



Unannounced Care Inspection Report 13 and 15 May 2019



Carrickfergus Manor

Type of Service: Nursing Home

Address: 76 Dunluskin Gardens, Prince Andrew Way

Carrickfergus, BT38 7JA

Tel No: 028 9336 9780

Inspector: Julie Palmer and Briege Ferris

www.rqia.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.

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 DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 47 patients.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual(s): Gavin O'Hare-Connolly	Registered Manager and date registered: Joanne Neville 17 December 2014
Person in charge at the time of inspection: Joanne Neville	Number of registered places: 47
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 patients accommodated in the nursing home on the day of this inspection: 41 There shall be a maximum of 1 named resident receiving residential care in category RC-I

4.0 Inspection summary

An unannounced care inspection took place on 13 May 2019 from 11.15 hours to 19.05 hours and by the finance inspector on 15 May 2019 from 09.45 hours to 13.00 hours. This inspection was completed in conjunction with an inspection of the residential home which is located on the same site.

The term 'patient' is used to describe those living in Carrickfergus Manor which provides both nursing and residential care.

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

Evidence of good practice was found in relation to staffing, risk management, communication between staff and patients, the mealtime experience, the culture and ethos of the home and governance arrangements.

Areas requiring improvement were identified in relation to staff recruitment, infection prevention and control measures, recording of wound care, reviewing patients' opinions on the food on offer, the annual quality report and ensuring that two people sign a quarterly reconciliation of the patients' comfort fund.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff. Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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	*7

*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Joanne Neville, registered manager, and Kerri Wright, deputy manager, as part of the inspection process. Caron McKay, regional operations director also attended for part of the inspection. 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 21 March 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 21 March 2019. No further actions were required to be taken following this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates and finance issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards 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 detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed in the lift as the nursing home is located on the first floor of Carrickfergus Manor.

The following records were examined during the inspection:

- duty rota for all staff from 6 to 19 May 2019
- 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
- two staff recruitment and induction files
- supervision and appraisal records
- registered nurse competency records
- three patient care records including food and fluid intake charts and repositioning charts
- a sample of governance audits/records
- complaints and compliments records
- a sample of monthly quality monitoring reports from January 2019
- annual quality report for 2018
- RQIA registration certificate
- samples of patient's income and expenditure records; reconciliation records for money and valuables; patients' individual written agreements; hairdressing, barbering, podiatry and aromatherapy treatment records; patients' personal monies authorisations
- a sample of written financial policies.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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 outstanding areas for improvement from previous inspections

There were no areas for improvement identified as a result of the last care inspection.

Areas of improvement identified at the previous finance inspection have been reviewed. Of the six areas for improvement five were met, one was partially met and has been included in the QIP at the back of this report.

6.2 Inspection findings

6.3 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to monthly review to ensure the assessed needs of the patients were met. A review of the staffing rota from 6 to 19 May 2019 evidenced that the planned daily staffing levels were adhered to.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Staff attended to patients' needs in a timely and caring manner, call bells were answered promptly and patients who were in their rooms were observed to have call bells within reach.

Staff spoken with were satisfied there were sufficient staff on duty to meet the needs of the patients and although there was an occasional issue with short notice leave, shifts were generally 'covered'.

We also sought staff opinion on staffing via the online survey; no responses were received.

Patients spoken with were generally satisfied there were enough staff on duty to meet their needs. One patient commented that she once had "to wait an hour for help" but this had not happened again. This comment was brought to the attention of the registered manager for her information and action if required.

Patients' visitors spoken with were satisfied with staffing levels although one felt staffing levels "were up and down". Other comments received included:

- "Staff are so attentive."
- "Continuity of staff who know the residents very well."
- "Care is 99 per cent out of 100 per cent."
- "Most important thing is the staff and they are excellent."

We also sought the opinion of patients and patients' visitors on staffing levels via questionnaires; no responses were received.

Review of two staff recruitment and induction files evidenced that appropriate pre-employment checks had been completed to ensure staff were suitable to work with patients in the home. Enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. However we observed that the reason for a 'gap' in the employment history of one staff member had not been recorded. An area for improvement was made.

Discussion with staff and review of records confirmed they had completed a period of induction. A registered nurse spoken with commented that the induction she received had been "very good and supportive".

Review of the staff supervision and appraisal schedule and the registered nurses' competency and capability schedule maintained within the home evidenced that staff were supported to carry out their role and were competent to do so. Staff spoken with also confirmed that they received regular supervision and a yearly appraisal.

Review of records confirmed there was a system in place to monitor the registration status of nursing staff with the NMC. There was also a system in place to monitor the registration status of care staff with NISCC but this did not clearly identify the registration status of all staff. We discussed this with the registered manager who stated that staff had experienced ongoing delays in the NISCC registration process. Following the inspection, the registered manager provided written confirmation that these delays had been highlighted to NISCC. The registered manager will continue to closely monitor the NISCC registration status of all staff to ensure they are registered in a timely manner. This area will be reviewed at a future care inspection.

Discussion with staff confirmed they were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding, their duty to report concerns and the home's whistleblowing policy.

Infection prevention and control (IPC) measures were observed to be adhered to within the home. Personal protective equipment (PPE) was readily available and stations were well stocked. Staff were observed to use PPE appropriately and to carry out hand hygiene as necessary.

Discussion with the registered manager and review of records confirmed that, on at least a monthly basis, falls occurring in the home were analysed to identify if any patterns or trends were emerging and an action plan was devised if necessary.

The use of potentially restrictive practices, such as bedrails, was also reviewed monthly and validated risk assessments and care plans were completed prior to use. There was evidence of consultation with the patient and/or their representative and consent was obtained where appropriate.

We reviewed the home's environment; this included observations of a sample of bedrooms, bathrooms, lounges, dining rooms, small kitchens, treatment rooms, sluices and storage areas. The home was found to be warm, well decorated and fresh smelling throughout. Patients' bedrooms were tastefully decorated and had been personalised with sentimental items such as pictures and ornaments that were meaningful to them. The registered manager stated that a schedule of redecoration was ongoing in the home.

The home was observed to be clean and tidy throughout with the exception of the two small kitchens, which were situated off each of the dining rooms. We observed that more attention to detail was required to ensure effective cleaning of the floors, fridges and cupboard doors was maintained. An area for improvement was made. Since the inspection the registered manager has provided written confirmation that this matter has been addressed with both housekeeping and care staff.

Fire exits and corridors were observed to be clear of clutter and obstruction. Review of training records confirmed that staff were provided with two fire safety training sessions per year. Fire drills were also arranged at various times throughout the year to ensure all staff had an opportunity to take part in these.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction, training, supervision and appraisal, adult safeguarding, risk management and the home's environment.

Areas for improvement

Areas for improvement were identified in relation to staff recruitment records and more effective cleaning of the small kitchens.

	Regulations	Standards
Total number of areas for improvement	0	2

6.4 Is care effective?

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

We observed the daily routine in the home and it was obvious that staff knew the patients well and had a good understanding of their care needs. Patients received the right care at the right time and their privacy and dignity was maintained. Staff demonstrated effective communication skills both with the patients and with each other.

Patients spoken with during the inspection were satisfied that their care needs were met. Patients who were unable to express their views appeared to be content and settled, both in their surroundings and in their interactions with staff.

We reviewed three patients' care records and these evidenced that individualised care plans were in place to direct the care required and reflected the assessed needs of the patients. We reviewed the management of nutrition, falls, wounds and pressure area care. Care records reviewed contained details of the specific care requirements in the areas reviewed and a daily record was maintained to evidence the delivery of care.

Discussion with the registered manager and review of records confirmed that patients' weights were monitored on at least a monthly basis. A monthly audit was completed and the registered manager flagged any actions required, for example, referral to the dietician, General Practitioner (GP) or the individual patient's keyworker. There was evidence of referral to and recommendations from other healthcare professionals, such as the dietician, if required. Patients' nutritional needs were identified and validated risk assessments were in place to direct care planning and delivery.

Staff demonstrated their knowledge of patients' nutritional needs and review of patients' supplemental care charts evidenced that food and fluid intake was recorded and these records were up to date.

We reviewed the management of falls in the home. The care records reviewed evidenced that validated risk assessments were in place to direct the care required and care plans were individualised. Staff spoken with demonstrated their knowledge of measures to prevent falls and how to provide care for a patient who had a fall. We observed that in the care records reviewed risk assessments and care plans had been updated in the event of a fall.

We reviewed the care records for a patient who had a wound. The care records contained the relevant wound assessment chart and care plan, a body map had been completed and there was evidence of referral to the tissue viability nurse (TVN). However, the recommendations of the care plan as to the frequency of wound dressing were not reflected on the wound chart. We observed that there 'gaps' in the recording of wound care on the wound chart and the daily records did not contain details of the dressing having been completed. Discussion with staff assured us the dressing had been changed as necessary. An area for improvement was identified in relation to record keeping.

Validated risk assessments and care plans were in place to direct care for the prevention of pressure ulceration. We reviewed repositioning records and found that these were reflective of the care directed in individual patient's care plans and were up to date.

We observed the serving of lunch in the Loughview dining room. Staff assisted patients into the dining room and then engaged them in a lively discussion as to what music they would like to listen to during the meal, all opinions were sought and the majority opted for rock and roll music. The dining room was clean and tidy, the tables were nicely set and condiments were available. Staff offered patients a selection of drinks and demonstrated their knowledge of how to thicken fluids if required.

Menus were displayed on the tables in both a written and pictorial format; staff informed us that these had recently been updated and the menu was rotated on a three weekly basis. Staff were provided with a list of those patients requiring a modified diet and the daily menu choices list was also available on the heated trolley from which food was served. Staff confirmed alternative options were available who patients who changed their mind and we observed this to be the case when a patient was provided with a meal that was not on the menu.

A registered nurse was in attendance throughout the meal. The food on offer smelled appetising and was well presented. We observed that staff helpfully offered patients salt and pepper for their food and assisted them in a caring and timely manner throughout the meal. We also observed that patients were enabled to feed themselves independently if possible with discreet support and encouragement from staff.

Staff had a system in place to ensure patients requiring meals to be delivered to their rooms on trays were catered for in a timely manner. We noted that meals were kept warm until patients were ready to eat. Staff demonstrated their knowledge of patient likes and dislikes. The dining experience was calm, relaxed and unhurried.

Two patients spoken with following the meal expressed some dissatisfaction with the food on offer; one patient commented that the "food is not to my taste" while another said the food was "not very good". These comments were shared with the registered manager in order to enable her to resolve the issue. An area for improvement was made in relation to ensuring patients' opinions as to the quality of food on offer are reviewed and action is taken as a result.

Other patients spoken with indicated they were very satisfied with the food on offer; one said the food was “great” and another said it was “lovely”.

We also discussed the catering arrangements with the registered manager as we were aware there was a current chef vacancy within the home. The registered manager confirmed that a chef had been recruited and interim arrangements were in place with the existing chef and catering staff providing the necessary cover until the new chef commenced employment on 22 May 2019.

Staff demonstrated their knowledge of when to provide comfort and support to the patients in their care and we observed pleasant and caring interactions throughout the day. Comments received from staff included:

- “Good teamwork, carers are the eyes and ears and are really good at feeding back to the nurses.”
- “I love it here.”
- “I like it here; it’s a very caring team.”

We observed that staff appeared to work well together and staff spoken with were positive about teamwork and morale in the home. Staff demonstrated their knowledge of their own roles and responsibilities. Senior care staff commented that they felt it would be useful if they were provided with additional training in leadership skills to further enhance their ability to support their junior colleagues and we brought these comments to the attention of the registered manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment, communication between staff and patients, management of falls, enabling patients to maintain their independence with eating and the mealtime experience.

Areas for improvement

Areas for improvement were identified in relation to the recording of wound care and reviewing patients’ opinions as to the quality of food on offer.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 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.

During the inspection we spoke with 12 patients both individually and in small groups and we discussed their experience of living in Carrickfergus Manor. Patients who were unable to communicate their opinions appeared to be well cared for. Patients were well presented in clean clothes that matched and attention had obviously been paid to all aspects of personal care, for example, gentlemen were clean shaven and ladies had their hair styled.

Patients commented positively about the care they received in the home, they said:

- “I love it, wouldn’t go home again.”
- “Staff couldn’t be nicer.”
- “It’s alright, can’t complain.”

Patients’ visitors spoken with also commented positively about their experience of how their loved ones were cared for, they said:

- “Nothing’s perfect but I would say not far off it.”
- “Generally satisfied, no complaints.”
- “Everyone is approachable and available.”
- “Nice and clean.”
- “Great reassurance and peace of mind.”

Observation of care delivery evidenced that staff treated patients with dignity and respect. Patients were offered choice and the daily routine appeared to be flexible and inclusive. For example, the weather was warm and sunny on the day of the inspection and staff offered patients the opportunity to go out into the garden in the afternoon. Patients who opted to go out were appropriately assisted and staff ensured those patients who preferred to stay indoors were comfortable in one of the lounges or their bedroom. Staff were allocated tasks in such a way as to ensure all patients’ needs were met.

We observed that staff knocked on bedroom and bathroom doors before entering and ensured doors were closed when delivering care to preserve patients’ privacy.

Patients spoken with said that if they had a concern they knew who to talk to and felt they were listened to. Patients’ visitors spoken with expressed their satisfaction with the levels of both consultation and communication; one commented that “everything is reported to family” and that “staff are supportive to the family as well”.

We looked at activities on offer in the home and we observed that the current weekly activity programme was clearly displayed. Activities on offer included table top games, armchair aerobics, a weekly quiz, arts and crafts, a knitting club, a Saturday movie, watching football and weekly pampering sessions. Patients were offered the opportunity to watch ‘Songs of Praise’ on a Sunday. Patients spoken with confirmed they were offered the choice of opting in or out of activities and their wishes were respected.

The registered manager advised us that there were currently two activity co-ordinators employed in the home, however, one was leaving and the post had been advertised. The registered manager spoke of the importance of recruiting a person with the necessary skills and enthusiasm to embrace the role. A patient’s visitor had commented that the “activity co-ordinators are fantastic” and provided invaluable support to the patients.

We reviewed the annual quality review report for 2018 and observed that while it was informative it did not include the views and opinions of patients and their representatives which had been collected during annual quality surveys, for example, catering and patient opinion surveys. The annual quality report should include evidence of such consultation and an area for improvement was identified.

Review of records confirmed that relatives meetings were held on a quarterly basis with the next one planned for July 2019.

We spoke with the home 'ambassador'; this was a voluntary role and the current 'ambassador' was the son of a patient who resides in Carrickfergus Manor. The 'ambassador' had nothing but praise for the home both in his experience as a relative and in his voluntary role. He stated that his mum "wouldn't be here if I wasn't fully satisfied" and that the "care is exceptional". The 'ambassador' liaises with the local community in order to ensure inclusion in this aspect of life for the patients and he said local businesses and community schemes were very receptive to requests for involvement and support.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, maintaining patients' dignity and privacy, listening to and valuing patients and their representatives and the activities provided.

Areas for improvement

One area for improvement was identified in relation to inclusion of consultation with patients and their representatives in the annual quality review report.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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.

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations confirmed that the home was operating within the categories of care registered.

There has been no change in management arrangements since the last inspection. A review of the duty rota evidenced that the registered manager's hours and the capacity in which these were worked were clearly recorded. Discussion with staff, patients and visitors confirmed that the registered manager's working patterns allowed for plenty of opportunities to meet with her if necessary and that she was approachable and accessible. Comments included:

- "Joanne listens to you."
- "Very approachable and out on the floor."

Staff, patients and patients' visitors were all on first name terms with both the registered manager and the deputy manager.

Discussion with the registered manager and review of a selection of governance audits evidenced that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home and to ensure action was taken as a result of any deficits identified to drive quality improvement. An area for improvement was identified in relation to the annual report (refer to section 6.5). Audits were completed to review, for example, accidents/incidents, IPC measures, falls, nutrition, complaints and wounds.

Review of the complaints record evidenced that systems were in place to ensure complaints were appropriately managed. We observed that complaints received had been documented, an investigation had been carried out and the method of response to the complainant and whether or not they were satisfied was recorded. The complaints procedure was displayed in the home and patients and patients' visitors spoken with were aware of the process.

We reviewed a sample of monthly monitoring visit reports and found these to be comprehensive and to include an action plan and completion date for the actions identified.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

We reviewed training records for all staff and this evidenced that mandatory training was available and up to date. Staff spoken with were satisfied that they had sufficient time for training. The registered manager had recently identified areas where medication management could be improved and registered nursing staff had received medication awareness training in order to support them in this aspect of their role.

Staff spoken with were aware of the home's whistleblowing policy and their responsibilities around reporting concerns.

We observed that staff effectively and sensitively communicated with patients in order to meet their needs. They were kind, considerate and caring to patients and also to patients' visitors, it was obvious good relationships were maintained. Staff spoken with demonstrated their knowledge around maintaining patient confidentiality.

We observed that the home's policies and procedures were displayed in the entrance foyer but some were not up to date. This was discussed with the registered manager who stated the policies and procedures were also available online and these would be up to date but might not have been printed off and she would ensure this was reviewed. This area will be reviewed at a future care inspection.

Findings of finance inspection 15 May 2019

As part of the inspection, an RQIA finance inspector was present. We reviewed a sample of patients' records to validate compliance with the areas for improvement identified from the previous finance inspection on 02 February 2017. In general, controls to safeguard monies and property were found to be in place and operating effectively. Of the six areas for improvement identified from the previous inspection, five of these were met. We reviewed a sample of records which identified that there was evidence that each patient or their representative had been provided with an individual written agreement or there was evidence that the home had sought the return of the completed documents from patients or their representatives. A review of a sample of treatment records also identified that these were maintained in line with the standards.

A sample of written financial policies and procedures were reviewed which evidenced that these were in place and were dated/updated within the last three years.

Of a sample of personal monies authorisation forms (providing the home with the authority to spend a patient's money on identified goods and services), these were either found to be in place or there was evidence that the home had sought the return of the completed documents from patients or their representatives.

Discussion with the home administrator established that records of patients' property were maintained using a computerised care package. A sample of records was reviewed which established that the date the record had been inputted onto the system and the date it should be reviewed. As the records were computerised they were not signed or dated. The system did not enable the viewer to identify who had made the property record on the system. The above mentioned standard requires that these records are signed and dated by a staff member and countersigned by a senior member of staff; the inspection established that while each patient sampled had a record on the system with a date recorded for checking the entries, the records were not being reconciled in the manner set out in the standard. This area for improvement is therefore listed in the quality improvement plan for the second time.

It was noted that following a discussion with the registered manager during the finance inspector's visit to the home, the registered manager had already begun to make arrangements to progress the quarterly checks of patients' property, as a template had been developed to capture the required details.

An additional area for improvement was identified in relation to ensuring that two people sign a quarterly reconciliation of the patients' comfort fund. These findings were discussed with the registered manager and the home administrator at the conclusion of the inspection.

Areas of good practice

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

Areas for improvement

An additional area for improvement was identified in this domain in relation to ensuring that two people sign and date a quarterly reconciliation of the patients' comfort fund.

	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 Joanne Neville, registered manager, and Kerri Wright, deputy manager, as part of the inspection process. Caron McKay, regional operations director also attended for part of the inspection. 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 for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 14.26 Stated: Second time To be completed by: 15 June 2019	<p>The registered provider should ensure that an inventory of property belonging to each service user is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken:</p>
Area for improvement 2 Ref: Standard 38 Stated: First time To be completed by: 13 November 2019	<p>The registered person shall ensure that when recruiting new staff any gaps in employment history are explored and recorded.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken:</p>
Area for improvement 3 Ref: Standard 46 Stated: First time To be completed by: 17 May 2019	<p>The registered person shall ensure that both small kitchens are effectively cleaned in order to maintain best practice in infection prevention and control measures.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken:</p>
Area for improvement 4 Ref: Standard 4.9 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that contemporaneous records are maintained in relation to recording of wound care in accordance with NMC guidelines.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p>

Area for improvement 5 Ref: Standard 12 Stated: First time To be completed by: 13 June 2019	The registered person shall ensure that patients' opinions as to the quality of the food on offer are reviewed and action is taken to ensure the food provided meets their dietary needs and preferences and is nutritious and varied. Ref: 6.4 Response by registered person detailing the actions taken:
Area for improvement 6 Ref: Standard 35.16 Stated: First time To be completed by: 13 May 2020	The registered person shall ensure that the annual quality report includes the views and opinions of patients and their representatives. Ref: 6.5 Response by registered person detailing the actions taken:
Area for improvement 7 Ref: Standard 14.25 Stated: First time To be completed by: 31 May and at least quarterly thereafter	The registered person shall ensure that two people sign and date a quarterly reconciliation of the patients' comfort fund. Ref: 6.6 Response by registered person detailing the actions taken:

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



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