



# Unannounced Care Inspection Report 6 September 2018



## Chestnut Lodge

**Type of Service: Nursing Home**

**Address: 47 Carrickaness Road, Benburb, Dungannon, BT71 7NH**

**Tel No: 028 3754 8706**

**Inspector: Dermot Walsh**

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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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 40 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Healthcare <b>Responsible Individual(s):</b> Maureen Claire Royston	<b>Registered Manager:</b> Paul Gildernew
<b>Person in charge at the time of inspection:</b> Paul Gildernew	<b>Date manager registered:</b> 17 July 2013
<b>Categories of care:</b>  Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	<b>Number of registered places:</b> 40  A maximum of 20 patients in category NH-DE, 18 patients in category NH-I and 2 patients in category NH-PH. The home is also approved to provide care on a day basis for 2 persons. There shall be a maximum of 1 named resident receiving residential care in category RC-DE.

### 4.0 Inspection summary

An unannounced inspection took place on 6 September 2018 from 09.50 to 17.20 hours.

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 Care Standards for Nursing Homes 2015.

The term 'patient' is used to describe those living in Chestnut Lodge which provides both nursing and residential care.

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 recruitment practice, monitoring the registration status of staff, accident management, risk assessment, teamwork, governance arrangements, management of incidents and quality improvement. Further good practice was found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients, valuing patients and their representatives and maintaining good working relationships.

An area for improvement was identified under regulation in relation to working practices in the laundry. Areas requiring improvement were identified under standards in relation to staff supervision, staff training, decontamination of fans, positioning of pull cords and recording of recommendations made from other healthcare professionals.

Patients described living in the home in positive terms. Some of their comments can be found in section 6.6. Patients who could not verbalise their feelings in respect of their care were observed

to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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	5

Details of the Quality Improvement Plan (QIP) were discussed with Paul Gildernew, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 16 March 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 16 March 2018. There were no further actions required to be taken following the most recent 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
- the registration status of the home
- 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 the inspector met with 12 patients, seven staff and two patients' representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed at the entrance to the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff duty rota for week commencing 27 August 2018
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patients' care records
- three patients' daily care charts including bowel management, personal care, food and fluid intake charts and repositioning charts
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- 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 registered manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 16 March 2018

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

### 6.2 Review of areas for improvement from the last care inspection dated 8 February 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 15 (2) (a)	The registered person shall ensure that assessments are completed as required on admission in a timely manner and reviewed	Met

<p>(b)</p> <p><b>Stated:</b> Second time</p>	<p>when required or when the patients' needs change.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of a recently admitted patient's care records evidenced that the patient's assessments had been completed in a timely manner and reviewed as appropriate.</p>	
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 44 Criteria (2)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the identified garden area is developed to make it safe and allow for enhancement of the patient experience in Chestnut Lodge.</p> <p><b>Action taken as confirmed during the inspection:</b> Photographs sent to RQIA prior to the inspection and observation during the inspection confirmed that the identified garden area had been finished to a high standard and was utilised well by patients. See section 6.4 for further information.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 46 Criteria (2)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that equipment in use in the home is safe for use and maintained clean at all times. This is specifically in regard to the identified bedrail bumpers and the hoists in use in the home.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of a random selection of three bedrails and two hoists evidenced that these had been maintained clean.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 48 Criteria (8)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall develop a system to ensure that all staff employed in the home have participated in, at minimum, one fire drill per year.</p> <p><b>Action taken as confirmed during the inspection:</b> A system was in place to ensure that all staff participated in at least one fire drill per year.</p>	<p><b>Met</b></p>

## 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 registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 27 August 2018 evidenced that the planned staffing levels were adhered to.

Discussion with patients and patients' representatives evidenced that there were no concerns regarding staffing levels. Four staff consulted expressed concern with the staffing arrangements and made comment in relation to an 'increased workload' at the beginning of the week. The staffs' concerns were passed to the registered manager for their review and action as appropriate. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner.

Review of one staff recruitment file evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.

Staff consulted confirmed that yearly appraisals with staff were conducted in the home. There was also evidence that supervisions had been conducted in the home with staff. However, there was no evidence that a system had been developed to ensure that staff in the home had received a minimum of two recorded supervisions per year. This was discussed with the registered manager and identified as an area for improvement. It was clear during consultation with staff that some staff were unfamiliar with the term 'supervision'. This information was passed to the registered manager for their review and action as appropriate.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

We discussed the provision of mandatory training with staff and reviewed staff training records. All staff consulted commented negatively on the provision of training in the home. Staff comments included, "There is not enough face to face training," and "The majority of training is electronic [elearning] and the system is regularly down or out of order". Further comments included, "Always get something from face to face training; electronic training is not as effective". Staff comments and concerns were passed to the registered manager for their review and action as appropriate. Discussion with staff also indicated that the majority of staff consulted had not received sufficient training on mental health awareness and in particular the management of aggression which staff confirmed that they had encountered. This was discussed with the registered manager and identified as an area for improvement. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. An adult safeguarding champion had been identified and contact details were displayed. The registered manager confirmed that there were no recent or ongoing safeguarding concerns relating to the home.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and had been reviewed as required. These assessments informed the care planning process. However, deficits were found within a patient's care records in relation to updating the records to reflect another health professional's recommendations. This will be further discussed in section 6.5.

We reviewed accidents/incidents records since the previous care inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Notifications were submitted in accordance with regulation. From a review of records and discussion with the registered manager there was evidence of proactive management of falls.

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

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, fresh smelling and clean throughout. The registered manager confirmed planned refurbishment in the home. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear.

A review of the laundry facility evidenced unsafe working practices. For example, the positioning of baskets of unlaundered clothing did not allow for safe access to hand hygiene equipment. Clean clothing was stored alongside unlaundered clothing. The ironing board cover was ripped which would result in the foam filling coming into contact with clothing when these were ironed. This was discussed with the registered manager and identified as an area for improvement.

Two fans in use in the home were observed to be unclean. A record of the decontamination of fans or a system to ensure that all fans in the home were regularly decontaminated was not evident. This was discussed with the registered manager and identified as an area for improvement.

Emergency pull cords in two separate identified areas in the home were observed to be either inaccessible to patients or unable to be used effectively given the way in which they had been positioned. This was discussed with the registered manager and identified as an area for improvement.

A review of the enclosed exterior garden area evidenced significant improvement, since the last care inspection, offering patients and their representatives an opportunity to enjoy the outside environment in safe and pleasant surroundings. Patients and staff spoke fondly and positively in relation to the garden area and patients were observed strolling around the garden enjoying the floral displays and fresh air.



A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example, the use of bedrails. There was also evidence of consultation with relevant persons. Care plans were in place for the management of bedrails.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to recruitment practice, monitoring the registration status of staff and accident management.

### Areas for improvement

An area for improvement was identified under regulation in relation to safe working practices within the laundry.

Areas for improvement were identified under standards in relation to staff supervision, staff training, decontamination of fans and positioning of emergency pull cords.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	4

### 6.5 Is care effective?

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

Review of three patients' care records evidenced that all appropriate assessments had been conducted on admission and that care plans had been appropriately developed in accordance with their assessed needs. We reviewed the management of nutritional care to patients, patients' weights, wound care and restrictive practice.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners, tissue viability nurses, speech and language therapists and dieticians. However, one patient's moving and handling assessment and mobility care plan did not reflect the recommendations made from the physiotherapist. This was discussed with the registered manager and identified as an area for improvement.

Supplementary care charts such as repositioning, bowel management and food and fluid intake records evidenced that contemporaneous records were maintained and that these records had been maintained in accordance with best practice.

Discussion with 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. Registered nurses confirmed that in addition to the handover, a diary was maintained to ensure that all appropriate referrals/appointments were made.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Comments from staff in relation to teamwork highlighted that it was "Good" and that "All the staff work really hard." Staff also confirmed that if they had any concerns, they could

raise these with the registered manager or the nurse in charge. Staff commented that the home's management were, "very approachable" and "always try to find a solution to any concerns raised".

Discussion with the registered manager confirmed that staff meetings were conducted every three months in the home. A notice was displayed advising of a staff meeting scheduled for 24 September 2018.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patient and patients' representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment and teamwork.

### Areas for improvement

An area for improvement was identified under standards in relation to amending patient care records to reflect the recommendation of another health professional.

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

#### 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.**

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding the handling of patient information and maintaining patient confidentiality.

The environment had been adapted to promote positive outcomes for the patients. For instance, bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

The serving of lunch was observed in the dining room on the first floor. Lunch commenced at 12:30 hours. Patients were seated around tables which had been appropriately set for the meal. Food was served directly from the kitchen when patients were ready to eat or be assisted with their meals. Food was covered when transferred from the dining room to the patients' preferred dining area such as their bedroom. The food which was served appeared nutritious and appetising. Meal choices were offered and alternatives provided when neither choice was preferred. Patients commented positively about the variety and quality of meals provided. Portion sizes were appropriate for the patients to whom the food was served. Staff were observed to encourage

patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience. A menu was available at reception.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

- “I wish to express our family’s appreciation of the wonderful care provided to ... by you and your staff. Throughout her years with you she experienced nothing but kindness from all there working in the home.”
- “Thank you for your care for my brother ... and for the kindness to me when I rang to see how he was. It was a comfort to know he was in good hands.”

Consultation with 12 patients individually, and with others in smaller groups, confirmed that living in Chestnut Lodge was a positive experience. Ten patient questionnaires were left for completion. No identified patient questionnaires were returned within the expected timeframe.

Patients’ comments:

- “I like it here. The place is spotlessly clean.”
- “You get great care here.”
- “I am happy here.”
- “I like it here.”
- “It’s alright here. They (the staff) are great.”
- “Takes some beating this place. Staff very friendly.”

Two patients’ representatives were consulted during the inspection. Ten relative/representative questionnaires were left for completion. Three were returned. Some patients’ representatives’ comments were as follows:

- “The care here is very good. Staff are very respectful and keep me up to date.”
- “The girls are goddesses. They provide such great care.”
- “All members of staff, management, nursing, carers, kitchen and housekeeping are caring, kind and helpful. I and ... are very satisfied with the level of care at Chestnut Lodge.”
- “I very much appreciate all the excellent and kind care that ... receives at Chestnut Lodge.”

Four questionnaires were returned which did not indicate if they were from patients or their relatives/representatives. All respondents indicated that they were either satisfied or very satisfied with the service provision in Chestnut Lodge. Some comments included:

- “Excellent care provided.”
- “More staff at weekends – always seems to be less staff working at weekends.”
- “An excellent home! Great carers and fantastic care! Fabulous staff! Lovely home, always improving it! New summer garden is safe and lovely.”

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from six staff consulted during the inspection included:

- “Kept busy here but it’s good.”
- “It’s fine here.”
- “You have good days and bad days here but 90 percent good.”
- “I do really like it here.”
- “It’s good here.”

Any comments from patients, patients’ representatives and staff in returned questionnaires or online responses received after the return date will be shared with the registered 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 in maintaining the dignity and privacy of patients and valuing patients and their representatives.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

#### 6.7 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 was appropriately displayed in the foyer of the home. Discussion with the registered manager and staff, and observations confirmed that the home was operating within its registered categories of care.

A review of the duty rota clearly evidenced the identity of the nurse in charge of the home in the absence of the registered manager. The registered manager’s hours of work were recorded within the duty rota. An allocation sheet was also made available to direct nursing and care staff to which area within the home they were to work.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

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. There was no evidence of any recent complaints to the home.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records, wound care, restrictive practice and infection prevention and control practices.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Paul Gildernew, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</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 working practices in the laundry are safe and promote compliance with best practice in relation to infection prevention and control.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Registered Manager has reviewed working practices in the laundry. This area has been reconfigured to allow a dirty in - clean out system in place. Storage and ironing of clean clothes are now in separate room.</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 40</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2018</p>	<p>The registered person shall ensure that there is a system in the home to confirm that all staff have received a minimum of two recorded supervisions on a yearly basis.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Registered Manager has updated the supervision matrix listing all current staff. Going forward the matrix will be utilised to plan supervisions to ensure staff receive a minimum of two recorded supervisions per year.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2018</p>	<p>The registered person shall ensure that staff training on mental health awareness/management of aggression is reviewed to ensure that all staff have received appropriate training relevant to their role and responsibilities.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Training has been arranged for 22.11.18.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 46 Criteria (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 20 September 2018</p>	<p>The registered person shall ensure that a system is in place to ensure that all fans in the home are regularly decontaminated, as required.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Registered Manager has implemented a system for checking all fans in use are clean.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 44 (also refer to Fitness of the premises E8)</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 all patients have effective access to the nurse call system at all times, as required.</p> <p>Ref: 6.4</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 4 Criteria (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 August 2018</p>	<p>The registered person shall ensure that recommendations made from other healthcare professionals are included within the patient's care plan. This is in relation to the identified patient's mobility plan.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Registered Manager has discussed with Registered Nurses the need to record all recommendations from healthcare professionals in patients careplans. The identified resident care plan was updated following inspection.</p>

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





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