

Inspection Report

21&25 October 2021



Ladyhill Private Nursing Home

Type of Service: Nursing Home
Address: 40 Creevery Road, Antrim, BT41 2LQ
Tel no: 028 9446 6905

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Town & Country Care Homes Ltd Responsible Individual : Dr Marina Lupari	Registered Manager: Foteini Kourakou – not registered
Person in charge at the time of inspection: Foteini Kourakou	Number of registered places: 31
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 20 patients on 21 October 2021 23 patients on 25 October 2021.
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 31 people living with learning disabilities. The home is all ground floor level, and consists of single and double bedrooms, two communal lounge areas, dining room and a number of communal bathrooms and toilet areas. Patients have access to an enclosed courtyard area. The home is surrounded by a mature garden.	

2.0 Inspection summary

An unannounced inspection took place on 21 October 2021 from 10.00am to 6.30 pm and on 25 October 2021 from 10.00 am until 2.55 pm by care inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led. The inspection focused on patient nutrition and mealtimes.

Patients were clean and tidy in appearance and appeared comfortable in their surroundings and were observed to move freely around the home. Patients who were unable to express their opinions verbally presented as calm and relaxed.

Staff were seen to provide a prompt response to patients needs and interacted in a pleasant manner. Staff were observed to communicate well with each other and were efficient in prioritising their tasks and addressing patients' needs.

Information reviewed included care records for those patients that were on specialist diets, menus, and supplementary food and fluid records.

Observations of the meal time experience were limited due to the fact that on the days of inspection repairs were being made to the dining room flooring which meant patients were dispersed throughout the home therefore a full observation of the mealtime experience was not possible.

Concerns were identified in relation to the dietary needs of one patient on the first day of inspection and this was referred to the relevant Trust to enable further support and advice. Further care records were reviewed on 25 October 2021 in relation to the arrangements for patients on specialist diets. These were well maintained and consistently reflected the recommendations of relevant professionals and demonstrated timely follow up.

As a result of this inspection eight new areas for improvement were identified. These related to food and fluid monitoring records, fire safety, reporting of notifiable events, repositioning records, food supplement records, increasing menu rotation, the introduction of a patient weight audit, environmental improvements and activities provision.

The findings of this report will provide the management team 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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards 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 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.

The findings of the inspection were discussed with Foteini Kourakou on both dates, Responsible Individual (RI) Marina Lupari was present during and at the conclusion of the inspection on 25 October 2021.

4.0 What people told us about the service

Patients spoken with on an individual basis, in keeping with their level of understanding confirmed they were happy living in the home. Patients who had difficulty communicating were observed to be clean, tidy and relaxed in the environment. One patient raised a concern regarding a Trust care management issue during the inspection and this was shared with the manager who took appropriate action to address this.

Staff spoke positively about their experience of working in the home and confirmed that there was good communication and that they felt well supported by the management of the home.

There were no completed questionnaires returned from patients or their representatives or staff within the identified timescale.

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 20 February 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20.(3) Stated: First time	The registered person shall ensure competency and capability assessments are completed for any person left in charge of the home in the manager's absence.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of records in the home showed competency and capability assessments had been completed for nurses left in charge of the home in the manager's absence.	

Area for improvement 2 Ref: Regulation 12.(a) (b) Stated: First time	<p>The registered person shall ensure that record keeping in relation to wound management is maintained in accordance with legislative requirements, minimum standards and professional guidance.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of wound care records showed improvement in that care plans and wound assessment charts were in place. It was noted that there was inadequate evaluation of the outcomes. In addition, body maps were not in place. This area for improvement has been assessed as partially met and has been stated for a second time.</p>	Partially met
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 48.1 Stated: Second time	<p>The registered person shall ensure that the action plan flowing from the current fire risk assessment is fully implemented without further delay.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the manager and review of records available showed the action plan from the current fire risk assessment had been implemented.</p>	Met
Area for improvement 2 Ref: Standard 44.10 Stated: First time	<p>The registered person shall ensure that a new legionella risk assessment is commissioned, to ensure that the premises hot and cold water systems are safe, and that the current control measures being implemented remain valid and appropriate.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection

<p>Area for improvement 3</p> <p>Ref: Standard 16.11</p> <p>Stated: First time</p>	<p>The registered person shall ensure records are kept of all complaints and these include all communications with the complainants, the result of any investigations, the action taken, whether or not the complainant was satisfied with the outcome, and how this level of satisfaction was determined.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager and review of records maintained in the home showed records were maintained of any complaints made and these reflected communications, outcome of investigation any actions taken and the complainants level of satisfaction.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure the system for maintaining care records for short breaks admissions is reviewed to ensure that all information is current and reflective of patient's needs.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager and review of records used for short breaks showed the system had been reviewed. Records were now maintained and reviewed by staff for any patients being admitted for short breaks.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 46</p> <p>Stated: First time</p>	<p>The registered person shall ensure the environment is managed to minimise the risk of infection. Reference to this includes ensuring equipment including shower chairs, commodes and hoists are adequately stored and cleaned including undersides on a regular basis.</p> <p>Action taken as confirmed during the inspection: Inspection of the environment showed equipment was appropriately stored and cleaned.</p>	<p>Met</p>

Area for improvement 6 Ref: Standard 44 Stated: First time	The registered person shall ensure the internal environment is safe, well maintained and remains suitable for its stated purpose. This applies specifically to ensuring storage areas for continence products, laundry and other items are tidy, well organised and secure when not in use.	Met
	Action taken as confirmed during the inspection: Inspection of the identified storage areas showed they were tidy, well organised and secured when not in use.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff said there was good team work and that they felt supported in their role and were satisfied with the level of communication between staff and management. There were systems in place to ensure staff were trained and supported to do their job. For any nurse left in charge of the home in the manager's absence records in the home showed that they had been assessed as being competent and capable to do so. There was evidence of ongoing supervision and appraisal of staff.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff said that there was enough staff on duty to meet the needs of the patients.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. We discussed with the manager the need to ensure staffing levels were reviewed upon any new admissions to the home as at the time of the inspection there were a number of bed vacancies. The manager confirmed the staffing levels would be reviewed accordingly pending new admissions to the home or any changes in patients' needs.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. One staff member said "the team work is fantastic; we are well supported by management".

One patient said "I love it here, the staff are very good to us" another said "the staff usually come quick when you ring the bell unless they are busy".

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. Patient care records were maintained which reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

Staff were observed responding to patients' needs including those patients who had difficulty in making their wishes or feelings known. Staff were observed communicating with patients respectfully and with sensitivity to patients' needs. During discussions staff explained how patients had different types of communication and levels of understanding. Whilst some could understand the spoken word others were supported in the use of Makaton. Staff said they were also aware of the need to observe for non-verbal cues from patients.

On 25 October during the morning tea round, a patient raised concerns with the inspectors. This information was reported to the manager of the home who responded promptly and appropriately.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails and alarm mats. It was established that safe systems were in place to manage this aspect of care.

It was observed that staff respected patients' privacy by their actions such as discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients who are less able to mobilise require special attention to their skin care and require assistance by staff to change their position regularly. Review of repositioning records showed some gaps, in that they were not always maintained up to date. This issue was discussed with the manager. During the previous inspection management of wound care records was identified as an area for improvement. Although some improvement was noted there was not always clear evaluation evident therefore the area for improvement was stated for a second time in the QIP appended to this report. The need to ensure repositioning records were maintained on an up to date basis to reflect skin care was discussed with the manager as some gaps were noted on records reviewed. An area for improvement was identified.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example use of equipment or review of the level of supervision required. Records showed that if a patient had a fall that their risk assessment was reviewed and updated accordingly to reflect this.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff. The dining experience is an opportunity for patients to socialise and enjoy. For the duration of the inspection the dining room was not accessible to patients due to ongoing maintenance works. As a result patients were supported to have their meals in different parts of the home including the lounge areas, whilst others had their meals in their bedrooms. The manager advised staff were aware of the supervision requirements for patients at mealtimes and that staff were available to support patients across the home as required. Following the inspection RQIA received confirmation that the maintenance work had been completed to the dining room and normal dining arrangements had resumed.

Review of the menu displayed showed that it did not accurately reflect the meal options that were available to patients on 21 October 2021. The manager confirmed following the inspection that food options for the entire day would be written each morning on a blackboard in the dining room. A record of any deviation from the planned weekly menu would be recorded in the kitchen communication book. When a deviation in the menu occurred, patients would be advised of any change during the morning to allow for choices of meals to be recorded. However, it was noted that the planned menu was rotating on a two weekly cycle and not three weekly as recommended. This was discussed with the manager and an area for improvement was identified.

Catering staff told us how they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure patients received the right diet.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. This information was recorded in the patients individual care records. If required, records were kept of what patients had to eat and drink daily. The benefit of developing a weight loss auditing tool which could be used to maintain oversight of weight outcomes for all patients across the home was discussed with the manager.

Review of administration records for dietary supplements showed that that they were not always maintained on an up to date basis therefore making it difficult to establish when dietary supplements had been given.

The need to clearly reflect when all dietary supplements were given as prescribed was discussed with the manager. An area for improvement was identified. This information was also shared with the RQIA pharmacist inspector for their information and further follow up as required.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. It was noted from the care records reviewed that choking risk assessments had not been completed. The benefit of completing this assessment was discussed with the manger. Following the inspection the manager confirmed that Speech and Language Therapist (SALT) recommendations were incorporated into patients' care plans where appropriate; the manager further advised that when any patient was observed to be in any distress, such as coughing or choking, while eating and/or drinking, a Swallowing Difficulties Observational Checklist would be completed and onward referral made.

One identified patient's care records were reviewed following observation of particular swallowing difficulties at their lunch time meal. On review of the patient's care records there was a detailed care plan in place regarding how to manage their needs. In addition there was information to show regular input from SALT. SALT recommendations were clearly reflected in the patient's care records.

It was noted from review of the patient's fluid intake records that the amounts recorded were significantly higher than the amount recommended by the dietician. This issue was highlighted to the manager during the inspection. As a result the manager immediately reviewed the recording template in place and advised staff were aware of the correct amounts for each portion and that this was a recording error. The manager communicated this with all staff on

duty during the inspection. Following the inspection the manager provided confirmation that the template in use had been reviewed and the new information had been shared with all staff accordingly. This was also referred to South Eastern Health and Social Care Trust (SEHSCT) for further follow up and support. The need to ensure fluid intake recommendations are closely followed and accurately recorded at all times was discussed with the manager. An area for improvement was identified.

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

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Information available in the home showed each patient had an annual review of their care, arranged by their care manager or Trust representative.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the environment evidenced that the home was generally clean, tidy and well maintained. There was evidence of recent redecoration in communal areas of the home including for example the front hallway.

Bedrooms were individualised and included personal items and mementoes to reflect the patients' interests. However, two bedrooms inspected were observed to require a thorough clean with particular attention required to the floors and walls. The base of one bed, a bedframe and a DVD storage unit in one identified bedroom were in poor condition and needed to be repaired or replaced. An area for improvement was identified.

The need to ensure nurse call bells were accessible to patients was discussed with the manager. Two patients were observed with no call bell available to them. Following the inspection the manager confirmed that all patients who could safely use a call bell now had access to one in their rooms and that there was now a surplus of call bells available in the home should any be identified as faulty. The manager also confirmed that in the event of a patient remaining in their room without access to a call bell, additional supervision and monitoring arrangements are put in place, as identified within the patient's care plans, and checklists maintained to evidence patient checks.

There was a fire safety risk assessment in place dated January 2021. The need to ensure fire drills were maintained on a regular basis was discussed. Observations during the inspection on 21 October 2021 showed two fire doors were being propped open using footstools. This issue was discussed with the manager. An area for improvement was identified.

During the second part of the inspection on 25 October 2021 it was noted that a fire safety hold open device in an identified bedroom failed. The manager advised the issue had been reported to maintenance, for onward referral to the appropriate external contractor, to ensure that this was addressed without delay. It was observed that the patient became quite anxious when the bedroom door was closed. As an interim measure a risk assessment was completed and implemented to manage the door and to ensure regular checks from staff until the hold open device was repaired a short time later as this provided reassurance to the patient.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA). Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Patients

A significant number of patients could not verbally share their views with regards to living in the home. For those that were able they shared positive comments about their life in the home. One patient raised an issue during the inspection as discussed in section 5.2.2. which was promptly addressed.

It was noted that there was limited activities provision to patients. Patients were observed sitting in the main lounge areas. In one lounge a vintage movie was showing. In the second lounge the television was on in the background but patients were not positioned in such a way as to be able to see the television. Review of activities records showed repetitive statements and these were not consistently completed. There was limited evidence of a structured activities programme from records reviewed. This issue was discussed with the manager, as was the importance of activities provision to enhance quality of life for patients. An area for improvement was identified.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Foteini Kourakou is currently acting manager and has been in the post since August 2021. Staff commented positively about the manager and described her as being approachable and supportive.

There was evidence that a regular system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The responsible individual was identified as the appointed safeguarding champion for the home.

Review of the home's record of complaints confirmed that these were well managed and records maintained. The manager told us that complaints were seen as an opportunity to for the team to learn and improve.

Staff 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.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, and their care manager, however it was noted that there was a least three incidents that should have been reported to RQIA that had not been. This issue was discussed with the manager and an area for improvement was identified.

The home was visited each month by the registered provider or a representative 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; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Conclusion

Based on the inspection findings eight new areas for improvement were identified. Addressing these areas for improvement will further enhance the care provided in Ladyhill Nursing Home.

7.0 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 (April 2015)

	Regulations	Standards
Total number of Areas for Improvement	4*	6*

* The total number of areas for improvement includes one under regulation that has been stated for a second time, and one under standards which has been carried forward for review at a future inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Foteini Kourakou, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 12 (a) (b) Stated: Second time To be completed by: 22 October 2021	<p>The registered person shall ensure that record keeping in relation to wound management is maintained in accordance with legislative requirements, minimum standards and professional guidance.</p> <p>Ref: 5.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered person has reminded the Registered Nurses who are completing the wound records to record their evaluations of the outcomes after each wound care intervention is completed. The responsible person has reminded Registered Nurses to complete weekly wound charts/ bodymaps/ wound photographs to capture the progress of the wound and ensure this is recorded in the relevant care plan.</p>
Area for improvement 2 Ref: Regulation 13 (1) (a) Stated: First time To be completed by: Immediately and ongoing from the date of inspection	<p>The registered person shall ensure that all patient food and fluid recommendations are clearly adhered to.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All food and fluid recommendations are adhered to as per SaLT guidance as it was evident from the inspection findings and ongoing continuous review from HSc Trust colleagues. The recording anomaly that was identified on the day of the inspection was rectified immediately through the creation of a specific fluid recording record. Specific fluid recording sheets will be developed to capture fluid requirements for complex residents in the future. The SEHSCT reviewed all food and fluid records relating to this observation and they were satisfied that all food and fluid requirements had been adhered to as per SALT recommendations. The Registered Nurse will continue to have oversight of the adherence of all the processes in place and in particular record and record keeping relating to patient food and fluid recommendation.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing from the date of inspection</p>	<p>The registered person shall ensure adequate precautions are taken against the risk of fire. Fire doors must not be propped open.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All doors are kept closed as is required. On occasion as it is evident in this report, a closed door might present as an anxiety and distress trigger for residents in LadyHill PNH. The one incident relates to the failure of the door closing mechanism and the other on the day of the Inspection a resident became very distressed. A door opening device has been installed on this door to avoid any further distress occurring. In future if any resident becomes distressed or the door opening device fails the Registered Nurse will as an interim measure complete a risk assessment to determine the level of distress being experienced by the resident until the door opening device gets repaired or installed.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing from the date of the inspection</p>	<p>The registered person shall ensure RQIA are notified of any accident and incident in the home in as outlined in the regulation.</p> <p>Ref:5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Town & Country Care Homes Ltd worked to advice from a previous Inspector that only serious head injuries requiring treatment outside the Home required notification to RQIA. Following clarification from the most recent RQIA Inspector, staff will now notify RQIA of those head injuries which result in any injury or form of medical attention being sought by staff. Registered Nurses will continue to inform the relevant Trust of all incidents and accidents in the home.</p> <p>Furthermore the Registered Person have reminded Nurse Manager and the Registered Nurses of their duty to report all variations from the normal within each home as required including estates issues.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 44.10</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2021</p>	<p>The registered person shall ensure that a new legionella risk assessment is commissioned, to ensure that the premises hot and cold water systems are safe, and that the current control measures being implemented remain valid and appropriate.</p> <p>Ref: 5.1</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure patient repositioning records are maintained on an up to date basis.</p> <p>Ref: 5.2.2</p>

To be completed by: Immediately and ongoing from the date of inspection	Response by registered person detailing the actions taken: All registered Nurses will be reminded of their responsibility and accountability in relation to delegated tasks to the care staff and advised to ensure that patient repositioning records are fully completed
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<p>Area for improvement 3</p> <p>Ref: Standard 28.1</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing from the date of inspection</p>	<p>The registered person shall ensure records are fully completed to reflect the administration of food supplements as prescribed.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All registered Nurses will be reminded of their responsibility and accountability in relation to recording of delegated tasks to the care staff.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 5 November 2021</p>	<p>The registered person shall ensure menus are rotated over a three week cycle, and revised at least six monthly and ensure that variations to the menu are recorded.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The kitchen menus have been increased from 2 weekly to 3 weekly. The current system, reviews menus 6 monthly through a Winter/Spring and Summer/Autumn Menu. This will be continued. All variations to the menu will continue to be recorded on the day in the kitchen communication diary.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 28 October 2021</p>	<p>The registered person shall ensure the following environmental improvements are addressed:</p> <ul style="list-style-type: none"> • The two identified bedrooms should receive a thorough clean with special attention given to the floors and walls • The identified bed base should be replaced • The identified bedframe should be repaired or replaced • The identified DVD storage unit should be replaced. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: One of the rooms identified has specific environmental changes to accommodate a very complex resident but is dark in appearance. This was explained to the Inspector on the day. We will continue to complete daily cleans and deep cleans as part of the cleaning schedule.</p> <p>The other room also provides accommodation for an equally complex resident. It is important to note that care plans are in place highlighting the destructive nature of both residents.</p> <p>The identified bed base has been replaced. The identified</p>

	bedframe has been replaced. The identified DVD storage unit has been replaced. The two identified bedrooms have also been painted.
Area for improvement 6 Ref: Standard 11 Stated: First time To be completed by: 22 October 2021	<p>The registered person shall ensure that activities are planned and provided with regard to the needs of the patients and patients are consulted about the planned programme of activities.</p> <p>Ref: 5.2.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Person will continue to ensure that plans are in place and activities are provided in line with the identified needs of the residents. For the residents that are able to communicate verbally, staff consult with them for the activities that they wish to participate in. For the residents that cannot communicate their likes and dislikes staff observe and record if the resident seem to enjoy the activity from their reaction to it. Activities are provided daily and they are ongoing as part of the residents daily routine. The Registered Provider has instructed all care staff to record residents responses to these activities on a daily basis.</p>

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




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