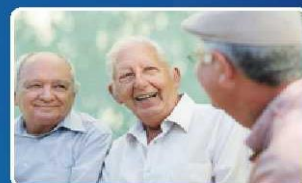


# Inspection Report

17 January 2024



## Clareview House

Type of Service: Nursing Home

Address: 105 Doagh Road,  
Ballyclare, BT39 9ES

Tel no: 028 9334 9694

[www.rqia.org.uk](http://www.rqia.org.uk)

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Hutchinson Homes Limited  <b>Responsible Individual</b> Mrs Naomi Carey	<b>Registered Manager:</b> Sharon Bell <b>Date registered:</b> 08 November 2010
<b>Person in charge at the time of inspection:</b> Mrs Sharon Bell – manager	<b>Number of registered places:</b> 35  A maximum of 5 patients in category NH-DE.
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 30
<b>Brief description of the accommodation/how the service operates:</b>  This home is a registered Nursing Home which provides nursing care for up to 35 patients. The home is divided in two units over two floors. The ground floor and first floor provides general nursing care and there is a five-bedroom unit on the ground floor which provides care for people living with dementia.	

## 2.0 Inspection summary

An unannounced inspection took place on 17 January 2024, from 9.50 am to 6.00 pm by a care Inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients told us that they were well looked after; they told us staff were friendly and confirmed that staff attended to them in a timely manner. Patients who were less able to communicate their views were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report. The home environment was warm, clean and comfortable.

Areas requiring improvement were identified during this inspection and is discussed within the main body of the report and Section 6.0.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience. Addressing the areas for improvement will further enhance the quality of care and service in the home.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection. This included the registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in Clareview House. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. Five responses were received indicating satisfaction with the services provided. A poster was provided for staff detailing how they could complete an on-line questionnaire. No responses were received.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

### **4.0 What people told us about the service**

Patients expressed no concerns about the care they received and confirmed that all of the staff were 'good'. Patients also told us that the food was good. Two patients said, "I am looked after well." and "I have no complaints."

Staff told us that they were mostly satisfied with the staffing levels and that team work was good.

No responses to the questionnaires provided were received following the inspection.

### **5.0 The inspection**

**5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

Areas for improvement from the last inspection on 9 January 2024		
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 13(1) (a) (b)  <b>Stated:</b> Second time	The registered person shall ensure that nursing staff follow the home's policy and Regional Guidance on the management and evaluation of care during and following a fall. This includes but is not limited to evidencing that clinical or neurological observations are carried out for all patients following a fall and that accidental falls care plans and risk assessments are reflective of the patients' needs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records evidenced this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 16 (1) (2) (b)  <b>Stated:</b> Second time	The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission. The care plans should be further developed within five days of admission and kept under review to reflect the changes needs of the patients.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records evidenced that this area for improvement was not met and is stated for a third time. This is discussed further in section 5.2.2	
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 10 (1)  <b>Stated:</b> Second time	The registered person shall review the home's current audit processes to ensure they are effective. Consideration should also be given to the scope of the audits undertaken which should include auditing of restrictive practice, and/or care records or staff use of PPE.	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> This area for improvement was met as stated. However, a new area for improvement in relation to the care record audits is stated and is discussed further in section 5.2.5	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> Second time	The registered person shall ensure that the provision of activities in the home is reviewed to make sure that meaningful activities are provided to patients in the absence of the Personal Activity Lead. Activities must be integral part of the care process and care planned for. A contemporaneous record of activities delivered must be retained.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was partially met and is stated for a third time. This is discussed further in section 5.2.4.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> Second time	The registered person shall ensure the following: <ul style="list-style-type: none"> <li>• The patient dining experience is reviewed with regards to the availability of glassware</li> <li>• Variations to the planned menu are recorded.</li> </ul>	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was partially met and is now subsumed into an area for improvement under the regulations. This is discussed further in section 5.2.2	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 21.1  <b>Stated:</b> Second time	The registered person shall ensure that patients' wound care needs are managed in an effective manner at all times; this includes but is not limited to ensuring that: records are updated in a timely manner to reflect the assessed needs of patients; wound assessments and evaluations are completed after each dressing and daily progress notes	<b>Not met</b>

	include meaningful and patient centred entries regarding patients' skin condition.	
	<b>Action taken as confirmed during the inspection:</b> A review of records evidenced that this area for improvement was not met and is stated for a third time. This is discussed further in section 5.2.2	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	The registered person shall ensure detailed and patient centred care plans are in place for those availing of bespoke one to one care.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records evidenced that this area for improvement was partially met and is stated for a second time. This is discussed further in section 5.2.2	
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> First time	The registered person shall ensure an accurate fluid balance is recorded for those patients who required to have their fluid intake/output monitored. These records should be reviewed and evaluated daily by a registered nurse.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records evidenced that this area for improvement was partially met and is stated for a second time. This is discussed further in section 5.2.2.	
<b>Area for improvement 6</b>  <b>Ref:</b> Standard 12.7  <b>Stated:</b> First time	The registered person shall ensure that food intake records are reflective of the actual food consumed by patients.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records evidenced that this area for improvement was not met and is stated for a second time. This is discussed further in section 5.2.2.	

<b>Area for improvement 7</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time	The registered person shall ensure menus are reviewed to evidence a choice of meals offered to patients and these choices are varied and recorded accurately.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records evidenced this area for improvement was met.	
<b>Area for improvement 7</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time	The registered person shall ensure menus are reviewed to evidence a choice of meals offered to patients and these choices are varied and recorded accurately.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records evidenced this area for improvement was met.	
<b>Area for improvement 8</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time	The registered person shall ensure that personal medication records are signed and verified as accurate by two trained members of staff when written and updated.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 9</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time	The registered person shall ensure that care plans are in place to direct staff when patients are prescribed medicines to manage chronic pain.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 10</b>  <b>Ref:</b> Standard 30	The registered person shall ensure that the maximum, minimum and current temperatures of the medicines refrigerator are monitored and recorded daily and that appropriate action is taken if the temperature	<b>Carried forward to the next inspection</b>



<b>Stated:</b> First time	recorded is outside the recommended range of 2-8°C.	
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 11</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time	The registered person shall ensure that written confirmation of medicines is obtained from the prescriber at or prior to admission for all new admissions to the home.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty.

There were systems in place to ensure that staff were trained and supported to do their job. The manager confirmed there was a balance in the training delivered between e-learning and face to face. However, the records evidenced not all staff had completed an annual fire drill, Deprivation of Liberty Safeguards (DoLS) training. Staff were also required to update their training in Dementia care and Dysphagia training. An area for improvement was identified.

Staff told us that they were satisfied with the staffing levels in the home and that team work was good. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. During the staff lunch break bespoke one to one care for a patient was not adequately covered. This was discussed with the manager and an area for improvement was identified.

The manager told us staff allocations to duties were completed by the nurse in charge at the start of each shift however this was not documented for the night shift. The manager confirmed in writing following the inspection that this was now in place. This will be reviewed again at the next inspection.



Staff members were seen to respond to patients' needs in a timely manner and were seen to be warm and polite during interactions.

Patients spoke highly about the care that they received and confirmed that staff attended to them in a timely manner; patients also said that they would have no issue with raising any concerns to staff.

### 5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients.

The staff members were seen to speak to patients in a caring and professional manner; they offered patients choice and options throughout the day. For example, patient could choose where they wanted to spend their time or what activity they would like to do.

Review of a selection of patient care records evidenced that a number of previous areas for improvements specific to patient care records had not been fully met. For example, ensuring the records were patient centred and updated to reflect the patients' current needs, the development of care records following admission to the home, the management of one to one care, wound care and the recording of food and fluid intake charts.

While RQIA acknowledged some improvements had been made since the last care inspection, these had not been sustained over time. It was also evident that the system in place to monitor the content and quality of record keeping by registered nurses and care staff needed to be more robust. Details were discussed with the manager during feedback and with the responsible individual following the inspection. Please refer to the Quality Improvement Plan (QIP) in Section 6 for details of the areas for improvement made about patient care records.

A review of care records including care plans for patients evidenced these were not person centred and lacked specific details to direct the care required for example who required assistance with their mobility. The personalisation of care plans including mobility care plans was discussed with the manager and an area for improvement was identified

The daily and monthly evaluation of care was reviewed. The monthly evaluations lacked a person centred approach and the oversight from the registered nurses of the supplementary care records was inconsistent within the daily records of care. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Observation of the lunchtime meal service confirmed that the mealtime was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available. Staff attended to patients in a caring manner. The patients commented positively about the food provision.

It was noted that the meal served was not the meal on the planned menu. Discussion with staff also evidenced that this was sometimes the case with other mealtimes. It was established that the catering team did not keep records to evidence why or when they deviated from the planned

menu. Details such as this can be required by Environmental Health Officers or Medical Officers in the event of an infectious outbreak.

In the dementia unit the menu was not displayed. In the main dining area whilst the menu was displayed it was not visible to patients. This was discussed with the manager and an area for improvement previously stated has now been subsumed into a new area for improvement under the regulations.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Equipment such as manual handling equipment and wheelchairs were not effectively cleaned between each patient use. This was discussed with the manager and an area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

Review of records, observation of practice and discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided. Signage promoting effective hand hygiene and safe use of PPE was displayed throughout the home. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

### **5.2.4 Quality of Life for Patients**

Discussion with patients confirmed that they were able to choose how they spent their day. For example, some patients told us they liked the privacy of their bedrooms, but enjoyed going to the dining room for meals and choosing where to sit with their friends. Other patients preferred to enjoy their meals and socialise in the lounge.

Patients were observed listening to music, chatting with staff and watching TV.

The activity planner was displayed as a monthly planner on the door of the dementia unit lounge the suitability of activities displayed in this manner was discussed with the manager. The manager told us that the activity therapist hours had been recently increased to cover every other weekend. It was good to note the improvement of the hours however, there were no records of any activity provision in the absence of the activity therapist and the area for improvement made previously has been partially met and is stated for a third time.

### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection Sharon Bell has been the registered manager in this home since 8 November 2010.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

A system of audits was in place to monitor restrictive practices, care record audits and infection prevention and control (IPC) practices and measures. As discussed previously in section 5.2.2 a number of concerns were identified regarding patient care records and a review of the care records audit found that these deficits had not been identified through the auditing process; the need for further development of this audit was discussed with the manager and responsible individual and a new area for improvement in regards to the care records was identified.

A review of the accidents incidents evidenced these had been notified to RQIA appropriately.

Messages of thanks including thank you cards and emails received from relatives/visitors to the home were kept and shared with staff.

There were systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the safeguarding policy. Mrs Sharon Smyth is the adult safeguarding champion for the home.

The home was visited each month by a representative of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and available for review by patients, their representatives, the Trust and RQIA.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4*	13*

\* the total number of areas for improvement includes one under the regulations and two under the standards that have been stated for a third time; and three that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Sharon Bell, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 16 (1) (2) (b)  <b>Stated:</b> Third time  <b>To be completed by:</b> 1 April 2024	The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission. The care plans should be further developed within five days of admission and kept under review to reflect the changes needs of the patients.  Ref: 5.1 and 5.2.2
	<b>Response by registered person detailing the actions taken:</b> This process has been discussed with the staff nurse team and through individual supervision. The Home manager will continue with audits on day 5 post admission to ensure compliance
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 April 2024	The registered person shall ensure care records are patient centred and care plans contain sufficient details to inform the care to be provided. This is stated in reference but not limited to mobility records.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> This has been discussed through team meetings and individual supervisions. The Home Manager will carry out regular audits to ensure compliance with same
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 10 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> 17 April 2024	The registered person shall review the current system in place to monitor the quality and content of patient care records. The system of auditing ensures that nursing and care staff are adhering to professional standards and best practice guidance in record keeping. Action plans are developed to address the deficits identified by the audit.  Ref: 5.2.2

	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Home manager will carry out monthly audits and develop action plans. Any deficits identified will be followed up with the individual staff nurses</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 12 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 February 2024</p>	<p>The registered person shall ensure</p> <ul style="list-style-type: none"> <li>the menu is displayed in an appropriate format to ensure patients are aware of the meal to be served at each mealtime</li> <li>any variation to the planned menu is recorded in keeping with food safety standards.</li> </ul> <p>Ref:5.2.2.</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>An alternative format for displaying the menu is being explored to ensure patients are aware of meal choices. Staff will also verbally inform the patients as to what food is being served Any alternatives or variations are being recorded and this will be reviewed by the Home Manager on a monthly basis</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 9 January 2024</p>	<p>The registered person shall ensure that personal medication records are signed and verified as accurate by two trained members of staff when written and updated.</p> <p>Ref:5.1</p>
	<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that care plans are in place to direct staff when patients are prescribed medicines to manage chronic pain.</p> <p>Ref:5.1</p>

<b>To be completed by:</b> 9 January 2024	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time  <b>To be completed by:</b> 9 January 2024	<p>The registered person shall ensure that the maximum, minimum and current temperatures of the medicines refrigerator are monitored and recorded daily and that appropriate action is taken if the temperature recorded is outside the recommended range of 2-8°C.</p> <p>Ref:5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time  <b>To be completed by:</b> 9 January 2024	<p>The registered person shall ensure that written confirmation of medicines is obtained from the prescriber at or prior to admission for all new admissions to the home</p> <p>Ref:5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 21.1  <b>Stated:</b> Third time  <b>To be completed by:</b> 17 January 2024	<p>The registered person shall ensure that patients' wound care needs are managed in an effective manner at all times; this includes but is not limited to ensuring that: records are updated in a timely manner to reflect the assessed needs of patients; wound assessments and evaluations are completed after each dressing and daily progress notes include meaningful and patient centred entries regarding patients' skin condition.</p> <p>Ref: 5.1 and 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>            This has been discussed with the staff team and through individual supervision. Home Manager will audit on a monthly to ensure compliance</p>
<b>Area for improvement 6</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> Third time	<p>The registered person shall ensure that the provision of activities in the home is reviewed to make sure that meaningful activities are provided to patients, in both units of the home, in the absence of the activity therapist. Activities must be integral part of the care process and care planned for. A</p>



<b>To be completed by:</b> 1 April 2024	contemporaneous record of activities delivered must be retained.  Ref: 5.1 and 5.2.4
	<b>Response by registered person detailing the actions taken:</b> A plan of weekly activities is in place. Records are kept by activity therapist and care staff. Care plans are in place specifying what activities are meaningful to each resident. Staff will be aware of these care plans and ensure individual needs are met The Home Manager will audit the activity care plan and records on a monthly basis.
<b>Area for improvement 7</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> Second time  <b>To be completed by:</b> 17 April 2024	The registered person shall ensure detailed and patient centred care plans are in place for those availing of bespoke one to one care.  Ref:5.1 and 5.2.2.
	<b>Response by registered person detailing the actions taken:</b> The care plan is now in place for the resident who has bespoke 1:1 care and this be audited on a monthly basis
<b>Area for improvement 8</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> Second time  <b>To be completed by:</b> 17 April 2024	The registered person shall ensure an accurate fluid balance is recorded for those patients who required to have their fluid intake/output monitored. These records should be reviewed and evaluated daily by a registered nurse.  Ref:5.1 and 5.2.2.
	<b>Response by registered person detailing the actions taken:</b> Fluid balance records are in place and staff are reminded to complete accurately. Staff nurse will record total fluid intake/output for the 24 hour period
<b>Area for improvement 9</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> Second time  <b>To be completed by:</b>	The registered person shall ensure that food intake records are reflective of the actual food consumed by patients.  Ref:5.1 and 5.2.2
	<b>Response by registered person detailing the actions taken:</b>

17 April 2024	This has been discussed with all care staff and the importance of accuracy emphasised
<b>Area for improvement 10</b>  <b>Ref:</b> Standard 39  <b>Stated:</b> First time  <b>To be completed by:</b> 30 April 2024	The registered person shall ensure staff are kept up to date with training requirements commensurate to their role. This is stated in reference but not limited to Fire drills, DoLs, Dysphagia and Dementia training.  Ref:5.2.1
	<b>Response by registered person detailing the actions taken:</b> All mandatory training will be completed by end of April 24
<b>Area for improvement 11</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time  <b>To be completed by:</b> 17 January 2024	The registered person shall ensure that robust arrangements are in place to ensure one to one care is provided as required and breaks for staff providing this care are appropriately managed.  Ref:5.2.1
	<b>Response by registered person detailing the actions taken:</b> This has been reviewed and staff are aware to stagger their breaks to ensure 1:1 care is provided at all times
<b>Area for improvement 12</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> 17 January 2024	The registered person shall ensure the monthly and daily evaluations of care are patient centred and clearly evidence oversight of the supplementary care records.  Ref:5.2.2
	<b>Response by registered person detailing the actions taken:</b> This has been discussed with the staff through individual supervision and will be audited by the Home Manager on a monthly basis

<b>Area for improvement 13</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time  <b>To be completed by:</b> 17 January 2024	The registered person shall ensure that communal patient equipment is effectively decontaminated between each use in accordance with IPC guidance.  Ref:5.2.3
	<b>Response by registered person detailing the actions taken:</b> The cleaning schedule has been reviewed and all staff are aware to ensure equipment is cleaned between each use

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



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