



# Unannounced Care Inspection Report 23 and 24 August 2018



## Oakridge Care Home

**Type of Service: Nursing Home**

**Address: 14 Magheraknock Road, Ballynahinch, BT24 8TJ**

**Tel no: 028 9756 5322**

**Inspectors: Dermot Walsh**

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Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 58 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Spa Nursing Home Ltd  <b>Responsible Individual:</b> Mr Christopher Philip Arnold	<b>Registered Manager:</b> Mrs Kelly Kilpatrick
<b>Person in charge at the time of inspection:</b> Mrs Kelly Kilpatrick	<b>Date manager registered:</b> 24 June 2016
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of registered places:</b> 58  A maximum of forty (40) patients in the Dementia Unit. A maximum of eighteen (18) patients in the General Nursing Unit.

### 4.0 Inspection summary

An unannounced inspection took place on 23 August 2018 from 09.00 to 17.00 and on 24 August 2018 from 07.00 to 13.00.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing arrangements, recruitment practice, monitoring registration status of staff, accident management, teamwork and communication between residents, staff and other key stakeholders. Further evidence of good practice was found in relation to governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

An area requiring improvement under regulation was identified in relation to the practice of propping/wedging open doors in the home. Areas requiring improvement under standards were identified in relation to staff training on dementia care, oxygen cylinder storage, managing fluid targets, provision of activities and recording of complaints.

Patients described living in the home in positive terms. Some of their comments can be found in section 6.6. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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>	1	5

Details of the Quality Improvement Plan (QIP) were discussed with Kelly Kilpatrick, registered manager and Linda Graham, regional 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 6 November 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 6 November 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

RQIA involves service users and members of the public as volunteer lay assessors. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. A lay assessor was present during this inspection and their comments are included within this report.

During the inspection the inspector and the lay assessor met with 15 patients. The inspector met with 17 staff and nine patients' representatives. A poster was displayed at a staffing area in the home inviting staff to respond to an online questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. 10 questionnaires for patients and 10 for patients' representatives were left for distribution.

A poster indicating that the inspection was taking place was displayed at the entrance to the home and invited visitors/relatives to speak with the inspector. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients, relatives and families, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff duty rota for week commencing 13 August 2018
- staff training records
- incident and accident records
- one staff recruitment and induction file
- four patient care records
- three patients' daily care charts including bowel management, personal care, food and fluid intake charts and reposition charts
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- 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, not met or partially met.

The findings of the inspection were provided to the registered manager and responsible individual at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 6 November 2017**

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

## 6.2 Review of areas for improvement from the last care inspection dated 4 and 5 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.  Robust systems must be in place to ensure compliance with best practice in infection prevention and control within the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Infection prevention and control (IPC) issues identified on the previous inspection had been managed appropriately. A system was in place to monitor compliance with IPC best practices. Isolated IPC issues identified during the inspection were managed appropriately.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time	The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Chemicals were not observed accessible to patients in any location within the home.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 45  <b>Stated:</b> First time	The registered person shall ensure that equipment used within the home is used safely and in accordance with the manufacturer's guidelines.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager confirmed the system in place to ensure pressure mattress settings were maintained in accordance with the patient's weight. A review of two patient's pressure mattress settings confirmed that these were set accurately.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that food is served only when the patient is ready to eat or be assisted with their meal and food transferred from the dining room is covered on transfer.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> A review of the mealtime experience confirmed that food was only served when patients were ready to eat or be assisted with their meal.</p>	
<p><b>Area for improvement 3</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that areas audited within infection prevention and control audits are identified within the auditing records.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> A review of IPC auditing records evidenced the locations which were audited.</p>	

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

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 13 August 2018 evidenced that the planned staffing levels were adhered to. Records indicated a recent increase in care assistant hours within the general nursing unit in response to increased needs. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Discussion with patients and patients' representatives evidenced that there were no concerns regarding staffing levels. One registered nurse consulted was concerned that staffing levels, especially at the beginning of a night duty shift, can present a challenge with tasks such as the administration of medications. The registered nurse's concerns were passed to the registered manager for their review and action as appropriate. 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.

Review of one staff recruitment file evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Staff confirmed that supernumerary hours were allocated to new staff to allow them to work alongside a more experienced staff member to become familiar with the home's policies and procedures.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

We discussed the provision of mandatory training with staff and reviewed staff training records. The majority of training was conducted face to face. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Staff also confirmed that they were encouraged to suggest and/or request any additional training relevant to their role. However, discussion with staff also indicated that the majority of staff consulted had not received sufficient training on dementia care. This was discussed with the registered manager and identified as an area for improvement. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. An adult safeguarding champion had been identified and had attended training pertinent to this role.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records since the previous care inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Notifications were submitted in accordance with regulation. From a review of records and discussion with the registered manager there was evidence of proactive management of falls. An area for improvement made in this regards has now been met.



Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients and staff spoken with were complimentary in respect of the home's environment. Fire exits and corridors were observed to be clear of clutter and obstruction. However, during the review of the environment, four doors were observed to have been propped open. This was discussed with the registered manager and identified as an area for improvement under regulation. As previously stated, compliance with best practice in infection prevention and control had been generally well maintained. A record of infections identified in the home was maintained in the home including treatment and persons informed.

Three oxygen cylinders were observed in an identified room stored in an unsafe manner. This was discussed with the registered manager and identified as an area for improvement.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example, the use of bedrails. There was also evidence of consultation with relevant persons. Care plans were in place for the management of bedrails.

### **Areas of good practice**

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

### **Areas for improvement**

An area for improvement was identified under regulation in relation to the propping/wedging open of doors in the home.

Areas for improvement were identified under standards in relation to training on dementia care and the storage of oxygen cylinders.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	2

## 6.5 Is care effective?

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

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weights, wound care and restrictive practice. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners, speech and language therapists and dieticians. Supplementary care charts such as reposition, bowel management and food and fluid intake records evidenced that contemporaneous records were maintained. However, it was observed within an identified patient's supplementary care records that the fluid target set for the patient was regularly not met. This was not referenced within the patient's daily evaluation records. A care plan was not in place to direct staff on the action to be taken, and at what stage, should the desired target not be met. This was discussed with the registered manager and identified as an area for improvement.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted. Staff spoke positively of a pre-printed handover sheet to aid in the collection of relevant information. Registered nurses added that in addition to the handover, a communication book was maintained to ensure that appropriate referrals and appointments were made.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Comments from staff included teamwork was, "Fabulous" and that "There is a great comradery between the units in the home". Further comments from staff included, "there is a good continuity of staff" and "all the staff are very friendly". The majority of staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. Staff commented that the home's management were, "very approachable" and "their door was always open". Two staff raised concerns in respect of raising concerns with the homes management. The staffs' concerns were passed on the registered manager for their review and action as appropriate.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Staff confirmed that regular staff meetings occurred in the home with minutes available for staff, who were unable to attend the meeting, to review.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to teamwork and communication between residents, staff and other key stakeholders.

## Areas for improvement

An area for improvement was identified under standards in relation to meeting fluid targets.

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

### 6.6 Is care compassionate?

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

We arrived in the home at 09.15 and were greeted by staff who were helpful and attentive. Patients were enjoying breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

The home employed a personal activities leader (PAL). The PAL confirmed that activities conducted in the home were dependent on patients' wishes. Each patient in the home had an activities care plan developed and individual patient records of activity involvement were maintained. One to one activities were conducted where appropriate and included games, doll therapy, quiz or exchange of current news stories. Records were also maintained for patients on short stay arrangements. There was pictorial evidence of birthday parties, visiting musical entertainers and pet therapy in the home. Discussion with the registered manager and patients confirmed that the television reception in the home had been affected during the past four weeks. One patient confirmed that they only had access to one channel during the past two weeks and that they enjoyed staying in their own room watching television. In addition, given the number of patients residing in the home and the geographical layout of the home, an area for improvement was made to ensure that all patients in the home, according to their wish, are in receipt of meaningful activities. Two patients' representatives commented on the provision of activities which are included below in patient representative comments. It was acknowledged that the PAL provided activities between 10.00 and 16.30 in the three nursing units in Oakridge when relatives may not be present in the home.

The serving of lunch was observed in the dining room on Murlough. Lunch commenced at 13:30 hours. Patients were seated around tables which had been appropriately set for the meal. The mealtime was well supervised. Food was served from a heated trolley, positioned away from where the patients were eating, when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. Portions were appropriate for the patients to which the food was served. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience. Patients commented positively on the food provided.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

- “Thank you so much to everyone at Oakridge. You treated dad as a member of your own family and it will not be forgotten.”
- “The care given to ... was more than appreciated. The girls were there for him every step of the way. Everyone cared and this helped me.”
- “I would like to say thank you to all the staff at Oakridge for the excellent care and attention given to my mother.”

Consultation with 15 patients individually, and with others in smaller groups, confirmed that living in Oakridge was a positive experience. 10 patient questionnaires were left for completion. One was returned.

Patient comments:

- “It is very pleasant living here and that includes the staff.”
- “I am very happy here.”
- “I have only had one channel to watch on the tv for the past two weeks. I watch tv all day. Otherwise it is lovely here.”
- “The food is always good and I enjoy the music.”
- “Might be better with a couple of more nurses.”
- “The care is excellent and there is always a smile on their [the staff] faces.”
- “Would recommend to anyone. It’s a great place. Staff all going well.”

Nine patient representatives were consulted during the inspection. Comments were shared with the registered manager. 10 relative/representative questionnaires were left for completion. None were returned. Some patient representatives’ comments were as follows:

- “The care here is excellent. We are very content and happy with the care. Always kept up to date with any changes.”
- “The care in the home is very good. All are very good with him. He knows all the staff. Would be nice to see more evening activities.”
- “The care is very good. ... is always clean and tidy. Staff take the time to put jewellery on. An awful lot of agency staff though.”
- “The care here is second to none. The girls are great and so attentive.”
- “Can’t fault the girls. They do all I ask. They are very respectful. The food is good.”
- “Staff are fantastic. I find that the pillows and duvets are washed out and dated. I would like to see more stimulation for the patients.”

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from 17 staff consulted during the inspection included:

- “It can be stressful but I enjoy the work.”
- “I do enjoy working here. Staff are really good here.”
- “It is alright. I am happy here.”
- “It is a lovely friendly home here.”
- “I enjoy working here. Staff are good.”
- “It is a good challenge. I like this place.”
- “I love working here. Great atmosphere. A jolly place.”

- “It can be very stressful and tough at times.”
- “It’s good. Much better now than before.”
- “I love it here.”

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the registered manager for their information and action, as required.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, maintaining the dignity and privacy of patients, listening to and valuing patients and their representatives.

### Areas for improvement

An area for improvement was identified under standards in relation to the provision of activities.

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

#### 6.7 Is the service well led?

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

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with the registered manager and staff, and observations confirmed that the home was operating within its registered categories of care.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Review of the home’s complaints records evidenced that systems were in place to ensure that recorded complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. However, discussion with a patient and information sent to RQIA prior to the inspection confirmed that not all concerns or areas of dissatisfaction had been recorded as a complaint. This was discussed with the registered manager and identified as an area for improvement.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, restrictive practice, dining experience, wound management, care records and infection prevention and control practices.

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.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

An area for improvement was identified under standards in relation to the recording of complaints.

	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 Kelly Kilpatrick, registered manager and Linda Graham, regional manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (1) (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 the practice of propping/wedging open doors ceases with immediate effect. Other measures must be implemented if the identified doors are to remain in an open position.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has addressed the importance of the practice of staff propping or wedging open fire doors with all staff at the staff meeting. Those staff who did not attend the meeting receive a copy of the minutes and sign and return that they have read the minutes of the meeting. The Registered Manager will continue to monitor this in the home on her daily walkabouts and will correct any staff who carry out this practice. Any staff who continually prop or wedge open fire doors this will then be addressed through the company disciplinary procedure. Existing door holding devices have been repaired and new devices installed on identified doors.</p>

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 25</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2018</p>	<p>The registered person shall ensure that staffs' training on dementia care is reviewed to ensure that all staff have received appropriate training conducive to their role.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> The Registered Manager will ensure all staff will receive training on dementia care and this will be made mandatory for staff working within the dementia units. Dementia training 'Train the trainer' has been sourced through the Alzheimer's Society.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 30</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 oxygen cylinders are stored in a safe and secure manner at all times.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> The Registered Manager will ensure that oxygen cylinders are stored in a safe and secure manner at all times, all cylinders will be chained to the wall and this will be monitored by the Registered Manager.</p>



<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2018</p>	<p>The registered provider should 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>Ref: 6.5</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 October 2018</p>	<p>The registered person shall review the provision of activities in the home to ensure that meaningful activities are provided to all patients accommodated in the home according to their wish.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has addressed with staff nurses the importance of care plans to ensure they evidence fluid targets and that the care plans include clear actions of what to do if the desired fluid targets are not met.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 16 Criteria (11)</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 all complaints received are recorded in compliance with DHSSPS guidance on complaints.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has updated the complaints record to include the recent complaint in relation to the dissatisfaction expressed by residents in relation to the television arierials.The Registered Manager will ensure that any expression of dissatisfaction from residents, relatives or visitors will be processed as a complaint and recorded.</p>

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



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