Unannounced Care Inspection Report
19 August 2019

Balmoral View Care Centre

Type of Service: Nursing Home
Address: 5 The Manor, Blacks Road, Dunmurry BT10 0NB
Tel No: 028 9062 9331
Inspector: Julie Palmer

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

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

1.0 What we look for

2.0 Profile of service

This is a registered nursing home which provides care for up to 39 patients within two units; the Suffolk Suite and the Coleman Suite.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care **Responsible Individual:** Maureen Claire Royston	**Registered Manager and date registered:** Judith Brown Acting Manager
Person in charge at the time of inspection: Judith Brown	**Number of registered places:** 39
Categories of care: 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.	**Number of patients accommodated in the nursing home on the day of this inspection:** 36 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 1 named resident receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 19 August 2019 from 07.15 hours to 16.45 hours. The inspection was undertaken by the care inspector.

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

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought 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, training, risk management, record keeping, communication, the culture and ethos, listening to patients and governance arrangements.

Areas requiring improvement were identified in relation to staff supervision and appraisal schedules, registered nurse competency and capability assessments, infection prevention and control measures, monitoring pressure mattress settings, enteral fluid intake recording and reporting notifiable events to RQIA.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*4	*5

*The total number of areas for improvement includes one under the regulations which has been stated for a second time, one under the standards which has been stated for a second time and two under the standards which have been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Judith Brown, 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 22 November 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 22 November 2018. 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

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

During our inspection we:

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

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 12 to 25 August 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- staff supervision and appraisal schedule
- registered nurse competency and capability assessment records
- incident and accident records
- two staff recruitment and induction files
- four patient care records including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- the annual quality report
- complaints and compliments received
- a sample of monthly monitoring reports from January 2019
- RQIA registration certificate.

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

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

6.0 The inspection

6.1 Review of areas for improvement from previous inspections

<table>
<tr><th colspan="3">Areas for improvement from the last care inspection dated 22 November 2018</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 20 (3)

Stated: First time</td><td>The registered person shall ensure that registered nurses complete a competency and capability assessment for ‘nurse in charge’ prior to taking charge of the home in the absence of the manager.</td><td rowspan="2">Not met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
Review of records evidenced that not all registered nurses who took charge in the home had completed an up to date competency and capability assessment.</td></tr>
</table>

	This area for improvement is therefore stated for the second time.	
Area for improvement 2 **Ref:** Regulation 13 (1) (2) (3) (8)(a) **Stated:** First time	The registered person shall ensure that all staff practices within the home are person centred, specifically, at the time of early morning awakening. Personal preferences should be documented within patients' care records.	**Met**
	Action taken as confirmed during the inspection: Observation of the early morning routine and review of care records evidenced that this area for improvement had been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 45 Criteria (2) **Stated:** First time	The registered person shall ensure that the system in place to monitor pressure mattress settings in the home is effective.	**Partially met**
	Action taken as confirmed during the inspection: Review of records confirmed a system was in place to monitor mattress settings and these were checked twice daily. However, we observed that three mattresses out of seven reviewed were not set at the recommended setting and the system in place was therefore not completely effective. This area for improvement is therefore stated for the second time.	

Areas for improvement from the last finance inspection dated 20 September 2018		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 14.26 **Stated:** First time	The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.	**Carried forward to the next care inspection**

	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

Areas for improvement from the last medicines management inspection dated 24 August 2018		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 4 **Stated:** First time	The registered person shall ensure that the reason for, and outcome of, administering "when required" medicines for distressed reactions is recorded.	**Carried forward to the next care inspection**
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.2 Inspection findings

6.3 Is care safe?

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

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to monthly review to ensure the assessed needs of the patients were met. A review of the staffing rota from 12 to 25 August 2019 evidenced that the planned daily staffing levels were adhered to.

Staff spoken with were satisfied with the current staffing levels in the home, they told us that teamwork was effective and they felt well supported in their role. Comments received from staff included:

- "Teamwork is good; other staff are co-operative and helpful."
- "There is a manageable amount of patients."
- "Teamwork is brilliant."

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

The majority of patients spoken with indicated they were satisfied with staffing levels; two patients felt that more staff were needed on occasions but they did not feel that this affected the care provided. Patients commented positively about staff and the care provided; they told us:

- "Staff are terrific."
- "It's first class."
- "Most staff are willing and able to help."
- "Staff are very friendly."
- "The cleaners never stop; it's always nice and clean."

Patients' visitors spoken with also indicated they were satisfied with staffing levels, one said that "the staff are brilliant" and that they had no complaints at all.

We also sought the opinion of patients and patients' visitors on staffing levels via questionnaires; one response was received and this indicated the respondent was very satisfied with staffing levels.

Review of two staff recruitment and induction files evidenced that the appropriate checks had been completed to ensure staff were suitable to work with patients in the home prior to commencing work there. Discussion with staff confirmed that they had completed, or were in the process of completing, a period of induction.

Review of records confirmed there was a system in place to monitor the registration status of registered nurses with the NMC and care staff with NISCC and this clearly identified the registration status of all staff.

Discussion with staff and review of records evidenced that some staff supervisions had been carried out during the year. The manager told us that supervision and appraisal dates were being planned, however, up to date schedules were not in place; an area for improvement was made.

Review of records also evidenced that, in some cases, annual registered nurse competency and capability assessment was overdue; this area for improvement had not been met and will therefore be stated for a second time.

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

We observed that staff used personal protective equipment (PPE), for example aprons and gloves, appropriately and that these were readily available throughout the home. Staff were also observed carrying out hand hygiene at appropriate times.

A review of the home's environment was carried out and included observations of a sample of bedrooms, bathrooms, lounges, storage areas, sluices, treatment rooms and dining rooms. The home was found to be warm, well decorated and fresh smelling throughout. However, we observed various infection and prevention and control (IPC) shortfalls, for example, areas in identified bathrooms and bedrooms that required more effective cleaning; inappropriate storage in two en-suites; damaged edging strips on identified vanity units; some chairs in bedrooms and lounges which required more effective cleaning; an identified foam mattress required to be replaced and the cover of an identified cushion was damaged and also needed to be replaced.

IPC measures should be effective and the system in place to monitor these should be robust; an area for improvement was made.

We also observed that some chairs in the home displayed fabric wear and tear. We brought this to the attention of the manager who informed us that, as part of an ongoing refurbishment and redecoration plan, quotes were currently being obtained to recover chairs.

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

The manager confirmed that staff compliance with mandatory training was monitored and they were prompted when training was due. Staff spoken with were satisfied they had sufficient access to training.

Review of care records evidenced that a range of validated risk assessments was completed and informed the care planning process for patients. Risk assessments were completed to identify and minimise the risk of, for example, falls, pressure ulceration, pain and weight loss.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding, risk management and the home's refurbishment and redecoration plan.

Areas for improvement

Additional areas for improvement were identified in this domain in relation to having an up to date schedule in place for staff supervision and appraisal and ensuring effective IPC measures are in place and identified deficits are resolved.

	Regulations	Standards
Total numb of areas for improvement	1	1

6.4 Is care effective?

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

Observation of care delivery and the daily routine in the home evidenced that patients care needs were met in a timely manner. Staff confirmed they attended a handover at the beginning of each shift. Staff also told us that teamwork was very good within the home and that they enjoyed their work.

Patients commented positively about the care they received; they told us:

- "I'm happy enough here."
- "I couldn't want for better."
- "They are looking after me okay."
- "I'm alright here so far."
- "The care is brilliant."

Patients' visitors spoken with were also satisfied with the care provided, comments included:

- "I think it's great."
- "I'm happy with things in the home."
- "We are so content with everything."

We reviewed the care records for four patients and evidenced that care plans were in place to direct the care required and that these reflected the assessed needs of the individual patients. Care records contained details of the specific care requirements in the areas reviewed and a daily record was maintained to evidence the delivery of care. Where necessary referrals had been made to other healthcare professionals and care plans had been updated to reflect recommendations made by other healthcare professionals. There was evidence of consultation with the patient and/or their representative in the care records reviewed.

Patients' weights were monitored on at least a monthly basis and there was evidence in the care records reviewed of referral to, and recommendations from, the dietician and the speech and language therapist (SALT) where required. Review of supplemental care records evidenced that patients' daily food and fluid intake was recorded

The daily fluid intake for two patients, who require fluids and nutrition to be administered via the enteral route, was recorded but the total fluid intake over the 24 hour period was not calculated. It was therefore not be readily apparent if the recommended daily fluid target for these patients was achieved or not; an area for improvement was made.

Review of records confirmed that falls occurring in the home were analysed on a monthly basis to identify if any patterns or trends were emerging and an action plan was devised if necessary. Review of care records evidenced that clinical and neurological observations were carried out in the event of a fall and the relevant risk assessments and care plans were updated. Staff spoken with demonstrated their knowledge of how to care for a patient who had a fall.

Staff informed us that none of the patients currently had any wounds or pressure ulcers. Validated risk assessments and care plans were in place to direct care for the prevention of pressure ulcers and pressure relieving equipment was in use if directed. Repositioning charts reviewed were completed as per the recommended repositioning schedule of individual patients.

A system had been introduced to monitor pressure mattress settings on a twice daily basis. However, observation of mattress settings evidenced that three out of the seven reviewed were incorrectly set. This area for improvement had been partially met and will therefore be stated for a second time.

Where practices were in use, for example bedrails, that could potentially restrict a patient's choice and control, validated risk assessments and care plans were in place, consent was obtained where appropriate and care plans were reviewed regularly.

We observed the serving of lunch in the Suffolk Suite. The dining room was clean and tidy and patients were offered a choice of clothing protectors and/or napkins as they preferred. The menu was displayed on each table and condiments were available. A registered nurse was in attendance throughout the meal. Staff demonstrated their knowledge of how to thicken fluids for patients and which patients required a modified diet. The food smelled appetising and was well presented. Patients who had changed their mind about their menu choice were offered alternatives. Staff were seen to be very helpful to patients throughout the mealtime, offering a

selection of drinks and encouraging independent eating where this was appropriate. Staff obviously knew the patients well and were aware of their likes and dislikes. The meal time was observed to be a calm, pleasant and unhurried experience for patients.

Patients spoken with after lunch were generally very complimentary about the food on offer, they told us that:

- "The food is lovely."
- "There's a good choice of food."
- "The food is very good."
- "The food is plentiful, it's great and there is lots of it."
- "We get the best of food."
- "There is a brilliant array of food."

However, two patients commented that:

- "There is a lack of fruit."
- "My biggest issue is with the food, it's not cooked enough."

These comments were brought to the attention of the manager who assured us she would make the chef aware and they would endeavour to ensure all patients were satisfied with the choice and presentation of food on offer.

Staff spoken with demonstrated their knowledge around the importance of maintaining confidentiality when discussing patient information. We observed that staff communicated effectively both with patients and with each other.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, risk assessment and care planning, management of falls, the mealtime experience and communication between patients, staff and other key stakeholders.

Areas for improvement

An additional area for improvement was identified in this domain in relation to calculating the total daily fluid intake for patients requiring nutrition and fluids to be administered via the enteral route.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

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

During the inspection we spoke with ten patients about their experience of living in Balmoral View. Patients who were able to express their views spoke positively about life in the home. We observed that patients who were unable to voice their opinions appeared to be content and settled

both in their surroundings and in their interactions with staff. One patient commented that "I came here as it was recommended and it was a great recommendation."

We also spoke with six patients' visitors and they were complimentary about the care provided to their relatives, they told us:

- "It's a home from home."
- "Staff are fabulous."
- "We feel very at peace knowing … is here."

We arrived in the home at 07.15 hours in order to observe the early morning routine. During the last care inspection we had discovered that patients' personal preferences regarding early morning rising were not always documented or taken into account.

On arrival we were greeted by night duty staff who were welcoming and friendly. In the Suffolk Suite we observed that all the patients were still in bed and in their night attire with the exception of one. Discussion with staff and review of care records evidenced that this patient's personal preferences regarding sleeping and early morning rising were documented and taken into account by staff.

In the Coleman Suite, one patient, who had risen early, had chosen to return to bed, but again, the personal preference for the individual patient's early morning routine was documented in the care records.

Staff practices within the home were observed to be person centred with regard to the early morning routine; patients' personal preferences in this area were taken into account and documented within the care records reviewed. This area for improvement had been met.

Staff interactions with patients were observed to be kind and caring; they treated patients with respect. Staff were observed to knock on bedroom and bathroom doors before entering rooms and to keep doors closed when assisting patients in order to ensure their privacy and dignity was maintained.

Patients and visitors spoken with assured us that they felt listened to and that their opinions mattered to staff in the home.

We observed examples of compassionate care delivery throughout the inspection; staff obviously knew how and when to provide comfort to the patients in their care.

Activities provided in the home included arts and crafts, games, quizzes and day trips. Some of the younger patients told us that the activities on offer did not really interest them and they felt there was a lack of suitable activities. We discussed this with the manager who advised us that, following a recent meeting with patients, at which there had been consultation about activities, a fire stick and a karaoke machine were being purchased and a BBQ had been arranged. The manager was keen to ensure that the activities on offer suited the needs and interests of all patients in the home and made sure to consult with them regularly; an increase in personal activity leader (PAL) hours was also being considered.

An annual quality report was available to view. However, the report did not contain sufficient relevant or up to date information; it needed to be reviewed to reflect upon the quality of nursing and other services provided in the home. An area for improvement was made.

Than you cards received were displayed on a notice board on the ground floor. The culture and ethos was positive; there was an emphasis on treating patients in a kind and caring manner. Staff spoken with told us that teamwork was very good within the home and that they enjoyed their work

We discussed palliative and end of life care provision with staff and found them to be knowledgeable and informed. Staff told us they did their best to provide comfort and dignity for patients at all times.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, providing dignity and privacy, listening to and valuing patients and their relatives, consultation with patients, palliative care and knowing when to provide comfort.

Areas for improvement

An area for improvement was identified in this domain in relation to the annual quality report.

	Regulations	Standards
Total number of areas for improvement	1	0

6.6 Is the service well led?

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

There had been a change in management arrangements since the last care inspection and RQIA had been notified of this. Patients, visitors and staff spoken with did not report any concerns regarding management arrangements in the home; most said that they knew who the current manager was, were on first name terms with her and had been kept informed of changes.

The certificate of registration issued by RQIA was displayed in the entrance hall of the home.

We discussed the categories of care for which the home was registered with the manager as we had observed that one individual patient's needs were possibly not met within these. However, following the inspection, the manager provided RQIA with information that confirmed the patient's care needs had been reviewed and were being appropriately met within the registered categories of care.

Patients' visitors spoken with were aware of the procedure for making a complaint. We observed that there was a system in place for recording complaints received. Patients' visitors also told us they knew who to speak to if they had a concern.

Discussion with the manager and review of auditing records evidenced that a number of monthly audits were completed to assure the quality of care and services. Audits were completed, for example, regarding accidents/incidents, care records, use of restrictive practices, wounds, falls and IPC practices.

Review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. However, review of accident/incident records evidenced that, in some cases, RQIA had not been informed of notifiable incidents. This was brought to the attention of the manager who assured us that retrospective notifications would be submitted and all notifiable events would be reported going forward; an area for improvement was made.

Discussion with the manager and review of records evidenced that the views of patients, relatives and staff were sought through surveys, questionnaires, audits and meetings.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, the system in place to manage complaints and seeking the views of patients, relatives and staff.

Areas for improvement

An area for improvement was identified in this domain in relation to ensuring all notifiable events were reported to RQIA in a timely manner.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Judith Brown, 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

Area for improvement 1 **Ref**: Regulation 20 (3) **Stated:** Second time **To be completed by:** 19 October 2019	The registered person shall ensure that registered nurses complete a competency and capability assessment for 'nurse in charge' prior to taking charge of the home in the absence of the manager. Ref: 6.3
	Response by registered person detailing the actions taken: Any nurse who is 'nurse in charge' in absence of the Manager has completed the nurse in charge competency. Compliance will be monitored during completion of Reg 29.
Area for improvement 2 **Ref:** Regulation 13 (7) **Stated:** First time **To be completed by:** 19 September 2019	The registered person shall ensure that the identified IPC shortfalls are resolved in order to minimise the risk and spread of infection and that a robust system is in place to monitor IPC measures. Ref: 6.3
	Response by registered person detailing the actions taken: The mattress has been replaced, capex to be processed for recovering of chairs,ceilings have been repainted and all bedrooms now have vinyl flooring,edging strips are being replaced on vanity units as required.
Area for improvement 3 **Ref:** Regulation 17 **Stated:** First time **To be completed by:** 19 October 2019	The registered person shall ensure the annual quality report compiled reflects upon and reviews the quality of nursing and other services provided in the home. Ref: 6.5
	Response by registered person detailing the actions taken: The annual quality report has been updated with correct information
Area for improvement 4 **Ref:** Regulation 30 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure notifiable events are reported to RQIA appropriately and in a timely manner. Ref: 6.6
	Response by registered person detailing the actions taken: All notifiable events have been reported to RQIA. Compliance will be monitored during completion of monthly Reg 29 audit.

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 14.26 **Stated:** First time **To be completed by:** 20 October 2018	The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff. **Action required to ensure compliance with this regulation/standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.**
Area for improvement 2 **Ref**: Standard 4 **Stated:** First time **To be completed by:** 24 September 2018	The registered person shall ensure that the reason for, and outcome of, administering "when required" medicines for distressed reactions is recorded. **Action required to ensure compliance with this regulation/standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.**
Area for improvement 3 **Ref**: Standard 45 (2) **Stated:** Second time **To be completed by:** With immediate effect	The registered person shall ensure that the system in place to monitor pressure mattress settings in the home is effective. Ref: 6.4 **Response by registered person detailing the actions taken:** A system is now in place where the mattress settings in the home are checked on a daily basis.
Area for improvement 4 **Ref**: Standard 40 **Stated:** First time **To be completed by:** 19 September 2019	The registered person shall ensure the supervision and appraisal schedule in place for staff is up to date with dates of completion recorded. Ref: 6.3 **Response by registered person detailing the actions taken:** There are supervision and appraisal planners in place.Dates of completion are recorded. Compliance will be monitored during the completion of the Reg 29.

Area for improvement 5 **Ref**: Standard 12 **Stated:** First time	The registered person shall ensure that the total fluid intake over the 24 hour period of time is calculated when fluids and nutrition are administered via the enteral route. Ref: 6.4
To be completed by: With immediate effect	**Response by registered person detailing the actions taken:** Total fluid intake over the 24 hour period of time is calculated when fluids and nutrition are administered via the enteral route.The registered manager is spot checking this record during her daily walk about around the home for compliance.

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

The Regulation and Quality Improvement Authority

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