

Unannounced Care Inspection Report 29 March 2018



Tennent Street (Sandringham Suite)

Type of Service: Nursing Home (NH)
Address: 1 Tennent Street, Belfast, BT13 3GD
Tel No: 02890312318
Inspector: Michael Lavelle

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service 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 17 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston	Registered Manager: Violet Graham
Person in charge at the time of inspection: Violet Graham	Date manager registered: 15 September 2017
Categories of care: 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 ill	Number of registered places: 17 The home is also approved to provide care on a day basis to 1 person.

4.0 Inspection summary

An unannounced inspection took place on 29 March 2017 from 10.20 to 17.40 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 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 induction, training and adult safeguarding, communication between residents, staff and other key stakeholders, the culture and ethos of the home, dignity and privacy, governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in relation to the home's environment, infection prevention and control, pre-admission assessments, care plans, record keeping, access to patient records, post fall management, staff meetings, displaying of the activities programme and the daily menu.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4	6

Details of the Quality Improvement Plan (QIP) were discussed with Violet Graham, registered manager, and Lorraine Kirkpatrick, 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 21 July 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 21 July 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
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with nine patients, five staff, three visiting professionals and two patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from weeks commencing 19 and 26 March 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
- three patient care records

- a selection of patient care charts including food and fluid intake charts and repositioning charts
- a selection of governance audits
- complaints record
- 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.

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 21 July 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 21 July 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 43 Stated: First time	The registered person shall ensure that the standard of décor in the lounge and dining room is improved and rectify the malodour in the identified bathroom.	Met
	Action taken as confirmed during the inspection: Observation of the dining room and lounge evidenced these were recently painted and decorated. There was no evidence of any malodours during the inspection.	

Area for improvement 3 Ref: Standard 4.8 Stated: First time	The registered person shall ensure that the supplementary care recording templates, for example, repositioning recording and patients' food and fluid intake recording provide the necessary information regarding patients' health and wellbeing.	Met
	Action taken as confirmed during the inspection: Review of a selection of supplementary care records evidenced the entries were timely, accurate and contemporaneous.	

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 weeks commencing 19 and 26 March 2018 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. The registered manager confirmed that recruitment for two registered nurses was ongoing and gaps in the staffing rota were being met by bank nurses familiar with the home. 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 maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. 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 and bank staff completed a structured orientation and induction programme at the commencement of their employment.

Review of the training matrix/schedule for 2017/18 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Most staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility, with one of the housekeeping staff observed not to be wearing appropriate personal protective equipment (PPE). This was discussed with the registered manager who agreed to address this. Discussion with the registered manager and review of training records evidenced that

mandatory training requirements were met noting that improvement was required in infection control training compliance. Infection control is discussed further in this section.

Discussion with the registered 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 registered 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 registered 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 last care inspection confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, the lounge, dining room and storage areas. The home was found to be warm and fresh smelling throughout. However, many of the patient's bedrooms and en suite areas required painting. For example, marks were noted on the bedroom walls and all of the en suites had stains on the walls. This was discussed with the registered manager and identified as an area for improvement under the care standards.

Areas for improvement relating to infection prevention and control measures and practices were identified as follows:

- faecal staining noted on toilet roll holders and frames around en suite toilets
- significant debris and staining noted on two domestic trolleys
- sluice area not clean and cluttered
- inappropriate storage and clutter noted in all of the storage cupboards
- inappropriate storage of personal items in an identified bathroom cupboard
- staining noted on three identified shower chairs
- identified bedside tables not cleaned effectively
- waste bin in the dining room was visibly dirty
- identified antibacterial hand gel containers were empty
- there was no system in place to ensure hoist slings are laundered
- a review of cleaning records evidenced gaps in the night time cleaning checks
- there were a number of staff not wearing any uniform.

Details were discussed with the manager and an area for improvement under the regulations was made.

A number of issues were identified during the review of the environment and action was required in relation to the following areas:

- broken shower head holder in an identified bathroom
- hole in the wall of the linen cupboard
- no nurse call bell in an identified bedroom

These actions were discussed with the registered manager and are required to be addressed without delay to ensure the safety and wellbeing of patients in the home.

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

Areas of good practice

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

Areas for improvement

The following areas were identified for improvement in relation to the home's environment and infection prevention and control.

	Regulations	Standards
Total number of areas for improvement	1	1

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 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.

Generally care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as occupational therapist (OT), speech and language therapist (SALT) or dieticians. However, review of one pre-admission nursing assessment evidenced this had been completed by senior care assistant and not by a registered nurse. This was discussed with the registered manager and identified as an area for improvement under the regulations. In addition, one care plan did not accurately reflect recommendations made by the SALT and dieticians. This was discussed with the registered manager and identified as an area for improvement under the care standards.

Examination of supplementary care charts including repositioning/food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation. However, discussion with the nurse in charge evidenced that they were unable to use the electronic system for recording this information effectively. For example, when asked to demonstrate an identified patient's fluid intake for the previous week

they were unable to do so. This was discussed with the registered manager and identified as an area for improvement under the care standards.

Review of three patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines.

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. However, review of one patient care record evidenced that two of the patient's care plans contained the name of two different patients. This was discussed with the registered manager and identified as an area for improvement under the regulations.

Review of accidents and incidents records evidenced an unwitnessed fall was not managed appropriately. Neurological observations were not monitored appropriately. This was discussed with the nurse in charge who was unfamiliar with the home's falls policy and unaware that all unwitnessed falls should be managed as a potential head injury in accordance with best practice guidance. This was discussed with the registered manager who confirmed that falls management had been discussed at a recent head of department meeting. Due to the potential of risk to patients, this was identified as an area for improvement under the regulations.

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 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 tissue viability nurse (TVN).

Discussion with the nurse in charge confirmed that staff meetings were to be held on a three monthly basis and records were maintained. However, review of records confirmed that only two staff meetings had been held within the last year in March and December 2017. This was discussed with the registered manager who confirmed they would have monthly head of department meetings and the information from these should be disseminated by the unit managers. This was identified as an area for improvement under the care standards.

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 and /or the registered manager.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the registered manager and review of records evidenced that outside of annual care reviews, no patient and/or relatives meetings were held on a regular basis. The nurse in charge confirmed that the home operates an open door policy and patients and their

representatives would participate in surveys conducted by the home. 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 communication between residents, staff and other key stakeholders.

Areas for improvement

The following areas were identified for improvement in relation to pre-admission assessments, care plans, record keeping, access to patient records, post fall management and staff meetings.

	Regulations	Standards
Total number of areas for improvement	3	3

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.

Observations and discussion with patients evidenced that patients were afforded choice, privacy, dignity and respect. Staff interactions with patients were observed to be compassionate, caring and timely. For example, staff were observed to knock on patients doors before entering and kept them closed when providing personal care. 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. Inspection of patient's bedrooms evidenced that many were highly personalised.

Discussion with the registered manager confirmed there was a patient activities leader (PAL) in the home responsible for the provision of activities. A notice board within the home evidenced some planned activities including movies, tea party, foot spa, skittles, bowls, music therapy, hair dressing and gents grooming. However, the programme of activities was displayed on an A4 sheet of paper mounted on a board surrounded by many photographs of patients enjoying activities; this would not be considered as a suitable format. This was discussed with the registered manager and identified as an area for improvement under the care standards. Patient's spoken with expressed a high level of satisfaction with the activities within the home and the activities leader. Discussion with the PAL evidenced discussions were ongoing between herself and the registered manager to ensure there is a varied programme planned to meet the individual needs of the patient's. Observation of the activities during the inspection evidenced both staff and patient's engaging in a meaningful way and they appeared to be enjoying themselves.

The serving of the midday meal was observed. Tables were attractively set with cutlery and napkins. A range of condiments and drinks were available. Lunch consisted of two main courses; it reflected the planned meal as identified in the weekly menu planner. Alternative meals were provided to patients who did not wish to have the planned meal. The meals were pleasantly presented, were of good quality and smelt appetising. Patients who required a

modified diet were afforded a choice at mealtimes; this was verified when reviewing the patients' meal choice record. The care assistants were observed supervising and assisting patients with their meal and monitoring patients' nutritional intake. Hot meals were covered when transferred from the dining room to the patients' preferred dining area and care assistants were observed assisting patients who were unable to eat independently with their lunch. PPE was worn by staff involved with the serving or assisting patients with the meal. No menu was available for patients during or prior to lunch. This was discussed with the care assistants who stated patients would request their lunch a day in advance. This was discussed with the registered manager and identified as an area for improvement under the care standards.

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.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Five staff members and three visiting professionals were consulted to determine their views on the quality of care Tennent Street. A poster was given to the nurse in charge to be displayed in the staff room inviting staff to respond to an on-line questionnaire. None of the staff responded within the timeframe for inclusion in the report.

Some comments received were as follows:

"Good days and bad days here just like anywhere else."

"I love the residents and the job. I enjoy the work."

"I have no concerns in relation to the care here. All calls to the surgery are appropriate."

Nine patients consulted were very complimentary and some commented as follows:

"They are very good in here."

"The staff support me very well. The manager is fair minded and thoughtful. She has no airs and graces, she listens to you."

"It's very nice here. I enjoy playing games."

"I wouldn't change a thing about the place."

"The staff are very good to me, even the cleaners."

Ten patient questionnaires were left in the home for completion. None of the patient questionnaires were returned.

Two relatives were consulted during the inspection. Ten relative questionnaires were left in the home for completion. None of the relative questionnaires were returned within the timeframe for inclusion in the report.

Some patient representative's comments were as follows:

"I think they are very good in here. I had another relative in here. It's always been the same."
 "We went to a few homes before we chose this one. It is clean and fresh. The staff are very good."

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were 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, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

Areas for improvement were identified in relation to displaying of the activities programme and the daily menu.

	Regulations	Standards
Total number of areas for improvement	0	2

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 registered 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.

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

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager and review of records evidenced that the home was operating within its registered categories of care. Policies and procedures were indexed, dated and approved by the registered provider. Staff confirmed that they had access to the home's policies and procedures.

Discussion with the nurse in charge and review of the home's complaints record evidenced that no complaints had been received from patients or relatives since the last care inspection.

Patients and their representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately. 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 the nurse in charge, registered 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 recently completed in accordance with best practice guidance in relation to bed rails, hoist and slings, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents. 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 registered manager and review of records evidenced that Regulation 29 (or monthly quality) monitoring visits were completed in accordance with the regulations. 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 incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 Violet Graham, registered manager, and Lorraine Kirkpatrick, regional manager, 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>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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.</p> <p>This area for improvement is made with particular focus to the issues highlighted in section 6.4.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: The registered manager on the day of inspection had addressed many of the infection control issues prior to her leaving the building. The covering manager has since held supervision sessions with domestic staff. A new domestic trolley has been ordered. There is also a plan to refurbish the sluice, linen store, electric store and domestic store. There has also been a domestic staff meeting held to highlight the issues raised on the inspection day. The cleaning schedules have been reviewed by the covering manager. The covering manager will monitoring compliance with the cleaning during her daily walk about around the unit. The regional manager will also monitor the cleanliness of the unit during her regulation 29 visits to the home.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 15 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall not provide accommodation to a patient at the nursing home unless the needs of the patient have been assessed by a suitably qualified person.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: This has been addressed. The regional manager spoke with the covering manager to ensure that a suitably qualified person carries out the pre-admission assessments for all potential patients to the home.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 19 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure patient's care plans are patient centred and accurately reflect the patient's name.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: This has been addressed. The regional manager and covering manager checked the documentation to ensure that patient's care plans are patient centred and accurately reflect the patient's name. The covering manager will continue to audit the care records weekly through care tracas and traca d and address any actions required. The regional manager will spot check the tracas for compliance during her</p>

	regulation 29 visits to the home.
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure good practice guidance is adhered to with regard to post falls management.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: FSHC falls policy was reissued to all trained staff in the unit following the inspection. A supervision session was held with nurse to ensure she understands the correct procedure to follow. The nurse met with the regional manager on 24th April 2018 and confirmed that she understands the correct procedure to follow with regard to post falls management.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
<p>Area for improvement 1</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2018</p>	<p>The registered person shall ensure that patient's bedrooms and en suites are prioritised on a re-decorating programme.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: The regional manager and covering manager have drafted up a redecoration and refurbishment plan for 2018 for the unit. This has been submitted to the Named Inspector and works have commenced on 30.04.18.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4.4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure patient care plans take into account advice and recommendations from relevant health and social care professionals.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: This has been addressed. The regional manager and covering manager met to ensure that patient care plans take into account advice and recommendations from relevant health and social care professionals. The covering manager is monitoring compliance through completion of care tracas on a weekly basis. The regional manager is spot checking care documentation during her regulation 29 visits to the home.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 37</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure staff are proficient in accessing electronic patient records. This area for improvement is made with specific reference to oversight of patient's fluid intake.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: The covering manager has held supervision sessions with trained staff on 18th and 19th April 2018 to ensure that they are proficient in accessing electronic patient record, especially in relation to oversight of patient's fluid intake.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 1 July 2018</p>	<p>The registered provider should ensure that staff meetings take place on a regular basis, at a minimum quarterly.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: This has been addressed. The unit manager held a full staff meeting on 11th April 2018, followed by a trained staff meeting, and a second meeting has been planned for 11th July 2018. Minutes of the meetings have been reviewed by the covering and regional managers.</p>
<p>Area for improvement 5</p>	<p>The registered person shall ensure the programme of activities is</p>

<p>Ref: Standard 11</p> <p>Stated: First time</p>	<p>displayed in a suitable format and in a suitable location so patients know what is scheduled.</p> <p>Ref: Section 6.6</p>
<p>To be completed by: 1 May 2018</p>	<p>Response by registered person detailing the actions taken: This has been addressed. There is a programme of meaningful activities displayed on the corridor wall in a suitable format so that the patients all know what is scheduled.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 1 May 2018</p>	<p>The registered person shall ensure that menus are displayed for patients in a suitable format and location on a daily basis, showing what is available at each mealtime.</p> <p>Ref: Section 6.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>This has been addressed. Menus are now displayed for patients in a suitable format and location on a daily basis showing what is available at each mealtime.</p>



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

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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