



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 10 October 2019



Ballyclare Nursing Home

Type of Service: Nursing Home
Address: 107a Doagh Road, Ballyclare, BT39 9ES
Tel No: 0289334 0310
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 2015.

1.0 What we look for



2.0 Profile of service

Ballyclare Nursing Home is registered to provide nursing care and residential care (for named residents) for up to 34 persons.

3.0 Service details

Organisation/Registered Provider: Hutchinson Homes Ltd Responsible Individual: Janet Montgomery	Registered Manager and date registered: Dorothy Burns 17 December 2018
Person in charge at the time of inspection: Dorothy Burns	Number of registered places: 34 There shall be a maximum of 1 named resident receiving residential care in category RC-I.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.	Number of patients accommodated in the nursing home on the day of this inspection: 30

4.0 Inspection summary

An unannounced inspection took place on 10 October 2019 from 09.40 hours to 17.30 hours.

The term 'patient' is used to describe those living in Ballyclare Nursing Home which provides both nursing and residential care.

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

Areas for improvement in respect of previous medicines management inspection have also been reviewed and validated as required.

Evidence of good practice was found in relation to the provision and training of staff, staff's attentiveness to patients and patient care. The environment was safely managed without detracting from the homely atmosphere.

There were examples of good practice found throughout the inspection in relation the delivery of care which took into account personal choice and independence for patients. Patients were attended to by their GP and other healthcare professionals as they required. Staff were well informed of the needs of the patients and worked well as a team to deliver the care required.

We observed that patients were offered choice within the daily routine, that systems were in place to provide patients with a say in the day to day running of the home and that the activities provided had a positive impact on the patients.

There were established management arrangements with systems in place to provide management with oversight of the services delivered.

Areas for improvement were identified in relation to the use of potential restrictive practice, the provision of an annual quality report, the induction training record of new staff, the patients' dining experience, the management of patients' fluid intake and seeking the views of patients and their representatives on the running of the home on at least an annual basis.

An area for improvement identified at the previous care inspection of 31 May 2018 regarding patient care records has been stated for a second time in this report.

Patients described living in the home in positive terms. Those unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff. One patient commented, "They're very good to me."

Comments received from patients, people who visit them and staff, 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	2	*5

*The total number of areas for improvement includes one standard which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Dorothy Burns, 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 9 August 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 9 August 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 pharmacy issues, 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 23 September to 10 October 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
- three staff recruitment and induction files
- four patient care records
- patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports from July to September 2019
- RQIA registration certificate.

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

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

6.0 The inspection

6.1 Review of areas for improvement from previous 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 27 Stated: Second time	The registered person shall ensure nurse call bells are available in each patient's bedroom and that all wardrobes are secured safely to bedroom walls to mitigate the risk of injury to patients.	Met
	Action taken as confirmed during the inspection: We observed that call bells were available in each patient's bedroom with the exception of one bedroom. The rationale as to why the call bell was not in place was clearly stated in the patient's care records.	
Area for improvement 2 Ref: Regulation 16 Stated: Second time	The registered provider shall ensure that care plans have been developed within 5 days of admission and are reviewed and updated in response to the changing needs of patients.	Met
	Action taken as confirmed during the inspection: We reviewed the care documentation for two patients' who were recently admitted. The review evidenced that care plans had been written within five days of admission.	
Area for improvement 3 Ref: Regulation 13 (1) (b) Stated: Second time	The registered person shall ensure records of clinical observation and actions taken post fall are appropriately recorded in the patient care records.	Met
	Action taken as confirmed during the inspection: We reviewed the care documentation for two patients who had recently fallen. Evidence was present that clinical observations had been taken in accordance with post falls management guidelines.	

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.</p> <p>This area for improvement is made in reference to preparation of cleaning products as per manufacturer's guidance, domestic staff's use of PPE and hand hygiene.</p> <p>Action taken as confirmed during the inspection: We observed the infection prevention and control measures in place throughout the inspection. PPE equipment was readily available and used appropriately by staff.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure gaps in employment records are explored and explanations recorded.</p> <p>Action taken as confirmed during the inspection: We reviewed three staff recruitment and selection files regarding exploring if there were any gaps in the employment history. Satisfactory arrangements were in place in respect of this and no deficits were in evidence.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 40</p> <p>Stated: First time</p>	<p>The registered person shall ensure staff receive at least six monthly supervision and their performance is appraised annually to promote the delivery of quality care and services.</p> <p>Action taken as confirmed during the inspection: The review of records evidenced that a planned system for the supervision and appraisal of staff was in place and was being adhered to.</p>	<p>Met</p>

Area for improvement 3 Ref: Standard 4 Stated: First time	The registered person shall ensure that care plans kept under review and updated in response to the changing needs of patients.	Not met
	Action taken as confirmed during the inspection: The review of patients' care records evidenced that there were some 'gaps' regarding the monitoring of and evaluating of care. This area for improvement has not been met and has been stated for a second time.	

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 29 Stated: First time	The registered person shall ensure that the systems in place for recording tasks which are delegated to care assistants are reviewed to ensure they are robust.	Met
	Action taken as confirmed during the inspection: We reviewed the system which had been put in place to ensure care staff record for example; the application of a topical cream/ointment. The system viewed was being diligently maintained by care staff.	

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.

Staffing levels within the home were reviewed with the registered manager. The registered manager confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. We asked patients and their visitors about staffing levels and none expressed any concern. Several patients spoke positively about the home to the inspector, including comments such as: "they're (staff) a very good team."

A review of the staffing rota provided assurance that rostered staffing levels were regularly met and that the staffing skill mix was in keeping with the Care Standards for Nursing Homes, April 2015. One staff member told the inspector: "It's like a home here, staff work as a team."

Discussion with both the registered manager and staff provided assurance that staff were effectively supported by the registered manager through informal conversation and a process of bi-annual supervision and annual appraisal. Four staff were spoken with individually and each one expressed a high level of satisfaction with the support they received from the registered manager. Staff comments included:

- "I can go to the manager if I needed to, never a problem."
- "Housekeeping staff work well together as a team."

Feedback from staff also provided assurance that new members of staff undergo a formal, structured period of induction. However the review of two staff members' recruitment and selection records, evidenced that the induction records were unavailable and/or not in evidence. This was discussed with the registered manager who stated that induction had been completed by the staff members and accepted that the records should be present to validate this. This has been identified as an area for improvement.

A review of governance records provided assurance that all notifiable incidents had been reported to the Regulation and Quality Improvement Authority (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).

Staff confirmed that they received regular mandatory training to ensure they knew how to provide the right care. Training is provided to staff by means of either face to face instruction or using online resources. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home.

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.

The management of adult safeguarding within the home was discussed with the registered manager. It was confirmed that adult safeguarding is an integral component of mandatory training for all staff. Feedback from staff throughout the inspection confirmed that they possessed an effective understanding of how to recognise and respond to potential safeguarding incidents.

We reviewed the management of risk, including potential restrictive practice. The use of a pressure mat which alerted staff to the movement of one patient was reviewed. It was good to note that appropriate and comprehensive risk assessments had been completed however in discussion with staff they felt the use of the pressure mat was no longer needed. Care records did not reflect this and the continued use of the pressure mat must be reviewed. We observed that a number of patients were seated in specialised seating (kirton chairs). The review of the patients' care records did not reflect that the use of the chair had been risk assessed or that other professionals had been consulted/involved in the decision making process regarding the chairs.

This practice was not in accordance with best practice guidelines on the use of a potential restrictive practice. Staffs' understanding of restrictive practice should be enhanced so as the correct procedures are followed at all times. This has been identified as an area for improvement.

We looked round a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm, comfortable clean and tidy. It was pleasing to note that several communal areas, including a lounge and dining room appeared bright and welcoming to patients and visitors

Staff were observed adhering to infection, prevention and control best practice standards throughout the inspection. Gloves and aprons were readily available to staff and used appropriately while they were attending to patients' needs. We discussed the monitoring system/audits in use regarding cleanliness and hygiene. A new template may be of benefit for staff to complete as the current system is time consuming. The registered manager agreed to review and revise the current system.

We also saw that fire safety measures were in place to ensure patients, staff and visitors to the home were safe. Staff confirmed that the fire detection and warning system was tested weekly and that they were aware of the need to complete fire safety drills/evacuations as part of their training programme. The most recent fire drill/evacuation training for staff was 13 September 2019 and the fire risk assessors report was dated 29 April 2019 and there were no recommendations made in the report.

In relation to medicines management the most recent medicines management inspection was 9 August 2018, one area for improvement was identified, this was reviewed at this inspection and evidence was of the action taken and was satisfactory.

Areas of good practice

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

Areas for improvement

The following areas were identified for improvement in relation to the use of potentially restrictive practices and the induction of staff.

	Regulations	Standards
Total number 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 that if they had any concerns, they could raise these with the registered manager. Staff spoke positively about working within the home. Staff commented, "It's a good home to work in."

Review of care records generally evidenced multi-disciplinary working and collaboration with professionals such as GPs, tissue viability nurses (TVN), dieticians and speech and language therapists (SALT) with one exception. As previously discussed in 6.3 the use of specialised seating should be a collaborative approach with other professionals.

The care records also evidenced that staff regularly communicated with patients' families or representatives and also used a range of risk assessments to help inform the care being provided.

The use of a pressure mat which alerted staff to the movement of one patient was reviewed. It was good to note that appropriate and comprehensive risk assessments had been completed however in discussion with staff it was stated that they felt the need for the pressure mat was no longer relevant. This should have been reflected in the patient's care records and clarity of the future use of the equipment stated.

Wound care which was being provided to one identified patient was also considered. Wound care documentation evidenced that the multidisciplinary team (MDT) had been involved in the patients' care and treatment and that any recommendations made by the MDT had been incorporated into the patients care plan. Wound care management was in accordance with professional guidelines.

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. A discussion with a registered nurse regarding falls management confirmed the registered nurse's clear understanding and responsibility in respect of post falls management.

The management of patients' fluid intake was reviewed. The review of the fluid intake for a patient indicated that fluid intake could be problematic. Whilst the total intake for twenty four hours was being recorded there was no reference to the desired daily intake or when action was to be taken when the daily target was not consecutively met. This has been identified as an area for improvement.

The review of patients' care records also did not evidence a consistent approach to the monitoring and evaluating of patient care so as to reflect current need. This had been identified as an area for improvement at the previous inspection of 31 May 2018 and has been stated for a second time in this report.

The serving of the midday meal on the first floor was observed. The quality of the meal provided was very good, patients were afforded choice at mealtimes and specific dietary needs were met. However, some issues arose. The notice board in the dining room had dietary information written on it naming individual patients. Patients names in respect of treatments or information should not be in view of others in order to promote and protect confidentiality. There was a microwave being used to heat patients meals that required a tray service. Food or liquid heated in a microwave should have the temperature probed to ensure it is the correct temperature and there is no risk to patients. This was discussed with the registered manager who was advised to review the system for the tray service for meals. The microwave itself had small areas of rust and had been repaired. A new microwave should be purchased due to this. Whilst the approach and support staff gave patients was very good the volume of noise in the dining room was quite high, this was added to

by the radio being on. Music can provide a positive atmosphere however the volume needs to be monitored. We discussed the importance of providing quieter times occasionally as continual music and noise can be unsettling. Patients should be consulted on their opinion on this. The dining experience 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 wound care management and post falls management.

Areas for improvement

The following areas were identified for improvement in relation to the dining experience, and the monitoring and management of patients’ fluid intake.

	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.

We arrived in the home at 09.40 and were met immediately by staff who offered us assistance. Patients were present in the lounges or in their bedroom, as was their personal preference. The atmosphere in the home was welcoming. Observations of interactions throughout the day demonstrated that patients relating positively to staff and to each other. Staff members were observed interacting sensitively with service users and being attentive to each person’s needs. Patients were engaged by staff with respect and encouragement at all times. One patient commented, “Staff are lovely, very accommodating.”

Activities, such as art, music, quizzes, crafts and board games were part of the weekly programme. Patients have the opportunity to worship as there is a weekly interdenominational service and many church groups visit the home. The weekly activities are displayed on a notice board at the entrance to the home.

There were systems in place to ensure that the views and opinions of patients and their representatives were sought and taken into account included patient and representatives meetings and daily discussions with patients and their visitors. An annual quality survey with patients and/or their representatives regarding the quality of nursing and other services provided by the home had not been completed from 2016. This was discussed with the registered manager as it is important to give patients and their representatives an opportunity to comment on the services provided and make suggestions for the future. This has been identified as an area for improvement.

Thank you cards and compliments were displayed in the home. Comments received included:

- “You are all amazing....you made the last three years for my (relative) the best they could be.....you cared for her in the true sense of the word.” (patient’s representative) June 2019

- “Thank you for all the care and attention you gave to my (relative) the time she spent in Ballyclare.” (patient’s representative) May 2019

We spoke with patients during the inspection and comments included:

- “Staff are lovely, very accommodating.”
- “They’ve (staff) a lot to contend with.”
- “If you buzz for them (staff), they come right away.”
- “Very kind and thoughtful.”
- “I eat what does me and I enjoy what I get.”
- “They’re (staff) very good to me.”

A patient’s representative met with us and commented:

- “Very pleased with her, very homely and staff are very good, it says a lot when the staff have worked here a long time.”

Staff commented:

- “Good home to work in.”
- “No problem going to the manager.”
- “I would never go and work in another nursing home as patients come first here.”

There were no questionnaires completed and returned to RQIA from patients or patients’ representatives. One questionnaire was completed and returned by a staff member. The responses indicated that the staff member was satisfied that care was safe, compassionate and that the service was well led. The responded was not satisfied that care was effective. An additional comment was made:

- “Care is brilliant however, sometimes relevant information is not passed on, this is not reflective of all nursing staff, just some. Management are very approachable and flexible when you have other commitments e.g. studies or family.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the centre, listening to and valuing service users and taking account of their views.

Areas for improvement

An area identified for improvement was identified regarding the completion of an annual quality survey with patients and/or their representatives.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is the service well led?

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

The registered manager is the person in day to day operation of the home; the current manager has been registered with RQIA since 2018 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 Group Operations 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.

In addition, monthly quality monitoring reports completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 were reviewed. Copies of the reports were available for patients, their representatives, staff and trust representatives. However, the annual quality report was 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. One staff member commented:

- "I can go to the manager if I needed to, never a problem."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

Areas for improvement

An area for improvement was identified regarding the completion of an annual quality report.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Dorothy Burns, 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 14 (5)</p> <p>Stated: First time</p> <p>To be completed by: 18 November 2019</p>	<p>The registered person shall ensure that staff understand and adhere to the regional and professional guidelines for the use of a potential restrictive practice. Patient care records should accurately reflect that the guidelines have been adhered to.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: All staff understand and will adhere to the Guidelines for the use of potential restrictive practice, ensuring that patient care records will reflect that the Guidelines have been addressed and adhered to. Deprivation of Liberty audits and training are being undertaken and planned.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 17</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2019</p>	<p>The registered person shall ensure that systems are maintained for the reviewing of the quality of nursing and other services in the home that include consultation with patients and their representatives. A report should be available in the home.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: Service user questionnaires are being issued and will be collated into a report over the coming weeks.</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>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action</p>	<p>The registered person shall ensure that care plans are kept under review and updated in response to the changing needs of patients.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: Systems are in place to ensure patients' care records remain under review and are updated regularly, as well as in response to their changing needs</p>
<p>Area for improvement 2</p> <p>Ref: Standard 39.1</p> <p>Stated: First time</p> <p>To be completed by: 18 November 2019</p>	<p>The registered person shall ensure that the induction training records for newly appointed staff are available and evidence that induction training had been satisfactorily completed.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: All new staff have induction and records are completed and available to evidence satisfactory completion of induction</p>

<p>Area for improvement 3</p> <p>Ref: Standard 12.5</p> <p>Stated: First time</p> <p>To be completed by: 18 November 2019</p>	<p>The registered person shall ensure that the management of individual's fluid intake has been assessed and where need is identified a care plan identifying when action is to be taken when the desired daily intake is consecutively not achieved.</p> <p>Ref: 6.4</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 18 November 2019</p>	<p>Response by registered person detailing the actions taken: All patients have fluid intake assessed and where need is identified individual care plans identify care plans identify the action to be taken if the desired daily intake is not consecutively obtained</p> <p>The registered person shall ensure the patients dining experience is reviewed with specific attention given to:</p> <ul style="list-style-type: none"> • The system in place for patients who cannot come to the dining room • The use of the microwave • The noise level in the dining room <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The system in place for those patients who cannot come to the dining room for meals has been reviewed to ensure that meals are provided appropriately. A new dining room microwave has been obtained and a food probe to ensure meals are served at correct temperatures. Staff have been advised to consider the effect of the noise level throughout the home and ensure that residents needs and choice are considered when using radios, CD's, television with regard given to communal living environment.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 7</p> <p>Stated: First time</p> <p>To be completed by: 1 January 2020</p>	<p>The registered person shall ensure that the views and opinions of patients and their relatives about the running of the home are sought formally at least once a year.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: By end November 2019 each resident and their relatives will have the opportunity to formally provide their views and opinions about the running of the home. This information will be continue to be sought at least annually</p>

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



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