

# Inspection Report

15 June 2023



## Brookmount

**Type of Service: Nursing Home**  
**Address: 4 Lower Newmills Road, Coleraine, BT52 2JR**  
**Telephone Number: 028 7032 9113**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation:</b> Brookmount Care Home Ltd	<b>Registered Manager:</b> Miss Joanna Serplus
<b>Responsible Individual:</b> Mr Leon Desmond Loughran	<b>Date registered:</b> 9 February 2023
<b>Person in charge at the time of inspection:</b> Laura Burke – Registered Nurse	<b>Number of registered places:</b> 48  Category NH-LD(E) for 1 identified individual only.
<b>Categories of care:</b> Nursing Home (NH) LD(E) – Learning disability – over 65 years. I – Old age not falling within any other category.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 32
<b>Brief description of the accommodation/how the service operates:</b> This is a registered Nursing Home which provides nursing care for up to 48 patients. The home is divided into two units, one on the ground floor and one on the first floor. Patient bedrooms are located over the two floors.	

## 2.0 Inspection summary

An unannounced inspection took place on 15 June 2023, from 10.00 am to 5.00 pm by a care inspector.

The focus of this inspection was to assess the day to day operation of the home since the change in registered provider on 9 February 2023 and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The outcome of the inspection confirmed that the care in Brookmount was delivered in an effective and compassionate manner. There was a clear management structure and systems in place to provide oversight of the delivery of care.

Areas for improvement identified during the inspection are detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0.

Patients were happy to engage with the inspection process and share their experiences of living in the home and those patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff, are included in the main body of this report and shared with the manager for her appropriate action.

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 Joanna Serplus, Registered Manager at the conclusion of the inspection.

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

During the inspection we consulted with patients and staff. Patients were well presented in their appearance and appeared relaxed and comfortable in their surroundings. Although staff and patients commented and shared their dissatisfaction in staffing levels, patients told us that they were happy living in the home and said they felt well looked after by the staff who were helpful and friendly. The staff felt that they worked well together and enjoyed engaging with the patients and relatives. Please see section 5.2.1 and 5.2.2 for further details.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff with a link to an electronic questionnaire to be completed.

Nine questionnaires were completed by patients; comments included “I am happy” and “I have settled in well”. Where a comment was not included patients indicated by circling a number correlating as to how satisfied they were with the care and services provided in Brookmount. All the questionnaires indicated the patients were either satisfied or very satisfied.

No 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 13 April 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 12 (1) (a)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure care documentation for the management of wounds accurately reflect the assessed needs of the patient.</p> <ul style="list-style-type: none"> <li>• The frequency of dressing change should reflect the assessed need of the wound</li> <li>• Any change in the wound should be accurately documented and appropriate care documentation updated to reflect the change.</li> </ul>	<p><b>Partially met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that changes in the wound for example dressing change following specialist nurse review had been included in the wound care records. However, review of wound care records evidenced that some wounds had not been dressed by the registered nurses as prescribed.</p> <p>This area for improvement has been partially met and will be stated for a third time.</p>	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 16 (2) (b)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure patients' risk assessments are kept up to date and regularly reviewed to accurately reflect the assessed needs of the patient.</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 (1) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all unwitnessed falls are managed in line with best practice guidance:</p> <p>This specifically relates to:</p> <ul style="list-style-type: none"> <li>• The consistent recording of neurological observations</li> <li>• If observations are stopped before the recommended timeframe a clear rationale must be recorded.</li> </ul> <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 4</b></p> <p><b>Ref:</b> Regulation 13 (4) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure thickening agents are securely stored when not in use.</p> <p><b>Action taken as confirmed during the inspection:</b> Thickening agents were observed in an unlocked unit in the upstairs dining room.</p> <p>This area for improvement has not been met and will be stated for a second time.</p>	<p><b>Not met</b></p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that a robust system of audits is maintained to promote and make proper provision for the nursing, health and welfare of patients.</p> <p>Such governance audits shall be completed in accordance with legislative requirements, minimum standards and best practice.</p> <p>The completed audits should evidence review and oversight by the registered manager.</p> <p>This includes but is not limited to:</p> <ul style="list-style-type: none"> <li>• Accident and incident audits</li> <li>• Infection Prevention and Control audits</li> <li>• Falls audits</li> <li>• Wound audits</li> <li>• Care plan audits.</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was met.</p>	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

There were systems in place to ensure staff were trained and supported to do their job. The manager retained good oversight of staff compliance with their training requirements.

Review of governance records provided assurances that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis.

Staff who take charge in the home in the absence of the manager had completed relevant competency and capability assessments.

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision/appraisal had taken place.

Discussion with the manager and review of records confirmed that patient dependency levels were assessed at a minimum monthly. However, it was not clear from the assessments how staffing levels were identified, further discussion with staff and patients identified that the staffing levels within the home had been reduced recently. Staff expressed dissatisfaction in this alteration as the needs and wishes of the patients were very important to them and they felt there was not enough staff on duty to ensure these needs were met in a timely manner. Patients also told the inspector that they had observed a change in staffing levels and this worried them particularly when they required assistance with moving and handling or when they needed assistance with their buzzer and it was not always answered timely. These comments were discussed with the manager for her appropriate action and an area for improvement was identified.

The duty rotas accurately reflected the staff working in the home over a 24-hour period. Staff absences were recorded on the rota and the person in charge in the absence of the manager was clearly highlighted.

Staff members were seen to be warm and polite during interactions with the patients. It was clear through these interactions that the staff and patients knew one another well.

### 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 observed that staff provided care in a caring and compassionate manner. Patients were well presented in their appearance and told us that they were happy living in the home. It was clear through patient and staff interactions that they knew one another well and were comfortable in each other's company.

Patients commented positively about the staff in the home and described them as "very good and nice" but a number of patients stated that the carers appear rushed all the time and they didn't feel there was enough staff on duty. As mentioned previously RQIA discussed all the patient and staff comments with the manager for her appropriate action.

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 could include simple encouragement through to full assistance from staff. The mealtime was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available. Staff attended to patients in a caring manner. The patients commented positively about the food. One patient told us; "The food is excellent". It was observed that the daily menu did not reflect the meal on offer this was discussed with the manager and an area for improvement was identified.

Patients' needs should be assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed in a timely manner to direct staff on how to meet the patients' needs. A review of a selection care records for newly admitted patients evidenced that their risk assessments had been developed in a timely manner but their care plans had not. This was discussed with the manager and an area for improvement was identified.

Further review of care records for other patients evidenced that care plans and risk assessments were in place to direct the care required. These care records were up to date and evidenced regular review. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

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.

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 were less able to mobilise were assisted by staff to change their position. A review of repositioning records evidenced that patients were not always repositioned as prescribed in their care plans. An area for improvement was identified.

Patients who required care for wounds had this clearly recorded in their care records. A review of wound care records did not evidence that the wounds were always dressed as prescribed by the nursing staff. An area for improvement was only partially met and is stated for a third time. Furthermore, the wound care observation chart was not consistently recorded; an additional area for improvement was identified.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. The appropriate care records were reviewed and updated post fall.

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

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home. It was observed that several walls within patient bedrooms required repainting and a number of items of wooden bedroom furniture was in need of refurbishment or replacement. This was discussed with the manager and it was suggested that a time bound refurbishment plan should be formulated. This will be followed up on the next inspection.

Fire safety measures were in place to ensure patients, staff and visitors to the home were safe. An up to date fire risk assessment was in place dated 27 January 2023. Some pieces of equipment were observed in a corridor obstructing a fire exit. This was brought to the manager's immediate attention and moved however, an area for improvement was identified.

Thickening agents were observed in an unlocked unit in the upstairs dining room, an area for improvement was stated for a second time. Furthermore, the hairdressing room was observed unlocked and a number of cleaning products were observed throughout the home in areas accessible to patients. An area for improvement was identified to ensure staff compliance with the Control of Substances Hazardous to Health (COSHH) regulations.



Staff members 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

Discussion with patients and staff confirmed that they were able to choose how they spent their day. Patients could remain in their bedroom or go to the communal lounges when they wished. Patients were observed engaged in their own activities such as; watching TV, sitting in their bedrooms resting or casually chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff.

Discussion with the manager confirmed that routine activities are not provided to the patients at present due to staffing issues, care staff try to provide some activities if time allows but there is no structured activity schedule at present. Activity resource files have been implemented by the manager which includes puzzles, games and other activities. A review of patient engagement in the activities documentation which is included in the resource files did not provide assurance that care staff provide meaningful activities to the patients, this also has been impacted by staffing levels whereby the care staff are busy doing their other duties and have very limited time to dedicate to activity provision.

The provision of activities provides patients with meaning and purpose to their day, in recognition of the importance of this to patients and in the absence and ongoing recruitment for an activity co-ordinator consideration should be given for staff to be allocated protected time to provide patients with meaningful activity. An area for improvement was identified.

#### 5.2.5 Management and Governance Arrangements

There was a clear management structure within the home. Miss Joanna Serplus is now the Registered Manager of Brookmount, the manager advised that she feels supported in her daily role by a deputy manager, administration staff and Mr Leon Loughran the new owner and Responsible Individual.

RQIA had received a variation application on 18 May 2022 from the manager in respect to the potential admission of an identified patient which sat outside the homes current registered categories of care. The variation process involves an internal meeting within RQIA once all the required documentation is received from the home for RQIA to consider all the presenting information before the variation is considered and approved. The inspector received information that provided evidence that the home had gone ahead and admitted the identified patient without approval from RQIA on 22 May 2023, therefore the home was in breach of their current registration. The variation process was discussed at length with the manager and responsible individual and an area for improvement was identified.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

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 the home does not have a safeguarding champion. This was discussed at length and the manager was advised to ensure there was a contingency plan in place so any safeguarding events could be dealt with by an appropriately trained staff member, the manager was also requested to source safeguarding champion training as a matter of priority. An area for improvement was identified.

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.

Staff commented positively about the manager and said she was supportive and approachable.

The manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

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; 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>	8*	4

\*the total number of areas for improvement includes two regulations that have been restated; one for a third time and another for second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Joanna Serplus, Registered 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)</p> <p><b>Stated:</b> Third time</p> <p><b>To be completed by:</b> 30 April 2022</p>	<p>The registered person shall ensure care documentation for the management of wounds accurately reflect the assessed needs of the patient.</p> <ul style="list-style-type: none"> <li>• The frequency of dressing change should reflect the assessed need of the wound</li> <li>• Any change in the wound should be accurately documented and appropriate care documentation updated to reflect the change.</li> </ul> <p>Ref: 5.1 and 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Nursing staff will ensure ongoing wound chart is completed as directed accurately and clearly to reflect needs of resident and wound, nursing staff will ensure clear review dates are maintained through notes and diary, management will complete wound audit weekly at present to ensure clear and accurate documentation / care plans does reflect the assessed needs for the resident and the individual wound.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (4) (a)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure thickening agents are securely stored when not in use.</p> <p>Ref: 5.1 and 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Lockable box purchased on 15/06/2023 for both dining rooms, supervisions completed with all staff, to ensure thickening agents are securely stored in lockable boxes when not in use.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure having regard to the size of the nursing home, the statement of purpose and the number and assessed needs of the patients, ensure that there are at all times sufficient staff on duty to ensure the health, welfare and needs of the patients are met.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Dependency levels updated by management monthly if not required otherwise, formulated table to show staff requirements for needs for residents in nursing home. Recruitment for new staff members continues.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 12 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure the following in regards to the repositioning of patients:</p> <ul style="list-style-type: none"> <li>• that patients are repositioned in keeping with their prescribed care</li> <li>• that repositioning records are accurately and comprehensively maintained at all times.</li> </ul> <p>Ref: 5.2.2</p>
<p><b>Area for improvement 5</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</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Front covers maintained in care folders by nursing staff for individual residents to clearly state repositioning regime along with care plan written to specify repositioning regime, evaluated monthly unless otherwise required. Nursing staff will spot check repositioning for residents on shift and ensure clear and accurate records are maintained. Monthly audit completed on repositioning for residents by management.</p>
<p><b>Area for improvement 6</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>The registered person shall ensure corridors are kept free from obstruction at all times.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Obstruction (bed end) moved at time of report, maintenance personnel was taking a bed apart at time to move into bedroom, spoke with them regarding same.</p>
<p><b>Area for improvement 6</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>The registered person shall ensure that chemicals are stored securely in accordance with COSHH regulations.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Sluices to be kept locked at all times with all chemicals stored securely, new signs up and management and nursing staff to review at every opportunity, completed staff supervisions as necessary. COSHH training complete through e-learning platform yearly by staff.</p>

<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 15 (1) (e) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall not provide accommodation to a patient at the nursing home unless the nursing home has been registered for the category of nursing care appropriate to the patient's needs.</p> <p>Ref: 5.2.5</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 14 (4)</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> Clear communication will be maintained through management, variation requested and proposed effective date was ask for - completed and requested for 22.05.2023. Admission was on 25.05.2023 from hospital.</p> <p><b>Response by registered person detailing the actions taken:</b> Training has been arranged through ARC NI Training programme for 26<sup>th</sup> October 2023, support is able to be provided by registered person and sister Nursing Home presently if required.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure the daily menu is displayed, the menu should accurately reflect the meals served and be displayed in a suitable format.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Menu boards in both dining areas to be completed daily by kitchen staff to show what is the daily meal choices, Cook will clearly document through kitchen diary if changes have to be made to set menu with clear reasons for any changes being identified.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>The care records should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p> <p>Ref: 5.2.2</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 21</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>Nursing staff have been completing initial assessments based on the pre-admission assessment and referral information within 6HRS of admission, this was clearly evident on inspection day, having discussed with RQIA inspector best practice to facilitate if possible care plans for MUST / PEEP / Mobility / Skin integrity / Primary condition within the 24 hours since admission. Hard-copy is set up with all pre-admission details for all staff to be able to view for new resident as soon as admitted to the nursing home.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 21</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure a wound observation chart is recorded for each wound dressing change.</p> <p>Ref: 5.2.2</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 21</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>Ongoing wound observation charts will be completed by nursing staff with clear and accurate details as directed through care plan, nursing staff will ensure clear review dates are maintained to alert dressing changes due, management will audit weekly.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 41.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 July 2023</p>	<p>The registered person shall ensure that there are staff members available to offer a programme of activities and events for patients.</p> <p>Activities must be an integral part of the care process with daily progress notes recorded to reflect activity provision and patient engagement.</p> <p>Ref: 5.2.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Actively recruiting activitives personnel since take over, new activity coordinator had been interviewed and job offered 12/06/2023, new activity coordiantor started employment on 18/07/2023, management will ensure that programme of appropriate activities are made available to residents, planned programmes in place and monthly resident meetings to be held to ensure suitable programme is being maintained to residents likes. Activity notes for residents will be recorded through papercopy at present.</p>

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



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