



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 8 - 14 August 2019



## Lakeview

**Type of Service: Nursing Home**

**Address: 1c Orchard Road, Crumlin BT29 4SD**

**Tel no: 028 9442 2733**

**Inspectors: Julie Palmer, Paul Nixon and Joseph McRandle**

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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 42 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Spa Nursing Homes Ltd  <b>Responsible Individual:</b> Christopher Philip Arnold	<b>Registered Manager and date registered:</b> Dorothy Stafford 1 April 2005
<b>Person in charge at the time of inspection:</b> Dorothy Stafford	<b>Number of registered places:</b> 42
<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> 30

### 4.0 Inspection summary

An unannounced care inspection took place on 8 August 2019 from 09.25 to 17.20. An unannounced medicines management inspection took place on 13 August 2019 from 10.00 to 13:00 and an unannounced finance inspection took place on 14 August 2019 from 10.40 to 12.40

The inspection assessed progress with all areas for improvement identified in the home since the last care, medicines management and finance inspections and also sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing, training, adult safeguarding, risk management, medicines management, record keeping, management of falls and wounds, communication, providing dignity and privacy, the culture and ethos of the home, governance arrangements, the management of patients monies and valuables and general financial arrangements.

Areas requiring improvement were identified in relation to updating records confirming registration of staff with the Northern Ireland Social Care Council (NISCC) to ensure all care staff are included, infection prevention and control (IPC) measures, ensuring hand sanitisers are in working order, reviewing the timing of mealtimes and monitoring activities provided and recruitment for the vacant activity co-ordinator post.

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 staff.

Comments received from patients, people who visit them and staff during and after 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>	1	5

Details of the Quality Improvement Plan (QIP) were discussed with Dorothy Stafford, registered 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 20 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 20 February 2019. No further actions were required to be taken following the most recent inspection on 20 February 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 including pharmacy and finance issues, registration information, and any other written or verbal information received.

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 during the inspection:

- duty rota for all staff from 29 July to 11 August 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- staff supervision and appraisal schedule
- registered nurse competency and capability assessment records
- three patient care records including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints and compliments record
- a sample of monthly monitoring reports from February 2019
- the annual quality report
- RQIA registration certificate
- medicines records
- two patients' finance files including copies of written agreements
- a sample of various financial records including, patients' personal allowance, fees, payments to the hairdresser and podiatrist and purchases undertaken on behalf of patients
- a sample of records of monies deposited on behalf of patients
- a sample of records of reconciliations of patients monies
- a sample of records of patients' personal property

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

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

## **6.0 The inspection**

### **6.1 Review of areas for improvement from previous inspections**

There were no areas for improvement identified as a result of the last care inspection.

Areas for improvement from the last medicines management inspection on 19 February 2018		
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 31 <b>Stated:</b> First time	The registered person shall closely monitor the controlled drugs records and reconciliation process to ensure that it is robust.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was evidenced that the controlled drugs records and reconciliation process were being closely monitored. Audits performed indicated that the controlled drugs record book had been appropriately maintained and the medicines had been administered in accordance with the prescribed instructions.	

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

Staff spoken with during the inspection were satisfied that there were sufficient staff on duty to meet the needs of the patients. The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to monthly review to ensure the assessed needs of the patients were met. A review of the staffing rota from 29 July to 11 August 2019 evidenced that the planned daily staffing levels were adhered to.

We also sought staff opinion on staffing via the online survey; no responses were received.

Staff attended to patients' needs in a timely and caring manner, call bells were answered promptly and patients who were in their rooms were observed to have call bells within reach.

Patients spoken with were satisfied there were enough staff on duty to meet their needs. Comments included:

- "You get well looked after here."
- "The care is grand."
- "Everyone is terrific."

Patients' visitors spoken with were also satisfied with staffing levels; they told us that:

- "We find it good here."
- "Staff are lovely."

We also sought the opinion of patients and patients' visitors on staffing levels via questionnaires; three responses were received and all respondents indicated that they were very satisfied with staffing levels in the home.

Review of two staff recruitment and induction files evidenced that appropriate pre-employment checks had been completed prior to staff commencing employment to ensure they were suitable to work with patients in the home.

Discussion with staff and review of records confirmed they had completed a period of induction, received regular supervision and undertook a yearly appraisal; a supervision and appraisal schedule was maintained.

Review of registered nurses' competency and capability assessments evidenced that these had been completed with nurses who were left in charge of the home for any period of time.

Review of records confirmed there was a system in place to monitor the registration status of nursing staff with the NMC; this clearly identified the registration status of all nursing staff. There was also a system in place to monitor the registration status of care staff with NISCC; this clearly identified the registration status of staff on the list but the list did not include all care staff. The registered manager confirmed that care staff were required to make an application to NISCC within three months of commencing employment, applications or renewals required were followed up with them and that all care staff employed were either registered with, or had made an application to, NISCC. The NISCC checklist needed to be updated to include all care staff including new starts and an area for improvement was made.

Discussion with staff confirmed they were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding, their duty to report concerns and the home's whistleblowing policy.

Personal protective equipment (PPE) was readily available and stations were well stocked. Staff were observed to use PPE appropriately and to carry out hand hygiene as necessary. There were several hand sanitiser dispensers located throughout the home but we noted that some of these appeared to be empty. We brought this to the attention of the registered manager who stated that the dispensers were regularly refilled but they tended to become blocked and she would ensure the maintenance person resolved this issue. An area for improvement was made in relation to ensuring hand sanitiser dispensers were maintained in working order and/or were replaced if necessary.

Review of records confirmed that, on at least a monthly basis, falls occurring in the home were analysed to identify if any patterns or trends were emerging and an action plan was devised if necessary.

The use of potentially restrictive practices, such as bedrails, was also reviewed monthly and validated risk assessments and care plans were completed prior to use. There was evidence of consultation with the patient and/or their representative and consent was obtained where appropriate.

We reviewed the home's environment; this included observations of a sample of bedrooms, bathrooms, lounges, the dining room, treatment room, sluices, the laundry and storage areas. The home was found to be warm, clean and fresh smelling. We did detect an odour in one identified bedroom although there was no obvious source of this; the registered manager assured us the room would be deep cleaned following the inspection.

A refurbishment and redecoration plan was ongoing in the home and rooms, including two lounges, which had been completed, were tastefully decorated with new seating, flooring and blinds. We observed that the furniture in one identified bedroom had broken handles and the flooring required to be replaced. This was brought to the attention of the registered manager who agreed that this room would be prioritised for new furniture and flooring.

Observations of the environment evidenced some deficits in infection prevention and control (IPC) measures. For example, more effective cleaning was required to an identified sink, two bath lifts, soap dispensers in identified bathrooms and one specialist shower chair. Three commodes in use were also noted to have rust around the wheels therefore preventing effective cleaning being carried out. These IPC issues were brought to the attention of the registered manager and an area for improvement was made.

An identified alcove area on the first floor was observed to be cluttered during the morning but had been tidied by the afternoon. However, another identified alcove area on the ground floor remained cluttered throughout the day; an area for improvement was made.

Fire exits and corridors were observed to be clear of clutter and obstruction. Review of training records confirmed that staff were provided with two fire safety training sessions per year.

## **Management of Medicines**

The sample of medicines examined showed that patients were receiving their prescribed medicines.

Medicines were managed in compliance with legislative requirements, professional standards and guidelines. Medicines were managed by staff who had been trained and deemed competent to do so. There were procedures in place to ensure the safe management of medicines during a patient's admission to the home. Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Audits which cover all areas of medicines management were performed regularly, discrepancies investigated and records maintained.

Medicines records complied with legislative requirements, professional standards and guidelines.

Medicines were safely and securely stored in compliance with legislative requirements, professional standards and guidelines. Medicines were stored in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. Two in-use insulin pens were not dated; the registered manager gave an assurance that this matter would be rectified and adherence to the expected practice monitored.



The management of controlled drugs was in compliance with legislative requirements, professional standards and guidelines. Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Checks were performed on controlled drugs which require safe custody, at the end of each shift. Additional checks were also performed on other controlled drugs which is good practice. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, risk management, having a refurbishment plan in place and medicines management.

### Areas for improvement

Areas for improvement were identified in relation to updating the NISCC checklist, ensuring hand sanitisers are in working order and/or replaced if necessary, ensuring IPC measures are effective and keeping identified alcove areas tidy and clutter free.

	Regulations	Standards
<b>Total numb of areas for improvement</b>	1	3

#### 6.4 Is care effective?

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

We observed the daily routine in the home and it was obvious that staff knew the patients well and had a good understanding of their care needs. Patients were treated with respect and their privacy and dignity was maintained. Staff spoken with told us that the morning routine was flexible to meet the needs of all patients as far as possible. Patients spoken with during the inspection were satisfied that their care needs were met.

However, patients were still being brought in to the dining room for breakfast at 11.00 hours. We discussed this with staff who informed us that all patients were usually finished breakfast by around 10.45 hours but there had been unforeseen delays during the morning routine on the day of the inspection; as lunch was served at 12.30 hours this did not allow sufficient time between meals. Staff told us that if patients had a late breakfast lunch would be provided at a later time if they preferred but we observed that those patients who had a late breakfast were also served lunch at 12.30 hours. There should be sufficient time between the serving of meals and the timing of these should be reviewed; an area for improvement was made.

We observed the serving of lunch in the dining room. The menu was on display, condiments were available, a selection of drinks was on offer and the dining room was clean and tidy. Staff assisted patients appropriately, they were helpful and attentive and a registered nurse was present throughout the meal. The food on offer smelled appetising and was well presented. Staff demonstrated their knowledge of patients likes and dislikes and which patients required a modified diet and/or thickened fluids.

We observed that staff assisted patients in a caring and timely manner throughout the meal. We also observed that patients were enabled to feed themselves independently if possible with discreet support and encouragement from staff. The dining experience was calm, relaxed and unhurried.

Patients spoken with after lunch told us that they enjoyed the food provided in the home and did not express any dissatisfaction with the timing of meals; comments included:

- “Lunch was perfect.”
- “There is more than enough food.”
- “All homemade food, great, couldn’t get better.”

We reviewed three patients’ care records and these evidenced that individualised care plans were in place to direct the care required and reflected the assessed needs of the patients. Care records reviewed contained details of the specific care requirements in the areas reviewed and a daily record was maintained to evidence the delivery of care.

Review of records confirmed that patients’ weights were monitored on at least a monthly basis. There was evidence of referral to and recommendations from other healthcare professionals, such as the dietician, if required. Patients’ nutritional needs were identified and validated risk assessments were in place to direct care planning and delivery. Staff demonstrated their knowledge of patients’ nutritional needs and review of patients’ supplemental care charts evidenced that food and fluid intake was recorded and that these records were up to date.

We reviewed the management of falls in the home. The care records reviewed evidenced that validated risk assessments were in place to direct the care required and care plans were individualised. Staff spoken with demonstrated their knowledge of measures to prevent falls and how to provide care for a patient who had a fall. We observed that in the care records reviewed risk assessments and care plans had been updated in the event of a fall.

Wound care records reviewed were up to date and contained the relevant wound assessment chart, care plan and body map. There was also evidence of referral to and recommendations from the tissue viability nurse (TVN) where appropriate.

Validated risk assessments and care plans were in place to direct care for the prevention of pressure ulceration.

We observed that staff appeared to work well together and staff spoken with were positive about teamwork and morale in the home. Staff demonstrated their knowledge of their own roles and responsibilities within the home and were aware of the importance of maintaining effective communication with patients, the multi-disciplinary team, relatives and other staff.

### **Areas of good practice**

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

## Areas for improvement

An area for improvement was identified in relation to reviewing the timing of mealtimes.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.5 Is care compassionate?

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

During the inspection we spoke with ten patients, both individually and in small groups, about their experience of living in Lakeview. Patients spoke positively about the staff and the care they received, comments included:

- “The care I wonderful.”
- “It’s fine here.”
- “I love it.”
- “I’ve got everything I want right here.”
- “I have no complaints whatsoever.”

Patients who were unable to voice their opinions appeared to be content and settled both in their surroundings and in their interactions with staff.

We also spoke with six patients’ visitors who indicated they were very satisfied with the care provided in the home, comments included:

- “... is well looked after.”
- “I’m happy with everything so far.”
- “No problems.”
- “Everything is fine, no problems.”

Patients’ visitors were also satisfied with consultation about and communication from staff regarding their relative. Patients and visitors told us that they felt listened to by staff in the home.

Staff interactions with patients were observed to be kind and caring; patients were treated with dignity and respect by staff. Staff were observed to knock on bedroom and bathroom doors before entering rooms and to keep doors closed when assisting patients to ensure their privacy was maintained.

The registered manager told us that there was currently no activity co-ordinator employed in the home; the post had been advertised and staff were providing some assistance in this area until the post was filled. Activities such as games, pet therapy and gardening were arranged. Community involvement was organised with local nursery school children visiting the home regularly and staff told us that a recent Mill Project had proved popular with patients who enjoyed the reminiscing this encouraged. A show band was also booked for later in the month.

We spoke with two patients who told us that they felt there were not enough activities on offer; other patients spoken with were satisfied with the activities. A member of staff told us that having to arrange and provide activities on top of their existing workload was difficult at times and they felt this could affect the quality of activities offered to patients; the registered manager was made aware of this. The activities provided should be meaningful, purposeful and enjoyable for patients and also planned for times that suit patients' preferences and needs. The monthly monitoring report should be submitted to RQIA on an ongoing basis in order that recruitment for the activity co-ordinator post and interim arrangements in place for the provision of activities can be monitored; an area for improvement was made.

Patients' spiritual needs were taken into account; a Eucharistic Minister attended the home every Sunday and patients' own ministers were welcome at any time.

Thank you cards were on display in the reception area, comments included:

- "A big thank you for looking after ..."
- "Thank you for being so kind and looking after me."
- "Thank you so much for providing such excellent care."
- "My gratitude for the fantastic care, respect and kindness."

Review of records evidenced that staff meetings were held regularly; a residents' meeting was held in April 2019 and a relatives' meeting took place in August 2019. Surveys were also completed to obtain views and feedback from patients and visitors.

The annual quality report for the home was available to view. The report documented the home's improvements and strengths throughout the previous year; it also showed evidence of consultation with patients and relatives and included suggestions they had made.

The atmosphere within the home was friendly and relaxed; the culture and ethos was positive and valued the patients.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to providing dignity and privacy, listening to and valuing patients and their visitors, taking account of the views of patients and the culture and ethos of the home

### **Areas for improvement**

An area for improvement was identified in relation to the provision of activities for patients.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	1

## 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations within the home confirmed that it was operating within the categories of care registered.

There had been no change in management arrangements since the last inspection. A review of the duty rota evidenced that the registered manager's hours and the capacity in which these were worked was recorded.

Staff spoken with commented positively about working in Lakeview, they told us:

- "Teamwork is exceptionally good."
- "I like it here."
- "Teamwork is great."

We observed that there was a system in place for recording complaints received. The complaints procedure was displayed in the entrance of the home. Patients' visitors spoken with were aware of the procedure and knew who to speak to if they had a complaint or concern.

We reviewed a sample of monthly monitoring reports from February 2019; these were detailed and informative, they contained an action plan and a scheduled date of completion for the actions required. As previously mentioned in section 6.5 we have requested that these monthly reports are submitted to RQIA in order to monitor the provision of activities and recruitment for the activity co-ordinator post.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Review of records confirmed the home provided mandatory training to ensure staff were adequately trained for their roles and responsibilities. Staff told us that if they wanted to avail of additional training they would discuss this with the manager. The registered manager confirmed that staff requests for additional training were considered and arranged if these were appropriate for their role.

Discussion with the registered manager and review of a selection of governance audits evidenced that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home and to ensure action was taken as a result of any deficits identified to drive quality improvement. On a monthly basis audits were completed regarding, for example, accidents, falls, complaints, IPC measures, use of restrictive practice, the dining experience and wound care.

Staff were observed to effectively communicate with patients. Staff also demonstrated their awareness of maintaining patient confidentiality.

## Management of service users monies

A finance inspection was conducted on 14 August 2019. A review of a sample of patients' records was taken to validate compliance with the areas for improvement identified from the last finance inspection, these included copies of patients' written agreements, records of purchases undertaken on behalf of patients, records of the reconciliations of patients monies, records of patients' personal property and records of payments to the hairdresser and podiatrist. Of the total number of areas for improvement all were assessed as met.

Financial systems in place at the home, including controls surrounding the management of patients' finances, were reviewed and were found to be satisfactory. A review of a sample of purchases undertaken on behalf of patients showed that the details of the purchases were recorded. Two signatures were recorded against each entry in the patients' transaction sheets and receipts from the purchases were available.

A review of two patients' files evidenced that copies of signed written agreements were retained within both files. The agreements in place showed the current weekly fee paid by, or on behalf of, the patients.

No new areas for improvement were identified as part of the finance inspection.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement, maintaining up to date records of the reconciliations of patients' monies, providing patients with up to date written agreements, informing patients and their representatives in advance of any increase in fees, the recording of transactions undertaken on behalf of patients, the retention of receipts from these transactions, issuing receipts to individuals depositing monies on behalf of patients, updating the records of patients' personal property and the hairdresser and podiatrist signing records to confirm that the treatments took place.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

## 7.0 Quality improvement plan

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

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

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

### **7.1 Areas for improvement**

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

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

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that effective cleaning is maintained throughout the home and of all equipment in use. This is in order to minimise the risk and spread of infection.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has addressed the deficits identified in this report in relation to infection prevention and control .The odour in one bedroom has been addressed by replacement of the mattress. The identified commodes with rust around wheels have been replaced.The Registered Manager has addressed with staff the decontamination of equipment in relation to the identified specialist shower chair. The bath lifts have been deep cleaned and soap dispensers in identified bathrooms have been cleaned. The Registered Manager will continue to monitor these areas.</p>
<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>	
<p><b>Area for improvement 1</b></p> <p><b>Ref: Standard 38</b></p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 August 2019</p>	<p>The registered person shall ensure that the NISCC checklist is updated to include all care staff currently working in the home in order to ensure that the system in place to check registration status is robust.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has updated her monthly NISCC checklist to include all new staff currently employed and working in the home. This will ensure a robust system is in place to check registration status.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 September 2019</p>	<p>The registered person shall ensure that hand sanitiser dispensers are maintained in working order and/or replaced if necessary.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has replaced one broken hand sanitisers and has checked all others are in working order.</p>



<p><b>Area for improvement 3</b></p> <p>Ref: Standard 47</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that identified alcove areas in the home are kept tidy and clutter free.</p> <p>Ref: 6.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has addressed with staff in relation to the identified alcove areas. Some items have been moved from the alcove and the Manager will continue to review storage of equipment and staff practices in the home.</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 September 2019</p>	<p>The registered person shall ensure that the timing of mealtimes is reviewed to ensure there is a sufficient period of time between breakfast and lunch.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has reviewed the timings of meal with her cook and staff members to ensure there is a sufficient period of time between breakfast and lunch. On any given day were breakfast will run on later then planned the serving of the lunch will be delayed.</p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> On an ongoing basis</p>	<p>The registered person shall ensure that the activities offered in the home are meaningful, purposeful and enjoyable for patients and that suitable arrangements are in place to provide these. The monthly monitoring report should be submitted to RQIA, in order that provision of activities and arrangements made to provide these can be monitored, until there has been successful recruitment for the activity co-ordinator post.</p> <p>Ref: 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has successfully recruited an activity co-ordinator. The monthly monitoring reports have been submitted to RQIA as requested. The new activity co-ordinator will look at life stories, likes and dislikes and hobbies in order to provide activities that are meaningful, purposeful and enjoyable. Provision has been made for care staff to provide activities until new staff member commences employment.</p>

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



The **Regulation** and  
**Quality Improvement**  
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