

# Unannounced Care Inspection Report 18 and 19 July 2017



## Abbeylands

**Type of Service: Nursing Home**  
**Address: 441 Shore Road, Whiteabbey, Belfast, BT37 9SE**  
**Tel no: 028 9086 4552**  
**Inspector: Dermot Walsh**

[www.rgia.org.uk](http://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 87 persons.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Four Seasons Health Care</p> <p><b>Responsible Individual(s):</b> Dr Maureen Claire Royston</p>	<p><b>Registered Manager:</b> Eleanor Dodson</p>
<p><b>Person in charge at the time of inspection:</b> Eleanor Dodson</p>	<p><b>Date manager registered:</b> 19 November 2014</p>
<p><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.</p> <p>Residential Care (RC) A – Past or present alcohol dependence. I – Old age not falling within any other category. PH(E) - Physical disability other than sensory impairment – over 65 years. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.</p>	<p><b>Number of registered places:</b> 87 comprising:</p> <p>64 Nursing: 19 residential with 4 additional named individuals in category RC-A for the duration of their stay in the home. 2 residents in category RC-MP. 1 resident in category RC-A. The home is also approved to provide care on a day basis to 1 person.</p>

### 4.0 Inspection summary

An unannounced inspection took place on 18 July 2017 from 09.20 to 17.30 hours and on 19 July 2017 from 09.20 to 13.20 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 Care Standards for Nursing Homes 2015.

The term 'patients' is used to describe those living in Abbeylands, 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 governance procedures; staff training and development; risk assessment and care planning; culture and ethos of the home in respect of dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas requiring improvement were identified in relation to unsafe use of equipment and the management of a patient following an unwitnessed fall, adhering to recommendations from other healthcare professionals and recording of complaints.

Patients said that they were satisfied with the care and services provided and described living in the home, in positive terms. 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
<b>Total number of areas for improvement</b>	3	6

Details of the Quality Improvement Plan (QIP) were discussed with, Eleanor Dodson, 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 14 February 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 14 February 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- 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 QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with twenty-one patients, eleven staff and three patients' visitors/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 indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- duty rota for all week commencing 10 July 2017
- 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
- one staff recruitment and induction file
- competency and capability assessment for nurse in charge
- four patient care records
- four patient food and fluid intake charts
- complaints record
- minutes of staff meetings
- a selection of audit records
- supervision and appraisal trackers
- compliments received
- RQIA registration certificate
- certificate of public liability insurance
- monthly quality monitoring reports undertaken 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 registered manager at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 14 February 2017**

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector and will be validated at the next medicines management inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 28 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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (4) <b>Stated:</b> Second time	The registered provider must ensure that the home is conducted in a manner which protects the health and welfare of patients. The practice of wedging open doors must cease with immediate effect and alternate measures sought should the patient wish for their door to remain open.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Doors were not observed to have been wedged or propped open during a review of the environment.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 17 <b>Stated:</b> Second time	The registered person should ensure a system is in place to manage safety alerts and notifications.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A safe system was used to manage safety alerts and notifications.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	The registered persons should ensure that were patients' preferred rising time is early "prior to 07.00am", care plans should reflect this information and be reviewed on an ongoing basis.	<b>Met</b>
	Particular attention should focus on the two patients identified on inspection.	
	<b>Action taken as confirmed during the inspection:</b> One patient care records reviewed reflected the patient's wish to rise early in the morning.	

<b>Area for improvement 3</b>  <b>Ref:</b> Standard 37 Criteria (5)  <b>Stated:</b> First time	The registered person should ensure that supplementary care records are stored and managed in accordance with legislative requirements and best practice standards to ensure patients’ rights to confidentiality and privacy are respected.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Supplementary care records had been stored appropriately.	

**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. A review of the staffing rota for week commencing 10 July 2017 evidenced that the planned staffing levels were adhered to where possible. One staff consulted was of the opinion that staffing levels were not adequate. The staff members concerns were passed to the registered manager for review and action as appropriate. Discussion with patients and their representatives evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients’ needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

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. Supernumerary hours were in place to enable new staff members to work alongside a more experienced staff member to gain knowledge of the home’s routines and policies and procedures. However, one staff commented that they had no recollection of a recorded induction. There was no evidence that the staff member had completed a documented induction. This was discussed with the registered manager and identified as an area for improvement.

Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. The majority of staff were compliant with mandatory training requirements. Compliance with training requirements was monitored on the monthly monitoring reports conducted by a regional manager. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice. However, staff confirmed that the majority of training was conducted



electronically. There was evidence that practical training had been conducted in relation to moving and handling, though, there was no evidence of any recent practical training in relation to basic life support. This was discussed with the registered manager and identified as an area for improvement.

Staff consulted confirmed that appraisals and supervisions had been conducted appropriately. Discussion with the registered manager and a review of records evidenced that nominated persons had been identified to conduct supervisions and appraisals and that planners were utilised to ensure all staff received the appropriate supervisions and appraisal.

Discussion with the nurse in charge and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

Staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Records pertaining to safeguarding were reviewed and had been maintained appropriately. An adult safeguarding champion had been identified.

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.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. However, a review of accident records evidenced that an unwitnessed fall had occurred. Neurological observations had not been recorded or monitored following the fall. Accident records relating to a second unwitnessed fall were reviewed. Neurological observations had not been recorded or monitored following this fall. This was discussed with the registered manager and identified as an area for improvement.

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Bedrooms and communal areas were clean and spacious. Fire exits and corridors were observed to be clear of clutter and obstruction. Compliance with infection prevention and control had been achieved.

During the review of the environment, call bells were heard sounding for prolonged periods of time. One call bell in an identified room was observed and heard sounding for over eight minutes before it was responded to. This was discussed with the registered manager and identified as an area for improvement.

During a review of the environment, a second mattress was observed in an identified patient's bedroom. Discussion with the registered manager confirmed that this mattress was being used as a 'crash mat' which is a protective measure used to prevent injury if the patient poses an assessed risk of falling out of bed. However, as this mattress was not the appropriate mattress designed for this purpose, to maintain the safety of patients, an area for improvement was identified.



## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment; monitoring the registration status of nursing and care staff; staff training and development and risk assessment.

## Areas for improvement

Areas for improvement under regulation were identified in relation to unsafe use of equipment and the management of a patient following an unwitnessed fall.

Areas for improvement under standards were identified in relation to staff induction; basic life support training and response to call bells.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	3

### 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. The majority of care plans had been personalised to meet the individual needs of the patients and had been reviewed monthly.

Supplementary care records in regards to bowel management; food and fluid intake and repositioning were reviewed. Food and fluid intake charts had been completed well and made good reference to food consumed and liquids drank. Bowel management had been recorded well on two of the three patient care records reviewed. The third patient had two recorded bowel movements in June 2017 and a gap of 10 days between bowel movements in July 2017. Daily progress records indicated 'incontinence needs met' which does not indicate bowel management. This was discussed with the registered manager and identified as an area for improvement.

Repositioning records were reviewed. Two out of three of the patients reviewed required a repositioning regime following individualised assessments. A repositioning regime had been care planned for both patients. The first patient's repositioning records evidenced that the repositioning of this patient was in accordance with the patient's care plan. However, the second patient's repositioning was not conducted in accordance with the patient's care plan. This was discussed with the registered manager and identified as an area for improvement. Evidence of skin checks at the time of repositioning was recorded appropriately for both patients.

Discussion with staff 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. However, a review of one patient's care records evidenced that the recommended care had not been achieved on a regular basis and records of this shortfall had not been identified. This was discussed with the registered manager and identified as an area for improvement.

Staff demonstrated an awareness of the importance of patient confidentiality in relation to the storage of records. Patients' records were stored in lockable cabinets or in the patient's rooms.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that they received appropriate information at the handover to meet the needs of patients.

Discussion with staff and the registered manager confirmed that since the last inspection there had been regular staff meetings for registered nurses and care assistants. Minutes of meetings were available for review. There was evidence of an upcoming staff meeting scheduled for 31 July 2017.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

The registered manager confirmed that they operate an 'open door policy' and are available to discuss any issues with staff, patients and/or relatives. The registered manager also confirmed that they would undertake a recorded daily walk around the home and would avail of the opportunity to engage with patients and relatives at this time. Notices for patients and their representatives' attention had been observed throughout the home. The registered manager confirmed that they aimed to host relatives' meetings on a four monthly basis.

A 'Quality of Life' (QOL) electronic feedback system was available at the entrance to the home. The manager confirmed that the home aimed to achieve service feedback from a variety of staff; visiting professionals; patients and patient representatives.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to risk assessment and care planning; communication and the ethos of teamwork.

### **Areas for improvement**

An area for improvement under regulation was identified in relation to adhering to recommendations from other healthcare professionals.

Areas for improvement under standards were identified in relation to the recording of repositioning and bowel management.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	2

## 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 21 patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed chatting with patients when assisting them. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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

The serving of lunch was observed in the dining room on the ground floor in Seapark. Patients were seated around tables which had been appropriately laid for the meal. Food was served from a bain-marie serving trolley when patients were ready to eat or to be assisted with their meals. The food served appeared nutritious and appetising. The mealtime was well supervised. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. Condiments were not available on tables and/or observed to be offered to patients. This was discussed with the registered manager who agreed to review this provision. A range of drinks were offered to patients. Patients appeared to enjoy the mealtime experience.

The views of staff, patients and patients' representatives on the service provision of the home was collected electronically as discussed in section 6.5. The manager confirmed that they would review the opinions raised and where necessary take action to address any shortfalls identified.

Eleven staff members were consulted to ascertain their views of life in Abbeylands.

Some staff comments were as follows:

"I love it here."

"It's ok. I like it here."

"It's nice working here."

"It's hard but there is good support."

"I'm as happy as Larry working here."

"I really love it here."

Ten staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. None of the questionnaires were returned within the timescale for inclusion in the report.

Twenty one patients were consulted during the inspection.

Some patient comments were as follows:

- “It’s alright here.”
- “It’s fine. The staff are very nice.”
- “It’s very good here. The girls are excellent.”
- “It’s grand here.”
- “I’m very happy here. The staff are very nice.”
- “It’s ok.”
- “It’s grand. I like it here.”

Eight patient questionnaires were left in the home for completion. None of the patient questionnaires were returned.

Three patient representatives were consulted during the inspection. Ten relative questionnaires were left in the home for completion. One of the relative questionnaires was returned. The respondent was very satisfied with the care provision

Some patients’ relative/representative comments were as follows:

- “The staff are great but we feel that a larger nursing home like this one cannot provide the more personal homely touch that a smaller nursing home could provide.”

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the 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 in respect of dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**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.**

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.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and review of the home's complaints records evidenced that there was no evidence of any actions taken following a verbal complaint received in April 2017. This was discussed with the registered manager and identified as an area for improvement.

A compliments file was maintained to record and evidence compliments received. Some examples of compliments received are as follows:

"Being at Abbeylands allowed me to get my life back on track."

"I just wanted to let you know how grateful I am to all the nurses and staff who comforted and cared for my mother. Your kindness and patience has been very much appreciated."

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. For example, monthly audits were completed in accordance with best practice guidance in relation to wound analysis, care records, accidents, complaints and infection prevention and control. The registered manager confirmed that an action plan to address identified shortfalls within audits was developed. There was evidence of care record TRaCA audits conducted. There was also evidence that the regional manager had oversight of the auditing arrangements in the home.

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

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.

Discussion with the manager and review of records evidenced that 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.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to auditing arrangements; notification of incidents and good working relationships.

### **Areas for improvement**

Areas for improvement under the care standards were identified in relation to complaints.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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 Eleanor Dodson, 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 the Web Portal.

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](http://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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 12 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2017</p>	<p>The registered person must ensure good practice guidance is adhered to with regard to post falls management.</p> <p><b>Ref: Section 6.4</b></p>
	<p><b>Response by registered person detailing the actions taken:</b> The home manager via nurses staff meeting introduced a post falls management folder this was discussed under supervision. This folder contains all relevant information and instructions of managing all falls as per FSHC Falls Policy and procedures.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 12 (2) (a)</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 all equipment used within the home is only used for the purpose for which it is designed. The use of bed mattresses as crash mats must cease.</p> <p><b>Ref: Section 6.4</b></p>
	<p><b>Response by registered person detailing the actions taken:</b> All nursing and care staff have been supervised on the correct use of equipment in the home. The home manager and nurse in charge carry out a daily walk around to ensure that equipment in use is for the purpose for which it has been designed.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 12 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 26 July 2017</p>	<p>The registered person shall ensure that recommendations made by other health professionals are complied with and recorded. Any rationale for a change to the planned care must also be recorded.</p> <p><b>Ref: Section 6.5</b></p>
	<p><b>Response by registered person detailing the actions taken:</b> All recommendations from other health care professionals is now held in the residents care files nursing staff have been instructed not to archive any information until it has been approved for archiving.</p>



<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 39 Criteria (1) <b>Stated:</b> First time <b>To be completed by:</b> 19 August 2017	The registered person shall ensure that documentation relating to staff induction is recorded and maintained in a timely manner.  <b>Ref: Section 6.4</b>
	<b>Response by registered person detailing the actions taken:</b> All new staff are now informed during induction that no induction documentation is to be taken from the care home and on completion must be returned to the home manager for review and signing off.
<b>Area for improvement 2</b> <b>Ref:</b> Standard 39 Criteria (7) <b>Stated:</b> First time <b>To be completed by:</b> 30 September 2017	The registered person shall ensure that basic life support training includes a practical element as in accordance with best practice guidelines.  <b>Ref: Section 6.4</b>
	<b>Response by registered person detailing the actions taken:</b> A review is currently taking place with regards to practical basic life support training. The registered person will ensure that appropriate staff receive this training as accordancee with best practice guidelines.
<b>Area for improvement 3</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time <b>To be completed by:</b> 30 September 2017	The registered person shall ensure that call bells are responded too in a timely manner. Evidence of monitoring call bell response times should be maintained.  <b>Ref: Section 6.4</b>
	<b>Response by registered person detailing the actions taken:</b> All nursing and care staff have met with the home manager and the importance of responding to a call bell in a timely manner has been discussed. Call bell response time will be recorded on the Quality Of Life Daily Walkabout Audits.
<b>Area for improvement 4</b> <b>Ref:</b> Standard 4 Criteria (9) <b>Stated:</b> First time <b>To be completed by:</b> 19 August 2017	The registered person shall ensure that bowel management is recorded accurately within patient care records.  <b>Ref: Section 6.5</b>
	<b>Response by registered person detailing the actions taken:</b> Nursing staff have under supervision have been informed of the importance of transferring infromation from the bowel manager sheets into residents progress notes on a daily basis.

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 4</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 the direction given within in relation to the frequency of repositioning, are followed.</p> <p><b>Ref: Section 6.5</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All repositioning care plans have been rewritten with clear instructions on the repositioning regime requirement and correlates with the repositioning booklet and this information is disseminated at each hand over.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 16</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 all complaints made are recorded in accordance with the homes policy and DHSSPS guidance on complaints.</p> <p><b>Ref: Section 6.7</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The home manager has via staff meetings discussed FSHC Policy on Complaints so as to inform staff how to record a complaint in accordance with policy.</p>

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



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