

# Inspection Report

13 December 2023



## Woodgrove Care Home

**Type of Service: Nursing Home**  
**Address: 67 Hillsborough Road,**  
**Lisburn BT28 1JN**  
**Tel no: 028 9260 7302**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Beaumont Care Homes Limited	<b>Registered Manager:</b> Mrs Dawn Grady
<b>Responsible Individual:</b> Mrs Ruth Burrows	<b>Date registered:</b> 21 September 2022
<b>Person in charge at the time of inspection:</b> Mrs Dawn Grady – Registered Manager	<b>Number of registered places:</b> 32
<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 ill.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 25
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered nursing home which provides nursing care for up to 32 patients. The home is located over two floors with patient's bedrooms located on the first and second floor.	

## 2.0 Inspection summary

An unannounced inspection took place on 11 December 2023 from 9.25 am to 7.15 pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 6.0.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

RQIA were assured that the delivery of care and service provided in Woodgrove Care Home was provided in a compassionate manner by staff that knew and understood the needs of the patients.

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

### **3.0 How we inspect**

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

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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

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

The findings of the inspection were provided to the manager at the conclusion of the inspection.

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

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. One patient said, "It's very good here. You couldn't say a bad word about it. You couldn't get any better. We are well fed", while another patient said, "I like this home. It is warm and the people who work here are very good. We are very happy, there is always something going on." A further patient said, "We are very well looked after. The staff treat me very well."

Relatives spoken with were complimentary of the care provided in the home. One relative said, "The staff are good and the home is alright. They keep me updated on things", while another relative said, "I am more than happy with the care. I have no issues in speaking with the staff and everyone is approachable. My relative is happy and content and I feel involved in their care."

Staff spoken with said that Woodgrove Care Home was a good place to work. Staff commented positively about the manager and described them as supportive and approachable. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

No responses were received to the online staff survey. Four questionnaires were returned by patients and relatives with respondents indicating a high level of satisfaction with the service. Some of the comments included, "I am new to Woodgrove so I am only beginning to appreciate the excellent care provided" and "The care in this home is excellent but there is not enough staff, especially at night and the weekends. The staff on duty are always professional."

## 5.0 The inspection

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

Areas for improvement from the last inspection on 9 September 2022		
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 (4) <b>Stated:</b> First time	The registered person shall ensure that the controlled drug record book is fully completed, reconciliation checks are robust and controlled drugs are administered in accordance with best practice guidelines.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 20 <b>Stated:</b> First time	The registered person shall ensure that having regard to the size of the nursing home, the statement of purpose and the number and needs of patients, that at all times suitably qualified, competent and experienced persons are working in such numbers as are appropriate for the health and welfare of patients.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (3)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a risk assessment, to include the appropriateness of the floor covering, is completed for the identified patient to ensure that their moving and handling needs are safely met.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was met.</p>		
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b></p>		<p style="text-align: center;"><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 21.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure wound assessments and evaluations should be completed in keeping with best practice guidance. Daily progress notes should consistently comment on the patient's skin condition if they have a wound.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was met.</p>		
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 44.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that action is taken without delay to address and eliminate the malodours in the identified bedrooms.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was met.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 44.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a refurbish plan is put in place to ensure that the décor in the home is maintained to an acceptable standard.</p> <p>A copy of the refurbishment plan will be provided to RQIA.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was met.</p>		

<b>Area for improvement 4</b>  <b>Ref:</b> Standard 40  <b>Stated:</b> First time	The registered person shall ensure that staff are supervised and their performance appraised to promote the delivery of quality care and services and a record is kept.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

A review of a selection of recruitment records confirmed that not all pre-employment checks had been completed prior to each staff member commencing in post. This was discussed with the manager who provided assurances regarding oversight of recruitment files. An area for improvement was identified.

Staff members were provided with a comprehensive induction programme to prepare them for providing care to patients. Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty. However, the rota did not clearly identify the full name of all staff. The rota was not signed by the nurse manager or a designated representative and it did not clearly differentiate the manager's hours when they worked as the lead nurse or as the manager. An area for improvement was identified.

Review of records confirmed all of the staff who takes charge of the home in the absence of the manager had completed a competency and capability assessment to be able to do so. However, review of a selection of records evidenced at least two incidents had not been recorded appropriately during the manager's absence. This is discussed further in 5.2.5. The manager agreed to complete supervisions with the registered nurses and review their competencies.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety.

Review of staff training records confirmed that all staff members were required to complete adult safeguarding training on an annual basis. Staff members were able to correctly describe their roles and responsibilities regarding adult safeguarding.

Staff said they felt well supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work and had no concerns regarding the staffing levels.

Patients spoke positively about the care that they received and confirmed that staff attended to them in a timely manner; patients also said that they would have no issue with raising any concerns to staff. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner.

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff members were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff members were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning evidenced these were generally well completed. Minor gaps in record keeping was discussed with the manager who agreed to provide feedback to all staff and monitor through their audit processes.

A number of patients were on bed rest and were unable use the nurse call system due to their cognitive impairment. This was discussed with the manager who agreed to audit to the use of the nurse call system to ensure those patients who cannot use the system are appropriately supervised. Appropriate care plans should be implemented and records maintained.

Examination of a selection of topical medicine administration records identified significant gaps in recording and a lack of oversight from registered nursing staff. This was discussed with the manager who agreed to address these matters with staff. An area for improvement was identified.

Management of wound care was examined. Review of one identified patient's care records confirmed that wound care was managed in keeping with best practice guidance.

Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring.

Review of the management falls evidenced appropriate actions were taken following the fall in keeping with best practice guidance.

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Review of patients' records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was used.



Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. A variety of drinks were served with the meal. Patients may need support with meals ranging from simple encouragement to full assistance from staff. Staff attended to patients' dining needs in a caring and compassionate manner while maintaining written records of what patients had to eat and drink, as necessary. Patients spoke positively in relation to the quality of the meals provided.

Examination of food and fluid intake records evidenced that supplements administered to residents were not accurately recorded. This was discussed with the manager and an area for improvement was identified.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake were in place to direct staff. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Review of a selection of care records evidenced that care plans had been developed within a timely manner to accurately reflect their assessed needs.

Review of records for one identified patient confirmed care plans had not been updated to accurately reflect their assessed safeguarding needs. The details were discussed with the manager who gave assurances that the patients care plans would be reviewed and updated and that the appropriate information would be communicated with staff. An area for improvement was identified.

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

While supplementary care records were generally well completed, shortfalls were identified in completion of personal care records. The manager agreed to review the system currently in use to ensure an accurate record is maintained. Care staff should record when care has been offered but refused and evidence any further attempts that were made for care delivery. An area for improvement was identified.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home's environment evidenced the home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy.

A number of storage areas were found to be cluttered. Assurances were provided by the manager that these areas would be cleaned and added to the cleaning schedule. An area for improvement was identified.



Two isolated issues were observed which posed a potential risk to patients' health and wellbeing. These included an unlocked door to the electrical services room and a domestic cleaning trolley was unsupervised allowing potential patient access to substances hazardous to health. These incidents were discussed with staff who took necessary action to mitigate any risk. These issues were discussed with the manager who agreed to meet with staff involved and address the deficits through supervision.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks. A fire risk assessment had been completed on 22 June 2023.

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided, although shortfalls in staff practice were noted. Some staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Some staff were not familiar with the correct procedure for the donning and doffing of PPE. This was discussed with the manager and an area for improvement was identified.

Discussion with the manager confirmed there was no identified nurse to lead on IPC procedures and compliance within the home. Assurances were given that a registered nurse would be identified to lead on this role. This will be reviewed at a future care inspection

#### **5.2.4 Quality of Life for Patients**

Discussion with patients confirmed that they were able to choose how they spent their day. Some patients told us they liked the privacy of their bedroom, but would enjoy going to the dining room for meals.

Patients were observed enjoying listening to music, reading and watching TV, while others enjoyed a visit from relatives.

There was evidence that planned activities were being delivered for patients within the home. An activity planner displayed in the home included upcoming seasonal activities such as the local school choir, dancing, external entertainment, Christmas themed arts and crafts and New Year celebrations. The activity co-ordinator said they did a variety of one to one and group activities to ensure all residents had some activity engagement.

Discussion with staff and review of care records relating to the provision of activities evidenced that a number of records were not consistently or meaningfully completed. The manager acknowledged that a more effective oversight from registered nursing staff was required and provided verbal confirmation of the action to be taken in order to address this. Given these assurances additional areas for improvement were not required. This will be reviewed at a future inspection.

## 5.2.5 Management and Governance Arrangements

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

There has been no change in the management of the home since the last inspection. Mrs Dawn Grady has been the manager since 21 September 2022. RQIA were notified appropriately.

Review of records confirmed that systems were in place for staff appraisal and supervision.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were analysed on a monthly basis. Discussion with the manager confirmed that not all complaints had been recorded appropriately and that they had not received training on complaint management and investigation. The manager agreed to complete the required training and review the complaints records ensuring they retrospectively complete the required documentation. In order to drive the necessary improvement an area for improvement was identified.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly. However, there was evidence that not all notifiable events were recorded and reported appropriately. Two incidents that had occurred had not been recorded in the incident log and RQIA were not informed of at least four notifiable events. The manager agreed to audit the accidents and incidents and notify RQIA retrospectively. Areas for improvement were identified.

Review of a sample of quality assurance audits and discussion with the manager confirmed that improvements were required regarding oversight of accidents and incidents, wound care, complaints, safeguarding, care records and infection prevention and control practices.

Assurances were provided by the manager that they have plans to improve the governance arrangements in the home and have good support from their regional manager. RQIA were satisfied that the manager understood their role and responsibilities in terms of governance and needed a period of time to address this area of work. An area for improvement in relation to governance arrangements was identified.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. These are available for review by patients, their representatives, the Trust and RQIA.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	8*	5

\*The total number of areas for improvement includes one that has been carried forward to the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Dawn Grady, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> 16 May 2022	The registered person shall ensure that the controlled drug record book is fully completed, reconciliation checks are robust and controlled drugs are administered in accordance with best practice guidelines.  Ref: 5.1
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 21 (1) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 13 December 2023	The registered person shall ensure the appropriate pre-employment checks are made before making an offer of employment.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> The Registered Manager has now completed further training regarding the company recruitment procedure. A starters Check List has been introduced for personnel files to ensure the recruitment process is fully completed for all new starters. New starters personnel files will be spot checked during Reg 29 visits to ensure all appropriate checks have been completed and appropriate documentation is in place.
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> 13 December 2023	The registered person shall ensure suitable arrangements for the recording and safe administration of topical medicines.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> The TMAR's have been rewritten to include area of application of topical preparation and times of administration; areas of application have been highlighted on body maps for each preparation. TMARs are now typed and updated monthly at change of each medication cycle. Oversight will be evidenced through the Daily Walkabout and spot checked during Reg 29 visits.

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 16 (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 December 2023</p>	<p>The registered person shall ensure that patient's care plans and risk assessments are kept under review to reflect any change in their assessed care needs.</p> <p>This area for improvement is made with specific reference to the management of safeguarding.</p> <p>Ref: 5.2.2</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 December 2023</p>	<p>The registered person shall ensure that the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> <li>• donning and doffing of personal protective equipment</li> <li>• appropriate use of personal protective equipment</li> <li>• staff knowledge and practice regarding hand hygiene.</li> </ul> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Hand hygiene and donning/doffing of PPE has been discussed at staff meetings. Supervision sessions regarding hand hygiene and donning/doffing of PPE are currently being completed with all staff and a record will be kept of same. Weekly Hand Hygiene and PPE Audits are ongoing and any identified issues addressed immediately with individual staff. Observations will be ongoing on a daily basis and compliance will be monitored during Reg 29 visits.</p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 19 (1) (a) Schedule 3 (3) (j)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 December 2023</p>	<p>The registered person shall ensure that a record is retained of any accident affecting the patient in the nursing home and of any other incident in the home which is detrimental to the health and welfare of the patient.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The reporting of accidents/incidents has been discussed with all trained staff; this discussion also included the recording of all incidents on 24 Hour Shift Report to ensure Home Manager is informed. Staff have been reminded during handovers and at staff meetings of the importance of communicating information to Nurse in Charge of each shift in a timely manner. The Home Manager will continue to monitor all 24-Hour Shift Reports and Accident/Incident Forms to ensure all appropriate reports have been completed. Compliance will be spot checked during Reg 29 visits.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 30 (1) (d) (f)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 13 December 2023</p>	<p>The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications should be submitted retrospectively.</p> <p>Ref: 5.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Retrospective Reg 30 reports have been completed as identified by inspector. RQIA Statutory Notifications of Incidents and Death Guidance has been issued and discussed with all trained staff. All incidents that occur are reviewed by Home Manager to identify notifiable incidents and Reg 30 reports are completed in a timely manner. All completed Reg 30 reports are forwarded to Operations Manager for review. Compliance will be monitored during Reg 29 visits.</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 17 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 December 2023</p>	<p>The registered person shall review the home's current audit processes to ensure they are effective.</p> <p>Ref: 5.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The home has a number of audits which are completed each month which evidence Home Manager's oversight and governance. The Operations Manager has discussed the auditing process which included completion of audits, developing action plans, review and sign off of actions with Home Manager. Completion and follow through of audits to be monitored by Operations Manager during Reg 29 visits.</p>



<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time  <b>To be completed by:</b> 13 December 2023	<p>The registered person shall ensure the staffing rota includes the full name of each member of staff and the capacity in which the nurse manager worked. The rota must be signed by the nurse manager or a designated representative.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The full name of each staff member and job role is now recorded on staff rosters. The Home Manager's hours are also recorded in appropriate areas. Rotas are reviewed and will be signed by Home Manager on completion. Compliance will be spot checked during Reg 29 visits.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 37.4  <b>Stated:</b> First time  <b>To be completed by:</b> 13 December 2023	<p>The registered person shall ensure that food and fluid intake records reflect any prescribed supplements consumed over a 24-hour period.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Supervision is being completed with care staff regarding the recording of prescribed supplements on individual residents Food &amp; Fluid Charts. Monitoring will be evidenced on Daily Walkabout and spot checks completed during Reg 29 visits</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> First time  <b>To be completed by:</b> 13 December 2023	<p>The registered person shall ensure that personal care records are accurately maintained.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Supervision is being completed with all care staff regarding completion of Daily Care Charts to ensure all sections are appropriately completed. Refusals of care are to be documented and that staff make further attempts to carry out personal care if a resident refuses. Refusals of care are to be reported to Nurse in Charge to ensure this is recorded in daily progress notes. Monitoring will be evidenced on Daily Walkabout and spot checks completed during Reg 29 visits.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 December 2023</p>	<p>The registered person shall ensure that the environment in the home is managed to minimise the risk and spread of infection.</p> <p>This area for improvement specifically related to the management of storage space within the home.</p> <p>Ref: 5.2.3</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 16.9 and 16.11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 December 2023</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Storage areas have been cleared and tidied. Staff have been reminded to ensure regular cleaning and tidying of these areas are to take place. Monitoring of storage areas will be evidenced on Daily Walkabout and spot-checked during Reg 29 visits.</p> <p>The registered person shall ensure that a record of all complaints are retained. All outstanding complaints records should be completed retrospectively. These should include details of all communications with complainants; the results of any investigations and the actions taken. Details of whether the complainant was satisfied with the outcome or not and how this level of satisfaction was determined should be recorded.</p> <p>The registered manager must receive training on complaint management and investigation and be supervised in the application of the complaints procedure.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Further training is being arranged for the Home Manager on the management and recording of complaints. The Home Manager is to inform the Operations Manager of any new complaints to ensure support and supervision is provided regarding complaints management.</p>

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



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