

# Inspection Report

6 September 2022



## Chestnut Lodge

Type of service: Nursing Home  
Address: 47 Carrickaness Road, Benburnb  
Dungannon, BT72 7NH  
Telephone number: 028 3754 8706

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Healthcare Ireland (Belfast) Limited	<b>Registered Manager:</b> Ms Barbara Armstrong
<b>Responsible Individual:</b> Ms Amanda Mitchell	<b>Date registered:</b> Pending
<b>Person in charge at the time of inspection:</b> Ms Barbara Armstrong	<b>Number of registered places:</b> 40  A maximum of 20 patients in category NH-DE, 17 patients in category NH-I and 3 patients in category NH-PH. There shall be a maximum of 1 named resident receiving residential care in category RC-DE.
<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 patients accommodated in the nursing home on the day of this inspection:</b> 31
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 40 patients. Bedrooms and living areas are located over two floors with access to communal lounges, a dining area and outdoor spaces.	

## 2.0 Inspection summary

An unannounced inspection took place on 6 September 2022 from 9.50am to 5.25pm by a care inspector.

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

Areas for improvement were identified as discussed throughout this report and quality improvement plan (QIP) in Section 6.0. Four areas for improvement have been stated for a second time in relation to infection prevention and control (IPC), repositioning records, the management of behaviours and quality governance audits.

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

### **3.0 How we inspect**

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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

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

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the management team at the conclusion of the inspection.

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

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included "Well looked after here", "I couldn't ask for better", "It's first class here", "The staff are very friendly and kind", "I have everything I need", "Very happy here" and "(The) staff are very attentive".

Staff said that the Manager was very approachable, teamwork was great and that they felt well supported in their role. One staff member said: "I love working here" and a further staff member said "The manager is very good".

One relative was consulted with during the inspection; they commented positively about the care provided, communication, the Manager and the staff. Comments included "(The) staff are very good", "I couldn't ask for better", "I feel my (relative) is well cared for here" and "I have no concerns".

One questionnaire was received from a relative indicating that they were dissatisfied with the overall provision of care within the home. This information was shared with the Manager.

Information received following the inspection from two staff was forwarded to the Southern Health and Social Care Trust (SHSCT) to review and action where necessary.

Comments received during and after the inspection were shared with the Manager.

## 5.0 The inspection

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

Areas for improvement from the last inspection on 1 February 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (2) (b)  <b>Stated:</b> First time	The registered person shall ensure that the premises are kept in good state of repair.  With specific reference to: <ul style="list-style-type: none"> <li>• surface damage to identified over bed tables</li> <li>• surface damage to shelving within identified bedrooms</li> <li>• damage to walls and ceiling within identified communal bathrooms</li> <li>• patients bedrooms are personalised</li> <li>• identified lounges are suitably furnished.</li> </ul> A copy of the refurbishment plan, including timescales to be submitted with the returned QIP.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment and discussion with the management team during and after the inspection evidenced that this area for improvement had been met.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all areas of the home are maintained in a clean and hygienic condition.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• over bed tables</li> <li>• patient wheelchairs</li> <li>• soap, toilet roll, hand paper towel dispensers</li> <li>• sanitary ware</li> <li>• shower chairs</li> <li>• over sink light pull cords are covered to enable effective cleaning</li> <li>• PPE is not stored within bathrooms where there is a toilet</li> <li>• foot pedal operated bins are available within communal bathrooms.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Observation of the environment and discussion with the management team evidenced that this area for improvement had not been fully met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.3.</p>	<p><b>Partially met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (4) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home.</p> <p>Specific reference to ensuring:</p> <ul style="list-style-type: none"> <li>• that fire doors are not propped open</li> <li>• fire exits are kept clear</li> <li>• damage to ceiling tile in identified bedroom is repaired/replaced.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Observation of the environment and discussion with the management team evidenced that this area for improvement had been met.</p>	<p><b>Met</b></p>

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> First time	The registered person shall ensure care records in relation to wound management are maintained in keeping with best practice	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of relevant care records and discussion with the management team evidenced that this area for improvement had been met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> First time	The registered person shall ensure that where a patient has been assessed as requiring repositioning: <ul style="list-style-type: none"> <li>care plans and repositioning charts are consistent in relation to the recommended frequency of repositioning</li> <li>the frequency of repositioning recorded within charts is reflective of the recommended frequency within the care plan.</li> </ul>	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of relevant care records and discussion with the management team evidenced that this area for improvement had not been met and has been stated for a second time.  This is discussed further in section 5.2.2.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 4.1  <b>Stated:</b> First time	The registered person shall ensure that care plans and risk assessments for newly admitted patients are completed within the required timeframe.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of relevant care records and discussion with the management team evidenced that this area for improvement had been met.	

<b>Area for improvement 4</b>  <b>Ref:</b> Standard 26  <b>Stated:</b> First time	The registered person shall ensure that behaviours that challenge are managed appropriately to ensure that communal toilets are suitably equipped and accessible to patients.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment and discussion with the management team evidenced that this area for improvement had not been fully met and has been stated for a second time.  This is discussed further in section 5.2.3.	
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time	The registered person shall ensure that effective quality assurance audits are implemented and maintained to assess the delivery of care in the home.  With specific reference to: <ul style="list-style-type: none"> <li>• the environment</li> <li>• IPC.</li> </ul>	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of relevant audits and discussion with the management team evidenced that this area for improvement had not been fully met and has been stated for a second time.  This is discussed further in section 5.2.5.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.



Review of one employee's recruitment records evidenced that whilst relevant pre-employment information was available within the home a record of induction and orientation was not available. This was discussed with the Manager who advised that this record was with the employee and acknowledged that this should have been retained within the home. Following the inspection written confirmation was received from the Manager of the action taken to address this.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC).

Staff said teamwork was good and that the Manager was approachable. Staff also said that, whilst they were kept busy, the number of staff on duty was satisfactory to meet the needs of the patients.

The staff duty rota accurately reflected the staff working in the home on a daily basis with the person in charge highlighted when the Manager was not on duty. The use of correction fluid was identified within duty rotas resulting in the original entry not being visible. This was discussed with the Manager who acknowledged that this was not good practice and agreed to discuss with relevant staff and to monitor going forward.

Competency and capability assessments for registered nurses taking charge of the home in the absence of the Manager had been completed and were available during the inspection.

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision/appraisal had taken place.

### **5.2.2 Care Delivery and Record Keeping**

There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. The inspector also observed where staff facilitated the patient's favourite music or television programme for those patients who were on bed rest. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

The Manager confirmed that daily reports continue to be provided at the beginning of each shift to inform her of any changes in the needs of the patients. This is good practice.

Patients who were less able to mobilise require special attention to their skin care. Review of two patient's care records relating to pressure area care evidenced that the recommended frequency of repositioning within the charts and care plans were inconsistent and an area for improvement has been stated for a second time.

It was further identified that the condition of the patient's skin was not recorded on each change of position and there were multiple entries recorded by staff stating that the patient remained in the same position. This was discussed with the management team and an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients and the lunchtime dining experience was seen to be calm and relaxed. Patients who choose to have their lunch in their bedroom had trays delivered to them. Whilst the main meal was covered on transport, desserts were not covered. It was further identified that a menu was



not on display within all relevant areas of the home. Details were discussed with the management team and following the inspection written confirmation was received from the Manager of the action taken to address this.

There was a choice of meals offered, the food was attractively presented by the catering staff and smelled appetising. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes. Patients said they very much enjoyed the food provided in the home.

Staff said they were made aware of patients' nutritional needs to ensure that recommendations made by the Speech and Language Therapist (SALT) were adhered to. Discussion with staff evidenced that they were providing the correct diet as recommended by SALT.

Review of three patient care records evidenced that care plans and risk assessments were reviewed on a regular basis. However, care records for one patient had information within care plans that was no longer relevant and had the potential to confuse staff on the appropriate direction of care. It was further identified that changes to the assessed needs of another patient was not reflected within their care plans specific to pressure area care and catheter care. Details were discussed with the management team and an area for improvement was identified.

A record of patient property for two patients evidenced that these had not been signed/dated by two staff. Discussion with the management team further identified that an inventory of patient property was not being reviewed on a quarterly basis. Details were discussed with the management team and an area for improvement was identified.

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

The home was neat and tidy and the majority of patients' bedrooms were found to be personalised with items of memorabilia and special interests. The Manager confirmed that personalisation of patients' bedrooms and refurbishment works were ongoing to ensure the home is well maintained and provided a schedule of dates for further redecoration.

A hoist was observed in front of a fire exit door which was brought to the attention of the Manager who immediately removed the hoist to an appropriate location within the home and agreed to monitor this during daily walk arounds. All other fire exits and corridors were clear of clutter and obstruction.

A malodour was evident within two shower rooms; a lounge and to an identified armchair. This was brought to the immediate attention of the management team and prior to the completion of the inspection relevant action had been taken to address the malodours with assurances received from the management team that this would be monitored going forward.

The outdoor courtyard had not been well maintained with weeds and debris evident. Details were discussed with the management team who agreed to have this area tidied. Following the inspection written and verbal confirmation was received from the Manager that relevant action had been taken to address this with ongoing monitoring to ensure sustained compliance.

Observation of three communal toilets identified that they were not suitably equipped for use. For example; hand paper towels, toilet roll, pedal bins and/or soap were not available within all of these communal toilets. Discussion with management evidenced that they were experiencing ongoing challenges with behaviours and an area for improvement has been stated for a second time.

A number of unnecessary risks were identified which had the potential to impact on the health and safety of patients. For example; a store with an electrical cabinet was unlocked; denture cleansing tablets were easily accessible within multiple patients' bedrooms within the dementia unit and equipment used by a visiting professional had been left unattended within an unlocked shower room. Whilst the inspector acknowledged that these issues were addressed during the inspection, the importance of ensuring that all areas of the home are hazard free was discussed with the management team and an area for improvement was identified to ensure sustained compliance.

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases and that any outbreak of infection was reported to the Public Health Agency (PHA). There was a good supply of personal protective equipment (PPE) and hand sanitiser throughout the home.

Visiting and care partner arrangements were managed in line with the Department of Health (DoH) and infection prevention and control (IPC) guidance.

Observation of the environment evidenced a number of issues specific to IPC. For example; the underneath of identified raised toilet seats, hand paper towel, toilet roll, and soap dispensers within two areas of the home were unclean; there was no pedal bins within two communal toilets; a hoist was inappropriately stored within a bathroom and a number of over bed tables required a thorough cleaning. This area for improvement has been stated for a second time.

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

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom, go to a communal room or outdoors as desired.

Observation of life in the home and discussion with staff and patients established that staff engaged with patients individually or in groups; patients were afforded the choice and opportunity to engage in social activities, if they wished. Review of the activity board evidenced that there was no up to date schedule of activities. Details were discussed with the management team and an area for improvement was identified.

Patients commented positively about the food provided within the home with comments such as; "(The) food is great", "The food is lovely here" and "(The) food is very good".

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. The Manager said she felt very supported by senior management.

Review of accidents/incidents records in comparison with the notifications submitted by the home to RQIA confirmed that records were maintained appropriately.

A number of audits were completed on a monthly basis by the management team to ensure the safe and effective delivery of care. For example, care records, environment, IPC and hand hygiene. However audits completed in relation to IPC and the environment did not have an action plan or a follow where deficits had been identified and an area for improvement has been stated for a second time.

Discussion with the Manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by a representative, on behalf of the Responsible Individual.

### 6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	6*

\* The total number of areas for improvement includes one regulation and three standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Barbara Armstrong, Manager, and Mrs Karen Agnew, Regional Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that all areas of the home are maintained in a clean and hygienic condition.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• over bed tables</li> <li>• soap, toilet roll, hand paper towel dispensers</li> <li>• sanitary ware</li> <li>• foot pedal operated bins are available within communal bathrooms.</li> </ul> <p>Ref: 5.1 and 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Registered person can confirm that deep cleaning of all over bed tables was completed following inspection and this task has been added to the allocated list of duties for CA on Night Shift. CA on Day duty have been informed to ensure all tables are cleaned and remain in hygienic condition following meals and use throughout the day, SCA, RGN and Home Manager to check and maintain oversight.</p> <p>A daily HouseKeeping Checklist has been devised and distributed to House Keeper or Senior DA on duty to complete and check every morning which includes checking adequate supply of soap, toilet roll and hand paper towels in all areas including bathrooms - this has also been added to the " Home Managers Daily Checklist" as oversight on walkrounds. Ongoing communication with SHSCT for support with identified Service User who's habits contribute to environmental issues and inspector kept updated regarding progress.</p> <p>New foot pedal operated bins were purchased and now in place were deficits were identified</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p> <p>With specific reference to ensuring that:</p> <ul style="list-style-type: none"> <li>• Care plans are implemented following a change in the assessed needs of a patient.</li> <li>• Care plans are archived when no longer relevant.</li> </ul> <p>Ref: 5.2.2</p>

	<p><b>Response by registered person detailing the actions taken:</b>  The Registered person can confirm that "RGN Alert Sheet" has been amended and now includes an area for any changes from MDT or GP to be noted and confirmation that care plan has been implemented or amended following the assessed needs of the Service User following recommendations of health care professional. When this is returned to Home Manager with the Daily Shift report this can then be added to Home Manager's Daily Checklist as oversight.  The Registered person can confirm that archiving of Care Plans not relevant has been discussed with each RGN and Named Nurses for each Service User has checked and archived .  Registered Person will continue to audit a percentage of Care Files monthly as oversight</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered persons must ensure that all areas of the home to which patients have access are free from hazards to their safety.</p> <p>Ref: 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b>  The Registered Person can confirm that all areas of the home are checked by the Home Manager on daily walkround to ensure the areas of the home to which Service Users have access are free from hazards, Registered staff and Deputy Manager to assist with ongoing monitoring to ensure compliance</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that where a patient has been assessed as requiring repositioning:</p> <ul style="list-style-type: none"> <li>care plans and repositioning charts are consistent in relation to the recommended frequency of repositioning</li> <li>the frequency of repositioning recorded within charts is reflective of the recommended frequency within the care plan.</li> </ul> <p>Ref: 5.1 and 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b>  The Registered Person can confirm that Supplementary Records have been Re-evaluated and a new Repositioning Chart introduced which clearly indicates frequency of repositioning, skin condition, and position of Service User and that repositioning charts are consistent in relation to recommended frequency within the care plan</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 26</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that behaviours that challenge are managed appropriately to ensure that communal toilets are suitably equipped and accessible to patients.</p> <p>Ref: 5.1 and 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> A daily HouseKeeping Checklist has been devised and distributed to House Keeper or Senior DA on duty to complete and check every morning which includes checking adequate supply of soap, toilet roll and hand paper towels in all communal toilets - this has also been added to the " Home Managers Daily Checklist" as oversight on walkrounds. Ongoing communication with SHSCT for support with identified Service User who's habits contribute to environmental issues and inspector kept updated regarding progress.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 6 October 2022</p>	<p>The registered person shall ensure that effective quality assurance audits are implemented and maintained to assess the delivery of care in the home. With specific reference to:</p> <ul style="list-style-type: none"> <li>• environment</li> <li>• IPC.</li> </ul> <p>Ref: 5.1 and 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered person can confirm that Environmental Audits and IPC Audits have been incorporated into monthly planner. These audits have also been deseminated to Senior Staff and Deputy Manager who have been shown how to complete effectively devising an Action Plan following the audit for completion in order to complete the triangulation of Audit process to assist the Home Manager with ongoing monitoring of quality assurance</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 23</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 where a patient has been assessed as requiring repositioning:</p> <ul style="list-style-type: none"> <li>the condition of the patients skin is recorded on each change of position</li> <li>the patients position is altered during each repositioning intervention and clearly recorded within the repositioning chart.</li> </ul> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Person can confirm that Supplementary Records have been Re-evaluated and a new Repositioning Chart introduced which clearly indicates frequency of repositioning, skin condition, and position of Service User and that repositioning charts are consistent in relation to recommended frequency within the care plan</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 14.26</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 October 2022</p>	<p>The registered person should ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered person can confirm that action has been taken to ensure that inventory of property belonging to each Service User is maintained throughout their stay in the Care Home. This has been added to Home Manager and Admin electronic calendar and set as a reminder quarterly so as Oversight can be obtained and follow up assurance of completion from Senior staff.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 October 2022</p>	<p>The registered person shall ensure that a schedule of activities is displayed in a suitable format and in an appropriate location to inform patients of what is scheduled.</p> <p>Ref: 5.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered person can confirm that new "Activities Board" has been purchased in a suitable format for Service Users and is located in an appropriate location, a second "Activities Board" is on order for display on the First Floor so as all Service Users are aware of the schedule of activities within the Care Home.</p>

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





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