



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 30 May 2019



Abbeylands

Type of Service: Nursing Home
Address: 441 Shore Road, Whiteabbey
Belfast, BT37 9SE
Tel No: 028 9086 4552
Inspector: Heather Sleator

www.rqia.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.

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 38 patients.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual: Maureen Claire Royston	Registered Manager and date registered: Eleanor Dodson 19/11/2014
Person in charge at the time of inspection: Eleanor Dodson	Number of registered places: 38
Categories of care: 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.	Number of patients accommodated in the nursing home on the day of this inspection: 37

4.0 Inspection summary

An unannounced inspection took place on 30 May 2019 from 09.30 hours to 18.10 hours.

The inspection assessed progress with all 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 the provision and training of staff and the environment was safely managed without detracting from the homely atmosphere. There were examples of good practice found throughout the inspection in relation to patients being attended to by their GP and other healthcare professionals as they required. We observed that patients were offered choice within the daily routine and that the activities provided had a positive impact on the patients. There were stable and well established management arrangements with systems in place to provide support to senior staff and provided an oversight of the services delivered.

Areas for improvement were identified in relation to infection prevention and control measures and the environment, the patients dining experience, governance arrangements in the home and the availability of the annual quality report.

Areas for improvement were also identified regarding governance and fire safety, the provision of snacks for patients who require a softer diet and that these patients were also offered a choice of meals at mealtimes, attention to personal care and the availability of the monthly quality monitoring report in the home.

Patients described living in the home in positive terms. Those unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others/with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4	4

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 11 July 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 11 July 2018. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including 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 during the inspection:

- duty rota for all staff from 1 May to 30 May 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- three patients' repositioning charts
- a sample of governance audits/records
- complaints record
- compliments received
- reports of the monthly quality monitoring reports from January to March 2019
- RQIA registration certificate.

Areas for improvement identified at the last 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 last care inspection dated 11 July 2018

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 27 Stated: First time	The registered person shall ensure to address the environmental and storage issues highlighted during this inspection.	Met
	Action taken as confirmed during the inspection: Observation of the premises and discussion with the registered manager confirmed that the issues previously identified had been addressed.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 43.5	The registered person shall ensure that steps are taken to address the noise pollution and disturbance from the call system.	Met

Stated: First time	Action taken as confirmed during the inspection: The registered manager stated that the volume of the nurse call system had been reduced following the previous inspection. The volume of the call bells was now at an acceptable level.	
Area for improvement 2 Ref: Standard 12 Stated: First time	The registered person shall review the morning routine to ensure the timely serving of breakfast to patients.	Met
	Action taken as confirmed during the inspection: The registered manager stated that patients who prefer to get up early are given a cup of tea whilst waiting for breakfast to be served.	

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.

In order to determine if care was delivered safely we talked with a number of the patients and observed how staff assisted patients during the day. Patients told us that staff attended to them promptly if they called for them. Patients said that staff were pleasant and attentive to them. Patients' comments included:

- "Staff are brilliant."
- "They (staff) put themselves out to look after you."

A system was in place to identify appropriate staffing levels to meet patients' needs. A review of the staff rotas for the period 1 May to 30 May 2019 confirmed that the staffing numbers identified were provided.

There were sufficient staff available to ensure that catering and housekeeping duties were undertaken. An activity co-ordinator was supported by the wider staff team on the delivery of recreational activities.

We provided questionnaires in an attempt to gain the views of relatives, patients and staff. There were no completed questionnaires returned within the specified timescale.

We discussed the recruitment of staff with the manager and reviewed the recruitment records. The records confirmed that the appropriate checks had been completed with applicants to ensure they were suitable to work with older people. Newly appointed staff completed a structured induction to enable them to get to know the patients, working practices and the

routine of the home. Records of two completed induction programmes were reviewed and confirmed this process. The home provides training for staff via an e learning programme and face to face training. Review of training records confirmed that staff had undertaken a range of training annually relevant to their roles and responsibilities. The local Health and Social Care Trust also provide training which staff in the home can attend. Staff reported that they are encouraged and supported by the registered manager to attend this training.

We discussed how patients are protected from abuse. The registered manager confirmed that the organisation and the home had a safeguarding champion to support the adherence to the safeguarding policies and procedures. There had been four safeguarding referrals to the local Trust during the year and these had been investigated by the safeguarding team in the Trust. One investigation remained on-going. The safeguarding and protection of patients was included in the induction and annual training programme for staff.

Staff providing care in a nursing home are required to be registered with a regulatory body. For nurses this is the Nursing and Midwifery Council (NMC) and for care staff it is the Northern Ireland Social Care Council (NISCC). The manager is responsible for ensuring all staff are registered appropriately. We observed that checks with the NMC for registered nurses were being completed twice monthly and with NISCC for care staff on a monthly basis. We discussed the need to validate the registration checks with the registered manager who agreed to do this in the future. The staff listed on the duty rota for the week of the inspection were appropriately registered.

Assessments to identify patients' needs were completed at the time of admission to the home and were reviewed regularly. Where a risk to a patient was identified, for example a risk of falls or poor nutrition, a plan of care to minimise each risk was put in place. We observed that some patients had bedrails erected or alarm mats in place; whilst this equipment had the potential to restrict patients' freedom we were satisfied that these practices were the least restrictive possible and used in the patient's best interest, were clearly documented and reviewed. Patients, where possible, their relatives and the healthcare professionals from the relevant Health and Social Care Trust were involved in the decision to use restrictive practice.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

We observed that the nurse call system in a number of patients bedrooms were not readily accessible for patients' to use. This was discussed with the registered manager and the deputy manager who agreed that this was not acceptable. The registered manager stated that staff would be informed of the need to place the nurse call bell conveniently to the patient and that they would monitor the situation. We also observed that the nurse call system board opposite a lounge on the ground floor had been 'taped'. Any equipment in use in a nursing home should be fully functional and properly maintained.

We observed staff to determine if there was good practice to minimise the risk of the spread of infection. Gloves and aprons were available throughout the home and we noted that staff used these appropriately. We observed that the personal protective equipment (PPE) unit in one corridor of the home was not placed as conveniently for staff and should be moved. PPE equipment should always be readily accessible for staff. Hand washing facilities, liquid soap and

disposable hand towels were widely available and well utilized through the home. Hand sanitising gel was available in the reception area as you entered the home and at a variety of locations throughout the home as an additional resource to support good hand hygiene. We identified a further two areas of concern regarding infection prevention and control measures in the home. A trolley was being stored in a sluice room, the trolley contained clinical waste bags and other items for disposal and a malodour in this room was evident. We also observed blankets were placed on the floor in a linen store; floor areas should be kept free and not used for storage. The areas observed on inspection had not been identified through the homes own quality monitoring (governance) systems. Areas for improvement were identified regarding the environment, infection prevention and control and effective governance. Due to the number of infection prevention and control (IPC) and environmental concerns identified, these have been identified as an area for improvement.

The environment in Abbeylands was homely, warm and comfortable. There were a choice of sitting rooms and a selection of comfortable chairs were available in the lounges alongside space for patients who sat in their own specialised seating. One of the lounges was being redecorated and the registered manager stated that a programme of upgrading areas of the home had started. Patients' were encouraged to individualise their own rooms; many had pictures, family photographs and ornaments brought in from home. A number of patients chose to sit in their bedrooms throughout the day. Each patient had a comfortable chair in their room and a table within easy reach to hold everyday things that they need such as newspapers, magazines, TV remote controls. We spoke with two patients who preferred to remain in their bedrooms rather than sitting in the lounges. Patients told us that their rooms were comfortable and that they enjoyed having their belongings around them, especially family photographs.

No issues were observed with fire safety. The access to fire escapes was clear and fire doors in place were secured with magnetic hold open devices. We reviewed the most recent fire risk assessors report, dated 12 April 2018. Evidence was not present that the recommendations made had been addressed. The need for this evidence was discussed with the registered manager and has been identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training and, adult safeguarding.

Areas for improvement

The following areas were identified for improvement in relation to infection prevention and control measures and the environment and ensuring any recommendations made as a result of the fire risk assessment have been actioned.

	Regulations	Standards
Total numb of areas for improvement	1	1

6.4 Is care effective?

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

Feedback from both the registered manager and staff confirmed that there was a handover meeting at the beginning of each shift; staff stated they were able to discuss and review the ongoing needs of patients during these meetings. Staff who were spoken with stated that if they had any concerns, they could raise these with the registered manager. Staff spoke positively about working within the home. Staff commented, "I like this home, there's a good atmosphere."

As previously discussed a range of assessments, to identify each patient's needs, were completed by a registered nurse on admission to the home; from these care plans which prescribed the care and interventions required to support the patient in meeting their daily needs were produced.

Other healthcare professionals, for example speech and language therapists (SALT), dieticians, physiotherapists and occupational therapists (OT) also completed assessments as required. The outcome of these assessments were available in the patient's notes.

We reviewed how patients' needs in relation to wound prevention and care, nutrition and falls were identified and cared for.

Records reviewed confirmed that wound care was delivered in keeping with the prescribed care. Records also evidenced that where necessary advice on the management of wounds was sought from healthcare professionals in the local Health and Social Care Trust. For example podiatry and tissue viability nurses (TVN). The wound care management documentation was retained in a separate folder. The folder was disorganised with information not relevant to current wound management plans. The registered manager was advised to ensure only current information was retained in this folder.

Arrangements were in place to identify patients who are unable to mobilise or move independently and are therefore at greater risk of skin breakdown. For those patients identified as at risk a care plan was in place. Pressure relieving care was recorded on repositioning charts. These charts evidenced that the patients were assisted by staff to change their position regularly.

Patients' nutritional needs were identified through assessment and care plans detailing the support patients need to meet their nutritional needs were put in place. Patients' weights were kept under review and checked monthly to identify any patient who had lost weight.

Patients we spoke with were very happy with the variety and quality of the meals provided. The morning tea trolley had a variety of snacks ranging from homemade tray bakes, breads and biscuits. However, we observed that the afternoon tea trolley did not have snacks available for patients who required a softer diet. Staff stated that they usually go to the kitchen and get yogurts for the patients who required a soft diet. The morning and afternoon tea trolleys should be stocked with a range of goods to suit the needs of all patients. This has been identified as an area for improvement.

Falls and post falls management to patients was also examined. Evidence was present of a risk assessment regarding falls and that following a recorded fall the post falls management protocol was followed, supporting documentation, for example; updated risk assessment and care plan were present.

Areas of good practice

There were examples of good practice found throughout the inspection regarding the involvement of other healthcare professionals in patient care.

Areas for improvement

An area for improvement was identified regarding ensuring patients who require a softer diet have the provision of a snack throughout the day and are offered a choice at mealtimes.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

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

We arrived in the home at 09:30 and were met immediately by staff who offered us assistance. Patients were being assisted by staff and were present in the dining rooms or in their bedroom waiting for breakfast to be served. Some patients remained in bed, again in keeping with their personal preference or their assessed needs.

We spoke with 10 patients individually and others in small groups. Patients confirmed that they were happy in the home, enjoyed their meals and that they could join in activities in they wanted to.

The patients told us the following:

- “Very pleasant staff.”
- “Staff are sound...the manager is very approachable.”
- “I’m very well looked after.”
- “Staff are brilliant.”
- “They (staff) put themselves out to look after you.”

We met with staff and some comments received included:

- “This is a very friendly home.”
- “We all work together.”
- “I’ve settled in here very well.”
- “I like this home, there’s a good atmosphere.”
- “Think they’re a bit short staffed at times.”

For those patients who were unable to voice their opinion or need assistance with personal care, staff are expected to provide the required care and record this on the patient’s personal care records. We observed a number of patients whose nails weren’t clean and some patients who needed mouth care. We reviewed the patients’ personal care records and the records all stated that this had been done that day and on previous days. This was concerning. Staff must always

ensure that any record maintained accurately reflects the care given. This was discussed with the registered manager and has been identified as an area for improvement.

The opinion of patients, staff and relatives are sought on a regular basis. The registered manager or designated staff completes a feedback survey with one patient and/or one relative and completes and records the findings of a daily walk around the home. The information garnered is automatically forwarded to a team in the organisation who generate an action notice where a shortfall had been identified. The findings of any audit completed in the home are also reviewed by the regional manager when completing the monthly quality monitoring visit.

Discussion with staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs. The planned activities programme was displayed in the home. The activities coordinator had recently commenced in the home and stated she was getting to know the patients individually.

We observed the serving of the midday meal. Staff started to assist patients to the dining room from 11.50 hours and we observed that some of the patients didn't have their meal until 13.00 hours. This was discussed with staff who stated that there were two meal services and the patients who required assistance with their meals were served first so as staff had time to spend with them. This is acceptable however those patients who do not require assistance shouldn't have to sit at the dining table for long periods of time before their meal is served. The presentation of the dining tables was poor despite a photograph displaying on the dining room wall of how tables were to be set. Staff were observed standing beside patients whilst assisting with their meals; this is not good practice as staff should be seated during this time. There was a choice of beef sausages or chicken casserole on the menu. The review of the patients' menu choice record showed that the patients who required a softer diet did not have a choice of meal. All patients should have a choice of meal at mealtimes.

We discussed our observations with the registered manager and have identified the patients dining experience as an area for improvement.

In addition to speaking with patients', a relative and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients' relatives/representatives' to complete; none were returned within the timescale. A poster was also displayed for staff inviting them to provide online feedback to RQIA and none was received.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to good communication between patients and staff and a varied activities programme.

Areas for improvement

Areas for improvement were identified regarding the patients' dining experience and attention to personal care and the accurate recording of any care given.

	Regulations	Standards
Total number of areas for improvement	1	1

6.6 Is the service well led?

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

The registered manager is the person in day to day operation of the home; the current manager has been registered with RQIA since 2014 and was knowledgeable of her responsibility with regard to regulations and notifying RQIA of events. The registered manager reported that they were well supported by the regional manager within the organisation. A review of the duty rota evidenced that the registered manager's hours were clearly recorded. Patients and staff reported that the manager was very approachable and available to speak to.

The registered manager reviews the services delivered by completing a range of monthly audits. Areas audited included staff practice with hand washing, cleanliness of the environment and care records. Complaints and accidents are reviewed monthly to identify trends and any common themes. The registered manager explained that the action required to achieve any improvements are shared with the relevant staff and rechecked by the manager to ensure the action has been completed. However, as previously discussed in 6.3 where shortfalls were identified during the inspection, the need for more effective monitoring (governance) has been identified as an area for improvement.

Discussion with the registered manager and staff; and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. The findings of any audit completed in the home are also reviewed by the regional manager when completing the monthly quality monitoring visit. The monthly quality monitoring reports for April and May 2019 were not available at the time of the inspection. These should be present to assist with the effective governance of the home and has been identified as an area for improvement. The annual quality report was also not available. This has been identified as an area for improvement.

A complaints procedure was displayed in the home and provided advice on how to make a complaint, the timescales involved and what to do if you were unhappy with the response provided by the home. Records were available of any complaints received. The records included the detail of the complaint, the outcome of any investigations, the action taken and if the complainant was satisfied with the response and outcome to their complaint.

Examples of written compliments received and comments from relatives have been provided in 6.4 and 6.6 of this report.

The regulations and standards identified as areas for improvement were discussed with Janice Brown, regional manager, Four Seasons Health Care by telephone following the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of complaints and incidents.

Areas for improvement

The following areas were identified for improvement in relation to the current annual quality report and the monthly quality monitoring reports being available in the home and robust governance arrangements are in place.

	Regulations	Standards
Total number of areas for improvement	2	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 Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 1 July 2019</p>	<p>The registered person shall ensure that infection prevention and control measures in the home are in accordance with regional procedures at all times.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The registered person has now placed DANI-CENTRES in areas of the unit so as to meet with infection prevention and control measures in accordance with regional guidelines.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 12 (4)</p> <p>Stated: First time</p> <p>To be completed by: 1 July 2019</p>	<p>The registered person shall ensure that a review of the patients dining experience is undertaken and that the approach to dining is improved for patients.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The registered person, in conjunction with the Resident Experience team, has undertaken a series of dining experience audits and staff supervisions. The 2 sittings at lunch has been structured appropriately. The Home is in the process of employing a carer to cover the lunch and evening meal period so as to enhance the dining experience. Monitoring of The Dining Experience will continue through the Resident Experience team under the Focus programme management and in the Regulation 29 Report.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p> <p>To be completed by: 15 July 2019</p>	<p>The registered person shall ensure that the governance systems in the report that report on the quality of nursing and services provided by the home are effective and thorough.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The registered person has put a governance system in place to support the quality of nursing and all services provided. Governance audits will be thorough and have relevant detail. Those staff who undertake audits will receive further training in governance system completion. The registered manager will conduct a monthly governance meeting with all heads of departments. Monitoring of the governance systems will be undertaken via the focus programme management and in the Regulation 29 Report.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 17</p> <p>Stated: First time</p> <p>To be completed by: 1 July 2019</p>	<p>The registered person shall ensure that a report on the review of the quality of nursing and other services provided by the home is completed on an annual basis and that the report is made available for patients, relatives and other stakeholders.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The registered person is reviewing the quality of nursing and other services provided by the Home so as to inform the Annual Quality Report that is being completed at present.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 48.4</p> <p>Stated: First time</p> <p>To be completed by: Immediate action</p>	<p>The registered person shall ensure that the action taken regarding any recommendations made in the fire risk assessment report is clearly stated.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The registered person has ensured that all actions required have been completed, the fire risk assessment for 2019 has been carried out and is ready for actions to be addressed and signed.</p>
<p>Area for improvement 2</p> <p>Ref: Standards 6 and 12</p> <p>Stated: First time</p> <p>To be completed by: Immediate action</p>	<p>The registered person shall ensure that patients who require a softer diet are offered a choice of meal at mealtimes and that there is provision for a suitable snack throughout the day.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The registered person has met with the newly appointed catering manager and discussed the menus that have now been changed to meet the needs of all residents there are suitable snacks in the Care Home for the residents throughout the day.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4 and 6.14</p> <p>Stated: First time</p> <p>To be completed by: Immediate action</p>	<p>The registered person shall ensure that patients receive the required personal care and that records accurately reflect the care that they have received.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Staff supervisions on the role and responsibilities of staff are in progress to ensure that the care received is reflected accurately within care records.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 35.7</p> <p>Stated: First time</p> <p>To be completed by: Immediate action</p>	<p>The registered person shall ensure that copies of any monthly quality monitoring report are available in the home.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: In the body of the report it states that the May 2019 Regulation 29 Report was not available to the Inspector on the day of the inspection but the Care Inspection was conducted on Thursday 30th May and the Regulation 29 Report was conducted on 31st May 2019. The registered person has put systems in place that will ensure that all monitoring reports are available in the Home at all times.</p>
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Please ensure this document is completed in full and returned via Web Portal



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