

Unannounced Care Inspection Report 28 June 2017



Oakmont Lodge Care Home

Type of Service: Nursing Home
Address: 267 – 271 Old Belfast Road, Bangor, BT19 1LU
Tel No: 028 9146 5822
Inspector: Liz Colgan

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 29 persons. The home is currently staffed to accommodate 20 patients, due to difficulty in recruiting registered nurses. There were 17 patients accommodated in the home on the day of the inspection.

3.0 Service details

Organisation/Registered Provider: Maria Mallaband (9) Limited Responsible Individual(s): Lyndsey Paul	Registered Manager: see below
Person in charge at the time of inspection: Ms Juliet Green - Manager	Date manager registered: Ms Juliet Green – application not yet submitted
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of registered places: 29

4.0 Inspection summary

An unannounced inspection took place on 28 June 2017 from 09.55 to 17.10.

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

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in all four domains in relation to staffing, including the recruitment, induction, and training of staff, adult safeguarding, risk management and the home's environment. Patients were treated with, dignity and respect and were afforded privacy when required. Of particular note was the homes environment, that patients were offered a choice of venue for their meals and the staff's commitment to improving the social needs of the patients in their own time.

Areas requiring improvement were identified, such as providing additional training for staff, provision of activities, food choices, an increase in audit activity and ensuring the care placements are appropriate.

Patients said "Staff are great, they look after me well." "The home is lovely." "Staff are friendly and caring." Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	6

Details of the Quality Improvement Plan (QIP) were discussed with Ms Juliet Green, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 31 August 2016

The most recent inspection of the home was an unannounced care inspection undertaken on 31 August 2016. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 8 patients, and 4 staff. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

The following records were examined during the inspection:

- duty rota for all staff from 12 June 2017 to 3 July 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- three staff recruitment and induction files
- four patient care records

- two patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- patient and staff register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 31 August 2017

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector and was validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 31 August 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 30 Stated: First time	The registered provider must ensure that any actual or potential head injury is identified as a notifiable event and that RQIA are advised accordingly.	Met
	Action taken as confirmed during the inspection: The inspection confirmed that any actual or potential head injury was identified as a notifiable event and that RQIA were advised accordingly. A protocol was available outlining the steps to take in the event of an actual or potential head injury occurring	

<p>Area for improvement 2</p> <p>Ref: Regulation 3</p> <p>Stated: First time</p>	<p>The registered provider must ensure that the home is operating within its agreed statement of purpose and must submit an application to vary the registered categories of care in Oakmont nursing home for one identified residential care patient.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspection confirmed that an application to vary the registered categories of care in Oakmont nursing home for one identified residential care patient was submitted. This application was withdrawn as the patient is no longer in the home.</p>		
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p style="text-align: center;">Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered provider should ensure that a detailed, comprehensive competency and capability assessment is undertaken with any registered nurse who has responsibility of the home in the absence of the registered manager. Records should be available for inspection.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspection confirmed that a detailed, comprehensive competency and capability assessment had been undertaken with any registered nurse who has responsibility of the home in the absence of the registered manager. Records were available for inspection.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 42</p> <p>Stated: First time</p>	<p>The registered provider should ensure that staff meetings are maintained at least quarterly. The date of the meeting, names of all attending, minutes of discussions and any actions agreed should be recorded and disseminated to staff.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspection confirmed that monthly staff meetings had been held. Records of these meetings evidenced that date of the meeting, names of all attending, minutes of discussions and any actions agreed were recorded and disseminated to staff.</p>		

Area for improvement 3 Ref: Standard 46 Stated: First time	The registered provider should review and improve the availability of PPE for staff; <ul style="list-style-type: none"> • staff should wear appropriate aprons when serving meals / snacks to patients • domestic staff working in laundry and other high risk areas should have easy access to, and be encouraged to wear appropriate PPE 	Met
	Action taken as confirmed during the inspection: The inspection confirmed that the personal protective equipment (PPE) was available and staff were observed wearing PPE appropriately.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. Discussion with the manager indicated the home is currently staffed to accommodate 20 patients, due to difficulties in recruiting registered nurses. There were 17 patients in the home on the day of the inspection. The manager confirmed that recruitment has been successful and two additional nurses are to commence employment in July 2017. A review of duty rotas for nursing and care staff confirmed that planned staffing levels were adhered to.

Staff consulted confirmed that staffing levels generally met the assessed needs of the patients.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Three completed induction programmes were reviewed. The programmes included a written record of the areas completed and the signature of the staff member and the person supporting the new employee. On completion of the induction programme the manager signed the record to confirm that the induction process had been satisfactorily completed.

A review of records evidenced that a competency and capability assessment had been completed with nurses who were given the responsibility of being in charge of the home in the absence of the manager. The assessments were signed by the registered manager to confirm that the assessment process has been completed and that they were satisfied that the registered nurse was capable and competent to be left in charge of the home. Staff supervision and appraisals are ongoing.

Training was available via an e learning system and internal face to face training arranged by the home. Training opportunities were also provided by the local health and social care trust. Systems were in place to monitor staff attendance and compliance with training. These systems included a print out of which staff had completed e learning training and signing in sheets to evidence which staff had attended face to face training in the home. Review of the print out of mandatory training evidenced good compliance in attendance.

Staff generally demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that the training provided was embedded into practice. However, discussion with staff in respect of two identified patients evidenced that there is a need for further training in this area to ensure these patients' needs are met. This was identified as an area for improvement under the standards.

Discussion with the manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. Where any shortcomings were identified safeguards were put in place.

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

A review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to the relevant bodies. A random selection of accidents and incidents recorded since the previous inspection evidenced that accidents and incidents had been appropriately notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, and dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients and staff spoken with were complimentary in respect of the home's environment. Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing and recruitment, induction and training, adult safeguarding, infection prevention and control. Of particular note was the environment of the home which was finished to a high standard.

Areas for improvement

An area for improvement was identified under the standards in relation to providing staff training for the patients identified during the inspection to ensure patients' needs are fully met.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Care records generally reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

There was evidence within the care records of regular, ongoing communication with relatives. The manager and registered nurse spoken with confirmed that care management reviews were arranged by the relevant health and social care trust. These reviews were generally held annually but could be requested at any time by the patient, their family or the home.

The minutes of one care management review provided to the home by the healthcare trust for one identified patient stated that the home should pursue a day care placement which had not yet been provided. In discussion with the manager and the patient it was agreed that the manager must determine, in conjunction with the commissioning Trust, if the current placement is appropriate, in the absence of a day care placement and detailed individual activity plan. It was agreed that RQIA would be informed of the outcome. This was identified as an area for improvement under the standards. In the interim, the need for an in depth individual activity and social care plan was identified as an area for improvement under the standards.

Supplementary care charts such as repositioning, and food and fluid intake records evidenced that these were maintained in accordance with best practice guidance, care standards and legislation.

Review of four patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005 including the Patient Register.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), SALT, dietician, and TVN. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Discussion with the manager confirmed that staff meetings were held on a monthly basis and records were maintained.

Staff stated that teamwork and morale in the home had improved and staff spoken with stated that they now look forward to coming to work. Discussion with staff evidenced that they knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their manager and regional manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the manager and review of records evidenced that patient and/or relatives meetings were held on a regular basis. Patients spoken with expressed their confidence in raising concerns with the home's staff and management.

There was information available to staff, patients, representatives in relation to advocacy services.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, improved teamwork, morale and communication between patients and staff.

Areas for improvement

Areas for improvement were identified under the standards in relation to the suitability of the placement of one identified patient and the need for an interim social care plan.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Two patients attended their day care placement, these patients returned to the home at 15.00 hours. Activities were arranged after lunch for those patients who remained in the home.

There was an activity plan displayed for the week which included the downstairs residential unit. On the day of the inspection a lunch had been planned in Donaghadee, the two patients able to attend declined. Just before lunch pet therapy, not included in the activity plan, had been organised. In the afternoon a school choir gave a performance in the residential unit a few nursing patients attended. Discussion with the patients, staff and activity therapist and observation of activities would indicate a need for more one to one activities for the nursing unit due to the diverse range of patients in the home. The patients confirmed that as a result of this greater need, staff and the activity therapist come in their off duty hours to take them out of the home for activities, whilst staff are commended, this does support the need for greater support in this area. This was identified as an area for improvement under the standards.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Observation of the lunch time meal confirmed that patients were given a choice in regards to food and fluid choices and the level of help and support requested. Staff were observed to offer patients reassurance and assistance appropriately. The daily menu was displayed in the dining room and patients were offered a good choice of lunch including two choices of both main meal and desserts. A choice was also available for those on therapeutic diets and if patients wanted something different from the displayed menu. It was noted that a significant number of patients were served their meals in their bedrooms or in the lounge area. Staff reported that, whilst these arrangements were an additional pressure on staff time, patient’s individual preferences were paramount. This was commended. Three patients spoken with were unhappy with the choice and quality of food, stating that they would prefer smaller portions, or a plainer menu. This was identified as an area for improvement.

Discussion with patients and staff evidenced that arrangements were in place to meet patients’ religious and spiritual needs within the home. Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home.

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Consultation with eight patients individually, confirmed that living in Oakmont was good if the food and activities were improved.

As part of the inspection process, we issued questionnaires to staff (ten), patients (eight) and their representatives (ten). Three patients, two patient's representative and five staff completed and returned questionnaires.

The questionnaires from patients, patient's representatives and staff highlighted that all were either very satisfied or satisfied that the home was well led and provided safe, effective and compassionate care. The following comments were received.

Patient comments:

- "Manager, available on request."
- "Sometimes staff are under pressure"
- "My only complaint is the food, rather fancy at times"

Patient representative's comments:

- "The nursing manager is very warm and interested in all aspects of care. All nursing staff are very pleasant and competent, and one nurse in particular is always on the ball."
- "My Relative requires assistance to mobilise, and is strongly advised to call for help via the alerter before doing so. She reports that staff often appear rushed, and will comment that she has called "during lunch "or at an awkward time. This discourages her from seeking help, even though mobility is important to her health and wellbeing. Overall, however, my relative states clearly that she feels safe here."
- "Broadly satisfied here, but I am concerned that staff (all staff including care staff, not just nurses) fully understand my relatives condition. In particular, difficulties with falls and speech and the need for more time, encouragement and mobility are not always understood. I have not always been kept up to date with changes in medication and care plans proactively, though I know I can see and discuss them if I seek them out."
- "I'm full of praise for the compassionate care shown by all staff at all levels to my relative. I always feel welcome at Oakmont and both I and my relative are treated with friendliness as well as basic respect."

Staff comment:

- "Disability training needs to be provided. Morning times, in particular, require possibly more staff."

Some comments were made by patients during the inspection are detailed below:

Patient comments included:

- "Staff are great, they look after me well."
- "The home is lovely."
- "Staff are friendly and caring."

Any comments from patients, patient representatives and staff in returned questionnaires received after the report was sent to the home will be shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients. Of particular note was that patients were offered a choice of venue for their meals and the staff's commitment to improving the social needs of the patients.

Areas for improvement

Areas for improvement were identified under the standards in relation to the provision of activities and food.

	Regulations	Standards
Total number of areas for improvement	0	2

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. The home was operating within its registered categories of care but areas for improvement were identified in relation to the suitability of the placement of one identified patient and the training needs of staff to meet patient's needs. Please refer to sections 6.5 and 6.6 for further information.

Policies and procedures were indexed, dated and approved by the registered provider. Staff confirmed that they had access to the home's policies and procedures.

Discussion with the manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Patients spoken with confirmed that they were aware of the home's complaints procedure. Patients confirmed that they were confident that management would manage any concern raised by them appropriately. Patients were aware of who the manager was and staff were knowledgeable of the complaints process.

A review of notifications of incidents to RQIA during the previous inspection year confirmed that these were managed appropriately. Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with the manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents. However most of these were not up to date and only audit on falls had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvement had been embedded into practice. This was identified as an area for improvement under the standards.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the manager and review of records evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and maintaining good working relationships.

Areas for improvement

An area for improvement was identified in relation to the number and management of the audits undertaken by the registered manager.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

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

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 28 August 2017</p>	<p>The registered person shall ensure that further training is provided to staff to ensure the needs of two identified patients are met.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: MMCG currently has a Peripatetic Manager based in Northern Ireland who is registered Learning Disability Nurse and will be carrying group training sessions for our staff over the next month. Learning Disability Social Worker for the South Eastern Trust is providing training alongside this.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 28 July 2017</p>	<p>The registered person shall ensure that an in depth individual activity and social care plan is developed for one identified patient.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: Care manager in the Northern Trust has been contacted to arrange funding for a day centre placement for this patient. A four-weekly social activity plan has been formulated after discussion with the patient. We have also been in touch with the OT to organise a date for this patients electric wheelchair to allow him more freedom.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 28 July 2017</p>	<p>The registered person shall ensure that activities provision is reviewed to improve the activities provided so that they are meaningful to the patient and reflect their life story.</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: Activity programmes within the Service will reflect the choices, likes and dislikes of the patients. The Home Manager will undertake a review of the activity provision and how this is distributed throughout the Service.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 28 July 2017</p>	<p>The registered person shall ensure that the provision of food is reviewed to facilitate patient choice.</p> <p>Ref: Section 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: A menu group will be established within the Service. The Chef will meet with this group quarterly to discuss menus and any requested changes. On admission to the Service the Chef will meet with new patients to ascertain their likes, dislikes and any special dietary requirements which he will incorporate into the menu offered</p>
<p>Area for improvement 5</p> <p>Ref: Standard 35.1</p> <p>Stated: First time</p> <p>To be completed by: 28 August 2017</p>	<p>The registered person shall ensure, in conjunction with the commissioning Trust, if the current placement of the identified patient is appropriate.</p> <p>RQIA should be informed of the outcome.</p> <p>Ref: Section 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: There is ongoing MDT meetings regarding this placement at which the commissioning Trust have indicated that the placement is appropriate. Going forward this placement will remain under constant review to ensure that care and support needs can be met within the Service. If there is a change to this then RQIA will be notified.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 28 July 2017</p>	<p>The registered person shall ensure that audit activity is increased and the results of audits are analysed to ensure that appropriate actions are taken to address any shortfalls identified and ensure that any necessary improvements could be embedded into practice.</p> <p>Ref: Section 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: Home Manager will adhere to the schedule of quality audits as determined by the Company. After each audit an action plan will be devised which addresses any shortfalls. These will be discussed at team meetings. Follow up audits will ensure that improvements are maintained and practice improved.</p>

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



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