

Unannounced Care Inspection Report 9 and 10 January 2018



Lansdowne

Type of Service: Nursing Home (NH)
Address: 41 – 43 Somerton Road, Belfast, BT15 3LG
Tel no: 028 9037 0911
Inspector: Dermot Walsh

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 81 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual: Dr Claire Royston	Registered Manager: See below
Person in charge at the time of inspection: Kerrie Wallace (acting manager) 9 and 10 January 2018	Date manager registered: Malachy O'Hagan – registration pending
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of registered places: 86 A maximum of 17 patients in category NH-DE to be accommodated in the Dementia Unit.

4.0 Inspection summary

An unannounced inspection took place on 9 January 2018 from 09:15 to 16:45 hours and on 10 January 2018 from 09:20 to 13:00 hours.

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 relation to staffing arrangements, recruitment practice, monitoring registration status, accident management, the home's general environment, maintaining good working relationships, communication between residents, staff and other key stakeholders and in relation to the culture and ethos of the home in relation to dignity and privacy.

Areas requiring improvement under regulation were identified in relation to access to rooms containing hazards, recording of wound care and submission of notifiable events. Areas requiring improvement under standards were identified in relation to role clarification, access to nurse call system, settings on pressure mattresses, adherence to professional recommendations and auditing. An area for improvement made under standards in relation to the provision of activities in the dementia unit has been stated for the second time.

Patients were positive in their feedback of the care provided in the home. Patient comments can be reviewed in section 6.6. 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	3	*6

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

Details of the Quality Improvement Plan (QIP) were discussed with Kerrie Wallace, acting 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 21 September 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 21 September 2017. 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
- the registration status of the home
- 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 10 patients, nine staff and one patients' representative. A poster was displayed at a staffing area in the home inviting staff to respond to an online questionnaire. Questionnaires were also left in the home to obtain feedback from

patients and patients' representatives. Ten questionnaires for patients and 10 for patients' representatives were left for distribution.

A poster indicating that the inspection was taking place was displayed at the reception desk of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- duty rota for week commencing 8 January 2018
- 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
- one staff recruitment and induction file
- three patient care records
- three patients' daily care charts including bowel management, food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of minutes from staff meetings
- a selection of governance audits
- records pertaining to safeguarding
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability insurance
- 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 21 September 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector and will be validated at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 10 April 2017

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 13 (7) Stated: First time	The registered person must ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.	Met
	Action taken as confirmed during the inspection: Observation during a review of the environment confirmed this area for improvement has now been met. Isolated infection prevention and control issues identified were managed during the inspection.	
Area for improvement 2 Ref: Regulation 19 (1) (b) Stated: First time	The registered person must ensure that patient care records maintained within the home are stored securely in line with legislative and professional guidance.	Met
	Action taken as confirmed during the inspection: Patient care records were observed stored securely in line with legislative and professional guidance.	
Area for improvement 3 Ref: Regulation 13 (8) (a) Stated: First time	The registered person must ensure that the dignity issues identified on inspection are managed to prevent any reoccurrence.	Met
	Action taken as confirmed during the inspection: The dignity issues identified at the previous inspection had been managed appropriately to avoid repetition.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 41 Stated: First time	The registered person should review staffing levels to ensure that at all times there are sufficient numbers of staff and skill mix deployed to meet the needs of the patients in the home.	Met
	Action taken as confirmed during the inspection: The staffing arrangements in the home had been monitored to reflect patient dependency. Care needs were observed to have been met in a timely manner during the inspection.	
Area for improvement 2 Ref: Standard 39 Stated: First time	The registered person should ensure that the training requirements on safeguarding and Infection Prevention and Control (IPC) are met in a timely manner.	Met
	Action taken as confirmed during the inspection: A review of training records evidenced that compliance with safeguarding training was 94 percent and compliance with IPC training was also 94 percent. Systems were in place to ensure all staff received the identified trainings.	
Area for improvement 3 Ref: Standard 44 Criteria (8) Stated: First time	The registered person should ensure that the home's standby generator is serviced and that the equipment is checked regularly in line with manufacturer's instructions and current good practice. If the generator is not to be maintained as above, alternative arrangements should be put in place and RQIA provided detail of these arrangements.	Met
	Action taken as confirmed during the inspection: Documentation was available to evidence the standby generator's service record. The maintenance person employed in the home confirmed the arrangements for regular checks of the generator.	

<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person should ensure that when a patient's fluid requirement need changes, all records relating to this change are amended to reflect the change of need.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of three patient care records evidenced accurate current fluid requirements for the respective patients.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 41 Criteria (8)</p> <p>Stated: First time</p>	<p>The registered person should ensure staff meetings take place on a regular basis and at a minimum quarterly. Records are kept which include:</p> <ul style="list-style-type: none"> • The date of all meetings • The names of those attending • Minutes of discussions • Any actions agreed <hr/> <p>Action taken as confirmed during the inspection: Discussion with staff and a review of minutes from meetings evidenced that regular staff meetings had occurred since the last care inspection.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Standard 11</p> <p>Stated: First time</p>	<p>The registered person should review the provision of activities in the dementia unit to ensure meaningful activities are offered to patients.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with staff and observation during the inspection evidenced that this area for improvement has not been met.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	<p>Not met</p>

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.

Discussion with patients, patients' representatives and staff evidenced that there were no concerns regarding staffing levels. Staff consulted confirmed that staffing levels met the assessed needs of the patients. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

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 the manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Discussion with one staff member identified a concern over role clarity. This was discussed with the manager and identified as an area for improvement. Other staff consulted clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

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. A home specific safeguarding flowchart was on display at staffing areas and identified the Four Seasons Health Care safeguarding champion; deputy safeguarding champion and the home's safeguarding lead person. A safeguarding file had been sufficiently updated to reflect the current status of an ongoing concern.

Review of three 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. However, records pertaining to wound care had not been managed in accordance with best practice guidance. This will be further discussed in section 6.5.

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. A 'falls safety cross' was observed to be utilised within the home identifying dates during a specific month when a fall had occurred. 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 an identified selection of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. The home was commended for recent environmental improvements made to the reception area and the middle floor. Both had been updated and redecorated to a high standard. Signage was observed throughout the home identifying the three units and signs were present to identify bedroom and nursing station locations.

Pull cords used to activate the nurse call system within two communal areas in the home were observed as difficult to access or, for some patients, inaccessible. This was discussed with the manager and an area for improvement was identified to ensure that all pull cords are monitored to ensure that they can be easily accessed by patients at all times.

During the review of the environment, the pressure setting on an airwave mattress was observed to have been incorrectly set for the patient. This observation was discussed with the manager and identified as an area for improvement to ensure that a system was put in place to ensure all settings on mattresses in use in the home were monitored to confirm that they were set correctly.

During the review of the environment, two doors leading to rooms containing hazards/harmful substances were observed accessible to patients. This was discussed with the manager and identified as an area for improvement to ensure patients were not exposed to preventable hazards and to ensure compliance with control of substances hazardous to health (COSHH) legislation.

Fire exits and corridors were observed to be clear of clutter and obstruction. There were records of recent weekly fire drills which had occurred in the home along with accompanying reports of any positive or negative staff responses to the drill and a list of staff attendees. A fire risk assessment of the home had been appropriately conducted in May 2017 and the home's response to the risk assessment was available for review.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, recruitment practice, monitoring registration status, accident management and the home's general environment.

Areas for improvement

Areas were identified for improvement under regulation in relation to access to rooms containing hazards to patients' health.

Areas were identified for improvement under care standards in relation to role clarification, access to nurse call system and safe use of equipment.

	Regulations	Standards
Total number of areas for improvement	1	3

6.5 Is care effective?

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

Review of three 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. However, there were deficits identified within the recording of wound management. An initial assessment had been completed: two separate care plans were developed for this wound. However the care plans contained conflicting information. A wound observation chart had not been completed appropriately to monitor the progress of the wound. This was discussed with the manager and identified as an area for improvement.

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

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 sufficient information was handed over in order to meet the needs/changing needs of patients in their care.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including general practitioners, tissue viability nurses, speech and language therapists and dieticians. However, a review of one patient's records evidenced that the recommendation made by the health professional had not been followed correctly or accurately reflected in the patient's care records. This was discussed with the manager and identified as an area for improvement.

Staff confirmed that staff meetings were conducted regularly and that the minutes were made available. Staff also confirmed that there was effective teamwork and that if they had any concerns, they could raise these with their line manager and/or the manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/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 communication between patients, staff and other key stakeholders.

Areas for improvement

An area was identified for improvement under regulation in relation to the recording of wound care.

An area was identified for improvement under care standards in relation to adherence to professional recommendations.

	Regulations	Standards
Total number of areas for improvement	1	1

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. Consultation with 10 patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed chatting with patients when assisting them. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. 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.

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

The serving of lunch was observed in the dementia unit on the ground floor. Lunch commenced at 12:30 hours. Patients were seated around tables which had been appropriately laid for the meal. Food was served directly from the kitchen when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. Portions were appropriate for the patients to which the food was served. Potatoes, meat and vegetables were clearly distinguishable in puree meals. The mealtime was well supervised. Staff were organised to assist patients in the patients' preferred dining area. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience. Staff were knowledgeable in respect of patients' dietary requirements.

There was no evidence available to support an increase or review of the provision of activities within the dementia unit. Staff confirmed that they 'would do what they could' but due to work commitments there was little activity provision in this unit. This was discussed with the manager and an area for improvement made at the previous inspection in this regard was stated for a second time.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Nine staff members were consulted to determine their views on the quality of care within Lansdowne.

Some staff comments were as follows:

- “We love this home.”
- “I really like it here.”
- “It’s busy, but we can manage.”
- “It is getting much better now.”
- “It’s excellent here. Good teamwork.”
- “Things are getting better now.”
- “I enjoy the work here.”

A poster was displayed at a staffing area inviting staff to respond to an on-line questionnaire. No responses were received at the time of writing this report.

Ten patients were consulted during the inspection.

Some patient comments were as follows:

- “I’m very comfortable here. The food is good and the staff are very helpful.”
- “There is good grub here. Get a good laugh with the staff.”
- “It’s alright here. Not a bad place.”
- “It’s ok here. The people in here are lovely.”
- “It’s alright. The staff are great.”
- “I find this home very good.”

Ten patient questionnaires were left in the home for completion. None of the patient questionnaires were returned.

One patient representative was consulted during the inspection. The representative was positive in their feedback of the care delivery in the home. Ten relative questionnaires were left in the home for completion. None of the relative questionnaires were returned within the timeframe for inclusion in the report.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the 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 in relation to dignity and privacy.

Areas for improvement

No new areas for improvement were identified during the inspection.

An area for improvement under standards made at the previous inspection, in relation to the provision of activities in the dementia unit, has been stated for the second time.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

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

The named manager for the home, Malachy O'Hagan, was not present during the inspection. An application for registration of manager with RQIA had commenced. Kerrie Wallace, registered manager of Hawthorne Nursing Home, was covering managerial responsibilities on both days of inspection. Information was received by RQIA following the inspection that the named manager for the home had resigned and that appropriate management arrangements had been put in place in the interim period until a new manager was recruited and inducted into post.

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 Care Standards for Nursing Homes 2015. A copy of the complaints procedure was displayed at the reception area in the home.

A compliments file was maintained to record and evidence compliments received. Some examples of compliments received are as follows:

- "I know that every one of you who had contact with ... treated him with dignity, respect, kindness and love."
- "Please pass on my thanks to the caring staff ... who understood her condition and made every effort to keep her comfortable."
- "Many thanks and god bless you all to each and every one of you who played an important and very necessary part of caring for our mum."

Discussion with the manager evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, regular audits were completed in relation to accidents; incidents; complaints; care plans; medication; staff training and infection prevention and control. Infection prevention and control audits conducted in the home during December 2017 were reviewed. Shortfalls had been identified within the auditing records, although, no action plans were developed in response to the shortfalls found. This was discussed with the manager and identified as an area for improvement.

Staff consulted confirmed that when they raised a concern, the home's management would take their concerns seriously.

Discussion with the manager and review of records evidenced that there were no systems in place to ensure that notifiable events were reported to RQIA. RQIA had not received any notifications from Lansdowne since 30 September 2017. Given that records maintained in the home evidenced that notifiable events had occurred, this was discussed with the manager and identified as an area for improvement. Following the inspection, notifiable events from

November 2017 to the date of this inspection were submitted retrospectively to RQIA for review.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices from Northern Ireland Adverse Incident Centre were reviewed and where appropriate, made available to key staff in a timely manner. A file was maintained with evidence of monthly oversight from the manager and three monthly oversights from the regional manager.

Governance records verified that a legionella risk assessment had been conducted in the home on 27 September 2017. A report had been completed and remedial works had been planned.

There was documentary evidence available of examination for all hoists and slings in use within the home in accordance with Lifting Operations and Lifting Equipment Regulations (LOLER). Dates of examination, findings, actions taken and dates next due were recorded.

A review of records evidenced that monthly monitoring reports 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.

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 risk management, management of complaints and maintaining good working relationships.

Areas for improvement

An area was identified for improvement under regulation in relation to notifications to RQIA.

An area was identified for improvement under care standards in relation to auditing practice.

	Regulations	Standards
Total number of areas for improvement	1	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 Kerrie Wallace, acting 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 for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that doors leading to rooms which pose a hazard to patients must remain locked at all times when not in official use and that COSHH regulations are adhered too at all times.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: The registered manager ensures that doors leading to rooms which pose a hazard to residents are locked at all times when not in official use and that COSHH regulations are adhered to at all times.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: The registered manager ensures through auditing process that records in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that at all times RQIA are notified in a timely manner of notifiable events which have occurred in the home.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: The registered manager ensures that at all times RQIA are notified in a timely manner of notifiable events which have occurred in the home.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015).

<p>Area for improvement 1</p> <p>Ref: Standard 11</p> <p>Stated: Second time</p> <p>To be completed by: 10 March 2018</p>	<p>The registered person should review the provision of activities in the dementia unit to ensure meaningful activities are offered to patients.</p> <p>Ref: Section 6.2 and 6.6</p> <p>Response by registered person detailing the actions taken: The registered manager has reviewed the provision of activities in the dementia unit to ensure meaningful activities are offered to residents. This includes sensory and tactile activities.</p>
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<p>Area for improvement 2</p> <p>Ref: Standard 41 Criteria (9)</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2018</p>	<p>The registered person shall ensure that roles within the home are clearly defined and that staff have an understanding of each other's role within the team.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: The registered person ensures that staff are aware of their roles and roles are defined within the staff's job descriptions. The registered ,manager will continue to reinforce with all staff an understanding of each other's role within the team.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the nurse call systems in communal areas are accessible to all patients. Specific attention should be paid to the areas identified during the inspection.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: The registered person has ensured that maintenance to nurse call systems has been carried out to ensure that in communal areas the nurse call systems are accessible to residents.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 45</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that equipment used within the home is used safely and in accordance with the manufacturer's guidelines. This is in reference to the correct pressure settings on patient's air mattresses.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: The registered person ensures that all equipment used within the home is used safely in line with manufacturers guidelines. The pressure air mattress reference was reset on the day of inspection and the registered person carries out monitoring of all pressure air mattresses to ensure they are set at the correct pressure setting.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2018</p>	<p>The registered person shall ensure that professional recommendations made by other healthcare professionals are documented correctly and adhered too or the reason why this has not occurred recorded within the care records.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: The registered person ensures that professional recommendations made by other healthcare professionals are documented correctly and adhered too.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2018</p>	<p>The registered person shall ensure that action plans are developed to address shortfalls identified within auditing records and that these action plans are reviewed to ensure completion.</p> <p>Ref: Section 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered person ensures that action plans are developed to address shortfalls identified within auditing records and action plans are reviewed to ensure completion.</p>

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



The **Regulation** and
Quality Improvement
Authority

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