

Inspection Report

4, 5 & 16 August 2021



Chestnut Lodge

Type of service: Nursing (NH)

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited Responsible Individual: Ms Amanda Celine Mitchell	Registered Manager: Mrs Barbara Armstrong – not registered
Person in charge at the time of inspection: Mrs Angela Cerasela Stefanoiu	Number of registered places: 40 A maximum of 20 patients in category NH-DE, 18 patients in category NH-I and 4 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.
Categories of care: Nursing Home (NH) DE – Dementia I – Old age not falling within any other category PH – Physical disability other than sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: 30
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 40 patients. The home occupies a two story building, and provides care within the categories listed above. The home consists of single bedrooms, two communal living areas, dining room, a number of communal bathrooms and toilet areas and a spacious outdoor courtyard.	

2.0 Inspection summary

An unannounced inspection took place on 5 August 2021 from 10.30 am to 20.15 pm by a care inspector. An unannounced inspection was also conducted on 4 August 2021 between 09.30 am and 14.30 pm by a pharmacist inspector focused on medicines management. An unannounced estates inspection was undertaken on 16 August 2021 between 10.00 am and 12.00 pm. Estates management assurance records were examined but no physical inspection of the accommodation was completed due to IPC restrictions implemented on that date.

RQIA received information which raised concerns in relation to medicines management, the home environment, and general managerial oversight. As a result an inspection was undertaken which included the review of care, medicines management and estates matters. In addition the inspection also sought to assess progress with areas for improvement identified in the home 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.

The outcome of the inspection showed a number of improvements were required in relation to general oversight of the home this included environmental improvements, staffing arrangements including staff competencies, record keeping, and activities provision.

Following the inspection a meeting was held between RQIA, the Responsible Individual (RI) and members of the senior management team. The meeting was held via teleconference on 12 August 2021. In advance of the meeting a detailed Action Plan was provided to RQIA outlining the steps that had been taken immediately following the inspection and plans for all other areas identified for improvement to be addressed without delay. During this meeting additional assurances were provided by the Responsible Individual and senior management team. The outcome from the inspection and the meeting that followed was shared with the Southern Health and Social Care Trust (SHSCT) at the time.

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 RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this 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 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.

The findings of the inspection were discussed with Angela Cerasela Stefanoiu, Person in Charge and a senior manager who was also present during the inspection. As stated earlier in this report a meeting was held following the inspection on 12 August 2021 to gain assurances from the Responsible Individual and members of the senior management team that issues identified during the inspection would be addressed without delay.

4.0 What people told us about the service

During the inspection we spoke with eleven patients individually and others in groups and six staff. The majority of patients spoken with said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. One patient shared their view that they had to wait a long time for staff to assist them to and from the smoking area.

Staff shared their views that they thought staffing levels were less than what they should be and they regularly felt under pressure. Some staff also shared that they were dissatisfied with the level of communication between management and staff. Staffing is discussed in more detail in section 5.2.1.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance in a caring and compassionate manner.

No completed patient / representative questionnaires were returned within the identified timescale. Two staff online surveys were completed within the identified timescale. Comments received were shared with the manager for the home.

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 19 January 2021		
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for Improvement 1 Ref: Standard 4 Stated: First time	The registered person shall put in place a review of patients' progress records. This review should address the issue of progress records needing to have clearer statements of patients' well-being and progress as opposed to largely repetitive statements of care interventions.	Not met
	Action taken as confirmed during the inspection: Review of care records showed they included largely repetitive statements of care interventions. The need to reflect greater detail on the patients' wellbeing and progress was discussed. This area for improvement has been stated for a second time.	
Area for improvement 2 Ref: Standard 48(1) Stated: First time	The registered person shall submit an action plan with timescales to the home's aligned estates inspector on how the three recommendations of the fire safety risk assessment, dated 16 November 2020, will be addressed.	Met
	Action taken as confirmed during the inspection: Discussion with the person in charge and review of information in the home showed that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients. Recruitment records showed relevant checks had been completed prior to staff commencing employment.

Review of the duty rota and nurse in charge competency and capability assessment information showed recent occasions when at least one nurse was left in charge of the home without the appropriate competency and capability assessment being completed.

This issue was discussed with the person in charge and during the meeting held with the Responsible individual (RI) and members of the senior management team following the inspection. During this meeting confirmation was provided that the nurse had since been assessed and deemed competent and capable to be left in charge of the home in the manager's absence. The need to ensure any nurse left in charge of the home in the managers absence has been assessed as being competent and capable to do so was discussed at length during the meeting. An area for improvement was identified.

The staff duty rota was reviewed. It was noted following discussions with staff and the person in charge the staff duty rota did not accurately reflect the staff that had worked in the home a few days earlier. In addition, the need to identify on the rota the person in charge of the home in the managers absence was also discussed. An area for improvement was identified.

Staff told us that they found staffing levels were often stretched, and planned staffing levels were not always being maintained. The person in charge told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Review of dependency records showed they were regularly reviewed. The person in charge confirmed that on occasions the planned staffing levels may have been reduced due to short notice sick leave. The person in charge explained that if this were to happen every effort would be made to ensure extra cover was found.

During the inspection it was observed that staff were busy attending to patient's needs. Staff responded to requests for assistance in a caring and compassionate manner. Staff told us that the patients' needs and wishes were very important to them. Staff shared that on occasions cover is not always found and it can result in shifts being short.

One patient explained that on occasions they had to wait a long time for staff to assist them to and from the smoking area. In addition during the inspection the activities staff member was observed to be involved in general care duties including providing the morning tea and supporting patients at lunch time as opposed to delivering activities. The need to ensure staffing levels were reviewed and maintained at all times to ensure the needs of patients could be met was discussed. An area for improvement was identified.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising patients' needs including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful and sensitive to patients' needs. For example staff were observed supporting residents to mobilise around the home and support them at mealtimes ensuring they had adequate time.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained on a daily basis to reflect the needs of the patients. An area for improvement was identified during the previous care inspection in relation to progress records reflecting clearer statements of patients' well-being and progress as opposed to largely repetitive statements of care interventions. The area for improvement was not met and has been stated for a second time.

Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly.

Patients less able to mobilise require special attention to their skin care. Care records reviewed showed plans were in place regarding the management of skin conditions. However it was noted that these were not maintained in keeping with best practice. An area for improvement was identified.

Where a patient was at risk of falling, measures to reduce this risk were put in place. These included the use of specialist equipment and reviews by professionals such as occupational therapy and physiotherapists.

Review of records and discussion with the person in charge confirmed that the risk of falling and falls was regularly reviewed. There was evidence of appropriate onward referral as a result of the post falls review.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff. Discussions with patients confirmed they were very satisfied with the food provided in the home. Comments received from patients included "the food is magnificent", "couldn't complain about anything, the food is lovely", "the food is good". For lunch there was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

The dining experience was an opportunity of patients to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

From review of care records it was noted that one of the records did not accurately reflect the assessed needs for an identified patient in relation to a diagnosed health condition. This issue was discussed with the person in charge. An area for improvement was identified.

It was also noted from one of the care records reviewed the recent monthly evaluations were not maintained on an up to date basis. This issue was discussed with the person in charge who confirmed the records would be evaluated immediately without delay to ensure regular reviews were being maintained.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each patient had an annual review of their care, arranged by their care manager or Trust representative.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's general environment evidenced that it was warm, clean and tidy. Some patients' bedrooms were noted to be more personalised than others and included personal mementoes and items important to them. There was evidence of recent paintwork on the corridors and staircase. It was noted that the paintwork in the second lounge was in poor condition. This issue was discussed during the meeting that followed the inspection. Although refurbishment plans were in place for significant works to be completed to the home, the RI advised on the time frame which was expected to be medium term. The need to ensure the identified lounge was improved upon without excessive delay was discussed.

Inspection of a number of bathrooms and shower rooms showed that there was at least three shower heads missing and one shower had no lead attached. It was also noted that a mobility chair in use was badly torn and stained. The underside of two shower chairs were badly stained, the infection control aspect was highlighted. All of the issues were discussed with the person in charge and again during the meeting that followed the inspection where assurances were provided that the identified environmental issues would be addressed without delay. An area for improvement was identified.

It was noted that there was an excessive amount of old furniture, products and boxes stored in the smoking room. The person in charge advised the room was no longer used as a smoking room as an outside smoking area had been erected and the room was instead being used as a store. The need to ensure RQIA was informed of the change of use of any part of the home was discussed. An area for improvement was identified.

The most recent Fire Safety Risk Assessment was completed in November 2020 records showed any recommendations made had been actioned accordingly.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example upon arrival visitors temperatures are recorded and they are asked to complete a health declaration. The home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time. Patients spoken with shared positive comments about their life in the home for example one patient said "I love it here, couldn't complaint about anything" another patient said "I like it alright, it's dead on, all the staff are very nice. If I wasn't happy about something I would tell them".

It was noted as stated earlier in this report the activities staff member was involved in general duties, as a result this negatively impacted on activities provision. Patients were observed sitting in the main lounge area, some were observed interacting with each other, while others less so. Some patients were observed resting in their bedrooms. There was limited evidence of a structured activities programme from records reviewed. This issue was discussed with the person in charge as was the importance of activities provision. An area for improvement was identified.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were also in place.

5.2.5 Management and Governance Arrangements

There has been a recent change in the management of the home since the last inspection. Mrs Barbara Armstrong is currently acting manager for the home and has begun the process of applying to become a registered manager.

There was evidence that a regular system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home. However, as discussed earlier in this report a number of issues were identified in relation to staff competencies, the environment, and care records. The need to ensure robust systems are maintained whereby relevant information is gathered and utilised to help identify issues and ensure actioning in a timely manner was discussed with the person in charge and during the meeting that followed the inspection. During this meeting assurances were given by the RI that enhanced support would be provided by the senior management team to support the new manager in the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The person in charge outlined the safeguarding champion arrangements for the home. It was established that clear systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Review of the home's record of complaints confirmed that these were appropriately managed. The person in charge confirmed that any complaints received would be used as a learning opportunity to improve practices by the home.

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

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly, however it was noted that RQIA were not notified of all relevant events as would have been expected. This issue was discussed with the person in charge. An area for improvement was identified.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were addressed.

5.2.6 Medicines Management

The audits completed at the inspection indicated that, with the exception of several medicine incidents that management had already notified RQIA of; medicines were being administered to patients as prescribed.

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments. The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to provide a double check that they were accurate.

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment. Within the home, a record of the administration of medicines is completed on pre-printed medicine administration records (MARs) or occasionally handwritten MARs, when medicines are administered to a patient. A sample of these records was reviewed. The records were found to have been completed in a satisfactory manner.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs are recorded in a controlled drug record book. Robust arrangements were in place for the management of controlled drugs.

The management of medicines prescribed for the management of distressed reactions was reviewed. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain. Directions for use were clearly recorded on the personal medication records. Care plans directing the use of these medicines were available for three of the four patients whose records were examined. The regional manager gave an assurance that a care plan would be written without delay for the other patient. Records of administration were recorded.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patient. The management of thickening agents and nutritional supplements was reviewed for two patients. A speech and language assessment report and care plan was in place. Records of prescribing and administration which included the recommended consistency level were maintained.

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error. The records inspected showed that medicines were available for administration when patients required them.

The medicines storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each patient could be easily located. The arrangements for the disposal of medicines were appropriate and records were maintained.

Several in-use insulin pens were not dated once first used and were being stored in the medicines refrigerator. When in use, insulin pens should not be stored in the refrigerator. The necessary arrangements need to be made to ensure that insulin pens are always dated once first used and that they are stored in accordance with the manufacturers' instructions. An area for improvement was identified.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on most medicines so that they could be easily audited. This is good practice. The level of auditing had recently been augmented as a result of an increase in medicine related incidents.

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another. The management of medicines for two patients who had a recent hospital stay and were discharged back to this home was reviewed. Hospital discharge letters had been received and a copy had been forwarded to the patients' GPs. The patients' personal medication records had been updated to reflect medication changes which had been initiated during the hospital stay. Medicines had been administered in accordance with the most recent directions.

It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. The audit system in place helps staff to identify medicine related incidents. Management and staff were familiar with the type of incidents that should be reported. The recent medicine related incidents which had been reported to RQIA were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that they are supported. Staff in the home had received an induction which included medicines management when this forms part of their role. Competency had been assessed following induction and annually thereafter. A written record was completed for induction and competency assessments. As the result of recent medication administration errors, the registered nurses had received updated training in medicines management and diabetes awareness; their medicines management competencies had also been reviewed.

5.2.7 Estates Management

The estates management maintenance assurance records were reviewed in the presence of the acting manager and area manager.

The building services and associated equipment utilised in the care home were maintained to an acceptable standard compliant with current good practice.

Maintenance/test verification records for the following services were not available for review during the inspection; appropriate verification documents were submitted to RQIA by e-mail on 20 August 2021, and were noted as compliant with required standards:

- Passenger lift, Lifting Operations and Lifting Equipment Regulations (LOLER) thorough examination reports;
- Electrical installation BS7671 periodic inspection and test report;
- Laundry gas appliance gas safe engineer safety test/inspection reports;
- Space heating boiler maintenance/service report;
- Emergency generator maintenance service.

6.0 Conclusion

Based on the inspection findings ten areas for improvement were identified. These related to staff competencies, staffing levels, the staff duty rota, care records, environmental improvements and change of use, activities provision, reporting of notifiable events, and management of insulin pens. One area for improvement identified during the previous inspection has been stated for a second time.

Whilst one area for improvement was identified in relation to medicines management, with the exception of several medicine incidents that management had already notified RQIA of, audits indicated that medicines were being administered to patients as prescribed.

Feedback from patients was largely positive with one exception. Patients were clean and tidy in their personal appearance.

During the meeting that followed the inspection assurances were provided by the Responsible Individual that action had been taken or was being taken to address the areas that were identified for improvement. A detailed action plan was provided in support of this. In addition the Responsible Individual advised that additional senior managerial support would be allocated to the home to help oversee the changes and support the new management arrangements.

7.0 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
Total number of Areas for Improvement	4	7*

*The total number of areas for improvement includes one area that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Angela Cerasela Stefanioiu, person in charge, as part of the inspection process and with the senior manager who was present during the inspection.

The timescales for completion commence from the date of inspection. Areas for improvement were also discussed with the Responsible Individual and members of the senior management team in the meeting that followed the inspection on 12 August 2021.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20 (3) Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure that competency and capability assessments are completed with any nurse that is given the responsibility of being in charge of the home for any period in the manager's absence. Ref: 5.2.1
	Response by registered person detailing the actions taken: Competencies have been completed for all Nurses that are given responsibility of overseeing the home in absence of the Home Manager. Profiles of Agency Staff Nurses are also reviewed by Home Manager to ensure that they have the required capabilities and competencies. This will be monitored through internal audit and inspection.
Area for improvement 2 Ref: Regulation 20 (1) (a) Stated: First time To be completed by: Immediately and ongoing	The registered person shall, having regard to the size of the nursing home and the number and needs of patients ensure that at all times suitably qualified, competent, and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of patients. Ref: 5.2.1
	Response by registered person detailing the actions taken: The Home Manager reviews the dependencies of the residents at least monthly. Staffing is in line with these dependencies. Where shortfalls occur due to short notice absence all reasonable measures and contingencies are put in place to ensure that residents health and welfare needs are met. All staff complete induction and training and are deemed competent. This will be monitored through internal audit and inspection.

Area for improvement 3 Ref: Regulation 15 (2) (b) Stated: First time To be completed by: 12 August 2021	<p>The registered person shall ensure the assessment of needs is reviewed and updated for the identified individual.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The assessment of need for the identified resident has been reviewed and updated. All other residents assessments of needs have been reviewed and updated as necessary. This will be monitored through internal audit and inspection visits</p>
Area for improvement 4 Ref: Regulation 30 Stated: First time To be completed by: 12 August 2021	<p>The registered person shall ensure all relevant notifiable events are reported to RQIA as required.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The Registered Person will ensure that all notifiable events are reported to RQIA in a timely manner. Staff have been reminded what is reportable to RQIA. This will be monitored through internal audit and inspection.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 4 Stated: Second time To be completed by: 4 September 2021	<p>The registered person shall put in place a review of patients' progress records. This review should address the issue of progress records needing to have clearer statements of patients' well-being and progress as opposed to largely repetitive statements of care interventions.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: Supervision has been completed with the Registered Nurses with regards to progress notes being holistic, individual and descriptive of the residents wellbeing that day. This will be monitored through internal audit and inspection.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 6 August 2021</p>	<p>The registered person shall ensure the duty rota accurately reflects all staff working over a 24 hour period, the capacity in which they work, and clearly identify the person in charge on each shift.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Duty Rota is checked by the Home Manager or Nurse in Charge daily and any changes made immediately to reflect any changes. Nurse in Charge is highlighted for each shift so as it can be easily identified on the Rota. This will be monitored through internal audit and inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>To be completed by: 6 August 2021</p>	<p>The registered person shall ensure care records in relation to wound management are maintained in keeping with best practice.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: A new wound folder has been implemented with a checklist and all relevant documentation included. These are checked daily by Home Manager as part of Daily Audit to ensure they are maintained in keeping with best practice. This also will be monitored through internal audit and inspection.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 44.8</p> <p>Stated: First time</p> <p>To be completed by: 4 September 2021</p>	<p>The registered person shall ensure the following environmental improvements are addressed :</p> <ul style="list-style-type: none"> • The paintwork in the identified lounge should be improved upon • Shower heads should be replaced as required • The underside of the identified shower chairs should be thoroughly cleaned • The identified mobility chair should be improved upon or replaced. <p>Ref:5.2.3</p> <p>Response by registered person detailing the actions taken: The painting in the identified lounge has been completed. The Showerheads have been replaced The Underside of shower chairs have been thoroughly cleaned and are included in the cleaning schedules. These are checked randomly on the home managers daily audit and through internal audit and inspection. The Identified Mobility chair has been replaced</p>

<p>Area for improvement 5</p> <p>Ref: Standard 44.11</p> <p>Stated: First time</p> <p>To be completed by: 6 August 2021</p>	<p>The registered person shall ensure proposed changes to the use of any area, the use of any room or the lay out of the premises are notified to RQIA in writing for consideration prior to the changes taking place. This refers to the change of the use of the smoking room to a store room.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The variation with regards to the interim change of the smoke room to store room was submitted and validated on 11th August 2021.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 12 August 2021</p>	<p>The registered person shall ensure activities provision for patients is reviewed to ensure meaningful engagement for patients in the home.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: A new activity therapist has been recruited .The activity planner has been reviewed to ensure the activities are meaningful to the residents. Staff have been reminded to record the engagement with the residents .</p>
<p>Area for improvement 7</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection</p>	<p>The registered person shall ensure that insulin pens are always dated once first used and that they are stored in accordance with the manufacturers' instructions.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken: Supervision with all Registered Nurses has been completed with regards to the storage of Insulin Pens.This will be monitored through inspection and audit.</p>

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



The Regulation and Quality Improvement Authority

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