedrooms and ensuring patients records were kept in a secure location.

Staff were observed to be prompt in recognising patients' needs including those patients who had difficulty in making their wishes or feelings known. Staff were respectful, understanding and sensitive to patients' needs.

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, however there was no system in place to monitor that this was completed or signed by two staff as required or that mattresses were at the correct setting for the patients' needs. Additionally, the recommended repositioning regimes were not always recorded on supplementary care records. This area for improvement has been stated for a second time.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff. It was observed that meals continue to be

served to all patients on plastic plates and cups. This area for improvement has been stated for a second time.

There was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. It was observed that meals continue to be served to all patients on plastic plates and cups. This area for improvement has been stated for a second time.

Discussion with staff identified that their knowledge of patients' individual dietary requirements for swallowing difficulties needed improvement and embedded into practice. This was discussed with the manager and an area for improvement was identified.

There was evidence that patients' weights were not always checked at least monthly to ensure action is taken to address concerns about weight loss or gain. An area for improvement was identified.

Patients' individual likes and preferences were reflected throughout the records. Care plans contained specific information on what or who was important to patients. Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

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

Observation of the home's environment evidenced that a number of areas including bedrooms, communal spaces and furniture required maintenance or replacement. This area for improvement has been stated for a second time.

Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Fire safety measures were reviewed and it was observed that equipment was stored in front of an exit obstructing clear access. This was brought to staff attention for their action and an area for improvement was identified.

A number of infection prevention and control (IPC) issues were identified including the cleanliness of the environment and staff hand hygiene practices. An area for improvement was identified.

Equipment was found to be unclean and there was no schedule of decontamination in place to ensure this was completed. This area for improvement has been stated for as second time.

The door to the treatment room was not appropriately locked allowing access to a variety of medications and diet supplements. This was brought to the attention of the manager for her action and an area for improvement was identified.

A domestic trolley containing cleaning chemicals was observed to have been left unattended. This was brought to the attention of staff and an area for improvement was identified.

A hairdressing room was being used as a storeroom for equipment and furniture without notification and approval from RQIA. An area for improvement was identified.

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

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV.

It was observed that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Patients' needs were met through a range of individual and group activities, such as arts and crafts, music, movies and pamper sessions.

Staff recognised the importance of maintaining good communication with families. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

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

There has been no change in the management of the home since the last inspection. Mrs Laura Patterson has been the manager in this home since 23 May 2023.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients, however, there was no evidence of an action plan to address improvements required following the hand hygiene audits. An area for improvement 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. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

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.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home, however not all notifiable incidents had been reported as required to RQIA. An area for improvement was identified.

There was a system in place to manage complaints and patients said that they knew who to approach if they had a complaint.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

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 not always followed up in a timely manner to ensure that the actions were correctly addressed. An area for improvement was identified.

**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/or the Care Standards for Nursing Homes (December 2022)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	7*	10*

\* the total number of areas for improvement includes one regulation and three standards that have been stated for a second time and one standard which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Laura Patterson, registered manager and Kerry Wallace, operations 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>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 12 (1)(a)(b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect (20 February 2024)</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> <li>a system is developed and implemented to monitor pressure relieving mattress settings and ensure these are correctly maintained for each individual patient</li> <li>records of repositioning are fully completed with all required details and signed by two staff where necessary.</li> </ul> <p>Ref: 5.1 and 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>A revised system for monitoring of mattress settings had been under review at the time of the inspection and the proposed template was shown to the inspectors on the day of inspection. The new template was implemented on Thursday 22nd February 2024.</p> <p>Repositioning records have been reviewed and regimes for repositioning recorded have now been fully completed. Records on the day of inspection were signed by 2 staff as required.</p> <p>Mattress setting records are reviewed with the shift report each day by the Home Manager and mattress spot checks completed and recorded during the daily walkabout.</p>

	Further monitoring will be completed and recorded by the Operations Manager during the monthly Regulation 29 report.
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27 (4)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (20 February 2024)</p>	<p>The registered person shall ensure that they provide adequate means of escape in the event of a fire.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> The identified hoist was removed from the hallway at the courtyard door on the day of inspection. A separate area has now been allocated for hoist storage. All staff have been advised to keep all exits clear and this will be discussed further with staff at the staff meeting scheduled for 16/04/2024. All corridors and areas identified as means of escape in the event of fire will be monitored by the Home Manager during the daily walkabout. Further monitoring will be completed and recorded by the Operations Manager during the monthly Regulation 29 report.</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><b>To be completed by:</b> With immediate effect (20 February 2024)</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during the inspection are addressed.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Following the inspection immediate action was taken and identified items were cleaned or replaced where deemed necessary. Review of floor coverings have taken place and replacements requested where necessary. When decontamination records were reviewed it was highlighted that these had not been consistently completed. This was discussed with staff on 21/02/2024 and completion of decontamination will be monitored. A further staff meeting is planned for 16/4/2024 and further supervisions will be completed where necessary. Decontamination records and the cleanliness of equipment is being reviewed and signed weekly by the Home Manager. Further monitoring will be completed and recorded by the Operations Manager during the monthly Regulation 29 report.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (4)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (20 February 2024)</p>	<p>The registered person shall ensure that medications are stored securely at all times in the nursing home.</p> <p>Ref: 5.2.3</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 14 (2)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (20 February 2024)</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The clinical room door did not close fully at the time of inspection. This was rectified at the time of the inspection and staff advised of the importance of reporting such issues. Treatment room security will also be discussed further during the Nurses meeting scheduled for 18/04/2024. The Home Manager will monitor security of treatment room doors and record during the walkabout and monthly Medication Audits. Further monitoring will be completed and recorded by the Operations Manager during the monthly Regulation 29 report.</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Domestic trolleys are to be attended at all times. Housekeeping staff were advised on the day of the inspection and supervisions are ongoing. The Home Manager will monitor compliance and record during the completion of the walk about audit. Further monitoring will be completed and recorded by the Operations Manager during the monthly Regulation 29 report.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (20 February 2024)</p>	<p>The registered person shall ensure that all notifiable events are reported to RQIA in a timely manner.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Two notifications were identified to have been missed by the Home Manager - these were reported immediately after the inspection. The Home Manager has implemented a system of checking all reports before they are filed away. Further monitoring will be completed and recorded by the Operations Manager during the monthly Regulation 29 report.</p>

<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (20 February 2024)</p>	<p>The registered person shall ensure that the actions required following the monthly monitoring visits are followed up in a timely manner and recorded</p> <p>Ref: 5.2.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Actions at Home level are followed up from the monthly monitoring visit and either completed or recorded as in progress.</p> <p>Any difficulties with completion of specific actions are to be discussed with the Operations Manager in order to set a reasonable timeframe.</p> <p>Completion of actions will be monitored by the Operations Manager during the monthly Regulation 29 visit.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 7 August 2023</p>	<p>The responsible person shall ensure care plans are in place for patients prescribed medicines for distressed reactions. The reason for and outcome of administration of these medicines should be consistently recorded.</p> <p>Ref: 5.1 and 5.2.5</p> <hr/> <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>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect (20 February 2024)</p>	<p>The registered person shall ensure that the mealtime is a positive experience for patients:</p> <ul style="list-style-type: none"> <li>• staff should be appropriately seated to assist patients with their meal</li> <li>• condiments should be offered to patients at the time of serving the meal</li> <li>• plate covers should be used when serving meals on trays</li> <li>• there should be a selection of suitable crockery available for patients</li> </ul> <p>Ref: 5.1 and 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>There was noted improvement in the dining experience since the last inspection, with the only area still identified for improvement being regarding crockery.</p> <p>Replacement of crockery is currently under review by the Home Manager as this will be on a person centred basis and dependant on individual resident requirement.</p>

	<p>Further monitoring will be completed and recorded by the Operations Manager during the monthly Regulation 29 report.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 45</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect (20 February 2024)</p>	<p>The registered person shall ensure that equipment, such as wheelchairs and shower chairs, are decontaminated according to the cleaning schedules in place and also as and when required.</p> <p>Ref: 5.1 and 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Cleaning of the items identified have been actioned and decontamination records are being reviewed and signed weekly by the Home Manager. The importance of maintaining records after cleaning of equipment has been discussed with staff. This will also be discussed further during the staff meeting scheduled for 16/04/2024.</p> <p>Cleanliness of equipment is also monitored and recorded during the daily walk about.</p> <p>Further monitoring will be completed and recorded by the Operations Manager during the monthly Regulation 29 report.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect (20 February 2024)</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> <li>• identified worn bed rail covers are replaced immediately and as required going forward</li> <li>• an action plan for the repair and/or replacement of vanity units in patients' bedrooms and identified furniture is developed and implemented</li> <li>• the action plan has a timeframe included and identifies who is responsible for ensuring the actions are completed.</li> </ul> <p>Ref: 5.1 and 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>One bedrail cover identified at the time of inspection has been replaced. The Home Manager has also reviewed all coverings in use. The importance of reporting any defective equipment was discussed with all staff following the inspection, and will be discussed further during the staff meetings scheduled for 16/04/24 and 18/04/2024.</p> <p>The Home Manager will monitor monthly during the bed rail audits and replace as required.</p> <p>Vanity unit replacement works have been ordered and we await confirmation of a commencement date by the Contractor.</p>

	Further monitoring will be completed and recorded by the Operations Manager during the monthly Regulation 29 report.
<b>Area for improvement 5</b> <b>Ref:</b> Standard 41 <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect (20 February 2024)	<p>The registered person shall ensure that the number and ratio of staff on duty at all times meets the care needs of the patients.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>  Staff on duty on the day of inspection was reflective of the staffing levels we have indicated as per our CHES level of need.  As noted in the inspection report, it states that 'there was enough staff in the Home to respond to the needs of the patients'.  Staffing remains under review at all times by the Home Manager depending on the level of need.  Further monitoring will be completed and recorded by the Operations Manager during the monthly Regulation 29 report.</p>
<b>Area for improvement 6</b> <b>Ref:</b> Standard 39 <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect (20 February 2024)	<p>The registered person shall ensure that staff are trained for their roles and responsibilities. This is in relation to Deprivation of Liberty Safeguards and Legionella.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>  Legionella is now at 100% - was 50% on day of inspection as only the Home Manager and Maintenance person are required to complete.</p> <p>Deprivation of Liberty training is currently 94% and remaining staff have been given timeframes for completion by the Home Manager.</p> <p>Further monitoring will be completed and recorded by the Operations Manager during the monthly Regulation 29 report.</p>
<b>Area for improvement 7</b> <b>Ref:</b> Standard 39.7 <b>Stated:</b> First time <b>To be completed by:</b>	<p>The registered person shall ensure that the effect of training on practice and procedures is evaluated as part of quality improvement. This is in relation to dysphagia and modified diets.</p> <p>Ref: 5.2.2</p>

<p>With immediate effect (20 February 2024)</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All staff have completed training on IDDSI levels. They have access to online training, supervision and have been issued with IDDSI pocket guides for easy reference whilst on duty. Each staff member is also issued with a handover sheet at the beginning of each shift, advising on all current residents requiring any diet or fluid modification. The handover sheet is updated daily by nursing staff with any changes that may occur. The Home Manager reviews the 24hour shift report daily for any changes to diet and fluid recommendations, and will review the relevant documentation to ensure it has been updated. Further monitoring will be completed and recorded by the Operations Manager during the monthly Regulation 29 report.</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (20 February 2024)</p>	<p>The registered person shall ensure that nutritional screening which includes the recording of patients' weight is recorded at least on a monthly basis.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Weights are recorded on a monthly basis and are recorded in the weights file and on the Home Manager's monthly report. On the day of inspection, weights had been completed however, not all had been transcribed in to the resident's care files. Nursing staff have been advised to ensure these are completed going forward. Nursing staff informed 21/2/2024 about the importance of updating files with weights and MUST scores. A Nurse meeting is planned for 18/4/2024 and further supervision will be completed. The Home Manager will monitor weight records being entered in care files during the monthly Care Plan Audits. Further monitoring will be completed and recorded by the Operations Manager during the monthly Regulation 29 report.</p>
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Standard 44.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (20 March 2024)</p>	<p>The registered person shall ensure that the nursing home, including all spaces, is only used for the purpose for which it is registered. This is in relation to a hairdressing room.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The hairdressing room has been decluttered and tidied and the Home Manager has a plan for redecoration. Storage will be discussed with staff during the staff meetings scheduled for 16/04/2024 and 18/04/2024.</p>

	<p>The Home Manager will continue to monitor storage in all areas of the Home during the daily walkabout. Further monitoring will be completed and recorded by the Operations Manager during the monthly Regulation 29 report.</p>
<p><b>Area for improvement 10</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (20 February 2024)</p>	<p>The registered person shall ensure there is an action plan in place to address the improvement required following hand hygiene audits.  Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Following the completion of the Hand Hygiene Audit, if there are any areas of improvements identified the Home Manager will create an action plan detailing what action is required, by whom and within what timescale. There will also be evidence documented when the action has been completed. Additional audits will be completed until improvement sustained. Any discussions or supervision/training required will be recorded and actioned by the Home Manager. Further monitoring will be completed and recorded by the Operations Manager during the monthly Regulation 29 report.</p>

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





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