

Inspection Report

24 May 2023



Carlingford Lodge Care Home

Type of Service: Nursing Home

Address: 76 Upper Dromore Road, Warrenpoint, BT34 3PN

Tel no: 028 4175 9200

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Healthcare Ireland (No. 4) Limited Responsible Individual: Ms Amanda Mitchell	Registered Manager: Mrs Jaya Shree Ajith – not registered
Person in charge at the time of inspection: Mr Adam Dickson – Specialist Services Support Manager	Number of registered places: 58 A maximum of 25 persons in category NH-I and 33 persons in category NH-DE.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 43
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 58 patients. Patients are accommodated over two floors. Patients with dementia are cared for on the lower ground floor and patients requiring general nursing care are cared for on the ground floor. Patients have access to communal lounges and dining areas. There is a residential care home which occupies a corridor of the ground floor and the manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 24 May 2023 from 9.40 am to 6.55 pm. The inspection was carried out by a care inspector.

RQIA received information from keyworkers in the Southern Health Trust (SHSCT) and relatives of patients which raised concerns in relation to care provision, communication, staffing levels and management of medicines in the home. In response to this information RQIA decided to undertake an inspection which focused on the concerns raised.

The inspection also assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Prior to the inspection Healthcare Ireland had informed RQIA that a senior management team had been brought in to the home to support the manager and help drive required improvements.

On the day of the inspection patients were seen to look well cared for; they were well dressed in clean clothes and their bedrooms were clean, tidy and personalised. Patients spoke in positive terms about how they found life in the home. Patients who were less able to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff were seen to be busy but attentive to the needs of the patients. It was observed that staff treated patients with respect and spoke to them in a kind and caring manner.

There had been some progress with areas for improvement identified at the last inspection. However, one area for improvement, relating to recording personal care delivery, was only partially met and a second area, relating to recording the changing needs of patients, was not met. These areas for improvement have been stated for the second time. An area for improvement, relating to consultation in the care planning process, was not reviewed. New areas requiring improvement identified during the inspection are discussed in the main body of the report.

RQIA observed that care was delivered in a compassionate manner. However, the areas for improvement identified evidenced that management and governance arrangements within the home needed to be improved in order to enhance the provision of safe and effective care for patients.

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 regional manager at the conclusion of the inspection.

4.0 What people told us about the service

Due to the nature of dementia not all of the patients were able to provide their opinion of daily life in the home but it was observed that patients looked well cared for and were content in their surroundings. Patients who were able to discuss their views chatted in positive terms about how they found life in the home. All but one patient said there were enough staff to help them. All of the patients consulted with said they felt well looked after, found staff to be helpful and friendly, knew about the activities on offer and enjoyed the food.

Comments made by patients included that “I am very comfortable here”, “the staff are good”, “it is all excellent”, “they are brilliant here, no complaints” and “staff always answer any questions and are very knowledgeable”.

One patient, who felt that there weren’t enough staff, also said that there was a different nurse each day, medicines were sometimes given out late, they didn’t always get a shower as planned and they enjoyed the food but there wasn’t always a choice available. The patient said they had discussed these issues with staff but there had been no improvements. They were in agreement that the inspector could raise their concerns during feedback for the attention of the management team.

Other patients said that “I have no problems and think if I did that staff would help me”, “the staff are lovely, they come and give me a hug”, “it’s wonderful” and “it’s all good here”.

Staff said that teamwork was good, the manager was approachable and they were always busy but they were satisfied with staffing levels. Staff did express some concerns about the “changes in the office” and senior managers being based in the home; they said they would appreciate more information about that, although, they were otherwise generally satisfied with the level of communication.

Comments made by staff included that “it is a great team and we help each other out”, “we work really well together” and “the manager and permanent nurses are really good”. The home’s permanent staff said that a lot of the shifts required agency nurse cover and they found that, on occasions, agency staff were less likely to deal effectively with concerns about patients.

An agency nurse who was on duty expressed a concern about a lack of experienced support during their first shift in the home. However, they said they had felt more assured during subsequent shifts.

The majority of relatives said that they were not always satisfied with the care provided, although, one relative said they very satisfied. A relative said staffing levels were poor and inconsistent, others felt they were “okay” and “consistent and good”. Relatives had differing

views on communication from “not great” to “varies” to “great”. All the relatives consulted agreed that they knew who to report a concern to but when asked if issues were sorted out they said “we’ll see”, “it’s in progress”, “yes” and “sometimes”. One relative said that “we have been dealing with the care manager (about concerns) and some improvements noted but we are not confident this will be sustained”.

Comments made by relatives included that “there is a lack of consistency in nursing staff and no-one knows mum well enough” and “I had to raise concerns about basic care which was disappointing but have noticed improvements”. Other relatives commented that “it’s great, no problems and if there is anything they sort it out” and “we are very happy”.

Comments made by patients, staff and relatives were brought to the attention of the management team for information and action where required.

No completed questionnaires or responses to the staff survey were received following the inspection.

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 15 March 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 16 (1) Stated: First time	The registered person shall ensure that patients and/or their next of kin are involved with the care planning process. Evidence of this involvement must be included within the patient’s care records.	Carried forward to the next inspection
	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.	
Area for improvement 2 Ref: Regulation 12 (1) (a) and (b) Stated: First time	The registered person shall ensure that contemporaneous records of personal care delivery are recorded accurately and, where appropriate, are reviewed by registered nurses when completing daily evaluations of patients’ care. Any actions taken as a result of review should be clearly documented within the evaluation notes.	Partially met

	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. See section 5.2.2 for more details.</p> <p>This area for improvement has been stated for the second time.</p>	
<p>Area for improvement 3 Ref: Regulation 16 (2) (b) Stated: First time</p>	<p>The registered person shall ensure that when a patient's nutritional or mobility needs change, the correct people are notified and all documentation in relation to this change is updated.</p>	Not met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. See section 5.2.2 for more details.</p> <p>This area for improvement has been stated for the second time.</p>	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<p>Area for Improvement 1 Ref: Standard 4 Stated: First time</p>	<p>The registered person shall ensure that entries made in supplementary records are dated, signed and timed.</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
<p>Area for improvement 2 Ref: Standard 46 Criteria (5) Stated: First time</p>	<p>The registered person shall ensure that training on infection prevention and control is embedded into practice.</p> <p>This is in relation to staff remaining bare below the elbow in areas where care is provided and wearing aprons at the appropriate times.</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Discussion with permanent staff confirmed that they completed a suitable induction prior to working with the patients. As previously mentioned an agency nurse expressed a concern regarding a lack of experienced support on their first shift although they confirmed they had received an induction.

There were systems in place to ensure staff were trained and supported to do their job. In response to the recent concerns that had been raised the management team had arranged upcoming additional training for staff in topics such as pressure damage prevention, communication and barriers, care of the deteriorating patient and medicines management.

There was a system in place to monitor that staff were appropriately registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

The management team told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. There was a dependency on agency nurses to cover shifts but block bookings were made for consistency as far as possible and recruitment was actively underway for permanent staff. 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 they were satisfied with staffing levels and felt there were enough staff on duty to ensure the needs of the patients were met.

It was noted that during the inspection there were enough staff on duty in the home to respond to the needs of the patients in a timely manner. Staff were seen to be responsive to requests for assistance and to treat patients with respect and kindness.

The vast majority of patients consulted said that they were satisfied there were enough staff to help them.

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patient's needs, preferred daily routines, likes and dislikes. It was noted that the handover sheets provided to staff did not consistently include the date of review; this was brought to the attention of the management team for information and appropriate action.

It was observed that staff respected patients' privacy and dignity; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly. Staff were seen to be responsive to requests for assistance.

Patients care records were held confidentially. Patients' needs were assessed at the time of their admission to the home.

Records were kept of personal care provided to patients but not all records evidenced review by registered nurses and there were also gaps in recording; this area for improvement was partially met and has been stated for the second time.

Care plans were developed to direct staff on how to meet patients' needs and these included any advice or recommendations made by other healthcare professionals. However, it was noted that where changes had occurred to patients' nutritional or mobility needs the care records had not consistently been updated; this area for improvement was not met and has been stated for the second time.

Care records for patients with mobilising difficulties included recommendations regarding pressure relieving equipment in use and the frequency of repositioning. Repositioning records reviewed were reflective of the recommended repositioning schedules.

Where a patient was at risk of falling, measures to reduce this risk were in place. Relevant risk assessments and care plans had been developed. Review of care records evidenced that staff took appropriate action in the event of a patient having a fall.

Care records reviewed did not accurately reflect patients' recommended care needs where they had a wound(s). Individual care plans had not been developed for each wound, a wound chart was not in use for an identified wound and there were gaps in the recording of wound care. An area for improvement was identified. However, discussion with registered nurses provided assurances that the wounds were redressed as required.

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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The serving of lunch was observed in the dementia unit of the home. Staff ensured that patients were comfortably seated in their preferred location for their meal and were seen to be responsive to those patients who liked to get up for a wander during the meal; staff were good at gently redirecting patients back to their seat to finish their meal.

The menu was on display but only in a written format which was not a suitable format for the patients in the unit who would also benefit from a pictorial menu.

There was a choice of meals on offer, the food was attractively presented, smelled appetising and was served in appropriate portion sizes. Patients were offered a variety of drinks with their meal.

It was observed that a staff member was seated between two patients and was assisting them both with their meals at the same time; this was not appropriate. The inspector discretely discussed this matter with the staff member but they did not seem to recognise that patients should be afforded individual and dignified support at mealtimes.

It was observed that two meals were left sitting out as patients were not ready for them, staff did not think to keep the meals in the heated trolley, they then had to request replacement meals to ensure patients received their food at a suitable temperature. Staff said that condiments were available upon request but it was observed that these were not offered to patients.

Issues observed during the mealtime were brought to the attention of the management team for information and appropriate action. An area for improvement was identified.

Inconsistencies were noted in the recording of the recommended level of food and fluids for identified patients in care records, on diet notification sheets and on the handover sheet. This was brought to the attention of the management team for action. An area for improvement was identified. The management team confirmed that immediate action would be taken to ensure the information provided was accurate and consistent.

Records were kept of what patients had to eat and drink daily and the registered nurses maintained an oversight of patients' daily fluid intake and highlighted the actions required if there were any deficits. There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain.

Patients said they enjoyed the food on offer and the majority were satisfied that there was a good choice available.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be warm, clean, tidy and fresh smelling. Patients' bedrooms were attractively personalised with items that were important to them, such as, family photos, ornaments, pictures, flowers and cushions. Fire exits and corridors were free from clutter and obstruction.

It was observed that identified communal areas and bedrooms required redecoration. The management team said that redecoration had commenced to a vacant unit in the home and this would be rolled out to other areas. A redecoration plan, with a timeline for required improvements, was being developed and will be shared with RQIA once finalised.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

A small number of bedrail bumpers in use were showing signs of wear and tear; this was brought to the attention of the management team for information and action.

Dining rooms were equipped with Lifevac devices which can be used in the event of a choking incident. However, the masks in each device needed to be replaced and there was no formal system to record that the devices were checked on a regular basis to ensure they were in good working order and that components had not expired. An area for improvement was identified.

Refurbishment had commenced to a servery in the dementia unit but the servery had not been secured and was accessible to patients. This was brought to the attention of the nurse who immediately ensured the servery was locked. An area for improvement was identified.

It was observed that topical creams had been left in the bedroom of an identified patient but they were not prescribed for this patient; this was brought to the attention of the nurse who immediately removed the creams. An area for improvement was identified.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

The atmosphere throughout the home was warm and welcoming. Observations of the daily routine and discussion with patients confirmed that staff offered them choices throughout the day regarding, for example, whereabouts they preferred to spend their time, what they would like to eat and drink and the option to take part in activities or not.

Staff were seen to treat the patients well; they were chatty and friendly and responsive to requests for assistance.

The activity schedule was on display in various locations throughout the home. There was a wide range of activities on offer including, for example, a movie club, bingo, arts and crafts, colouring in, games and one to one sensory activities such as hand massage and nail care. In addition, singers and choirs came in to provide entertainment. Patients spiritual needs were met through the provision of 'live time praise' and mass in the home. Birthdays and holidays were celebrated.

One of the activity co-ordinators said that some patients in the dementia unit had recently benefitted from the introduction of activity blankets and she could see that they obviously enjoyed the sensory stimulation these provided. An Alexa was available and this was great for letting patients listen to their preferred music very easily. The activity co-ordinator spoke really enthusiastically about the role and ensuring that patients were provided with suitable and varied activities.

Ladies were getting a manicure during the inspection and staff said the hairdresser had been in the previous day. Staff were seen to offer patients discrete assistance with their personal care and bathroom needs.

Patients' meetings were arranged on a regular basis to provide patients with an opportunity to discuss their views on the running of the home. Patients said that they were made aware of what activities were going on in the home and it was very much their choice whether or not to join in. Patients spoke very positively about the staff and their experience of life in the home.

Relatives meetings were also arranged on a regular basis. Following the inspection RQIA were informed by the management team that a meeting had been held to update relatives on the outcome of the inspection and to allow them to discuss their concerns and provide their views and opinions.

5.2.5 Management and Governance Arrangements

There had been no change in the management of the home since the last inspection. Mrs Jaya Shree Ajith had been the acting manager in this home since 12 April 2022. Mrs Shree Ajith was not present on the day of the inspection but, as previously mentioned, a Healthcare Ireland management team were in the home to provide support to staff.

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. Staffs' comments that agency nurses were less likely to effectively deal with concerns brought to their attention about patients was discussed with the management team for information and appropriate action.

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 were gaps in the completion of audits and some audits reviewed lacked evidence to show that required actions had been undertaken. 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. A senior Healthcare Ireland manager, Mary Stevenson, 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 adults at risk of harm.

As previously mentioned relatives consulted with said that they knew how to report any concerns but not all relatives were confident that these would be sorted out or that improvements would be sustained. It was established that there was a system in place to manage complaints. The management team said that they were in the process of thoroughly investigating current complaints and the outcome of these would be disseminated to staff and used for learning. Progress with the resolution of current complaints and relatives' satisfaction with the outcomes will be reviewed at the next care inspection.

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 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.

Staff commented positively about the manager and described her as supportive and approachable.

Staff meetings were held on a regular basis. Following the inspection RQIA were informed that staff had been updated on the outcome of the inspection and on the management arrangements in the home.

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
Total number of Areas for Improvement	7*	3

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

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 16 (1) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that patients and/or their next of kin are involved with the care planning process.</p> <p>Evidence of this involvement must be included within the patient's care records.</p> <p>Ref: 5.1</p> <p>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.</p>
Area for improvement 2 Ref: Regulation 12(1)(a) &(b) Stated: Second time To be completed by: With immediate effect	<p>The registered person shall ensure that contemporaneous records of personal care delivery are recorded accurately and, where appropriate, are reviewed by registered nurses when completing daily evaluations of patients' care.</p> <p>Any actions taken as a result of review should be clearly documented within the evaluation notes.</p> <p>Ref: 5.1 & 5.2.2</p> <p>Response by registered person detailing the actions taken: Personal care delivery is recorded in the Daily Care Records following all care provided. Residents personal care will be reviewed daily during the Safe Care Huddle and any concerns identified will be discussed and</p>

	<p>recorded. Any actions required will be documented in the residents daily progress notes and care plan evaluations by the Registered Nurse on duty.</p> <p>Staff complete daily care audits and these are reviewed by the Registered Manager. Deficits identified are addressed with appropriate staff.</p> <p>Personal care records are also reviewed as part of the Manager walk round and in care plan audits. Action plans are generated as required with a timeframe for completion.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 16 (2)(b)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that when a patient's nutritional or mobility needs change, the correct people are notified and all documentation in relation to this change is updated.</p> <p>Ref: 5.1 & 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Any change to a resident's assessed needs or referral to MDT will be recorded in the daily progress notes and relevant care plan evaluation, with Care plan being rewritten where significant changes to care intervention is directed. These changes will also be recorded on the 24 hour shift report which is reviewed by the Registered Manager or designated person. The residents Diet Notification Form will be updated if there any changes to food or drink levels.</p> <p>The Handover document will be updated to reflect any change to the assessed need of any resident or referral made to MDT. The date of update to the Handover will be recorded.</p> <p>We are reviewing how we support our Registered Nurses to make safe, effective decisions while we await MDT Assessment following referral.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 16 (2)(b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that wound care records are contemporaneously recorded and that there are individual wound care plans and wound charts for each identified wound.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Any resident with a wound will have an initial wound assessment, ongoing wound assessment and an individualised care plan for each wound. These documents will be reviewed following each dressing change and the care plan reviewed following any changes to the dressing regime.</p>

	<p>The management of wounds and associated records will be spot check by the Registered Manager or Deputy Manager and records signed to reflect this check. Wound competencies are currently being reviewed for all Registered Nurses.</p> <p>Wound audits are completed as part of the HCI audit schedule and any concerns identified and included in an action plan.</p> <p>The Handover and Agency Nurse Induction contains details of all residents with wounds.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (1)(a) &(b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that care records, diet notification sheets and handover sheets are consistent and accurately reflective of the recommended levels of food and fluids for individual patients.</p> <p>The date of review and the person reviewing should be clearly recorded on all relevant records.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A Modified Diet and Fluids audit was completed following the Inspection and action plans put in place and addressed. This audit will continue to form part of the homes audit schedule.</p> <p>There is a Diet Notification in place for all residents which are updated following any change to assessed needs. A copy is retained in the residents care records and the Kitchen.</p> <p>The Handover includes details of any resident who requires modified food or fluids and this document is updated at the time of any changes to the assessed needs of a resident or following any changes to SALT Recommendations. The date the Handover document is updated is recorded.</p> <p>IDDSI training has been held for staff and the Safety Pause has been embedded into practice.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 14 (2)(a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that patients do not have access to any areas of the home where there could be potential hazards, for example, areas where refurbishment is underway.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p>

	<p>Following the Inspection, feedback was shared with staff through supervision and safe care huddles, this included maintaining a safe environment.</p> <p>Staff are aware of their responsibility in maintaining a safe environment and any concerns will be discussed at the safe care huddles or raised immediately with the Person in Charge.</p> <p>Potential hazards are reviewed as part of the Manager walk round and any concerns identified immediately addressed.</p> <p>Any Contractor carrying out works in the home will complete a Contractors Declaration confirming their understanding in relation to Health and Safety whilst in the home.</p> <p>Health and Safety will form part of the Safety, Quality and Compliance meetings commencing in August.</p>
--	--

<p>Area for improvement 7</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • a full range of audits are consistently completed as per the home's audit schedule in order to monitor the quality of care and services, identify deficits and drive improvement • audits should include evidence of required actions having been completed. <p>Ref: 5.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Audits are completed in line with HCI audit schedule and compliance is reviewed during Regulation 29 visits.</p> <p>Action plans are generated at the time of auditing and include timeframe to complete any deficits.</p> <p>Audits will be reviewed during the Safety, Quality and Compliance meetings commencing in August.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • the menu is on display in a suitable format to meet the needs of the patients • staff assist patients appropriately and on an individual basis • staff understand their role and responsibilities regarding the mealtime experience and ensuring this is a positive experience for patients

	<ul style="list-style-type: none"> meals should be stored appropriately until the patient is ready for them to ensure they are served at a suitable temperature condiments should be routinely offered and/or be readily available. <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Review of the menu has commenced through consultation with residents on a one to one basis. Draft menus will be discussed and agreed at the planned Resident and Relatives Meetings. Once confirmed the menus will be displayed in a pictorial format in each Dining Room.</p> <p>The Dining Experience Audit is completed monthly and outcomes shared with staff to ensure continuous improvement. Meal service is monitored by the Cook Manager and Home Manager and if concerns identified these will be immediately addressed with relevant staff. Staff responsibility to ensure a positive mealtime experience has been discussed during supervision.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 47</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that there is a formal system in place to monitor that first aid equipment, such as Lifevac devices, are operational and maintained in good condition.</p> <p>Components with expiry dates, such as masks, should be replaced in a timely manner.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Lifevac devices have been removed from the home and will no longer be used.</p> <p>Monitoring of any first aid equipment is completed and records retained.</p>

Area for improvement 3 Ref: Standard 28 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that topical creams are stored appropriately, used in accordance with the prescribed instructions and only administered to the patient for whom they are prescribed. Ref: 5.2.3
	Response by registered person detailing the actions taken: All prescribed creams will be correctly stored and compliance will be reviewed during the Managers walk round. A creams audit has been commenced and any deficits identified will be addressed and action plan completed. A review of prescribed creams is ongoing supported by GP's and Medicines Optimisation Pharmacist.

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



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care

