



# Unannounced Follow Up Care Inspection Report 3 July 2018



## Balmoral View

**Type of Service: Nursing Home (NH)**  
**Address: 5 The Manor, Blacks Road, Dunmurry, BT10 0NB**  
**Tel no: 02890629331**  
**Inspector: Dermot Walsh**

[www.rqia.org.uk](http://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 provider 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 nursing home registered to provide nursing and residential care for up to 39 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual(s):</b> Dr Maureen Claire Royston	<b>Registered Manager:</b> Mr Rosendo Soriano
<b>Person in charge at the time of inspection:</b> Mr Rosendo Soriano	<b>Date manager registered:</b> 5 May 2017
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of registered places:</b> 39  A maximum of 15 patients in category NH-DE to be accommodated in the dementia unit. Category NH-MP for 1 named patient only. There shall be a maximum of 2 named residents receiving residential care in category RC-I.

### 4.0 Inspection summary

An unannounced inspection took place on 3 July 2018 from 09.30 to 15.30 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.

RQIA received information from the South Eastern Health and Social Care Trust (SEHSCT) adult safeguarding team in relation to the home's failure to comply with recommendations made by a speech and language therapist. Following a review of the three previous care inspection reports and the subsequent quality improvement plans (QIPs), we conducted this unannounced inspection focused on the management of nutrition and hydration in the home and to assess progress with the areas for improvement identified during the last care inspection.

An area for improvement stated three times previously, under care standards, continued not to be met at this inspection. This was in relation to the identification of fluid targets for patients at risk of dehydration and a plan should this target not be met.

The inspection findings were discussed with RQIA senior managers and as a consequence, it was agreed that a meeting with the registered persons would be held with the intention of issuing an improvement notice in relation to the continued non-compliance within this area for improvement.

During this meeting, the registered manager and senior management from Four Seasons Health Care acknowledged the failings identified and submitted a detailed and comprehensive action plan to address the identified concerns. Based on the information and assurances provided, RQIA made a decision not to serve the improvement notice. RQIA will escalate this area for improvement to an area for improvement under regulation. A further inspection will be conducted to validate compliance with this area and any further non-compliance may lead to enforcement action.

The following areas were examined during the inspection:

- staffing arrangements – including deployment
- environment
- meals and mealtimes
- care records
- quality governance arrangements

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

Patients described living in the home in positive terms. 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.

There were examples of good practice found throughout the inspection in relation to staffing arrangements, the general environment, recording of supplementary care, staff interactions with patients and with the quality and variety of food served.

Areas for improvement under regulation were identified in relation to hydration management, safe storage of medications, patients' nutrition assessments and care planning.

Areas for improvement under the standards were identified in relation to auditing, review of RQIA QIPs and management of choking.

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
<b>Total number of areas for improvement</b>	5*	3*

\*The total number of areas for improvement includes one under regulation which has been carried forward from the previous care inspection and two under standards which have been stated for the second time. An area for improvement under standards not met at this inspection has been escalated to an area for improvement under regulation.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Rosendo Soriano, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

Further inspection is planned to validate compliance and drive improvements.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

## 4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 9 January 2018. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent 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
- the returned QIPs from the previous three care inspections
- the previous three care inspection reports.

During the inspection the inspector met with eight patients, seven staff and four patients' representatives.

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

The following records were examined during the inspection:

- staff duty rota for week commencing 25 June 2018
- five patient care records
- five patients' daily care charts relating to food and fluid intake
- a selection of governance audits in relation to dining and care records
- 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 registered manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 9 January 2018

The most recent inspection of the home was an unannounced care inspection conducted on 9 January 2018. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 9 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 12 (1) (a) and (b)  <b>Stated:</b> Second time	The registered person shall ensure the delivery of care is in accordance with patients assessed needs, meets his needs and reflects current best practice.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 3 (1) (c) schedule 1 (8)  <b>Stated:</b> First time	The registered person shall submit an application of variation of the registered categories of care for the home in relation to one named person.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The appropriate application of variation had been submitted and approved.	

<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 4.8 <b>Stated:</b> Second time	The registered provider shall ensure care plans evidence the desired daily fluid intake for individual patients and the action to be taken, and at what stage, should the desired target not be met.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of two patient care records identified as at risk of dehydration evidenced that this area for improvement had not been met.  This area for improvement has now been stated as an area for improvement under regulation.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 35.6 <b>Stated:</b> Second time	The registered provider shall ensure that the recommendations made by any other healthcare professional are adhered to.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of care delivery and a review of patient care records evidenced that the recommendations made by other health professionals had been adhered too.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 35.6 <b>Stated:</b> First time	The registered person shall ensure that a robust system of the auditing of patient care records is established and completed audits are validated by the registered manager.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that care record audits had been conducted monthly. However, despite monthly audits conducted and given the findings in this inspection in relation to shortfalls in record keeping, this area for improvement had not been met and has been stated for a second time.	

<b>Area for improvement 4</b> <b>Ref:</b> Standard 35.7 <b>Stated:</b> First time	The registered person shall ensure that the Regulation 29, monthly quality monitoring report evidences that areas for improvement stated in quality improvement plans (QIPs), following an inspection by RQIA, are addressed.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> There was reference made within the monthly quality monitoring reports of review of previous RQIA QIPs. However, as three of the six areas for improvement continue not to be met, this area for improvement has been stated for the second time.	

### 6.3 Inspection findings

#### 6.3.1 Staffing arrangements

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 25 June 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

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 and that staff attended to patients needs in a timely and caring manner.

#### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing levels and skill mix available to ensure patients' needs were met in a timely manner.

#### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0



### 6.3.2 Environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction.

There were separate dining rooms within both the dementia unit and the general nursing unit. Patients were observed eating their meals in their preferred dining areas in each of the units. For example, some patients preferred to have their meal in their own bedroom.

During the review of the environment, an identified room was observed to be unattended and accessible to patients. The room contained medications which could be harmful to patients if ingested. This was discussed with the registered manager and identified as an area for improvement under regulation.

#### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the general maintenance of the environment and fire safety.

#### Areas for improvement

An area for improvement was identified under regulation in relation to accessibility of medications which could be harmful to patients.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

### 6.3.3 Meals and mealtimes

Discussion with staff and patients confirmed that breakfast commenced at 08.30; lunch at 13.00 and the evening meal at 17.00 hours. In addition snacks were served from a tea trolley which was made available at 11.00; 15.00 and at 20.00 hours. Staff also confirmed that patients would receive snacks on request. A variety of snacks were available to suit the patients' dietary requirements. A range of drinks were also made available for patients throughout the day.

A four week menu was displayed at the entrance to the home. The chef and the registered manager confirmed that the menu was subject to a six monthly review. Patients' meal choices were clearly evident within the menu. A separate menu was available identifying the meal choices for patients who required a modified diet. The chef identified that individual patient preferences were catered for, where patients did not like the meal choice, and provided examples where this had been implemented.

The serving of lunch was observed in the dining room on the dementia unit. Lunch commenced at 13.00 hours. Patients were seated around tables which had been appropriately set for the meal. Tables had been covered with tablecloths and dressed with flowers. Condiments were available on tables for patient use. Food was served from a heated trolley which was supervised at all times. Food was served when patients were ready to eat or be assisted with their meals. Patients were observed to be assisted in an unhurried manner and staff were observed chatting with patients while assisting them. The food served appeared nutritious and

appetising. Portions and meal textures were appropriate for the patients to which the food was served. Staff were organised to assist patients in the patients' preferred dining area. Food was covered when transferred from the dining room. 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. Staff were also knowledgeable of which patients required full supervision when eating. Patients were observed to be appropriately supervised during the mealtime.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the variety of food for selection, the standard of the food and with staff interaction with patients during the mealtime.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.3.4 Record keeping

Five patient care records were reviewed in relation to nutrition and hydration management. As previously stated two patients, identified at risk of dehydration, did not have appropriate fluid targets set or recorded actions to take should that target not be met. This area for improvement was first stated on 23 February 2017 and continued not to be met. Following assurances provided and an action plan submitted to address this shortfall at the meeting in RQIA with Four Seasons Health Care representatives, the decision was made to state this area for improvement under regulation. Continued non-compliance may result in further enforcement action.

Nutritional screening utilising the Malnutrition Universal Screening Tool (MUST) had been completed appropriately in all patients' care records reviewed. Appropriate referrals had been made to appropriate healthcare professionals where required. However, nutritional assessments conducted on two patients evidenced shortfalls. One patient's nutritional assessments did not evidence input from other healthcare professionals or a change in the patient's dietary requirement when both had occurred. A second patient's nutritional assessments indicated conflicting information as to the patient's dietary requirement. Assessments, which were no longer relevant, had not been discontinued and archived which could potentially lead to confusion for staff who are reviewing these records. It was disappointing to observe this practice, which had been identified as an area for improvement at a previous care inspection on 29 August 2017. It had been met at the care inspection on 9 January 2018, but it was evident that good practice had not been sustained. This was discussed with the registered manager and identified as an area for improvement under regulation.

Patients' care plans in relation to nutrition were reflective of current assessed requirements in four of the five records reviewed. One identified patient's care plans in relation to 'requiring assistance with meals' and 'risk of choking' were conflicting. One care plan indicated the patient required a normal diet and the second indicated the patient required a soft diet. It was

concerning to observe that both care plans had been reviewed on the same day. A third care plan in relation to nutrition identified inappropriate food to be offered to the patient. This was discussed with the registered manager and identified as an area for improvement under regulation. Observation during mealtime and a review of the kitchen records evidenced that patients were receiving their right diet despite the record keeping issues described above.

Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained and that records had been completed in accordance with best practice.

### Areas of good practice

Areas of good practice were identified in relation to the completion of supplementary care records.

### Areas for improvement

Areas for improvement under regulation were identified in relation to nutritional assessments and an identified patient's care plans.

An area for improvement in relation to fluid target stated under standards at the previous care inspection has been stated under regulation.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	0

### 6.3.5 Quality governance arrangements

Discussion with the registered manager and a review of care record audits evidenced that these audits had been conducted on a monthly basis. For example, six care records had been reviewed in April 2018; eight in March 2018; six in February 2018 and eight in January 2018. Actions taken were evident within the auditing records in response to shortfalls found. However, four of the five records reviewed on inspection identified shortfalls which were not identified on the home's audit. An area for improvement made at the previous care inspection in relation to the auditing of care records has been stated for a second time.

There was evidence that dining audits had been conducted on 28 March, 28 May and 2 July 2018. A review of the mealtime experience during this inspection found no areas for improvement.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis 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. Reference was made within the reports in respect of a review of previous RQIA inspection QIPs. However, given that three of five areas for improvement are not met at this inspection, an area for improvement made in this regard will be stated for the second time.

## Areas of good practice

An area of good practice was identified during the inspection in relation to the effectiveness of the dining audit.

## Areas for improvement

Areas for improvement under standards in relation to the auditing of care records and review of RQIA QIPs have been stated for a second time.

No new areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.3.6 Consultation with patients, patient representatives and staff

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Consultation with eight patients individually, and with others in smaller groups, confirmed that living in Balmoral View was a positive experience.

Patient comments:

- “It’s really great in here. Staff are excellent and the food is good.”
- “Lovely here. Food is great.”
- “The food is excellent here.”
- “This is an excellent place. The staff are unbelievable and the food is unbelievable.”
- “It’s absolutely great here. Staff are fantastic and the food is great.”

Four patient representatives were consulted during the inspection. Some patient representative comments were as follows:

- “... has settled in here so well. Staff are really wonderful.”
- “This is the best place in the world.”
- “Dad enjoys the food here. There is always plenty of it.”
- “This is a brilliant place. They look after ... so well.”

Comments from six staff consulted during the inspection included:

- “This is a good place to work.”
- “It’s ok here. Interesting work.”
- “All staff are very good. We work well as a team.”
- “I like it here.”
- “It’s not bad here.”

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff interactions with patients and each other and with privacy, dignity and respect shown to patients.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.3.7 Staff Training

Four out of six staff consulted were not able to demonstrate the appropriate measures to take in accordance with best practice and the home's policy and procedure when a patient was observed to be choking. This was discussed with the registered manager and identified as an area for improvement. Information shared with RQIA following the inspection confirmed that supervisions have been conducted with staff and that additional training has been arranged.

Registered nurses consulted confirmed that they have received training in relation to the management of dysphagia. Care assistants consulted stated that two had received in house training on textured diets and one had received external training. Discussion with the registered manager and staff confirmed that upcoming training on textured diets had been arranged for all staff to attend in July 2018.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to arrangements in place to meet identified training needs.

### Areas for improvement

An area for improvement was identified under standards in relation to the management of choking.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Rosendo Soriano, registered 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 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 DHSSPS 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 12 (1) (a) and (b)  <b>Stated:</b> Second time  <b>To be completed by:</b> 19 February 2018	<p>The registered person shall ensure the delivery of care is in accordance with patients assessed needs, meets his needs and reflects current best practice.</p> <p>Ref: Section 6.2</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13  <b>Stated:</b> First time  <b>To be completed by:</b> 3 August 2018	<p>The registered provider shall ensure care plans evidence the desired daily fluid intake for individual patients and the action to be taken, and at what stage, should the desired target not be met.</p> <p>This area for improvement was first stated under the standards on 23 February 2017 and continued non-compliance may lead to further enforcement action.</p> <p>Ref: Section 6.2 and 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>          Identified patients who are at risk of dehydration have a care plan in place stating the desired daily fluid intake. The daily fluid intake is being monitored and recorded. It is being evaluated every three days, if the desired fluid target is not met, action will be taken and relevant professionals will be informed. The registered manager is monitoring this closely and the regional manager is checking the fluid balance charts during her Regulation 29 monthly visits.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (4) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that all medications in the home are stored in accordance with legislation and professional guidance.</p> <p>Ref: Section 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>          All medications stored in the home are being securely stored, treatment room doors are locked at all times when not in use. This is being monitored on daily walk about by the registered manager and deputy.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 15 (2) (a) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that nutritional assessments accurately reflect the patients' current care needs. Any assessment no longer relevant should be discontinued and archived to safeguard against any confusion that this may cause.</p> <p>Ref: Section 6.3</p>
<p><b>To be completed by:</b> 10 July 2018</p>	<p><b>Response by registered person detailing the actions taken:</b> The nutritional assessments accurately reflect all the patients' current care needs. Any assessment no longer relevant is discontinued and archived to safeguard against any confusion that this may cause. All care files in the Home have been updated. Regional Manager is spot checking files during her Regulation 29 monthly visits to the Home.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 16</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the identified patient's care plans are reviewed to ensure that the information contained within is consistent with the patient's current needs.</p> <p>Ref: Section 6.3</p>
<p><b>To be completed by:</b> 10 July 2018</p>	<p><b>Response by registered person detailing the actions taken:</b> The identified patient's care plan and information contained within is consistent with the patient's current needs. The file has been fully reviewed and updated.</p>
<p><b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 35.6</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that a robust system of the auditing of patient care records is established and completed audits are validated by the registered manager.</p> <p>Ref: Sections 6.2 and 6.3</p>
<p><b>To be completed by:</b> 3 August 2018</p>	<p><b>Response by registered person detailing the actions taken:</b> There is a robust system of auditing patient care records in the Home and completed audits have been validated by the Registered Manager. The Regional Manager is spot checking the audits during her Regulation 29 visits to the Home.</p>



<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 35.7</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 3 August 2018</p>	<p>The registered person shall ensure that the Regulation 29, monthly quality monitoring report evidences that areas for improvement stated in quality improvement plans (QIPS), following an inspection by RQIA, are addressed.</p> <p>Ref: Sections 6.2 and 6.3</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2018</p>	<p><b>Response by registered person detailing the actions taken:</b> The Regional Manager during her Regulation 29 monthly visits will include areas of improvement stated in quality improvement plans to ensure that these areas are being addressed.</p> <p>The registered person shall ensure that all staff employed are aware of the correct responses to take when a person is choking.</p> <p>Ref: Section 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> All staff employed are aware of the correct response to take when a person/patient is choking. They have attended training face to face, training on SOAR Learning, supervision and this is also included in their induction.</p>

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



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care