

# Unannounced Care Inspection Report 8 June 2017



## Camphill

**Type of Service: Nursing Home (NH)**  
**Address: 62 Toome Road, Ballymena, BT42 2BU**  
**Tel No: 028 25 658999**  
**Inspector: Sharon McKnight**

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

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 72 persons.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Four Seasons Healthcare</p> <p><b>Responsible Individual:</b> Dr Maureen Claire Royston</p>	<p><b>Registered Manager:</b> The registered manager was on extended planned leave.</p>
<p><b>Person in charge at the time of inspection:</b> Ms Stella Law (temporary manager)</p>	<p><b>Date manager registered:</b> Temporary management arrangements were in place from 22 May 2017</p>
<p><b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.</p>	<p><b>Number of registered places:</b>  72  A maximum of 42 persons in category NH-DE accommodated within the Dementia Wing. One named person in category NH-MP(E).</p>

### 4.0 Inspection summary

An unannounced inspection took place on 8 June 2017 from 09:15 to 16:00.

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.

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

Evidence of good practice was found in relation to staff recruitment, induction, training, adult safeguarding and infection prevention and control, care planning and the management of nutrition and daily fluids. Care delivery was good with patients being afforded dignity and privacy and evidence that their accounts and views were listened to. We found that governance arrangements, management of complaints and incidents and monthly monitoring of the service were maintained.

Areas requiring improvement were identified in relation to staffing, infection prevention and control, care records and the arrangements to exit the general nursing unit.

Patients said they were involved in making choices about their own care; for example what time they got up at and retired to bed at and where they spent their day. Patients were offered choice throughout the day with meals and drinks and snacks. All patients spoken with commented positively regarding the care they received and the caring attitude of staff. The following are examples of comments provided by patients:

“They do a great job here.”

“The food is good home cooking.”

“The nurses are very kind.”

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. All of the patients spoke highly of the staff.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>1</b>	<b>3</b>

Details of the Quality Improvement Plan (QIP) were discussed with Stella Law, acting manager, and Dulce Amore Yanga Ali, deputy 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 13 December 2016

The most recent inspection of the home was an unannounced care inspection undertaken on 13 December 2016. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

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

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI’s), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with six patients individually and with others in small groups, 11 staff and two patients' relatives. Questionnaires were also left in the home to obtain feedback from patients' relatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives were left for distribution.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff for the week of the inspection
- 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 files
- competency and capability assessments of nurses
- staff register
- three patient care records
- record of staff meetings
- patient register
- complaints record
- record of audits
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or 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 the most recent inspection dated 13 December 2016**

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and was validated during this inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 13 December 2016.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 18.1 <b>Stated:</b> First time	It is recommended that staff should receive awareness training on restrictive practice and the procedure to follow if they feel restrictive practice is necessary.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The deputy manager and staff confirmed that restrictive practice had been included in the recent face to face distress reaction training. This recommendation has been met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time	It is recommended that observation and encourage of patients at mealtimes should be provided in accordance with the patient's assessed need.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the serving of breakfast and lunch evidenced that staff were available to observe patients throughout mealtimes and offer any encouragement required.	

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The manager confirmed the planned daily staffing levels for the home and that these levels were calculated using the Care Home Equation for Safe Staffing (CHESS). They confirmed that staffing was subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 5 June 2017 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily. Two Personal Activity Leaders (PAL) were employed to deliver activities.

Staff in the dementia unit were satisfied that there were sufficient staff to meet the needs of the patients. We also sought staff opinion on staffing via questionnaires; two were returned from staff in the dementia unit and one from that staff in the general nursing unit. All of the respondents answered 'yes' to the question "Are there sufficient staff to meet the needs of the patients?"

We discussed the staffing levels in the general nursing unit and the dependency of the patients accommodated. Observations of care and discussion with staff evidenced that the dependency of patients was high with regard to manual handling needs and assistance at mealtimes. For example we observed that the morning tea trolley arrived in the unit at approximately 11:00; some patients did not receive their morning tea until 11:50. One member of staff was allocated to serve the morning tea; the staff member explained that due to the number of patients who required assistance morning tea took up to one hour to serve. During this time the other members of staff were observed assisting patients to wash and dress. There was only a short time between some patients having morning tea and lunch, which began at 12:45. We were assured through discussion with staff that staffing was adjusted in response to the occupancy of the home; however it was less clear how staffing was adjusted in response to patient dependency. This was discussed with the manager and it was agreed that the staffing in the frail elderly unit would be reviewed to ensure there were sufficient staff to deliver care in a timely manner. A recommendation was made.

Patients and relatives spoken with during the inspection commented positively regarding the staff and care delivery. Patients were satisfied that when they required assistance staff attended to them in timely manner. We spoke with two relatives who were both satisfied with the level of staffing. We also sought relatives' opinion on staffing via questionnaires; four were returned in time for inclusion in this report. Three of the relatives were satisfied that staff had enough time to care for their relative. One relative stated that on occasion they would feel that the dementia unit is understaffed and on these days staff do not have enough time to meet the needs of the patients. This comment was shared with the regional manager.

A nurse was identified on the staffing rota to take charge of the home when the manager was off duty. A review of records evidenced that a competency and capability assessment had been completed with nurses who were given the responsibility of being in charge of the home in the absence of the manager. The assessments were signed by management to confirm that the assessment process has been completed and that they were satisfied that the registered nurse was capable and competent to be left in charge of the home.

A review of two staff recruitment records evidenced that they were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records confirmed that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.

A record of staff including their name, address, contact number, position held, contracted hours, date of receipt of Access NI certificate, date commenced and date position was terminated (where applicable) was held and provided an overview of all staff employed in the home. This additional detail supplemented the information contained in the staff recruitment files as required in accordance with regulation 19(2), schedule 4(6) of The Nursing Homes Regulations (Northern Ireland) 2005.

The arrangements in place to confirm and monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC were discussed with the acting manager. A review of the records of NMC registration evidenced that all of the nurses on the duty rota for the week of the inspection were included in the NMC check. The record of the checks of care staff registration included the expiry date of their registration with NISCC.

The manager confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. A review of two completed induction programmes evidenced that these were completed within a meaningful timeframe.

We discussed the provision of mandatory training with staff and reviewed the training records for 2016/2017. Training records evidenced good compliance; for example from January 2017 97% of staff had completed fire safety training, 98% adult safeguarding and 96% had completed the theory element of moving and handling. The manager confirmed that they had systems in place to facilitate compliance monitoring.

The manager and staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified.

Review of five patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since January 2017 confirmed that these were appropriately managed. Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, sluice rooms, lounges, the dining room and storage areas. The home was found to be tidy, warm, fresh smelling and clean throughout. We spoke with one member of housekeeping staff who were knowledgeable regarding the National Patient Safety Agency (NPSA) national colour coding scheme for equipment such as mops, buckets and cloths. Two of the three relatives who completed questionnaires raised concerns regarding the cleanliness and tidiness of the dementia unit and the maintenance of the enclosed area outside. These comments were shared with the regional manager who explained that they had received similar comments during a recent monthly monitoring visit and had addressed the issues.

Infection prevention and control measures were adhered to. Sluice rooms and bathroom/toilets were observed to be clutter free and well organised. Personal protective equipment (PPE) such as gloves and aprons were available throughout the home and stored appropriately. In one identified bedroom we observed bedrail protectors whose outer waterproof covering was worn with the underlying fabric exposed. Due to the waterproof covering being worn/damaged it could no longer be effectively cleaned and therefore required to be either recovered or replaced. A recommendation was made.



We discussed the management of fire safety with the manager who confirmed that fire checks were completed weekly. Fire exits and corridors were observed to be clear of clutter and obstruction.

### Areas of good practice

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

### Areas for improvement

The following areas were identified for improvement in relation to staffing and infection prevention and control.

Staffing in the general nursing unit should be reviewed to ensure there are sufficient staff to deliver care in a timely manner. A recommendation was made.

Any equipment with a waterproof covering which is worn or damaged should either be recovered or replaced. A recommendation was made.

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>0</b>	<b>2</b>

### 6.5 Is care effective?

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

Review of five patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

We reviewed the nutritional needs of three patients. Patients who had been identified as being at risk of losing weight had their weight regularly monitored. This ensured that any weight loss was identified and appropriate action taken in a timely manner. Records were maintained of food and fluid intake. A daily fluid intake target was identified for each patient. Care records included the action to be taken if the patients' did not meet their daily target. The care records evidenced that this action had been discussed and agreed with the patients' GP; this is good practice. Food and fluid charts were maintained for patients in accordance with their assessed needs. A review of one patient's supplementary records evidenced that a daily food and fluid intake chart and a fluid balance chart were completed. The patient's daily intake was reconciled in both records at the end of each 24 hour period. However on a number of occasions the daily totals differed. For example on 19 May 2017 one chart evidenced an intake of 1000mls while the other chart evidenced 450ml, on 22 May 2017 the daily totals were 900mls and 1050mls. The rationale for completing a food and fluid intake chart alongside a fluid balance chart should be reviewed; if the practice of completing both charts is to continue systems must be implemented to ensure they are both accurately completed. A recommendation was made.

We observed that patients were provided with modified diets in accordance with the speech and language therapist ((SALT) recommendations. Staff spoken with were knowledgeable of individual patient need and those patients who required a modified texture meal. Risk assessments for choking were completed and reviewed regularly. Care plans in place were reflective of the recommendations made by the SALT. Care plans identified the level of assistance each patient required; this varied from encouragement to full assistance. Care plans did not include the level of supervision patients required. A recommendation was made.

We reviewed the management of wound care for one patient. An assessment of the wound was recorded after each dressing change. A review of wound care records for the period 7 May to 7 June 2017 evidenced that the wound dressing was regularly changed, consistent with the regimens recorded in the wound assessment chart.

We reviewed the management of catheter care. Care plans were in place which detailed the size and make of the catheter in situ and the frequency with which it was due to be changed. Systems were in place to alert staff to when the next change was due.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as tissue viability nurse specialist (TVN), SALT and dieticians. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Care management reviews for patients were arranged by the relevant health and social care trust. These reviews could be held in response to a change to patient need and as a minimum annually. They could also be requested at any time by the patient, their family or the home. There was evidence within the care records of regular, ongoing communication with relatives.

A record of patients including their name, address, date of birth, marital status, religion, date of admission and discharge (where applicable) to the home, next of kin and contact details and the name of the health and social care trust personnel responsible for arranging each patients admission was held in a patient register. This register provided an accurate overview of the patients residing in the home on the day of the inspection.

Discussion with the manager and staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

A review of records confirmed that staff meetings were held regularly and that records were maintained of the staff who attended, the issues discussed and actions agreed. The most recent staff meeting was held on 3 May 2017.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care planning, the management of nutrition and daily fluids, wound care and catheter care.

**Areas for improvement**

Areas were identified for improvement in relation to care records.

It is recommended that care plans include the level of supervision patients assessed as at risk of choking require.

The rationale for completing a food and fluid intake chart alongside a fluid balance chart should be reviewed; if the practice of completing both charts is to continue systems must be implemented to ensure they are both accurately completed. A recommendation was made.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	<b>0</b>	<b>2</b>

**6.6 Is care compassionate?**

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

We arrived in the home at 09:15 hours and were greeted by staff who were helpful and attentive. Patients were seated in the dining rooms or their bedrooms as was their personal preference; some patients remained in bed, again in keeping with their personal preference.

Staff interaction with patients was observed to be compassionate, caring and timely. Consultation with six patients individually and with others in small groups confirmed that patients were afforded choice, privacy, dignity and respect. Patients stated they were involved in making choices about their own care. Patients were consulted with regarding what time they got up at and retired to bed at and where they spent their day. Patients were offered choice throughout the day with meals and drinks and snacks. Staff demonstrated a detailed knowledge of patients’ wishes, likes and dislikes.

All patients spoken with commented positively regarding the care they received and the caring attitude of staff. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. All of the patients spoke highly of the staff. The following are examples of comments provided by patients:

- “They do a great job here.”
- “The food is good home cooking.”
- “The nurses are very kind.”

We spoke with two relatives in the dementia unit; both were satisfied with the standard of care, communication with staff and spoke highly of the care.

Patients and staff were confident that if they raised a concern or query with management, they were taken seriously and their concern/query was responded to appropriately.

Numerous compliments had been received and were displayed in the home in the form of thank you cards. The following are examples of comments received on thank you cards:

“I left mum everyday confident and assured that her needs were recognised and supported.”  
 “The ...family wish to thank you all for the love and care that you gave to ...during his time with you.”

Discussion with the manager confirmed that there were systems in place to obtain the views of patients and their representatives on the running of the home. The home continues to use the “Quality of Life” system which patients, relatives/visitors and staff can access through the portable iPad available in the reception of the home. The manager confirmed that when a questionnaire is submitted they receive an alert by e mail and are required to review the completed questionnaire and respond to any areas for improvement.

We issued questionnaires for ten relatives; four were returned within the timescale for inclusion in this report. Relatives were either very satisfied or satisfied that care was effective and compassionate. One relative, whilst satisfied that care was compassionate expressed concern about the lack of stimulation available for patients in the dementia unit. This comment was shared with the regional manager for further consideration. Comments with regard to staffing are discussed in section 4.3.

Ten questionnaires were issued to nursing, care and ancillary staff; three were returned prior to the issue of this report. Overall the staff members were very satisfied with the care provided across the four domains. Additional comments with regard to staffing have been discussed in section 4.3.

Any comments from relatives and staff in returned questionnaires received after the return date will be shared with the acting manager for their information and action as required.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of their views and the knowledge staff had of their patients' wishes and preferences.

### **Areas for improvement**

There were no areas for improvement identified in the delivery of compassionate care.

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

## 6.7 Is the service well led?

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

The certificate of registration issued by RQIA and the home's certificate of public liability insurance were appropriately displayed in the home.

Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered. The Statement of Purpose and Patient Guide were available in the home.

A review of the duty rota evidenced that the manager's hours were clearly recorded. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions made. A number of comments regarding management were included in questionnaires returned from relatives. These comments were shared with the regional manager who explained that they had received similar comments during a recent monthly monitoring visit and had addressed the issues.

Discussion with the manager and review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the manager evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example audits were completed in relation to medicines; falls; care plans and the environment.

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

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff.

Review of records evidenced that unannounced quality monitoring visits were completed on a monthly basis by the regional manager. An action plan was included within the report to address any areas for improvement. There was evidence that the action plan was reviewed at the next visit. A copy of the quality monitoring reports were available in the home.

Discussion with the manager took place regarding the use of the keypad locking systems to exit the general nursing unit. Based on the home's registered categories of care in the identified unit a requirement was made to review the use of keypad locks.

### 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 monthly monitoring of the service.

## Areas for improvement

The following area was identified for improvement in relation to the arrangements to exit the general nursing unit.

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

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Stella Law, 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

## Quality Improvement Plan

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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13(1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 July 2017</p>	<p>The registered person shall review the use of keypad locks to exit the general nursing unit in conjunction with guidance from the Department of Health, deprivation of liberty safeguards (DoLs) and the home's registration categories.</p> <p><b>Ref: Section 6.7</b></p>
	<p><b>Response by registered person detailing the actions taken:</b> The use of the keypad system in the Glenariff unit is under review and it is planned to remove the keypad at the egress of this unit.</p>

### Action required to ensure compliance with The Care Standards for Nursing Homes (2015)

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 41.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 July 2017</p>	<p>The registered person shall review the staffing in the general nursing unit to ensure there are sufficient staff to deliver care in a timely manner.</p> <p><b>Ref: Section 6.4</b></p>
	<p><b>Response by registered person detailing the actions taken:</b> The Care Home Equation for Safe Staffing (CHESS), is calculated at least monthly or if there are any changes in the home. The staffing of the nursing unit is considered in relation to the dependency level calculated by CHESS.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 46.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 July 2017</p>	<p>The registered person shall ensure that any equipment with a waterproof covering which is worn or damaged is either recovered or replaced.</p> <p><b>Ref: Section 6.4</b></p>
	<p><b>Response by registered person detailing the actions taken:</b> The bedrail bumper in question was removed and replaced immediately.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 July 2017</p>	<p>The registered person shall ensure that care plans include the level of supervision patients assessed as at risk of choking require.</p> <p><b>Ref: Section 6.4</b></p>
	<p><b>Response by registered person detailing the actions taken:</b> The care plans for those residents at risk of choking identify the level of assistance / supervision required with food and fluids</p>

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





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