

# Inspection Report

14 May 2021



## Mount Lens

**Type of Service: Nursing Home (NH)**  
**Address: 166 Kings Road, Belfast, BT5 7EL**  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual(s):</b> Dr Maureen Claire Royston	<b>Registered Manager:</b> Miss Rachel Downing  <b>Date registered:</b> 19 March 2020
<b>Person in charge at the time of inspection:</b> Miss Rachel Downing	<b>Number of registered places:</b> 31  Category NH-I for 4 identified person only with no further admissions to take place in this category.
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category DE – Dementia.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 19
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 31 persons. The home is divided into two units over two floors. Patients have access to communal lounges, dining rooms and an enclosed court yard.	

## 2.0 Inspection summary

An unannounced inspection took place on 14 May 2021 from 9.00 am to 7.00 pm by the care inspector.

This inspection was undertaken to assess whether patients were provided with safe, effective and compassionate care and if the service was well managed.

Patients looked well cared for and staff were seen to offer support, assistance and choice to patients throughout the inspection. Arrangements for visiting during the pandemic and care partners were in place and relatives and patients spoke positively about how the home have facilitated visits and helped patients stay in touch with family.

Areas requiring improvement were identified in relation to infection prevention and control, management of potential hazards, care of medical equipment, care records and the transportation of meals. A further area for improvement was identified in relation to staffs' understanding of potential dignity or confidentiality issues.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, relatives, and staff, are included in the main body of this report.

RQIA were assured that the delivery of care and service provided in Mount Lens was safe, effective, and compassionate and that the home was well led.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included registration information, notifiable events, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients, their relatives or visitors and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in Mount Lens. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

At the end of the inspection the registered manager and regional manager were provided with details of the findings.

### **4.0 What people told us about the service**

Five patients were spoken with on a one to one basis and others were engaged in groups within communal areas. Patients told us that they felt well cared for and that they knew who the manager was and how to contact her. Four relatives told us that they were happy with the service. One relative said that as a family they were dissatisfied with one staff member's handling of a situation, but that the matter was brought to the attention of the manager and had been resolved. Five staff were spoken with and they described a good team ethos, that there were enough staff on duty each day and that they felt listened to by management.

We received one completed questionnaire from a relative and the respondent indicated that they were very satisfied that the care was safe, effective, compassionate, and that the service was well managed.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Mount Lens was undertaken on 04 June 2020 by a care inspector. No areas for improvement were identified.

## 5.2 Inspection findings

### 5.2.1 How does this service ensure that staffing is safe?

Safe staffing begins at the point of recruitment. There was a robust system in place to ensure staff were recruited correctly to protect patients as far as possible. All staff were provided with a comprehensive induction programme to prepare them for working with the patients, this also included agency or temporary staff.

There were systems in place to ensure staff were trained and supported to do their job. In addition to training being completed on an eLearning platform, some sessions were provided face to face, with recent sessions covering moving and handling, International Dysphagia Diet Standardisation Initiative (IDDSI), dementia care and managing distress reactions. There was a system in place to monitor staffs' learning and ongoing practice, and the manager was in the process of reviewing staffs' competencies with moving and handling practices.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. On the day of inspection there had been two last minute staff absences. This was managed appropriately and some staff duties were reprioritised to ensure immediate care needs were met.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. Staffing levels had recently been increased in response to changing dependency levels of patients. The duty rota identified the person in charge when the manager was not on duty.

Staff were seen to attend to patients' needs in a timely manner. The majority of patients told us that they get what they need when they need it. One patient raised concerns and with this patient's consent the matter was discussed with the manager and the patient's next of kin. Both were already aware of this patient's dissatisfaction and gave assurances that the matter was dealt with. The next of kin said that they were very satisfied with how the matter was handled and that they had no concerns in relation to individual staff members, staffing levels or the care provided.

It was evident from how staff spoke about their roles, that patients' needs and wishes were very important to them and staff took pride and enjoyment from seeing patients being happy; for example, one patient was so overcome with emotion about seeing a family member that day that staff also showed care and excitement for that patient and acknowledged why this was important to the patient.

There were however a number of occasions when staff did not demonstrate a good understanding of how to maintain patient dignity and/or confidentiality. This will be discussed further in section 5.2.5.

Patients said that staff were helpful and responded to call bells. Staff said that they understood their roles and were supported through training and resources to provide safe care.

Relatives said that they were generally happy with the care provided, with one relative saying that previous issues were resolved. One relative said that while they were happy with the care, communication "could be better sometimes", and gave the example of being given an update when they arrived at the home for a visit, rather than receiving a phone call on the previous days when the change was noted. Relative feedback was shared with the manager who gave assurances that the topic of timely communication would be addressed with the nursing staff who are responsible for updating next of kin of any changes or events in their relatives' care.

There were systems in place to ensure staff were recruited, inducted into their roles and provided with mandatory training. Patients' needs were met by the number and skill mix of staff on duty.

## **5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?**

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on a three yearly basis. Staff told us they were confident about reporting concerns about patients' safety and were able to say when to report concerns and to whom.

It was noted that patients and their relatives were provided with written information on how to raise a concern or complaint about care or service they received in the home. Patients and their relatives spoken with said that they knew how to report any concerns and said they were confident that the manager would take concerns seriously and address them. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails or alarm mats. Review of patient records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was required. It was good to note that patients who had capacity were actively involved in the consultation process and could give informed consent.

There were systems in place to ensure that patients were safely looked after in the home and to ensure that staff were trained for their role in keeping patients safe.

### **5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?**

Bedrooms, en-suites, communal lounge, dining room, and storage areas were inspected. All areas of the home were free from malodour.

Bedrooms were found to be generally clean, tidy, warm and well lit. There was evidence of personalisation in bedrooms with patients' photos and personal memorabilia. Dementia friendly signage and pictures were used on bedroom doors to help orientate patients to their own bedrooms. Some issues were found in relation to the cleanliness of nurse pull cords and the undersides of soap or hand towel dispensers in some patients' en-suites and this is discussed further in section 5.2.4.

It was noted that in some patients' en-suite bathrooms prescribed topical medicines were not stored securely. A cleaning store was also found unsecured, giving access to cleaning chemicals and an electrical unit. Two areas for improvement were identified in relation to potential environmental hazards and safe medicines storage.

Corridors, stairwells and fire exits were seen to be free from clutter or obstruction. Linen stores were found to be clean and organised. The interior décor was maintained to standard. There were adequate furnishings in the communal lounge and dining room.

The dining room was clean and spacious and had menus on display showing what food was available at each sitting.

Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Patients and relatives said that they had no concerns in relation to the environment.

Fire safety measures were in place and well managed to ensure patients', staff and visitors to the home were safe. A fire risk assessment, conducted by an accredited assessor was in place and any recommendations made had been actioned. Records showed that staff participated in fire drills to ensure they knew what to do in the event of a fire or if the alarms activated outside of planned alarm testing times.

In conclusion, it was positive to note that patients were comfortable in their surroundings, that dementia friendly signage was in place and that efforts were made to personalise patients' bedrooms. Some areas for improvement were identified in relation to reducing the risk of exposure to potential hazards to health and safe storage of prescribed medicines.

### **5.2.4 How does this service manage the risk of infection?**

The manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Signage was on display at the entrance to the home to reflect the current guidance on COVID-19. All visitors to the home had their temperatures checked and a health declaration completed on arrival. Details of all visitors to the home were maintained for track and trace purposes.

There was a facility to carry out hand hygiene and put on the recommended Personal Protective Equipment (PPE) before proceeding further into the home.

Review of records, observation of practice and discussion with staff confirmed that effective training on Infection Prevention and Control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and most staff were seen to use PPE in accordance with the regional guidance, with the exception of one staff member who was observed to have their mask below their nose and mouth while in a communal patient area. This was addressed by the manager with the staff member.

Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept in the form of IPC, hand hygiene and PPE audits.

As mentioned in section 5.2.3 some IPC issues were identified in the environment; some nurse pull cords were not properly covered to allow for effective cleaning, some pull cords were found to be visibly dirty, the undersides of some soap dispensers were clogged or required further cleaning, and there was inappropriate storage of razors next to toothbrushes. It was also noted that the positioning of some soap and hand towel dispensers were located too far away from the hand wash basins to facilitate or encourage good hand hygiene. The supply of hand sanitiser dispensers was not sufficient at PPE stations. An area for improvement was identified.

Visiting arrangements were managed in line with Department of Health (DoH) and IPC guidance. The manager had assigned visiting champion roles to coordinate the visiting and care partner sessions. The champions were seen to guide visitors and care partners with regards to IPC measures and ensured that sessions took place in agreed areas of the home only. All visitors and care partners were escorted in and out of the building. Relatives said that the current arrangements were working well and patients expressed positive feelings in relation to spending time with family and friends. Staff spoke with pride about being able to assist patients to see their loved ones and expressed good job satisfaction in this area following a very difficult year with the pandemic.

Patients told us that their rooms were kept clean and staff said that they had adequate supplies and resources available. Housekeeping staff told us that they felt record keeping was time consuming but acknowledged the importance of this administrative duty.

It was positive to note that patients felt the home was clean and that the arrangements for visiting and care partners was in place and working well. Improvements in some aspects of the environment would ensure better IPC standards.

### **5.2.5 What arrangements are in place to ensure patients receive the right care at the right time? This includes how staff communicate patients' care needs, ensure patients' rights to privacy and dignity; pressure ulcer prevention, falls management and nutrition.**

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff said that they had sufficient time at the start of each shift for a detailed handover meeting. In addition, patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Observation evidenced inconsistent staff practice in relation to upholding patients' privacy, dignity and respect. While staff were seen to be kind and polite during direct interactions with patients, staff were also seen to discuss intimate patient needs in a non-confidential manner or inadvertently contribute to patient confusion or disorientation by having too much noise stimulation or playing unseasonal music.

It was important to note that there were many observations of warm, engaging and compassionate interactions from staff, however there was a lack of understanding around some inappropriate behaviours and professional boundaries. Staff in charge of the shift also displayed a lack of awareness in identifying and addressing these issues when they arose. This was discussed with the manager who agreed that a review of some staff training and competencies was required. An area for improvement was identified.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Patients who required this care or who had wounds had this clearly recorded in their care records. There was evidence that nursing staff had consulted with the Tissue Viability Specialist Nurse (TVN) and were following any recommendations they had made. Observation of staff assisting patients to transfer, for example from lounge chair to wheelchair to go for lunch, were seen to use equipment such as hoists appropriately and to talk to the patients throughout, giving clear instructions and providing reassurance to patients.

Some patients required the use of pressure relieving devices as part of their pressure ulcer prevention or skin integrity care plans. One patient's pressure relieving mattress motor was found to be kept on the floor under the bed rather than positioned securely on brackets at the foot of the bed so that settings could be checked and for general care of the equipment. It was noted that the poor positioning of the motor had caused the device to be disconnected and was therefore not working correctly. In addition, the device was at the incorrect setting for the patient's weight. Once highlighted to the nurse in charge, the device was secured properly with brackets and the setting was adjusted. An area for improvement was identified.

Where a patient was at risk of falling, measures to reduce this risk were put in place, for example call bells were accessible, aids such as bedrails and alarm mats were used, and staff conducted regular checks on patients throughout the day and night.

Records confirmed that in the event of a patient falling, a post falls pathway was followed, and all relevant parties such as next of kin, Trust key worker and where required RQIA were informed. The post falls pathway showed that staff took appropriate action following a fall, for example neurological observations were monitored in the case of actual or suspected head injury, and medical assistance was sought if required.

The manager completed a monthly falls analysis to identify patterns or trends and to determine if any other measures could be put in place to further reduce the risk.

There was evidence of appropriate onward referral as a result of the post falls review. For example, patients were referred to the Trust's falls team, their GP, occupational therapy or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff.



The breakfast and lunch time servings were observed. Staff were seen to offer choice to patients from where they wished to have their meals to what they wished to eat and drink. While the atmosphere was social and unhurried, music levels were found to be too high with music being heard from several sources at the same time. This is referenced earlier in this section of the report.

The dining room tables were attractively set. Patients who chose to have their meals in their bedrooms were accommodated. Trays were set to transport the meals from the dining room to bedrooms but there was inconsistency with the use of food covers during transportation. An area for improvement was identified.

The food looked and smelled appetising and patients' said that they enjoyed the food on offer. Drinks and snacks were made available throughout the day and tea trollies held a variety of snacks for all diet types.

Staff told us how they were made aware of patients' nutritional needs and confirmed that patients' care records were important to ensure patients received the correct diet and fluids.

Patients' weights were monitored monthly or more often if required. A record was maintained of each patients' food and fluid intake on a daily basis. There was evidence of appropriate onward referral to Speech and Language Therapy (SALT) and dietetics.

There were systems in place to ensure staff knew patients' individual needs. Staff responded to patients' needs in a timely manner, and falls, skin care and nutritional needs were met. Some improvement was required in relation to the care of medical devices and the safe handling of foods during transport. A learning focus on dignity and respect would improve staffs' knowledge of upholding professional boundaries, and understanding the therapeutic relationship.

### **5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?**

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs, and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

As referenced in section 5.2.5 patients' food and fluid intake was recorded daily. Staff were seen to encourage patients' throughout the day to take drinks and a variety of drinks were available. The recording of fluid intake was totalled each day. It was noted that there were

occasions when some patients' fluid intake totals fell below that which is recommended for an adult. Records did not show what, if any, action was taken when a patient fell below the expected intake total for three consecutive days. The care plans did not instruct staff what to do in this event, nor did the records indicate if the patients' expected daily intake was usually at a lower baseline. An area for improvement was identified.

In conclusion, care records were held securely and there was evidence of patient and/or next of kin involvement in planning care. The documentation of fluid intake management required improvement.

### **5.2.7 How does the service support patients to have meaning and purpose to their day?**

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV if they wished. One patient told us that they prefer to stay in their bedroom all the time and they were still able to keep up with their preferred activity. Staff were seen to check in with and spend time with patients who chose to stay in their rooms.

It was observed that social activities took place mainly in a communal lounge and patients who took part in the afternoon games said that they enjoyed it and loved the competitive nature of games with other people.

A significant part of the day was visiting and care partner sessions. With the assistance of staff, patients were seen to get ready for visits and expressed how important this was given the ongoing restrictions to visiting in care homes.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was restricted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

Patients told us that they had enough to keep occupied during the day if they wished but that they also had the choice not to participate in organised activities.

Relatives said that they were made to feel welcome in the home and made positive comments about the visiting champion, saying that she was "brilliant" and showed pride and enthusiasm for the role. One care partner told us that the arrangements were going well and that they could see the benefits to their relative's mental health.

There were systems in place to support patients to have meaning and purpose to their day.

### **5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?**

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There has been no change in the management of the home since the last inspection. Ms. Rachel Downing has been manager in this home since 19 March 2020. Rachel told us that she was supported by the Four Seasons Health Care (FSHC) senior team and that the regional manager for Mount Lens was available when required and was an invaluable support.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. The manager completed regular audit of, but not limited to, the environment, IPC standards, staff practices, care records, restrictive practices and wound care.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The manager told us that complaints were seen as an opportunity to for the team to learn and improve.

Patients and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well. Patients knew the manager by name and told us that she would often come to see them.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately, and that all relevant parties such as next of kin, Trust key worker, GP, and if required RQIA were informed.

The home was visited monthly by a representative of the registered provider, usually a regional manager, to consult with patients, relatives and staff and to examine all areas of the running of the home. A review of the monthly monitoring visits showed that actions from the previous month were monitored to assess if any progress had been made; there was consultation with relevant people including patients, relatives and staff, records including accidents and incidents were reviewed and a written report was made available to the manager with an action plan for continued quality improvements. Copies of the written report were available on request to patients, relatives and Trust and RQIA.

In conclusion there were systems in place to monitor all aspects of the running of the home and the manager could demonstrate good oversight of all systems. Patients and relatives knew the manager by name and spoke in positive terms about her availability and ability to address any issues. Staff were aware of the management structure and understood everyone's roles and responsibilities. Staff said that they would feel comfortable and confident in raising any concerns they had.

## **6.0 Conclusion**

As a result of this inspection seven areas for improvement were identified in respect of infection prevention and control, managing the risk of potential hazards to health, storage of topical medicines, food handling standards during transportation, care of medical devices and the documentation of fluid intake management. A further area for improvement was identified in relation to staffs' knowledge and practices in upholding patients' dignity and confidentiality.

Patients looked well cared for in that they were well dressed and looked comfortable in their surroundings. A wide range of food and drinks were available throughout the day and staff were seen to encourage and assist patients where required.

Visiting and care partner arrangements were in place and patients, relatives and staff all commented about the positive aspects of seeing visitors to the home and how important this was in getting back to some element of normal family life for patients. The visiting champion role proved to be an invaluable asset to this part of daily life in the home.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Rachel Downing, Manager, and Louisa Rea, Regional Manager FSHC, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that patient areas are free from hazards to their safety.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Cleaning stores are locked at all times and the key is held with the Registered Nurses. Further shelving to be installed to store chemicals safely. The smaller store is now used for storage of moving and handing equipment .This is spot checked as part of the Home Manager's walk around.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (5) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that prescribed topical medicines are stored securely.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Storage boxes have been purchased for resident's toiletries. This has now provided space to keep creams within the cupboards in the residents rooms. Risk assessments for the storage of creams have been completed for all residents. Compliance will be spot checked by the Manager as part of the daily walkaround.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that robust systems are in place to monitor the environment for potential or actual IPC issues, and that action is taken to address deficits in a timely manner. This is with specific reference to the cleanliness of equipment such as nurse pull cords and the positioning of hand hygiene equipment.</p> <p>Ref: 5.2.4</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6 Criteria 1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect and going forward</p>	<p>The registered person shall ensure that patients are treated with respect at all times and that staff understand and demonstrate the importance of upholding patients' dignity and privacy in the course of their duties.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Training in the importance of service user care to include the importance of appropriate communication has been scheduled for 14 July. Further group supervisions planned for fundamentals of care to include dignity and privacy arranged. This will be monitored by the Manager going forward.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 45</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that systems are in place for the correct use of pressure relieving mattress motors and that staff know how to use and care for this equipment correctly.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Twice daily mattress and visual checks have been implemented. Care plans and supplementary booklets cross referenced to ensure they correlate in relation to mattress/settings and repositioning schedules. Labels have been put on all mattress pumps and supervisions held with staff to ensure they are aware of correct settings and fault reporting. Audit completed on mattresses and skin checks.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 May 2021</p>	<p>The registered person shall review the arrangements for transportation of meals to patients' bedrooms and ensure all staff adhere to food handling standards and keep food covered until the meal is delivered to the patient.</p> <p>Ref: 5.2.5</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 June 2021</p>	<p><b>Response by registered person detailing the actions taken:</b> Extra plate covers have been purchased. Weekly dining audits to commence and Home Manager/Registered. Nurse to monitor meal service.</p> <p>The registered person shall ensure that where indicated; care records accurately reflect the expected daily intake fluid target and give clear instruction to staff of what action to take when a patient does not meet their target.</p> <p>Ref: 5.2.6</p> <p><b>Response by registered person detailing the actions taken:</b> A review of all resident's care plans in relation to fluid intake has been completed. Fluid targets are set where appropriate and action to take should a target not been achieved has been recorded. Fluid totals in 24 hours are recorded in progress notes as well as attached to 24 hour shift report for review. Residents fluid intake forms part of the daily handover and will be diarised daily for RNs to review.</p>

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



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