



The Regulation and  
Quality Improvement  
Authority

# Unannounced Care Inspection Report 25 April 2018



## Pond Park Care Home

**Type of Service: Nursing Home (NH)**  
**Address: 2 Derriaghy Road, Lisburn, BT28 3SF**  
**Tel No: 028 9267 2911**  
**Inspector: Liz Colgan**

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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 and residential care for up to 58 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons (Bamford) Ltd  <b>Responsible Individual:</b> Maureen Claire Royston	<b>Registered Manager:</b> See box below
<b>Person in charge at the time of inspection:</b> Mr Daniel Oliveira	<b>Date manager registered:</b> Daniel Oliveira - Acting - no application needed
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years TI – Terminally DE – Dementia	<b>Number of registered places:</b> 58 comprising:  A maximum of 11 patients in category NH-DE accommodated in the Wallace Suite. There shall be a maximum of 4 named residents receiving residential care in category RC-I.

### 4.0 Inspection summary

An unannounced inspection took place on 25 April 2018 from 10.23 to 17.30 hours.

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

The term 'patients' is used to describe those living in Pond Park Care Home which provides both nursing and residential care.

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 staff induction, training, risk management and effective communication systems. There was also evidence of good practice identified in relation to the governance and management arrangements; management of complaints and incidents, quality improvement processes and maintaining good relationships within the home. The environment of the home, with the exception of the dementia unit, was generally conducive to the needs of the patients and was attractive and comfortable.

Areas requiring improvement were identified in relation to staff recruitment and appraisals, the secure storage of medication, infection prevention and control, some aspects of the environment, and care records.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. Patients’ comments are included in section 6.6.

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>	*3	4

\*The total number of areas for improvement includes one area for improvement against the regulations which has been stated for a second.

Details of the Quality Improvement Plan (QIP) were discussed with Mr Daniel Oliviera, 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 26 September 2017**

The most recent inspection of the home was an unannounced care inspection undertaken on 26 September 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

**5.0 How we inspect**

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

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

During the inspection the inspector met with 14 patients, seven staff, and two patients’ visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients, and patients’ representatives. Ten questionnaires for relatives and eight for patients were left for distribution. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

The following records were examined during the inspection:

- duty rota for all staff from 16 April 2018 to 6 May 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction file
- four patient care records
- two patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

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

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 26 September 2017**

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

## 6.2 Review of areas for improvement from the last care inspection dated 26 September 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 30 (1) (c) <b>Stated:</b> Second time	The registered persons must ensure that RQIA is notified of all notifiable events.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of documentation and discussion with the manager confirmed that RQIA has been informed of all notifiable events.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (1) (a) <b>Stated:</b> First time	The registered persons shall ensure that the registered nurses have oversight of the patients' food and fluid intake records; and that evidence of any action taken in response to identified deficits are recorded in the daily progress notes.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of documentation confirmed that registered nurses do have oversight of the patients' food and fluid intake records; however there was no evidence of any action taken in response to identified deficits recorded in the daily progress notes.  This area for improvement has partially met and has been stated for a second time.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 17 (1) <b>Stated:</b> First time	The registered persons shall ensure that the annual quality report is completed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of documentation confirmed that the annual quality report had been completed in November 2017.	



<b>Area for improvement 4</b> <b>Ref:</b> Regulation 17(1) <b>Stated:</b> First time	The registered person shall ensure that when audits identify any shortfalls, there is clear evidence of the action taken to address these.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of documentation confirmed that action was taken, as required, to address any shortfalls identified in audits.	

### 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 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 16 April to 6 May 2018 evidenced that the planned staffing levels were adhered to.

Discussion with patients, and representatives evidenced that there were some concern regarding recent changes to how staff were allocated throughout the home. Management have begun to rotate staff between the units in the home but the rationale relating to this decision had not been fully communicated to them. Some patients and relatives spoken with were concerned that this rotation had the potential to adversely affect the patients due to lack of continuity of care. This was discussed with the manager who agreed to speak with patients and their representatives and keep the matter under review.

Staff consulted confirmed that staffing levels met the assessed needs of the patients. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection and records were generally maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. In one staff file part of the employment history was not available; there was no written evidence that the reason for this gap had been explored. An area for improvement against the standards has been made in this regard. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

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. Review of staff appraisal records evidenced that these were not up to date. This was discussed with the manager and an area for improvement against the standards has been made in this regard.

Discussion with the manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

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

The manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection confirmed that these were appropriately managed. Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the monthly monitoring visits completed 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 the majority of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm and fresh smelling throughout. Fire exits and corridors were observed to be clear of clutter and obstruction.

A number of issues in the dementia unit were identified for improvement in relation to cleaning and the decoration of the environment:

- Through the unit floors, skirting boards and walls were in need of more detailed cleaning or decoration.
- In an identified ensuite the coving at the toilet was coming away from the wall.
- In an identified ensuite the shower outlet was very dirty, a build-up of a black substance was observed.
- In an identified bedroom the floor was very dusty and balls of fluff were observed under the bed and in corners and edges.

These areas were discussed with the manager and an area for improvement against the standards has been made in this regard.

The treatment/clinical rooms in the home are accessed by a keypad. On the day of the inspection staff advised the inspector that the code for the keypad was written under the sign on the door. On entering two of the identified treatment/clinical rooms all of the medication cupboards were open allowing for unauthorised access to medication. This area was discussed with the manager and an area for improvement against the regulations has been made in this regard.



A number of issues were identified for improvement in relation to infection prevention and control specifically in relation to two identified treatment/clinical rooms:

- Single use syringes were being reused to dispense medication.
- One sharps box was not signed or dated and all apertures were open when not in use.
- In an identified treatment/clinical room there was no wall mounted paper towel dispenser.

These areas were discussed with the manager and an area for improvement against the regulations has been made in this regard.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing levels, induction, training, and adult safeguarding.

**Areas for improvement**

The following areas were identified for improvement in relation to, staff recruitment, staff appraisal, the safe storage of medicines, infection prevention and control, and the home’s environment.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	3

**6.5 Is care effective?**

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

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Two of the care records reviewed did not have care plans in place to meet the assessed needs of the patients. One care record of a patient with identified behaviour problems did not have a care plan devised for this problem. The other care record in relation to pain management did not fully reflect the side effects of increases in medication. An area for improvement has been identified against the standards in this regard. In the other two care records reviewed the assessed needs of patients were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

Review of four patient care records evidenced that wounds, falls and restrictive practices were managed in accordance with best practice guidance, care standards and legislation.

In two care records and two supplementary care charts reviewed in relation to food and fluid intake records there was no evidence that registered nurses had oversight of these records and action taken for identified deficits had not been recorded in the daily progress notes. This area identified for improvement against the regulations at the previous care inspection has now been stated for the second time.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. Patients’ records were maintained in accordance with Schedule 3 of The Nursing Homes Regulations (Northern Ireland) 2005.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients’ condition.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner’s (GP), SALT, dietician, and TVN. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient’s record.

Discussion with the manager confirmed that staff meetings were held on a regular basis and records were maintained. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager or regional manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the manager and review of records evidenced that patient and relatives meetings were held. Minutes were available. Patient and representatives spoken with expressed their confidence in raising concerns with the home’s management. One patient and their representative felt uncomfortable raising issues with staff due to a prior difficulty with one member of staff. They stated they wished to address this with the manager themselves . Patients and representatives knew who the manager was.

**Areas of good practice**

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

**Areas for improvement**

Two areas were identified for improvement in relation to record keeping.

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

## 6.6 Is care compassionate?

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

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with six patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Patients consulted confirmed that they were involved in decision making about meal choices and their feedback had been listened to and acted on. Patients were offered a choice of meals, snacks and drinks throughout the day. Observation of the lunch time meal in two dining rooms, found meals were well presented and looked appetising. The majority of patients spoken with stated that they were satisfied with the meals provided. Two patients felt they could be improved at times, but that they were able to get an alternative if they didn't like what was being served. This was discussed with the manager who agreed to raise this at the next patients meeting. Patients were encouraged to eat their food; assistance was provided by staff, as required.

There was evidence of a variety of activities in the home and discussion with patients confirmed that they were given a choice with regards to what they wanted to participate in. Discussion with the manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided. There was evidence that the home had received many compliments in regards to the care provided; a number of cards were displayed on the noticeboard.

Fourteen patients, seven staff, and two patients' visitors/representatives were consulted to determine their views on the quality of care within Pond Park Care Home. Some comments to the inspector were as follows:

### Staff

"I wouldn't hesitate to recommend the home to my relatives."

"No concerns, the patients get good care."

"I am happy working here."

"I love the residents and the staff."

"I think the patients are well looked after."

"Staff are dedicated and kind to the patients."

"The staff all care about the patients."

### Patients

"It is alright, but not home."

"The food could be improved."

"Staff are moved all the time now, we don't like it."

“It’s nice here, the staff are very kind and the food is lovely.”

“It is very good, the staff look after us.”

“No complaints.”

“I don’t feel comfortable raising concerns, it seems to change staff attitude to me.”

**Patients’ representative**

“I am happy enough with everything.”

“Everything is ok, but my relative is not comfortable raising concerns, it seems to have changed staff attitude to her.”

“Happy enough, everything is grand.”

The patient and their representative who felt uncomfortable raising issues with staff stated they wished to address this with the manager themselves.

A poster was given to the manager to be displayed in the staff room inviting staff to respond to an on-line questionnaire. No staff responded within the timeframe for inclusion in this report.

Eight patient and ten patient representative questionnaires were left in the home for completion. Two questionnaires were returned, one from a patient representative and one which did not specify if they were a patient or patient representative. One of the questionnaires the respondents indicated that they were either very satisfied or satisfied with regard to care delivery and management of the home in four of the domains. The following comment was made:

“Staff seem to be under pressure to get things done. Would like to see shower being offered once a week and beds changed more regularly. “

This area should be reviewed by the manager.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and dignity and privacy.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

## 6.7 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.**

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

There were temporary management arrangements in place at the time of the inspection. A new manager has been appointed but has not taken up post. An application to register with the RQIA will be forwarded in due course.

A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients, and representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

The registration certificate was up to date and displayed appropriately. A current certificate of public liability insurance was available. Discussion with the manager and review of records and observation evidenced that the home was operating within its registered categories of care.

Discussion with the manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients were aware of who the manager was.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately. Discussion with the 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 manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, and the environment. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvement had been embedded into practice.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. Discussion with the manager and review of records evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations and care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

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

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	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 Mr Daniel Oliviera, 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.

<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 4(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 April 2018</p>	<p>The registered person shall ensure that medicines are safely and securely stored in compliance with legislative requirements, professional standards and guidelines.</p> <p>Ref: Section 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> The visible code for the keypads was removed immediately. Policy and Protocol for Administration of Medication was re-issued. Supervision was conducted with all members of staff that are currently administering medication reinforcing safety. Spot checks are being conducted by Home Manager as part of daily walkabout.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 May 2018</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff, specifically:</p> <ul style="list-style-type: none"> <li>• Single use syringes should not be reused.</li> <li>• Sharps boxes should be signed and dated and all apertures closed when not in use.</li> <li>• A wall mounted paper towel dispenser should be supplied for the identified treatment/clinical room.</li> </ul> <p>Ref: Section 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Policy and Protocol for Administration of Medications was re-issued. Supervision was conducted with all members of staff that are currently administering medication reinforcing the single use of syringes, and the safe use of sharp boxes. The wall mounted paper towel dispenser has been supplied to the identified treatment/clinical room.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 25 May 2018</p>	<p>The registered persons shall ensure that the registered nurses have oversight of the patients' food and fluid intake records; and that evidence of any action taken in response to identified deficits are recorded in the daily progress notes.</p> <p>Ref: Section 6.2 and 6.5</p>



	<p><b>Response by registered person detailing the actions taken:</b> Supervision was conducted with Registered Nurses in relation accountability and oversight of patients' food and fluid intake records. Registered Nurses are now transferring totals to the individual progress notes. Furthermore, Registered Nurses are also alerting the Home Manager for potential residents at risk using the 24Hours shift report.</p>
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</b></p>	
<p><b>Area for improvement 1</b>  <b>Ref:</b> Standard 38.3  <b>Stated:</b> First time  <b>To be completed by:</b> 25 May 2018</p>	<p>The registered person shall ensure that recruitment processes are further developed to ensure that any gaps in the employment record are explored and explanations recorded.  Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Gaps on employment record was discussed. Evidence of the same can be found on employee file.</p>
<p><b>Area for improvement 2</b>  <b>Ref:</b> Standard 40  <b>Stated:</b> First time  <b>To be completed by:</b> 25 May 2018</p>	<p>The registered person shall ensure that staff appraisals are kept up to date.  Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> All appraisals have now being completed as according to Policy, a schedule is in place for future appraisals .</p>
<p><b>Area for improvement 3</b>  <b>Ref:</b> Standard 44  <b>Stated:</b> First time  <b>To be completed by:</b> 25 June 2018</p>	<p>The registered person shall ensure that the following areas relating to the environment of the dementia unit are addressed.</p> <ul style="list-style-type: none"> <li>• Through the unit floors, skirting boards and walls were in need of more detailed cleaning or decoration.</li> <li>• In an identified ensuite the coving at the toilet was coming away from the wall.</li> <li>• In an identified ensuite the shower outlet was very dirty, a build-up of a black substance was observed.</li> <li>• In an identified bedroom the floor was very dusty and balls of fluff were observed under the bed and in corners and edges.</li> </ul> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The identified ensuite coving has been fixed. Detail cleaning to all ensuite toilets has been scheduled and black substance removed. A painting schedule for the unit is currently ongoing with completion date by the 25<sup>th</sup> June.</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> 25 May 2018</p>	<p>The registered person shall ensure that care plans are devised for identified needs and fully reflect the changing needs of the patients</p> <p>Ref: Section 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> Identified patient file was reviewed and audited. Further advice has been sought from General Practitioner. Referral has also been completed for Phsycogeriatrician services.</p>

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



The Regulation and  
Quality Improvement  
Authority

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

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

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