Unannounced Care Inspection Report
11 and 12 November 2019

Kintullagh Care Home

Type of Service: Nursing Home (NH)
Address: 36, Westbourne Ave, Carniny Road, Ballymena, BT43 5LW
Tel No: 028 2565 4444
Inspector: James Laverty

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 nursing home which is registered to provide nursing care for up to 61 persons.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Limited **Responsible Individual:** Mr Gavin O'Hare-Connolly	**Registered Manager and date registered:** Mrs Julie-Ann Jamieson Registration pending
Person in charge at the time of inspection: Nuala Doherty – acting manager	**Number of registered places:** 61 comprising: 57 – NH-I and PH 1 – NH-LD 3 – RC-I There shall be a maximum of 1 named patient in Category NH-LD. There shall be a maximum of 3 named residents receiving residential care in category RC-I.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. LD– Learning disability. PH – Physical disability other than sensory impairment.	**Number of patients accommodated in the nursing home on the day of this inspection:** 55 (on both days of the inspection)

4.0 Inspection summary

An unannounced inspection took place on 11 November 2019 from 14.30 to 20.30, and 12 November 2019 from 09.05 to 17.00. This inspection was undertaken by the care inspector.

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 Care Standards for Nursing Homes, 2015.

The inspection assessed progress with areas for improvement identified in the home 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 training, monitoring the professional registration of staff, wound care and the provision of activities.

Four areas for improvement were stated for a second time in regard to the internal environment and governance processes. A further five areas for improvement were highlighted in regard to the management of restrictive practices, internal storage, falls management and quality assurance oversight.

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	*2	*7

*The total number of areas for improvement includes two under regulation and two under the standards which have each been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Nuala Doherty, acting manager, Gavin O'Hare-Connolly, Chief Operating Officer, and Norah Curran, Regional 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 26 June 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 26 June 2019. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

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

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

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

- staff training records for the period 2019/20
- accident and incident records
- five patients' care records including relevant supplementary care records
- a selection of governance audits

- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- staff selection and recruitment records
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

The findings of the inspection were provided to the manager and the senior management team at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

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 14 (2) (a) (c) **Stated:** First time	The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times.	**Met**
	Action taken as confirmed during the inspection: Observation of the internal environment confirmed that this area for improvement was met.	
Area for improvement 2 **Ref:** Regulation 13 (7) **Stated:** First time	The registered person shall ensure that the infection prevention and control (IPC) issues identified during this inspection are managed to minimise the risk and spread of infection.	**Met**
	Action taken as confirmed during the inspection: Observation of the environment and staff practices confirmed that some aspects of this area for improvement had been effectively addressed. However, further improvement was required; this is discussed in section 6.3. This was discussed with the manager and it was agreed that further staff supervision which focuses on IPC compliance would be provided	

	following the inspection in order to drive required Improvement. It was also agreed that clinical waste bins would be replaced, where necessary. In addition, RQIA was also advised post inspection that a nurse trainer will provide all staff a refresher session on infection prevention and control, with specific emphasis on the use of Personal Protective Equipment (PPE) and prevention of transmission. These measures will be reviewed at a future care inspection.	
Area for improvement 3 **Ref:** Regulation 14 (2) (a)(c) **Stated:** First time	The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety and that all unnecessary risks to their health and safety are eliminated as far as is reasonably practicable. This relates specifically to those areas identified in this report.	**Not met**
	Action taken as confirmed during the inspection: We noted that the laundry area and one treatment room was not consistently and effectively secure. This area for improvement was not met and is stated for a second time.	
Area for improvement 4 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall ensure that medicines are administered to patients in a safe manner at all times. This relates to medicines not being left unattended with patients requiring assistance with their administration.	**Met**
	Action taken as confirmed during the inspection: Observation of nursing staff confirmed that this area for improvement was met.	
Area for improvement 5 **Ref:** Regulation 29 **Stated:** First time	The registered person shall ensure that the monthly monitoring report is completed in a thorough, robust and accurate manner at all times.	**Not met**
	Action taken as confirmed during the inspection: Review of available monthly monitoring reports is referenced in section 6.6. This area for improvement was not met and is stated for a second time.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 **Ref**: Standard 41 **Stated:** First time	The registered person shall ensure that there is a designated nurse in charge of the home in the absence of the manager at all times.	**Met**
	Action taken as confirmed during the inspection: On both days of the inspection there was a clearly designated nurse in charge of the building.	
Area for improvement 2 **Ref**: Standard 35 **Stated:** First time	The registered person shall ensure that accidents/incidents are effectively monitored and analysed on a monthly basis in order to quality assure patient care and service delivery.	**Not met**
	Action taken as confirmed during the inspection: Review of accident and incident governance records highlighted that this area for improvement was not met; this is discussed in section 6.3. This area for improvement was not met and is stated for a second time.	
Area for improvement 3 **Ref**: Standard 44 **Stated:** First time	The registered person shall ensure that there is a robust system in place which ensures/demonstrates that staff receive individual, formal supervision/appraisal in keeping with best practice standards.	**Not met**
	Action taken as confirmed during the inspection: Review of staff governance records highlighted that this area for improvement was not met; this is discussed in section 6.3. This area for improvement was not met and is stated for a second time.	

Area for improvement 4 **Ref**: Standard 18 **Stated:** First time	The registered person shall ensure the following in relation to the use of bedrails: • a comprehensive and person centred care plan should be in place and reviewed in a timely manner • an appropriate risk assessment should be in place, thoroughly completed and reviewed by appropriate staff in a timely manner • appropriate consent and/or a best interest discussion should be evidenced within the patient's care record	**Met**
	Action taken as confirmed during the inspection: Review of care records for one patient who required the use of bedrails evidenced that this area for improvement was met.	
Area for improvement 5 **Ref**: Standard 12 **Stated:** First time	The registered person shall ensure that the dining experience of patients is in keeping with best practice standards at all times. This includes, but is not limited to: • ensuring that patients are assisted in a timely manner with their meals, as needed • ensuring that there is sufficient space in the dining area for all patients to enjoy their dining experience	**Met**
	Action taken as confirmed during the inspection: Observation of the dining experience evidenced that this area for improvement was met. The dining experience of patients is referenced further in section 6.5.	
Area for improvement 6 **Ref**: Standard 35 **Stated:** First time	The registered person shall ensure that a robust and effective system is implemented and monitored which ensures that activity provision to patients is maintained in the absence of the Wellbeing lead/activity staff.	**Met**
	Action taken as confirmed during the inspection: The provision of activities to patients is discussed further in section 6.5.	

Area for improvement 7 **Ref**: Standard 35 **Stated:** First time	The registered person shall ensure that the 2018/19 annual quality report is made available to patients and all relevant stakeholders.	**Met**
	Action taken as confirmed during the inspection: The annual quality report was submitted prior to the inspection and found to be in order.	

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.

Upon arrival to the home we were greeted by the manager. The foyer entrance was neatly and attractively presented with patients observed sitting within the 'Yellow Rose Café' located on the ground floor - the use of this café is discussed further in section 6.5.

Staffing levels within the home were discussed and reviewed with the manager who confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. We spoke to a number of patients, relatives and staff about staffing levels. While no patients expressed any concerns in regard to staffing levels, some relatives and staff did. One patient's relative told us "They're so short staffed at times." The relatives of two other patients also expressed concerns in relation to staffing levels, particularly at the weekend. Several staff members also told the inspector that staff sickness had negatively impacted staff morale within the home. This feedback was discussed at length with the manager and senior management team during the inspection who acknowledged that casual staff sickness had been a challenge for the home.

Following the inspection, RQIA were informed by the chief operating officer that staff sickness had decreased by 60 per cent over the last five months due, in part, to the implementation of a sickness and absence process by their human resources (HR) team. All staff now have a detailed return to work interview which is recorded and sent to HR. RQIA was also advised that some staff have subsequently been dismissed for repeated absence or non-compliance with correct reporting procedures which has helped improve staff attendance. The monitoring and management of staff sickness and its impact on staffing levels will be reviewed at a future care inspection.

Staff told us that they received regular mandatory training and stated that they felt that this training provided them with the skills and knowledge to effectively care for the patients. Staff were enthusiastic about the support they received from the manager.

A review of supervision and appraisal records for staff highlighted that a system was in place although showed no evidence of having been regularly monitored by the manager. An area for improvement was made.

A review of records evidenced that notifiable incidents had been reported to RQIA as required.

It was further noted that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

The monitoring of accident/incidents in the home was examined. While governance records indicated that these were looked at by the manager, the records were found to be completed in an inconsistent and ineffective manner. An area for improvement was made.

Appropriate arrangements were in place to ensure that all staff attend adult safeguarding training and have sufficient awareness of the home's adult safeguarding policy to help ensure that it is embedded into practice. The manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The internal environment of the home was found to be generally neat, tidy and comfortable for patients. However, it was noted that one communal bathroom was being used inappropriately for equipment storage; feedback from staff confirmed that finding sufficient storage space in the home was problematic. It was stressed that rooms must only be used for their designated purpose in keeping with the home's statement of purpose. An area for improvement was made.

It was also noted that an outside smoking area for staff was significantly untidy and feedback from staff highlighted that the elevator was temperamental at times. These observations were shared with the manager for consideration and action, as appropriate.

Adherence to infection prevention and control best practice standards was considered. It was noted that a number of clinical waste bins were not working correctly. Staff feedback indicated that these were not "fit for purpose." It was also found that staff wore PPE inconsistently and that in some areas, patients' cleaning wipes were stored incorrectly. These observations were shared with the manager and agreed actions to address these findings are outlined in section 6.1.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training and monitoring the professional registration of staff.

Areas for improvement

Three areas for improvement were stated for a second time in regard to the internal environment, accident/incident analysis and staff supervision/appraisal oversight. A new area for improvement was highlighted in regard to the inappropriate use of rooms for storage.

	Regulations	Standards
Total numb of areas for improvement	0	1

6.4 Is care effective?

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

Staff told us that there was effective communication at the start of each shift which allowed them to discuss and review the ongoing needs of patients. Staff told us that that if they had any concerns, they could raise these with their line manager and/or the manager.

A review of patients' care records evidenced that nursing staff regularly engaged with members of the multi-professional team; this included regular contact with professionals such as GPs, tissue viability nurses (TVN), dieticians and speech and language therapists (SALT). Two vising professionals told us that "staff (are) very friendly" and in regard to a patient they were visiting, have "a good relationship with the resident … staff are very informative about the resident."

The use of restrictive practices was considered for two patients. It was found that these patients' care plans did not clearly refer to the restrictive measures being used by staff. Related risk assessments also lacked sufficient detail. In addition, a governance audit which focused on the use of restrictive practices was found to be inaccurate. An area for improvement was made. Due to the nature of these deficits, the inspector directly contacted the Health and Social Care Trust (HSCT) keyworker for one of these patients and requested that the patient's care needs be reviewed with nursing home staff. The inspector also asked the manager to ensure that the care needs of the second patient be reviewed with HSCT staff and family as appropriate.

The management of falls for one patient was reviewed. Review of care records, accident records and feedback from staff highlighted that staff had not recorded the patient's neurological observations after every unwitnessed fall. Staff knowledge in regard to the need to do this was also inconsistent. An area for improvement was made.

Review of care records for one patient who required ongoing wound care evidenced that the patient's wound was regularly redressed by staff in keeping with the prescription of care. It was recommended that for all patients requiring wound care, a robust pain management risk assessment and care plan should be in place; the manager agreed to action this.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to wound care.

Areas for improvement

Two areas for improvement were highlighted in regard to the use of restrictive practices and post falls management.

	Regulations	Standards
Total number of areas for improvement	0	2

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.

Throughout the inspection, we observed staff interactions with patients and found them to be compassionate and caring. Staff demonstrated a good knowledge of patients' wishes, and preferences as identified within their care plans.

Patients and staff told us that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients confirmed that when they raised a concern or query, they were listened to and taken seriously and that their concern was addressed appropriately.

Staff spoke of the manager as being supportive and approachable and they felt confident that they could raise concerns if they arose.

The inspector spoke at length with the home's 'Wellbeing lead'. This staff member had responsibility for providing an activities programme to patients within the home. This staff member was observed interacting with patients in an enthusiastic and encouraging manner. The Wellbeing Lead described how the home provides a range of activities for patients such as:

- a 'Breakfast Club' to which all patients are invited and is available fours mornings per week
- an 'assisted' breakfast club each Thursday for those patients who require greater help
- the 'Forget me not' system which makes use of a flower symbol on the bedroom doors of those patients who are bedbound/confined to their bedroom; care staff are then encouraged to 'visit' those patients and socialise with them with such interactions then being recorded in a 'Forget me not' folder in the patient's bedroom

The Wellbeing lead stated that social events for the patients were booked throughout the rest of December 2019. It was also noted that in the absence of the Wellbeing lead, designated care staff are required to oversee the provision of some activities for patients. When we discussed what developments could further assist in the provision of person centred and meaningful activities for patients, the following recommendations were agreed on:

- the provision of a dedicated activities room within the home which could be used by patients/visitors/staff
- regular discussion and review of activities provision between the Wellbeing lead and the manager, so as to quality assure this aspect of service delivery

These suggestions were put to the senior management team by the inspector. Following the inspection, RQIA were informed that a Wellbeing Manager had been appointed who will support the Wellbeing lead in the home. It was further agreed that the Wellbeing lead will report to the manager and they will regularly discuss and review activities provision within the home. These initiatives are strongly welcomed and will be reviewed at a future care inspection.

The dining experience of patients was also reviewed. Staff were observed assisting patients in dining areas which were noted to be spacious and attractively decorated. It was agreed that when preparing food for some patients, this should be done by staff in a discreet manner and not in front of other patients at dining room tables. It was further agreed that should patients be too tired at

mealtimes to enjoy their meals, then staff should explore other ways in which to meet the patient's nutritional needs later in the day.

Several patients and relatives we spoke with expressed notable discontent with the quality and taste of the meals provided. While some audits had been conducted to examine patient/relative satisfaction in this aspect of service delivery, these were lacking in detail and produced no clear or robust actions to help drive improvements; the use of such audits is discussed further in section 6.6. This feedback was shared with the manager and senior management team who were strongly encouraged to comprehensively review patient and relative satisfaction in this area in order to address the concerns expressed during the inspection. This will be reviewed at a future care inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of activities.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

There was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff told us that management was responsive to any suggestions or concerns raised.

The registration certificate was up to date and displayed appropriately. The placement of two identified patients within the home were discussed prior to and during the inspection; it was agreed with the inspector that the manager must continually and effectively review the assessed needs of all patients so as to ensure that the home is complaint with its registered categories of care. The manager agreed to liaise with these patients' HSCT keyworkers in regard to their placements and keep RQIA informed accordingly.

The chief operating officer confirmed that the acting manager will continue to be supported in her role by senior staff within the organisation and from a designated home manager who acts as a 'buddy' to provide support and guidance, as needed.

Patients were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them. The manager said that any expression of dissatisfaction should be recorded appropriately as a complaint. However, review

of complaints records highlighted that these were not maintained in a sufficiently robust manner. An area for improvement was made.

Monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives and RQIA on request. However, review of a sample of available reports highlighted that some aspects of the reports were not sufficiently robust, specifically the area of effectively reviewing patients' assessed needs against the homes' registered categories of care. An area for improvement was made.

Systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in relation to the dining experience of patients and the use of restrictive practices. These particular audits were completed in a manner which did not ensure effective quality assurance or service improvement. An area for improvement was made.

Governance records evidenced that staff meetings did take place. It was agreed with the manager that the minutes arising from such meetings should reflect who chaired the meeting and also contain a robust and time bound action plan which should then be reviewed at the next staff meeting. This will be reviewed at a future care inspection.

Areas for improvement

Areas for improvement were highlighted in regard to complaints management, monthly monitoring reports and quality assurance audits.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Nuala Doherty, Manager, Gavin O'Hare-Connolly, Chief Operating Officer, and Norah Curran, Regional Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 14 (2) (a)(c) **Stated:** Second time **To be completed by:** With immediate effect	The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety and that all unnecessary risks to their health and safety are eliminated as far as is reasonably practicable. This relates specifically to those areas identified in this report. Ref: 6.3
	Response by registered person detailing the actions taken: The areas to which patients have access are monitored to ensure that they are free from hazards and unnecessary risks are minimised.
Area for improvement 2 **Ref:** Regulation 29 **Stated:** Second time **To be completed by:** With immediate effect	The registered person shall ensure that a robust system of monthly quality monitoring visits is completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes 2015. This relates specifically to the effective and meaningful review of patients' assessed needs against the home's registered categories of care. Ref: 6.6
	Response by registered person detailing the actions taken: Monthly monitoring visits now include a review of patients needs against the homes registered categories and same is recorded in the body of the report going forward.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 35 **Stated:** Second time **To be completed by:** With immediate effect	The registered person shall ensure that accidents/incidents are effectively monitored and analysed on a monthly basis in order to quality assure patient care and service delivery. Ref: 6.3
	Response by registered person detailing the actions taken: A monthly incident accident analysis is carried out and completed by the Acting Manager. This informaiton is kept and verified by the internal complaince during the regualtion 29 visit. This is also checked by the Regional Operations Director the Chief Operating Officer during his weekly visits to the service.

Area for improvement 2 **Ref**: Standard 44 **Stated:** Second time **To be completed by:** 24 December 2019	The registered person shall ensure that there is a robust system in place which ensures/demonstrates that staff receive individual, formal supervision/appraisal in keeping with best practice standards. Ref: 6.3
	Response by registered person detailing the actions taken: A matrix is now in place for supervision, this highlights the staff who have received supervision and those whom require. this is a more effective way of ensuring that all staff receive supervision and annual apprasial in line with policy.
Area for improvement 3 **Ref**: Standard 44 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that all rooms are used only in accordance with their designated purpose at all times. Ref: 6.3
	Response by registered person detailing the actions taken: This area has now been cleared of storage, and is now used for its designated purpose
Area for improvement 4 **Ref**: Standard 18 and 35 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure the following in regard to the management of restrictive practices: • a comprehensive and person centred care plan and risk assessment which details the nature, reason and duration for the restrictive measure; the care plan should also evidence appropriate collaboration with the patient, their representative and the multiprofessional team, as necessary • regular review of the restrictive measure which demonstrates that it remains necessary, proportionate and the least restrictive intervention available • meaningful and effective completion of restrictive practice audits within the home and review by the manager Ref: 6.4
	Response by registered person detailing the actions taken: Care Plans and risk assessments in place for those who have use of restrictive measures. The patient in particualr has had a review with the MDT team and care plans and risk assessments are in place. Reviews are completed montlhy or more ofen when a change in need or conditions requires. The least restrictive intervention is always used. The manager has commenced monthly restrictive practice audits and monitors to adjust when changes are made or required.

Area for improvement 5 **Ref**: Standard 22 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure the following in regard to the post falls management of patients: • nursing staff will carry out and record the neurological observation of patients following any unwitnessed falls, in keeping with best practice standards Ref: 6.5
	Response by registered person detailing the actions taken: Neurological observations of unwitnessed falls are now recorded and placed with the incident forms with the monthly analysis.
Area for improvement 6 **Ref**: Standard 16 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that complaints records are maintained in an effective and robust manner at all times and in keeping with best practice standards. Ref: 6.6
	Response by registered person detailing the actions taken: Complaints file is in place and any complaints both verbal and written are now logged. Any communication in relation to complaints are now kep within the file. the complaints are reviewed by the internal complaince team when undertaking reg 29 visits and same is recored on visit report.
Area for improvement 7 **Ref**: Standard 35 **Stated:** First time **To be completed by:** 24 December 2019	The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice, specifically, restrictive practice audits and dining experience audits. Ref: 6.6
	Response by registered person detailing the actions taken: A list of audits are available to the manager for completion. Dining experience audits are completed by the manager, WBL, Dementia Services Manager, and internal complaince inspectors. The Executive Chef who is currently supporting the home is also completing dining audits during his visits. All other audits are completed any actions required are added to the homes Development Plan. Actions required are checked for completion by

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

Assurance, Challenge and Improvement in Health and Social Care