

Unannounced Care Inspection Report 12 September 2017



Marina Care Home

Type of Service: Nursing Home (NH)
Address: Shore Road, Ballyronan, BT45 6JA
Tel No: 028 7941 8770
Inspector: Aveen Donnely

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 33 persons.

3.0 Service details

Organisation/Registered Provider: Burnview Healthcare Ltd Responsible Individual: Briege Agnes Kelly	Registered Manager: Una McTaggart
Person in charge at the time of inspection: Una McTaggart	Date manager registered: 11 November 2016
Categories of care: Nursing Home (NH) I – Old age not falling within any other category Residential Care (RC) I – Old age not falling within any other category MP(E) - Mental disorder excluding learning disability or dementia – over 65 years	Number of registered places: 33 comprising: 22 – NH-I 11 – RC-I, RC-MP(E)

4.0 Inspection summary

An unannounced inspection took place on 12 September 2017 from 09.30 to 16.00 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The term 'patients' is used to describe those living in the home which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff recruitment practices; staff training and development; adult safeguarding arrangements; infection prevention and control practices; risk management; the care records and care delivery and effective communication systems. The culture and ethos of the home promoted treating patient with dignity and respect. There was also evidence of good practice identified in relation to the governance and management arrangements; management of complaints and incidents; quality improvement processes and maintaining good relationships within the home.

An area for improvement made under the regulations related to the completion of the annual quality audit. Areas for improvement made under the care standards related to the induction process for agency staff; maintaining up to date training records; reviewing the entry system to the home; the provision of activities in the home; and the system for managing Chief Nursing Officer (CNO) alerts.

Patients said they were generally happy living in the home. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	6

Details of the Quality Improvement Plan (QIP) were discussed with Una McTaggart, 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 27 June 2017

The most recent inspection of the home was an announced premises inspection undertaken on 27 June 2017. There were no further actions required to be taken following this inspection.

5.0 How we inspect

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing.
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit.

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

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

The following records were examined during the inspection:

- staffing arrangements in the home
- two staff personnel files to review recruitment and selection
- staff induction, supervision and appraisal records
- staff training records for 2016/2017
- accident and incident records
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- emergency evacuation register
- three patient care records
- two patient care charts including food and fluid intake charts and repositioning charts
- patient register
- compliments records
- RQIA registration certificate
- certificate of public liability
- audits in relation to care records and falls
- complaints received since the previous care inspection
- minutes of staff' and relatives' meetings held since the previous care inspection
- monthly quality monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 27 June 2017

The most recent inspection of the home was an announced premises inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 3 November 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a) Stated: First time	<p>The registered persons must ensure that the home is conducted so as to promote and make proper provision for the nursing, health and welfare of patients. It is therefore required that where nursing needs are identified care must be delivered to ensure individual patient needs are met. This refers specifically to the repositioning records of patients who are at risk of developing pressure sores and require regular repositioning, in keeping with their care plan.</p> <p>Action taken as confirmed during the inspection: A review of two patient care records confirmed that patients were repositioned in line with their care plans.</p>	Met
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 19.4 Stated: Second time	<p>The registered persons should ensure that the recruitment and selection processes are reviewed to ensure that there are robust systems in place, to address the deficits identified in this inspection.</p> <p>Action taken as confirmed during the inspection: A review of two personnel records confirmed that this recommendation had been met.</p>	Met
Area for improvement 2 Ref: Standard 13 Stated: First time	<p>The registered persons should ensure that the contact details for adult safeguarding are readily available and prominently displayed for staff to access.</p> <p>Action taken as confirmed during the inspection: Discussion with staff confirmed that all staff were aware of the safeguarding contact details.</p>	Met

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and stated that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for the week commencing 4 September 2017 evidenced that the planned staffing levels were consistently adhered to.

Observation of the delivery of care evidenced that patients' needs were met by the number and skill mix of staff on duty. Discussion with patients and their representatives evidenced that there were no concerns regarding staffing levels.

The registered manager explained there were currently two registered nurse vacancies; these vacancies were being filled by agency staff. Recruitment of staff was in progress.

Discussion with staff confirmed that communication was well maintained in the home and that appropriate information was communicated in the shift handover meetings.

Discussion with the registered manager and a review of two personnel file evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. Where nurses and carers were employed, their registrations were checked with NMC and NISCC, to ensure that they were suitable for employment. The review of recruitment records evidenced that enhanced criminal records checks were completed with Access NI and satisfactory references had been sought and received, prior to the staff member starting their employment. For agency staff, their profile was maintained, which included information on the Access NI check and NMC checks.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. One completed induction programme was reviewed. The induction programme included a written record of the areas completed and the signature of the person supporting the new employee. Although discussion with staff confirmed that agency staff also received an induction, this was not formally recorded. This has been identified as an area for improvement under the care standards.

Discussion with the registered manager and staff confirmed that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through one to one supervision, undertook competency and capability assessments and completed annual appraisals.

Discussion with staff and a review of the staff training records confirmed that training had been provided in all mandatory areas and records were available. For agency staff, the registered manager also received a profile which included information on their compliance with mandatory training requirements. A review of staff training records confirmed that staff completed modules on basic life support, medicines management, control of substances hazardous to health, fire

safety, food safety, health and safety, infection prevention and control, safe moving and handling and adult prevention and protection from harm. However, the training matrix was not up to date and did not clearly evidence that all staff had attended fire training twice a year. This has been identified as an area for improvement under the care standards.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing staff were appropriately managed in accordance with NMC. Records were not available on the day of the inspection to evidence that care staff were registered with NISCC. This has been identified as an area for improvement under the care standards.

Staff consulted with, were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding. The staff understood what abuse was and how they should report any concerns that they had. The relevant contact details were displayed at the nurses' station for all staff to access.

Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified. Discussion also evidenced that any potential safeguarding concern was managed appropriately and in accordance with the regional safeguarding protocols and the home's policies and procedures.

Review of patient care records evidenced that validated risk assessments were completed as part of the admission process and were reviewed as required. These risk assessments informed the care planning process.

A review of the accident and incident records confirmed that the falls risk assessments and care plans were consistently completed following each incident and that care management and patients' representatives were notified appropriately. One falls risk assessment was noted to be incorrectly completed. This was discussed with the registered manager, who agreed to address this. Furthermore, the home utilised a 'falls stick' to alert staff as to the patients who had recently fallen. This was up to date and discussion with staff confirmed that it was very useful in increasing their awareness to patients' risk of falls.

A number of patients had pressure relieving mattresses on their beds, to prevent skin breakdown. The correct mattress settings were indicated on the mattress pumps, to ensure their effective use.

Infection prevention and control measures were adhered to and equipment was stored appropriately.

A review of the home's environment was undertaken which included a number of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout. The majority of patients' bedrooms were personalised with photographs, pictures and personal items.

Fire exits and corridors were observed to be clear of clutter and obstruction. The emergency evacuation register was up to date and included the details of the last patient admitted to the home.

Although there was a keypad in place to exit the building, it was deemed appropriate, given the potential risk to patients and the proximity to the Lough shore. However, the lack of a keypad entry system to enter the home was discussed with the registered manager, in relation to the security of the building. This has been identified as an area for improvement under the care standards.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

Areas for improvement made under the care standards related to developing a formal induction for agency staff; maintaining up to date training matrix, particularly in relation to fire safety; the availability of records pertaining to NISCC registrations; and reviewing the entry system to the home, to ensure that the home is secure at all times.

	Regulations	Standards
Total number of areas for improvement	0	4

6.5 Is care effective?

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

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

There were a number of examples of good practice found throughout the inspection in this domain. For example, registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), Speech and language therapist (SALT), dietician and Tissue Viability Nurse specialists (TVN). Discussion with registered nurses and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

A review of wound care records evidenced that wound care was managed in line with best practice. A review of the daily progress notes of one patient evidenced that the dressing had been changed according to the care plan.

Patients who were prescribed regular analgesia had validated pain assessments completed which were reviewed in line with the care plans. Abbey pain assessment tools were completed for patients who could not verbalise their pain.

Personal care records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. For example, a review of repositioning

records evidenced that patients were repositioned according to their care plans. A sampling of food and fluid intake charts confirmed that patients' fluid intake was monitored.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and discussions at the handover provided the necessary information regarding any changes in patients' condition. Staff also confirmed that communication between all staff grades was effective.

Staff meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. The most recent general staff meeting was held on 24 August 2017. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities.

All those consulted with confirmed that if they had any concerns, they could raise these with the staff and/or the registered manager. A relatives' meeting had been scheduled for 6 April 2017; however this was not attended by any relatives. Discussion with patients' representatives identified that the registered manager made herself available to them on a regular basis; and that they had confidence that any concerns raised would be dealt with.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping; wound care management; and communication between residents, staff and other key stakeholders.

Areas for improvement

There were no areas for improvement identified in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with eight patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Discussion with patients also confirmed that staff consistently used their preferred name and that staff spoke to them in a polite manner. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care.

There was a 'Random Act of Kindness' initiative displayed on the noticeboard near the front entrance. This encouraged visitors to pick a card which directed them on the 'random act of

kindness' they should carry out. Examples included: 'give a resident a compliment', 'tell a joke', and 'ask a resident about their previous job'. The notice board also displayed examples of how patients' dignity could be upheld. This is good practice.

Patients stated that they were involved in decision making about their own care. Patients were consulted with regarding meal choices and were offered a choice of meals, snacks and drinks throughout the day. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

We observed the lunch time meal in the dining rooms. The lunch served appeared appetising and patients spoken with stated that they were satisfied with the meals provided. The atmosphere was quiet and tranquil and patients were encouraged to eat their food; assistance was provided by staff, as required. The menu displayed reflected the meals served on the day of the inspection.

Patients consulted with also confirmed that they were able to maintain contact with their families and friends. Staff supported patients to maintain friendships and socialise within the home. One staff member was designated to provide activities in the home; however this had not been consistently provided and we were unable to evidence that there had been a variety of activities provided. This has been identified as an area for improvement under the care standards.

There was evidence of regular church services to suit different denominations. The provision of hairdressing services was discussed with the registered manager; in particular the barbering services available to the male patients. This was addressed during the inspection.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided; however we were unable to evidence when the last the annual quality audit had been undertaken. This has been identified as an area for improvement under the regulations.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

From discussion with the registered manager, staff, relatives and a review of the compliments record, there was evidence that the staff cared for the patients and their relatives in a kindly manner. We read some recent feedback from patients' representatives. One comment included praise for the 'professionalism' and 'care' given to a patient and their family members, when receiving end of life care.

During the inspection, we met with eight patients, three care staff, two registered nurses, and five patients' representatives. Some comments received are detailed below:

Staff

"I feel well supported, the care is really improving here."

"Everything is fine, I would like to get more out on the floor though."

"I am very happy here, the care is fantastic."

"The care here is great, we really care for the residents."

"I have no concerns."

Patients

“It is good alright.”

“You couldn’t get better.”

“It is alright, I have no complaints.”

“They’re ok here.”

“It is alright, I get what I want.”

“The care is good enough.”

“All is fine here, nothing out of the ordinary.”

Patients’ representative

“We have no complaints, (my relative) gets what they want.”

“They are all very well looked after here.”

“I am happy enough.”

“They are all very pleasant, it is the best home around.”

“Everything seems to be fine.”

We also issued ten questionnaires to staff and relatives respectively and eight questionnaires to patients. Three staff, three patients and one relative had returned their questionnaires, within the timeframe for inclusion in this report. Comments and outcomes were as follows:

Patients: respondents indicated that they were either ‘satisfied’ or ‘very satisfied’ that the care in the home was safe, effective and compassionate; and that the home was well-led. One written comment was received including ‘no untold attitude towards me, the staff are very kind.’

Relatives: the respondent indicated that they were ‘very satisfied’ that the care in the home was safe, effective and compassionate; and that the home was well-led. No written comments were received.

Staff: respondents indicated that they were either ‘satisfied’ or ‘very satisfied’ that the care in the home was safe, effective and compassionate; and that the home was well-led. One respondent provided written comment in relation to the positive impact the registered manager had on the care provided in the home; and to the staff themselves. These comments were relayed to the registered manager following the inspection.

Any comments from patient representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, promoting dignity and privacy. The home also utilised a ‘random act of kindness’ initiative. Mealtimes were well managed.

Areas for improvement

An area for improvement made under the regulations related to the completion of the annual quality audit. An area for improvement made under the care standards related to the provision of activities in the home.

	Regulations	Standards
Total number of areas for improvement	1	1

6.7 Is the service well led?

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

A certificate of public liability insurance was current and displayed. The registration certificate was up to date and displayed appropriately. Discussion with the registered manager and observation of patients evidenced that the home was operating within its' registered categories of care; however, one patient was identified as having behaviours which may challenge and was noted to be disruptive to other patients accommodated nearby. Following the inspection, the registered manager confirmed to RQIA that that appropriate measures had been taken in liaising with the Northern Health and Social Care Trust, to address this.

Discussions with the staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. All those consulted with described the registered manager in positive terms. Staff described how they felt confident that the registered manager would respond positively to any concerns/suggestions raised.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. There was a system in place to identify the person in charge of the home, in the absence of the registered manager.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. Staff, patients and patients' representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Patients were aware of who the registered manager was. Discussion was undertaken in relation to the complaints procedure; which needed to be displayed and include the details for contacting the Patient Client Council. The registered manager agreed to address this.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

A review of the patient falls audit evidenced that this was analysed to identify patterns and trends, on a monthly basis. An action plan was in place to address any deficits identified. This

information informed the responsible individual's monthly monitoring visit in accordance with regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection, confirmed that these were appropriately managed.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. These included medication and equipment alerts. However, a review of the system for managing alerts regarding staff that had sanctions imposed on their employment by professional bodies, evidenced that it did not include all the alerts that had been circulated by the Chief Nursing Officer (CNO). This has been identified as an area for improvement under the care standards.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated to address any areas for improvement; discussion with the registered manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

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 and maintaining good working relationships within the home.

Areas for improvement

Two areas for improvement were made under the care standards relating to the system for managing Chief Nursing Officer (CNO) alerts.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Una McTaggart, 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 17 (1) Stated: First time To be completed by: 10 November 2017	The registered persons shall ensure that the annual quality audit is completed. Ref: Section 6.6 Response by registered person detailing the actions taken: The Registered Provider had completed a Annual quality audit for the Marina Care Home on March 2017 and was kept in the head office, a copy will be given to the Home Manager and RQIA
Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
Area for improvement 1 Ref: Standard 39.1 Stated: First time To be completed by: 10 November 2017	The registered persons shall develop a formal record of induction for agency staff. Ref: Section 6.4 Response by registered person detailing the actions taken: Although Staff always did a verbal induction with all new Agency Staff this has now been made more formal. A agency induction sheet is kept in a file for Nurses in the Nurses station with Agency Nurse Profile sheets.
Area for improvement 2 Ref: Standard 39.3 Stated: First time To be completed by: 10 November 2017	The registered persons shall maintain up to date training records, particularly in relation to fire safety. Ref: Section 6.4 Response by registered person detailing the actions taken: All staff completed the Fire Safety training twice a year and do regular fire drills, however, the training matrix has now been updated to include an extra column to recod all staff who have completed and participated in fire drill.
Area for improvement 3 Ref: Standard 39 Stated: First time To be completed by: 10 November 2017	The registered persons shall ensure that the records of the care staffs' registrations with NISCC are available for inspection. Ref: Section 6.4 Response by registered person detailing the actions taken: NISCC register in future will be kept in the Care Home Administration office and will be available for inspection anytime in future.

<p>Area for improvement 4</p> <p>Ref: Standard 44.5</p> <p>Stated: First time</p> <p>To be completed by: 10 November 2017</p>	<p>The registered persons shall review the front door entry system to ensure that the home is secure at all times.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: This was immediately actioned on the 15th September 2017, and a new keypad has been put in place in the front door in order to access entry to the Home.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 10 November 2017</p>	<p>The registered persons shall ensure that a variety of activities are provided within the home, to enhance the social aspect to patient care.</p> <p>Ref: Section 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: While awaiting for a new Activity therapist, the care staff have been carrying out some activities and documenting in the resident's care file number 9. The new Activity Therapist to cover Maternity leave is awaiting for Access NI, therefore, once they commence we will ensure more variety of activities is be provided for the residents.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 35.18</p> <p>Stated: First time</p> <p>To be completed by: 10 November 2017</p>	<p>The registered persons shall ensure that the system for managing Chief Nursing Officer (CNO) alerts is further developed to ensure that the system is sufficiently robust.</p> <p>Ref: Section 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: Although all CNO alerts received to the Home where available , 2 files were kept this has now changed to 1 file and will be kept in Manager's office for easy access and accurate reference.</p>

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



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