

# Unannounced Care Inspection Report

## 3 March 2020



## Ravenhill

**Type of Service: Nursing Home (NH)**  
**Address: 79-81 Shore Road, Greenisland BT38 8TZ**  
**Tel no: 02890862169**  
**Inspector: James Lavery**

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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.

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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 38 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Ravenhill Private Nursing Home  <b>Responsible Individual:</b> William Trevor Gage	<b>Registered Manager and date registered:</b> Isabella Christine Kim 1 November 2007
<b>Person in charge at the time of inspection:</b> Isabella Christine Kim	<b>Number of registered places:</b> 38  There shall be a maximum of 1 named resident receiving residential care in category RC-I.
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 33

### 4.0 Inspection summary

An unannounced inspection took place on 3 March 2020 from 14.55 hours to 19.00 hours.

The term 'patient' is used to describe those living in Ravenhill which provides both nursing and residential care.

The inspection was undertaken following an application being made to RQIA on 24 February 2020 by the managing director to cancel the registration of the home. The inspection was carried out to ensure that the home was delivering safe, effective and compassionate care and that the service was well led. Progress with some areas for improvement identified in the home since the last care inspection was reviewed as part of this inspection; the remaining areas for improvement have not been reviewed during this inspection.

Evidence of good practice was found in relation to staff interaction with patients and staff communication.

New areas requiring improvement were identified in regard to the internal environment; the storage of medicines; infection prevention and control (IPC) practices; care delivery, care records, patients' dining experience, and governance arrangements.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them and staff during the inspection, are included in the main body of this report.

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>	*6	*12

\*The total number of areas for improvement includes three which have been stated for a second time and six which have been carried forward to be reviewed at a future care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Isabella Christine Kim, 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 23 October 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 23 October 2019. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 October 2019.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received for example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined and/or discussed during/after the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- fire risk assessment records
- legionella related records
- staff supervision / appraisal records
- incident and accident records
- supplementary care records relating to bowel management
- a sample of reports of visits by the registered provider/monthly monitoring reports
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, not met or carried forward to be reviewed at a future care inspection.

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 previous inspection

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 14 (2) (a) (c)  <b>Stated:</b> First time	The registered person shall ensure that harmful chemicals in the home are not accessible to patients in keeping with COSHH legislation.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment highlighted several areas in which COSHH regulations were not adhered to. This was shared with the manager for immediate action.  This area for improvement has not been met and is stated for a second time.	

<b>Area for improvement 2</b> <b>Ref:</b> Regulation 30 <b>Stated:</b> First time	<p>The registered person shall ensure that RQIA is notified of any accident occurring in the home which results in injury to patients.</p>	<b>Carried forward to the next care inspection</b>
	<p><b>Action taken as confirmed during the inspection:</b>            This area for improvement was discussed with the manager who stated that all accidents since the previous care inspection have been notified to RQIA, as necessary. However, records were not reviewed to validate this due to the focus of this inspection.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 4 <b>Stated:</b> Second time	<p>The registered person shall ensure that when high risk medicines are prescribed, these are referenced in the patients' care plans.</p>	<b>Carried forward to the next care inspection</b>
	<p><b>Action taken as confirmed during the inspection:</b>            The manager informed us that all patients' care plans have been updated to reflect the use of prescribed anticoagulants, as appropriate. However, records were not reviewed to validate this due to the focus of this inspection.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 39 <b>Stated:</b> First time	<p>The registered person shall ensure that a system is in place to make sure that staff are compliant with mandatory training compliance.</p>	<b>Carried forward to the next care inspection</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Feedback from the manager indicated that she maintains a matrix to oversee mandatory training for staff and that this is reviewed as part of monthly monitoring visits to the home. The manager also advised that all mandatory training is provided in a face-to-face format for staff. However, records were not reviewed to</p>	



	<p>validate this due to the focus of this inspection.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 39 Criteria (7)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that training provided is embedded into practice. This is in particular reference to moving and handling of patients.</p> <p><b>Action taken as confirmed during the inspection:</b> The manager told us that all staff are required to undergo annual manual handling training and that current staff compliance was “very good.” No manual handling concerns were observed in relation to staff assisting patients during the inspection.</p>	<b>Met</b>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 40</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a system is developed to confirm that staff have received a minimum of two recorded supervisions per year.</p> <p><b>Action taken as confirmed during the inspection:</b> The manager informed us that all staff had recently received supervision self-appraisal forms which were to be returned to the manager upon completion; to date, the manager had received “two or three” of these forms. The manager also stated that a matrix was now in place to help her oversee staff supervision. However, records were not reviewed to validate this due to the focus of this inspection.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<b>Carried forward to the next care inspection</b>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 22 Criteria (5)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that where a falls risk assessment identifies that a patient is at risk of falls; a specific falls care plan is developed to manage the risk.</p>	<b>Carried forward to the next care inspection</b>

	<p><b>Action taken as confirmed during the inspection:</b> The manager advised that she completes a monthly falls audit to help drive compliance with this area for improvement and that all patients have an appropriate falls care plan in place, as necessary. However, records were not reviewed to validate this due to the focus of this inspection.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 44 Criteria (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the identified carpet on the first floor communal corridor is repaired/replaced.</p> <p><b>Action taken as confirmed during the inspection:</b> Observation of the environment highlighted that this area for improvement was not met.</p> <p>This area for improvement has been stated for a second time.</p>	<b>Not met</b>
<p><b>Area for Improvement 7</b></p> <p><b>Ref:</b> Standard 44 (also refer to Fitness of the premises E8)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that patients in lounges have effective access to the nurse call system at all times, as required.</p> <p><b>Action taken as confirmed during the inspection:</b> Observation of one communal lounge evidenced that this area for improvement was not met. It was stressed to the manager that patients must have effective access to the nurse call system, at all times.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	<b>Not met</b>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 5 Criteria (8)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the location of patients' care records takes patient confidentiality into account. This is in reference to the bowel management records maintained in the communal toilet.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of supplementary care records and</p>	<b>Met</b>



	feedback from the manager confirmed that this area for improvement was met.	
<b>Area for improvement 9</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time	The registered person shall ensure that the morning routine allows for adequate gaps between meal times.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Due to the timing of the inspection, this area for improvement could not be validated. The dining experience of patients is considered further in section 6.2.  Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

## 6.2 Inspection findings

### Staffing arrangements/staff feedback

The manager confirmed that staffing levels were planned and would be kept under review to ensure that the needs of patients were met. The manager advised that she reviews the nursing dependency of patients on at least a monthly basis to help inform staffing levels. No patients or staff expressed any concerns in regard to staffing levels.

Review of the staffing rota for the period 2 to 15 March 2020 indicated that staffing levels appear stable within the home. The manager told us that while she was endeavouring to reduce the use of agency staff as much as possible, there was no restriction on agency usage, should it be required. It was agreed with the manager following the inspection that RQIA would be kept informed of any instances whenever required staffing levels were not achieved, until further notice.

Feedback from staff evidenced there was a clear organisational structure within the home and staff spoke very positively about the manager. Feedback from the manager/staff evidenced that there had been a recent staff meeting at which they were informed by the managing director of his decision to apply for cancellation of the home's registration; all staff who were spoken with expressed concern about this decision. Staff feedback was shared with the manager for consideration and action, as appropriate.

### The environment

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm and fresh smelling throughout. We observed that some patient areas, such as communal lounges and bathrooms were excessively cluttered and an area for improvement was made. It was also noted that while the doorway to the lift machine room was closed, it was

left unlocked and unsupervised; this posed a risk to patients' safety and an area for improvement was made. In addition, plaster work within one identified stairwell was found to be in significant need of repair; an area for improvement was made.

While observing one communal bathroom, we found that an identified window restrictor was inadequate. We brought this to the immediate attention of the nurse in charge and received assurances the following day that it had been suitably replaced. Lighting within one corridor was observed to be switched off and therefore inadequate for patients; the need to ensure that internal lighting remains appropriate for patients at all times was stressed.

Observation of one nursing station within the home highlighted that patients' medicines were not stored in a safe and secure manner; an area for improvement was made.

### **Infection prevention and control practices**

We reviewed infection, prevention and control practices within the home and noted the following deficits:

- we observed one torn pressure relieving cushion
- the foot pedal mechanism was faulty on multiple clinical waste bins
- we observed the inappropriate storage of patient wipes within one communal bathroom
- the underside of two shower chairs was stained

An area for improvement was made.

### **Care delivery and patient and relative feedback**

Staff confirmed they had a comprehensive handover at the commencement of their shift, and stated that teamwork is good within the home. A review of patients' care records evidenced that nursing staff regularly engaged with members of the multi-professional team; this included regular contact with professionals such as GPs, tissue viability nurses (TVN), dieticians and speech and language therapists (SALT).

Observation of staff evidenced that they communicated with patients in a respectful, caring and compassionate manner.

Patient and relatives who were spoken with expressed a high level of satisfaction with the care provided by staff. However, all patients and relatives who were spoken with expressed deep concern regarding the managing director's decision to apply to cancel the home's registration; feedback from patients and their relatives included the following remarks:

Patients' comments:

- "I'm devastated ... (the care is) excellent."
- "I think (the proposed closure) is terrible ... the care is great."
- "The care is A1 here."

Relatives' comments:

- "The care is excellent ... (the manager) makes herself visible ... (staff) are very attentive to detail ... I feel my (relative) is well cared for."

Following the inspection, five completed patient/relative questionnaires were received. Of these responses, one patient, three relatives and one unknown respondent expressed a high level of satisfaction with the delivery of care to patients.

We observed that one patient was not appropriately supervised within a corridor area by staff following the evening meal; an area for improvement was made.

Observation of one nursing station highlighted that electronic patient information was not managed in accordance with the General Data Protection Regulations (GDPR) and an area for improvement was made.

### **Patients' dining experience**

We observed the provision of the evening meal to patients. Staff displayed a good understanding of patient's dietary needs, likes and dislikes. Patients appeared happy with the meals they were provided; one relative told us "The food is excellent."

While staff interactions with patients were relaxed, we observed that a number of patients had to wait an unduly long period of time between being escorted to the dining room and being served their meal. An area for improvement was made.

Feedback from the kitchen manager provided assurance that all kitchen equipment was in good working order and that he continued to be fully supported by the manager in regard to food ordering and meeting the nutritional needs of patients within the home.

### **Governance arrangements**

Discussion with staff and observations within the home confirmed the home was operating within the categories of care for which it is registered.

The manager informed us that staff were continuing to liaise with Health and Social Care Trusts in regard to the potential/planned transfer of patients to other identified nursing homes. It was agreed that the ongoing care needs of patients within the home should remain a priority while such discussions and arrangements are taking place.

Discussion with the manager and a review of records evidenced that a fire risk assessment, dated 1 October 2019, was in place. However, the attached action plan provided no evidence that any of the required actions had been carried out. This was brought to the attention of the responsible individual immediately following the inspection who provided a further update on actions taken; this update has been shared with the RQIA estates team for consideration and action, as appropriate.

The manager stated that a legionella risk assessment had been conducted within the last two years, although was not able to provide a copy of this to the inspector. Legionella related documentation was provided to the inspector who shared the information with the RQIA estates inspector following the inspection, for further consideration and action, as appropriate.

A review of records and feedback from the manager indicated that monthly monitoring visits were conducted in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. However, the monthly monitoring reports for January 2020 and February 2020

were unavailable and were subsequently submitted to RQIA following the inspection. Review of these reports for the period November 2019 to February 2020 highlighted several deficits, namely:

- action plans lacking clear timescales in regard to the completion of required improvements
- action plans not being consistently carried forward/reviewed across subsequent monthly reports
- inadequate review of the current RQIA QIP to evidence effective improvements being achieved and sustained

An area for improvement was made.

### Areas of good practice

Areas of good practice were highlighted in relation to staff interaction with patients and staff communication.

### Areas for improvement

New areas for improvement were made in regard to: the internal environment; the storage of medicines; infection, prevention and control practices; care delivery, care records, patients' dining experience, and governance arrangements.

	Regulations	Standards
<b>Total number of areas for improvement</b>	4	5

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Isabella Christine Kim, manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

## 7.1 Areas for improvement

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

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

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that RQIA is notified of any accident occurring in the home which results in injury to patients.  Ref: 6.1
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that harmful chemicals in the home are not accessible to patients in keeping with COSHH legislation.  Ref: 6.1
	<b>Response by registered person detailing the actions taken:</b> All cupboards have locks fitted and we will ensure they are kept locked at all times
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.  Ref: 6.2
	<b>Response by registered person detailing the actions taken:</b> Issues identified have been addressed
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 19 (5)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that the confidentiality of patient information is maintained at all times, as appropriate.  Ref: 6.2
	<b>Response by registered person detailing the actions taken:</b> We will ensure that computers will be closed when not attended hence ensuring the confidentiality of patient information



<b>Area for improvement 5</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that all patients' medicines are stored safely and securely at all times.  Ref: 6.2  <b>Response by registered person detailing the actions taken:</b> The door to the clinical room containing medicines will be locked at all times when not attended
<b>Area for improvement 6</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that the monthly monitoring report is completed and kept under review in a robust manner so as to effectively drive any required improvements within the home.  Ref: 6.2  <b>Response by registered person detailing the actions taken:</b> The Registered Person will continue to ensure that monthly monitoring reports are completed with action plans and timescale taking into consideration the home's planned closure.
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> Second time  <b>To be completed by:</b> 14 November 2019	The registered person shall ensure that when high risk medicines are prescribed, these are referenced in the patients' care plans.  Ref: 6.1  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 39  <b>Stated:</b> First time  <b>To be completed by:</b> 31 December 2019	The registered person shall ensure that a system is in place to make sure that staff are compliant with mandatory training compliance.  Ref: 6.1  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 40  <b>Stated:</b> First time  <b>To be completed by:</b> 30 December 2019	The registered person shall ensure that a system is developed to confirm that staff have received a minimum of two recorded supervisions per year.  Ref: 6.1  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>

<b>Area for improvement 4</b>  <b>Ref:</b> Standard 22 Criteria (5)  <b>Stated:</b> First time  <b>To be completed by:</b> 7 November 2019	<p>The registered person shall ensure that where a falls risk assessment identifies that a patient is at risk of falls; a specific falls care plan is developed to manage the risk.</p> <p>Ref: 6.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time  <b>To be completed by:</b> 23 November 2019	<p>The registered person shall ensure that the morning routine allows for adequate gaps between meal times.</p> <p>Ref: 6.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 6</b>  <b>Ref:</b> Standard 44 Criteria (1)  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 December 2019	<p>The registered person shall ensure that the identified carpet on the first floor communal corridor is repaired/replaced.</p> <p>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b> Due to roposed closure of the home the Director has advised this will not be addressed</p>
<b>Area for Improvement 7</b>  <b>Ref:</b> Standard 44 (also refer to Fitness of the premises E8)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that patients in lounges have effective access to the nurse call system at all times, as required.</p> <p>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b> The missing call bell in the main lounge has been replaced</p>
<b>Area for improvement 8</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that patients are effectively supervised at all times; this relates specifically to staff escorting patients to and from their bedrooms.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> Staff have been advised not to leave residents unattended in the corridor at any time</p>

<b>Area for improvement 9</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that the dining experience of patients is promoted and maintained in keeping with best practice standards at all times.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b>          Staff have been advised not to transfer residents to the dining room until meals are ready to be served.</p>
<b>Area for improvement 10</b>  <b>Ref:</b> Standard 44  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety and that all unnecessary risks to their health and safety are eliminated as far as is reasonably practicable. This relates specifically to the lift machine room.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b>          This door to the lift engine, which is usually locked, was left unlocked by a service engineer. We will ensure it is kept locked at all times.</p>
<b>Area for improvement 11</b>  <b>Ref:</b> Standard 44  <b>Stated:</b> First time  <b>To be completed by:</b> 31 March 2020	<p>The registered person shall ensure that appropriate remedial action is taken to address the plaster damage in one identified stairwell.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b>          Due to proposed closure of the home the director has advised this will not be addressed</p>
<b>Area for improvement 12</b>  <b>Ref:</b> Standard 43  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that the internal environment is arranged so as to effectively meet the assessed needs of patients. This refers specifically to ensuring that communal lounges and/or bathrooms are not excessively cluttered.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b>          Clutter has been cleared from the lounge and will be maintained free of unnecessary items.</p>

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



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