



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 3 & 8 October 2019



## St Francis Private Care Home

**Type of Service: Nursing Home (NH)**

**Address: 71 Charles Street, Portadown, Craigavon  
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**Tel No: 028 38350970**

**Inspectors: Julie Palmer and Joseph McRandle**

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

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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

This is a registered nursing home which provides care for up to 25 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> St Francis Private Care Home Ltd  <b>Responsible Individual:</b> Cathal Breen	<b>Registered Manager and date registered:</b> Laura Mary Bridget Lavery 17 October 2017
<b>Person in charge at the time of inspection:</b> Laura Lavery	<b>Number of registered places:</b> 25
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 24

### 4.0 Inspection summary

An unannounced care inspection took place on 3 October 2019 from 09.15 hours to 17.00 hours. An unannounced finance inspection took place on 8 October 2019 from 11.00 hours to 13.00 hours.

Prior to the inspection RQIA had received information which had indicated that staff recruitment checks carried out in the home were not sufficiently robust. This information was discussed at that time with Cathal Breen, the responsible individual, who had provided RQIA with assurances that he was fully aware of the recruitment regulations and would ensure that these were adhered to. If RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The inspection also assessed progress with all areas for improvement identified in the home since the last care, medicines management, premises and finance inspections and sought 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 staffing levels, teamwork, the meal time experience, providing dignity and privacy, communication, the culture and ethos, training, activities provided, accessibility of the manager, the management of patients' monies and the general financial arrangements.

Areas requiring improvement were identified in relation to management of recruitment, infection prevention and control measures, completion of risk assessments and care plans within five days of admission, ensuring monthly evaluation of risk assessments and care plans and audits completed to review care records and patients' weights.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

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

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	*6

\*The total number of areas for improvement includes one under the standards which has been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Cathal Breen, responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

The evidence seen during the inspection in relation to the management of staff recruitment raised concerns as we did not have the assurance of a sufficiently robust recruitment process being completed prior to new staff commencing work in the home. Refer to section 6.3 for further details.

As a result of these concerns Cathal Breen, responsible individual, and Laura Lavery, manager, were invited to attend a serious concerns meeting in RQIA on 14 October 2019. This meeting did not go ahead due to unforeseen circumstances. However, the meeting was rearranged and took place on 23 October 2019. During the meeting the responsible individual and the manager provided an action plan and details of the completed/planned actions to drive improvement and to ensure that the concerns raised at the inspection were addressed. RQIA will continue to monitor and review the management of recruitment and the quality of services provided in the home.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

## 4.2 Action/enforcement taken following the most recent inspection dated 21 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 21 February 2019. 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 care, medicines management, estates and finance inspection findings, registration information, and any other written or verbal information received.

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 6 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
- four staff recruitment and induction files
- four patients' care records including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints and compliments records
- staff supervision and appraisal schedule
- registered nurse competency and capability assessment records
- a selection of medicine administration records
- the annual quality report
- a sample of monthly monitoring reports from February 2019
- RQIA registration certificate
- two patients' finance files including copies of written agreements

- a sample of various financial records including: patients' personal allowance, fees, payments to the hairdresser and podiatrist
- a sample of records of reconciliations of patients monies and patients' personal property
- financial policies and procedures

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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 previous inspections

Areas for improvement identified at the last finance inspection have been reviewed and assessed as met.

Areas for improvement from the last care inspection dated 21 February 2019		
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 36  <b>Stated:</b> Second time	The registered person shall ensure that policies for treatment and care are evidenced based and in accordance with best practice as defined by professional bodies and statutory agencies. This area for improvement relates specifically to policies for equality and human rights and wound care.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the relevant policies evidenced that they were evidence based and in accordance with best practice guidelines.	



<b>Areas for improvement from the last medicines management inspection dated 8 May 2018</b>		
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time	The registered person shall ensure that hand-written entries on the medication administration records are verified and signed by two registered nurses.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of medication administration record sheets evidenced that, where amendments or handwritten entries had been made, these had been signed and verified by two nurses.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time	The registered person shall ensure that the management of warfarin is reviewed and revised.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> None of the patients were currently prescribed warfarin.  Action required to ensure compliance with this standard was therefore not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

<b>Areas for improvement from the last estates inspection dated 31 July 2018</b>		
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standards 44 & 47  <b>Stated:</b> Second time	The registered person shall review the legionella risk assessment (LRA) and ensure that required controls monitoring checks are implemented in accordance with LRA recommendations.	<b>Met</b>
	Thermostatic mixing valves shall be maintained in accordance with manufacturer`s recommendations.	

	<p><b>Action taken as confirmed during the inspection:</b> Review of the legionella risk assessment (LRA) evidenced that the required monitoring controls had been implemented.</p>	
<p><b>Area for improvement 2</b>  <b>Ref:</b> Standard 48  <b>Stated:</b> First time</p>	<p>The registered person should liaise with the facility fire safety consultant and consider enhancing fire safety standards by replacing intumescent strips installed on bedroom fire doors, with intumescent strips incorporating integral smoke seals.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> Review of the fire risk assessment carried out in July 2019 by an accredited fire risk assessor evidenced that this was acceptable.</p>	

**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.**

We discussed the planned daily staffing levels for the home with the manager who confirmed that these were subject to regular review to ensure the assessed needs of patients were met. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to. Staff spoken with were very satisfied with staffing levels and teamwork in the home; they told us:

- “There’s plenty of staff.”
- “Teamwork is really good.”
- “The girls are excellent and a good support.”
- “I really like it here.”
- “It’s a great home.”

We also sought staff opinion on staffing via the online survey; no responses were received.

Patients told us that staff were kept very busy. Whilst the majority of patients were satisfied with staffing levels two patients told us that they felt there were not enough staff on duty at times. These comments were brought to the attention of the manager for consideration and action if appropriate.

Patients’ visitors spoken with indicated they were satisfied with staffing levels in the home. We also sought the opinion of patients and patients’ visitors on staffing levels via questionnaires; no responses were received.



We observed that staff were responsive to patient's needs, assistance was provided in a timely manner and call bells were answered promptly.

As discussed in section 4.0 RQIA had received information which had indicated that staff recruitment checks carried out in the home were not sufficiently robust. Review of four staff recruitment and induction files during the inspection evidenced that all the necessary checks, for example, Access NI checks, health disclosures and references, were not consistently obtained prior to the commencement of employment of all new staff. These shortfalls evidenced that management of recruitment was not sufficiently robust enough to ensure protection for patients in the home. An area for improvement was made under the regulations. The responsible individual and the manager also attended a serious concerns meeting at RQIA on 23 October 2019 as discussed in section 4.1.

All staff spoken with stated they had completed a period of induction and review of records confirmed this. A staff appraisal and supervision schedule was in place and a record of supervisions and appraisals was maintained. There was also a schedule in place for registered nurses to complete yearly competency and capability assessments.

The system in place to monitor the registration status of registered nurses with the NMC and care staff with NISCC clearly identified the registration status of all staff.

We looked at the home's environment and entered a selection of bedrooms, bathrooms, shower rooms, storage rooms, treatment rooms, sluices, the dining room and the lounge. The home was found to be fresh smelling, warm and clean; patients' bedrooms were tastefully decorated and personalised. Fire exits and corridors were observed to be clear of clutter and obstruction. However, infection prevention and control (IPC) shortfalls were observed; these included a recliner chair with wear and tear damage, a damaged toilet cistern, an area of flooring in an identified bathroom which required repair and inappropriate storage of equipment in bathrooms and shower rooms. An area for improvement was made under the standards.

Staff were observed to wear personal protective equipment (PPE), for example aprons and gloves, when required and PPE was readily available throughout the home. Staff spoken with demonstrated their knowledge of when to carry out hand hygiene.

Review of medication administration record sheets evidenced that, where amendments or handwritten entries had been made, these had been signed and verified by two nurses. This area for improvement had been met. It was not possible to review management of warfarin as this medication was not currently prescribed to any of the patients in the home. This area for improvement will therefore be carried forward for review at the next care inspection.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing levels, teamwork, induction, supervision and appraisal, adult safeguarding and décor and personalisation of patients' bedrooms.

### **Areas for improvement**

Additional areas for improvement were identified in relation to the management of recruitment and IPC shortfalls.

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

#### 6.4 Is care effective?

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

Observation of care delivery and the daily routine in the home evidenced that patients care needs were met at the right time. Patients unable to voice their opinions appeared to be comfortable, content and very settled in their surroundings.

Patients able to express their views were very satisfied with the care they received; comments included:

- “I’m well looked after.”
- “I don’t have long to wait for anything but the staff are always busy.”

Patients’ visitors spoken with were also satisfied with the care provided; comments included:

- “No complaints at all, the attention is very good.”
- “Sometimes there is a bit of a wait for the toilet but otherwise no problems.”

Review of four patients’ care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patients. Care records contained details of the specific care requirements in the areas reviewed and a daily record was maintained to evidence the delivery of care. Care records reflected that, where necessary, referrals were made to other healthcare professionals. There was evidence of consultation with the patient and/or their relative in the care records reviewed. However, we observed that in three of the four care records reviewed, not all risk assessments and care plans had been evaluated and reviewed on at least a monthly basis; an area for improvement was made under the standards.

We reviewed the care records of a patient who had recently been admitted to the home and found that, whilst assessment had commenced on the date of admission, not all the necessary risk assessments and care plans had been completed within five days of admission. An area for improvement was made under the standards.

There was a system in place to monitor patients’ weights on at least a monthly basis and there was evidence of referral to and recommendations from, the dietician and the speech and language therapist (SALT) where required. However, we observed that one patient had not had a weight recorded since July 2019. The care plan for another patient indicated that weight should be recorded on a weekly basis but records evidenced only monthly recording of the patient’s weight. We also observed that, while a separate record of patients’ weight was maintained, the individual care records had not all been updated with this information. The system in place to monitor patients’ weights should be robust; recommendations in care plans for frequency of recording the individual patient’s weight should be adhered to or updated if necessary to reflect changes and care records should be up to date. An area for improvement was made under the standards.

Staff spoken with assured us that they monitored patients’ nutritional intake on a daily basis and demonstrated their knowledge of which patients required supplements and/or a modified diet.

Review of supplemental care records evidenced that patients' daily food and fluid intake was recorded and these records were up to date.

We observed the serving of lunch in the dining room. The menu was displayed on a white board, condiments were available and staff offered patients a selection of drinks throughout the meal. A registered nurse oversaw the mealtime. Clothing protectors were offered to patients and staff wore aprons. Staff demonstrated their knowledge of how to thicken fluids for patients. The food smelled appetising and was well presented. Patients who had changed their mind about their menu choice were offered alternatives. Staff were seen to be very helpful to patients throughout the mealtime which was a calm and unhurried experience.

Patients spoken with said they enjoyed the food on offer; comments included:

- "The food is good."
- "The food is great here."
- "Lunch was lovely."
- "Breakfast was just lovely."

Falls occurring in the home were analysed on a monthly basis to identify if any patterns or trends were emerging and an action plan was devised if necessary. Staff demonstrated their knowledge of how to care for a patient who had a fall. We reviewed the care record for a patient who had had a recent fall and evidenced that, whilst neurological observations had been completed appropriately, the relevant risk assessment and care plan had not been updated until 48 hours following the fall. This was brought to the attention of the manager who assured us that she would remind staff to update records within 24 hours of a fall occurring.

Validated risk assessments and care plans were in place to direct care for the prevention of pressure ulcers and pressure relieving equipment was in use if directed. Repositioning charts reviewed were completed as per the recommended repositioning schedule of individual patients.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to referral to the multi-disciplinary team, consultation with relatives and the meal time experience.

### Areas for improvement

Areas for improvement were identified in relation to evaluation of risk assessments and care plans, completion of risk assessments and care plans within five days of admission and recording of patients' weights.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

## 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.**

During the inspection we spoke with 10 patients about their experience of living in St Francis. Patients spoke positively about life in the home; they told us:

- “The staff are very kind and very good.”
- “It’s very good here.”

Patients’ relatives spoken with were satisfied that the care provided was compassionate; one commented that “it’s great here, no problems”.

Staff interactions with patients were observed to be kind and caring; they treated patients with dignity and respect. Staff were observed to knock on bedroom and bathroom doors before entering rooms and to keep doors closed when assisting patients in order to ensure their privacy was maintained.

We spoke to the activity co-ordinator who told us that, as far as possible, activities and events were planned to meet the needs and interests of all the patients in the home. Group activities on offer included bingo, music, balloon tennis, puzzles and word searches, knitting, cooking, gardening and tai chi and chi mi exercises. One to one activities such as hand massage and aromatherapy were also provided. The daily activities planned were displayed on a whiteboard in the lounge. Community involvement was encouraged; local community groups and entertainers were invited to the home and shopping trips were arranged for patients.

Patients’ spiritual needs were taken into account; representatives from local churches visited regularly and patients were enabled to attend religious services both in and out of the home.

A record of thank you cards received was maintained; comments made included:

- “Thank you for taking good care of ... and making him comfortable.”
- “Thanks to all the staff for the care and attention.”
- “The food was first class.”

The views of patients and their relatives were sought via meetings and surveys, for example, a quality questionnaire had been completed earlier in the year. Patients spoken with said they felt staff listened to them and took their views on board. An annual quality report had been compiled to reflect upon the quality of nursing and other services provided in the home.

We observed that staff communicated effectively both with patients and with each other. The atmosphere was friendly and relaxed. There was a positive culture and ethos within the home.

### 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, communication, listening to and valuing patients and their relatives and taking account of the views of patients.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.6 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 certificate of registration issued by RQIA was displayed in the entrance hall of the home. There had been no changes in management arrangements since the last inspection. Discussions with staff and observations within the home confirmed that it was operating within the categories of care registered.

A review of the duty rota evidenced that the manager's hours and the capacity in which these were worked was recorded. Discussion with staff, patients and visitors confirmed that the manager was accessible and approachable.

Systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home and to ensure action was taken as a result of any deficits identified to drive quality improvement. Audits were completed to review areas such as accidents/incidents, IPC measures, wounds and falls. Audits were also completed to review care records and patients' weights. However, as discussed in section 6.4, we identified a need for improvement in these areas and this indicated that audits conducted to review care records and patient's weights were not sufficiently robust enough; an area for improvement was made under the standards.

Staff compliance with mandatory training was monitored and they were prompted when training was due. Staff spoken with were satisfied they had sufficient access to training.

Patients and visitors spoken with were aware of the process for making a complaint and there was a system in place to manage complaints.

There was a system in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

We reviewed a sample of monthly quality monitoring reports from February 2019 onwards. We found that these did not contain an action plan to address identified repairs and/or improvements required in the home. This was discussed with the responsible individual who agreed an action plan would be included going forward.

Staff were knowledgeable regarding their own roles and responsibilities and were familiar with the home's whistleblowing policy.

Review of the home's legionella risk assessment and fire risk assessment following the inspection confirmed that areas for improvement which had been identified during the last premises inspection had been met.

### Findings of Finance Inspection

A finance inspection was conducted on 8 October 2019. A review of a sample of patients' records was taken to validate compliance with the areas for improvement identified from the last finance inspection. These included copies of patients' written agreements, records of the reconciliations of patients monies, records of patients' personal property, records of payments to the hairdresser and podiatrist and the financial policies and procedures. Of the total number of areas for improvement all were assessed as met.

Financial systems in place at the home, including controls surrounding the management of patients' finances, were reviewed and were found to be satisfactory. A review of a sample of payments to the hairdresser and podiatrist showed that the details of the transactions were recorded. Two signatures were recorded against each entry in the patients' transaction sheets. The hairdresser and podiatrist had signed the records along with a member of staff.

A review of two patients' files evidenced that copies of signed written agreements were retained within both files. The agreements in place showed the current weekly fee paid by, or on behalf of, the patients.

No new areas for improvement were identified as part of the finance inspection.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to accessibility of the manager, training, management of notifiable events, providing patients with up to date written agreements, updating the records of patients' personal property and the hairdresser and podiatrist signing records to confirm that the treatments took place.

### Areas for improvement

An area for improvement was identified during the inspection in relation to ensuring audits completed to review care records and patients' weights are robust.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Cathal Breen, responsible individual, 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 21</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that the management of recruitment is robust and that all necessary checks and vetting is completed prior to the commencement of employment of all staff in the home.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> No staff to commence induction until access NI in place. Appropriate documentation in place to reflect this.</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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the management of warfarin is reviewed and revised.</p> <p>Ref: 6.1 &amp; 6.3</p>
	<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 November 2019</p>	<p>The registered person shall ensure that the identified IPC shortfalls are addressed with repairs or replacement arranged as necessary and that equipment is stored appropriately in the home.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> All repairs or replacements completed as per maintenance book. All equipment now stored appropriately.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that risk assessments and care plans are consistently reviewed and evaluated on at least a monthly basis.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> All care plans and associated risk assessments are in place.</p>

<p><b>Area for improvement 4</b></p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the necessary risk assessments and care plans in care records are completed within five days of admission to the home.</p> <p>Ref: 6.4</p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p><b>Response by registered person detailing the actions taken:</b> All risk assessments and care plans in place within five days following admission.</p> <p>The registered person shall ensure that patients' weights are monitored on at least a monthly basis or more often if indicated in their care plan and an up to date record of patients' weights should be maintained within their individual care records.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Weights carried out every Saturday to ensure each resident is weighed at least monthly or more often if required.</p>
<p><b>Area for improvement 6</b></p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 3 November 2019</p>	<p>The registered person shall ensure that audits completed to review care records and patients' weights are sufficiently robust and include an action plan to address shortfalls identified.</p> <p><b>Response by registered person detailing the actions taken:</b> All care plans audited on a monthly basis to identify any shortfalls which will be addressed immediately if required.</p>

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



The **Regulation** and  
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