

Unannounced Care Inspection Report 20 & 21 March 2017



Parkview

Type of Service: Nursing Home
Address: Glencairn Road, Forthriver Road, Belfast, BT13 3PU
Tel no: 028 9039 1393
Inspector: James Lavery

1.0 Summary

An unannounced care inspection of Parkview took place on 20 March 2017 from 09.30 to 16.20 and on 21 March 2017 from 09.45 to 14.00.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of the patients were met. The majority of staff spoken with were knowledgeable in relation to their specific roles and responsibilities.

Weaknesses were noted in relation to the cleaning of commodes and the cleanliness of a number of bedrooms. Shortfalls were also observed concerning the storage of manual handling equipment which were not stored in accordance with best practice guidelines for infection prevention and control. Two recommendations were made.

Shortfalls were also identified in relation to the storage of chemicals which were not stored in adherence with Control of Substances Hazardous to Health (COSHH) Regulations. One requirement was made to ensure compliance and drive improvements.

Is care effective?

Supplementary care charts, such as repositioning, food and fluid intake records, evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Care records evidenced that a range of validated risk assessments were used and informed the care planning process. However, weaknesses were identified in relation to the timely reassessment of such care plans and risk assessments. Two requirements were made to ensure compliance and drive improvements.

Shortfalls were also identified in relation to the assistance provided to patients with eating and drinking during lunch. A recommendation was made to ensure compliance and drive improvements.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and in the majority, timely. Patients were observed to be afforded choice, privacy, dignity and respect. Patients who had difficulty verbalising their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Patients and members of staff spoken with confirmed that patients were listened to, valued and communicated with in an appropriate manner.

Weaknesses were observed in relation to maintaining an environment which is sensitive to the needs of patients and which also promotes their orientation. A recommendation was made to ensure compliance and drive improvements.

Is the service well led?

There was evidence that overall systems and processes were in place to help promote the delivery of safe, effective and compassionate care. Discussion with staff evidenced that there was a clear organisational structure within the home. There were also systems in place to monitor and report on the quality of nursing and other services provided.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, and copies of the reports were available for patients, their representatives, staff members and trust representatives.

No requirements or recommendations were made under this domain.

The term 'patients' is used to describe those living in Parkview which provides both nursing and residential care.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Jennifer Watson, 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.

1.2 Actions/enforcement taken following the most recent care inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 10 and 11 October 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Four Seasons Healthcare Dr Maureen Claire Royston	Registered manager: See box below
Person in charge of the home at the time of inspection: Jennifer Watson, manager.	Date manager registered: Jennifer Watson, manager – registration pending.
Categories of care: RC-LD(E), NH-DE, NH-I, NH-PH, NH-PH(E), NH-TI	Number of registered places: 71

3.0 Methods/processes

Specific methods/processes used in this inspection include the following:

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report
- pre-inspection audit.

During the inspection we met with 10 patients, three registered nurses, three care staff, three ancillary staff, one catering staff and one visiting professional.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

The following information was examined during the inspection:

- four patient care records
- staff duty rotas for the period 13 March to 26 March 2017
- staff training records
- accident and incident reports
- complaints records
- a sample of audits
- minutes of staff meetings
- minutes of patients/relatives meetings
- induction and orientation records for agency registered nurses
- monthly monitoring reports in keeping with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 10 October 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be followed up during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 10 October 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 21 (1) (b) Stated: First time	<p>The registered provider must not employ a person to work at the nursing home unless there is evidence that all the relevant pre-employment checks have been completed and are satisfactory.</p> <p>Action taken as confirmed during the inspection: Following discussion with the manager and a review of a sample of selection and recruitment records it was evidenced that all pre-employment checks were completed prior to staff commencing employment within the home in keeping with The Nursing Homes Regulations (Northern Ireland) 2005.</p>	Met
Last care inspection recommendations		
Recommendation 1 Ref: Standard 38.3 Stated: First time	<p>The registered provider should ensure records of all the documentation relating to the recruitment process are maintained. Details of the information obtained from an Access NI disclosure application should be handled as per the Access NI Code of Practice.</p> <p>Action taken as confirmed during the inspection: Following discussion with the manager and a review of a sample of selection and recruitment records it was evidenced that the date on which the Access NI disclosure was received by the home had been consistently recorded.</p>	Met

<p>Recommendation 2</p> <p>Ref: Standard 40</p> <p>Stated: First time</p>	<p>The registered provider should ensure that a planner is in place to ensure all staff receives supervision and appraisals in 2016.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Following discussion with the manager and staff along with a review of current supervision and appraisal records it was evidenced that a robust system was in place to ensure that staff received adequate supervision and appraisal.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 41.1</p> <p>Stated: First time</p>	<p>The registered provider should review domestic and catering staffing levels to ensure that, at all times, the staff on duty meets the assessed needs of patients.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and domestic/catering staff in addition to reviewing the staffing rotas for domestic and catering teams evidenced that appropriate numbers of domestic and catering staff were rostered on a daily basis.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered provider should ensure that staff meetings take place for all staff on a regular basis and at a minimum quarterly. Minutes of meetings should be maintained.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and staff alongside a review of minutes from staff meetings confirmed that staff meetings had taken place for all staff on a regular basis and at least quarterly.</p>		

4.3 Is care safe?

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of the patients were met. A review of the staffing rota for the period 13 March to 26 March 2017 evidenced that the planned staffing levels were adhered to. Observation of the delivery of care provided assurance that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients confirmed that they had no concerns regarding staffing levels. The majority of staff raised no concerns in relation to staffing levels. However, two care staff members stated that there was "not enough staff in the Carrickfergus unit" and that patients there were at a higher risk of falling. The analysis of falls within this unit is examined further below.

The manager provided evidence of an induction pro forma for registered agency nursing staff which could be used when necessary. Records also confirmed that there were out of hours and on-call arrangements in place should any queries or concerns arise.

Review of the training records indicated that training was planned to ensure that mandatory training requirements were being met. Additional training was provided as required to meet the assessed needs of the patients. Staff generally demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

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. With regards to the frequency of falls within the Carrickfergus unit, a review of the manager's analysis of falls evidenced that there had been three falls in December 2016 and January 2017. No falls had occurred in February 2017. Patient's care plans and risk assessments had been reviewed and updated accordingly. The manager confirmed that the staffing needs of the unit were kept under regular review based upon the needs of patients there.

The manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. However, a number of bedrooms and communal areas were observed to be dated and worn with areas of damaged plaster and flaking paint. This was discussed with the manager and regional manager who acknowledged that these areas required attention and advised that a redecorating and maintenance schedule was currently underway to address these areas.

Fire exits and corridors were observed to be clear of clutter and any obstruction.

During a review of a bathroom on the ground floor, it was observed that a patient hoist and sling were inappropriately stored. This was discussed with the manager and a recommendation was made to ensure that all moving and handling equipment was maintained and stored in adherence with best practice guidance on infection prevention and control.

Shortfalls were also observed in relation to infection prevention and control (IPC). The underside of soap and paper towel dispensers in three patient bedrooms were observed to be stained and not maintained in adherence with best practice guidance on IPC. Two commodes were also observed to be stained and not effectively cleaned following use. A recommendation was made.

During a review of the environment the inspector identified four separate areas where patients could potentially have had access to harmful chemicals. This was discussed with the manager and a requirement was made to ensure Control of Substances Harmful to Health (COSHH) regulations were adhered too. The four areas identified on inspection were addressed on the day of inspection.

Areas for improvement

The registered provider should ensure that all moving and handling equipment is stored appropriately in keeping with best practice guidance on infection prevention and control.

The registered provider should ensure that equipment is cleaned effectively and regularly in keeping with best practice guidance in infection prevention and control.

The registered provider must ensure that chemicals are stored in keeping with COSHH regulations.

Number of requirements	1	Number of recommendations	2
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4.4 Is care effective?

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. There was also evidence of multi-disciplinary working and collaboration with professionals such as G.P.s, Tissue Viability Nurses (TVN) dieticians and community palliative nursing teams.

Supplementary care charts, such as repositioning, food and fluid intake records, evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff also demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals.

Discussion with the manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available. A review of records also evidenced that patient and/or relatives meetings were held regularly and that minutes were available.

A review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process. Weaknesses were observed in regards to the timely reassessment of patient care plans and risk assessments. For example, the care records of one patient who had recently suffered a fall evidenced that while the handling profile had been completed, the monthly evaluation of this assessment had not taken place. Furthermore, the patient's moving and handling risk assessment had been completed but no reassessment date had been scheduled and there had been no review of the in response to subsequent falls. While the patient did have a care plan in place to address the risk of falling it had not been routinely reviewed from December 2016 to February 2017. In addition, the patient's long term care falls risk assessment which had identified the patient as being at a 'High Risk' of falling had undergone no subsequent review since the initial date of completion despite subsequent falls. Three registered nurses spoken with also expressed concern that they "fall behind" with the monthly review of patients' care plans and risk assessments on occasion. This feedback was shared with the manager who agreed to discuss the matter further with the registered nurses and to offer additional time to address this deficit if required. Two requirements were made to ensure that patient assessments and care plans are reviewed in a timely manner so

that risk assessments accurately reflect patients’ needs and that care plans are reviewed in a timely manner.

Observation of the delivery of care generally evidenced that patients’ needs were met by the levels and skill mix of staff on duty. However, it was noted during the provision of lunch that one patient who required assistance with eating and drinking had been served lunch at 12.00 but received no assistance with the meal until 13.05. A recommendation was stated to ensure that patients are assisted promptly with eating and drinking during meal times.

Areas for improvement

The registered provider must ensure that the assessment of patients’ needs are kept under review in a timely manner and revised at any time when it is necessary to do so.

The registered provider must ensure that patients’ care plans are reviewed in a timely manner so that they accurately reflect patients’ assessed needs.

The registered provider should ensure that patients are assisted promptly with eating and drinking during meal times.

Number of requirements	2	Number of recommendations	1
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and mostly timely. Patients were afforded choice, privacy, dignity and respect. Patients were very positive in their comments regarding the staffs’ ability to deliver care and respond to their needs and/or requests for assistance. Feedback received from a number of patients during the inspection included the following comments:

“We all look after each other.”

“You’re well looked after.”

“The girls are brilliant.”

One staff member commented:

“We’re a wee family.”

Staff demonstrated a good 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 and confidentiality.

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.

Discussion with patients and staff evidenced that arrangements were in place to meet patients’ religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Discussions with staff provided evidence of good staff morale and a clear sense of teamwork with several staff stating that they felt extremely well supported by the manager.

In addition to speaking with patients, relatives and staff, RQIA provided 10 questionnaires for staff to complete, 10 for relatives and 8 for patients. At the time of writing this report one relative and two staff members had returned their questionnaire. All respondents stated that they were either 'Very satisfied' or 'satisfied' with the care being provided.

Weaknesses were observed in relation to the lack of appropriate signage on bedroom doors. One patient's bedroom door had their name written on a piece of paper which was fastened to it; one door had a patient's name written into the door itself and was partially illegible; one door had no patient name displayed at all. Shortfalls were also observed regarding the lack of a clock and calendar in the first floor dining room. Two patients were overheard during lunch expressing uncertainty as to what time or day it was. These matters were discussed with the manager and it was agreed that the environment should be more conducive to effectively orientating patients. A recommendation was made.

Areas for improvement

The registered provider should ensure that all patient bedrooms have appropriate signage on them and that in communal areas measures are taken which promote patient orientation.

Number of requirements	0	Number of recommendations	1
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4.6 Is the service well led?

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. The majority of 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.

Discussion with the manager confirmed that her application to become the registered manager was pending completion and approval.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussion with the manager confirmed that the home was operating within its registered categories of care.

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. A review of the complaints records confirmed that they were being appropriately recorded and managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005. It was confirmed that any expression of dissatisfaction should be recorded appropriately as a complaint.

Discussion with the manager and a 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 a 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, complaints, and incidents/accidents.

Following discussion with the manager and domestic staff it was noted that one domestic staff member was unsure about the full scope of their role and responsibilities. This staff member was unable to confirm if they had ever received an induction and no record of their induction was available although the manager stated that an induction had been provided. This was discussed with the manager and it was agreed that the staff member would undergo further training to ensure that they were aware of their role and responsibilities and that the induction records/needs of all domestic staff would be reviewed.

Discussion with the manager and review of records evidenced that monthly monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and trust representatives. An action plan was generated to address any areas for improvement.

Areas for improvement

No areas for improvement were identified under this domain.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Jennifer Watson, manager, at the conclusion of the inspection. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [web portal](#) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 14 (2) (a)(c)</p> <p>Stated: First time</p> <p>To be completed by: 21 March 2017</p>	<p>The registered provider must ensure that chemicals are stored in keeping with COSHH regulations.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered provider detailing the actions taken: A staff meeting was held for domestic staff and all other staff highlighting that all chemical storage areas are to be kept locked at all times. Domestic staff were provided additional keys to promote compliance. The Registered Manager is carrying out regular auditing during her walk abouts around the Home to ensure doors are locked. The Registered Manager has organised a centralised storage area to minimize the number of different areas in the Home storing chemicals.</p>
<p>Requirement 2</p> <p>Ref: Regulation 15 (2) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 21 March 2017</p>	<p>The registered provider must ensure that the assessment of patients' needs are kept under review in a timely manner and revised at any time when it is necessary to do so.</p> <p>Ref: Section 4.4.</p>
	<p>Response by registered provider detailing the actions taken: The Registered Manager held a meeting with all registered staff using the example of the one care plan found deficit during the recent RQIA inspection to remind them of registered nurse responsibilities regarding adhering to Four Seasons documentaiton policies.Care tracas are carried out weekly in the home where all documentation is checked for each patient.There is a matrix in place to ensure each file is checked in the Home.Should action be required following the traca being carried out,the Registered Manager will issue the action plan with timescale for action to be addressed then the file will be rechecked by the Registered Manager to ensure all identified action has been addressed.The Regional Manager also spot checks the care tracas during her regulation 29 visit to the Home to ensure compliance.</p>
<p>Requirement 3</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 21 March 2017</p>	<p>The registered provider must ensure that patients' care plans are reviewed in a timely manner so that they accurately reflect patients' assessed needs.</p> <p>Ref: Section 4.4.</p>

	<p>Response by registered provider detailing the actions taken: The Registered Manager issued a reminder to all trained staff in the Home to follow FSHC documentation policy with acceptable time lines. All residents' needs are being reassessed following a fall or any change in condition. The Registered Manager is monitoring this through carrying out care tracas. Any deficit highlighted following a care traca will be addressed by the Primary Nurse and the care plan will be rechecked again by the Registered Manager to ensure compliance.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 21 March 2017</p>	<p>The registered provider should ensure that all moving and handling equipment is stored appropriately in keeping with best practice guidance on infection prevention and control.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: A staff meeting was held on 26th April 2017 reminding staff that hoists and slings may not be stored in bathrooms, sluices, lounges or any other communal areas. Dedicated spaces for hoist storage have now been established in the Home in keeping with infection control. A review of decontamination records for hoists has been completed and is being checked by the Registered Manager on an ongoing basis. The Registered Manager is carrying out regular audits to check hoists are being stored in dedicated areas.</p>
<p>Recommendation 2</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 21 March 2017</p>	<p>The registered provider should ensure that equipment is cleaned effectively and regularly in keeping with best practice guidance in infection prevention and control.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: The Registered Manager met with all domestic and care staff to again review cleaning protocols and decontamination folders. The Registered Manager reviewed the records, and on going monitoring is being carried out with audits. The Registered Manager is carrying out performance appraisals and supervision sessions on an ongoing basis. To liase with Regional Manager to review allocated hours. Redecoration of bedrooms with washable paint to make cleaning and maintenance easier is currently being carried out.</p>

<p>Recommendation 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 21 March 2017</p>	<p>The registered provider should ensure that patients are assisted promptly with eating and drinking during meal times.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: The Registered Manager held a staff meeting to remind staff of the need to assist residents in the dining room in a timely way and provide food at the correct temperature. The Registered Manager is carrying out spot checks at mealtimes in each unit on a regular basis to ensure that the dining experience is an enjoyable experience for all patients in the Home.</p>
<p>Recommendation 4</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 21 March 2017</p>	<p>The registered provider should ensure that all patient bedrooms have appropriate signage on them and that in communal areas measures are taken to promote patient orientation.</p> <p>Ref: Section 4.5</p> <hr/> <p>Response by registered provider detailing the actions taken: The Registered Manager has introduced whiteboards and clocks in the communal areas to promote orientation to time, place and activity. The Registered Manager has also reviewed the signage of resident's bedrooms to ensure that it is appropriate. There is now a designated activity room for the residents in the Home.</p>



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