

# Inspection Report

## 25 and 27 May 2021



## Kensington

Type of service: Residential  
Address: 2 Groomsport Road, Bangor, BT20 5LN  
Telephone number: 028 9145 9047

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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> Kensington  <b>Responsible Individual:</b> Mr Sathrouhun Bogun	<b>Registered Manager:</b> Ms Joanne Glendinning  <b>Date registered:</b> 28 May 2010
<b>Person in charge at the time of inspection:</b> 25 May 2021 Ms Laura Williams Senior Carer  27 May 2021 Ms Joanne Glendinning	<b>Number of registered places:</b> 7  6 – RC - I 1 – RC – MP (E)
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 4
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Home which provides social care for up to 7 persons. Residents' bedrooms are located over two floors.	

## 2.0 Inspection summary

An unannounced inspection took place on 25 May 2021 at 10:35 am to 3:45 pm by the care inspector and on 27 May 2021 from 10:00 am to 12:30 pm by the pharmacist inspector.

The inspection assessed progress with the 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.

Evidence of good practice was found in relation to care delivery and maintaining good working relationships.

Eight new areas for improvement have been identified in relation to the provision of nurse call bells, fitness of the premises, IPC, record keeping, removal of obsolete records and medicines management audits.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from residents and staff are included in the main body of this report.

The findings of this inspection provided RQIA with assurance that care delivery and service provision within Kensington was safe, effective, compassionate and that the home is well led.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' 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 residents, relatives, staff or the Commissioning Trust.

Throughout the inspection residents, their relatives or visitors 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 residents 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.

At the end of the inspection the Person in Charge was provided with details of the findings.

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

During the inspection we spoke with three residents and two staff. Residents told us that they felt well cared for, enjoyed the food and that staff were attentive. Staff said that the manager was approachable and that they felt well supported in their role.

No questionnaires were received from residents, residents' representatives or staff within the timescale specified.

## 5.0 The inspection

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

The last inspection of Kensington was undertaken on 10 September 2020 by a care inspector.

Areas for improvement from the last inspection on 10 September 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 27 <b>Stated:</b> Second time	The registered person shall ensure that the general observations, highlighted in the 'assessment of the premises', are undertaken in a timely manner within the time frame stipulated.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment evidenced that the staff office and the area outside an identified bedroom has been repainted. Stain glass windows on both the ground, and first floor have been made safe by the fitting of a protective screen.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 13.9 <b>Stated:</b> Second time	The registered person shall ensure that a record is kept of all activities that are offered or take place, the person leading the activity and the names of the residents who participate, or choose not to participate.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the activities book from 15 May 2021 to 24 May 2021 evidenced that a record is kept of all activities that are offered or take place, the person leading the activity and the names of the residents who participate, or choose not to participate.	

<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 20.11</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that the monthly monitoring report summarises any action taken to ensure that the organisation is being managed in accordance with minimum standards.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of monthly monitoring reports from 30 January 2021 to 20 April 2021 evidenced that they summarise any action taken to ensure that the organisation is being managed in accordance with minimum standards.</p>		
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all pull cords throughout the home are fitted with washable covers in order to adhere to infection prevention and control best practice.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Observation of pull cords throughout the home evidenced they are fitted with washable covers in order to adhere to infection prevention and control best practice.</p>		
<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 28.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that equipment used by residents is maintained in order to comply with Health and Safety legislation.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the Senior Carer and observation evidenced that the identified piece of equipment has been disposed of and replaced to ensure that equipment used by residents is maintained in order to comply with health and safety legislation.</p>		

<b>Area for Improvement 5</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	The registered person shall ensure that resident record folders are maintained and monitored to an acceptable standard in order to adhere to infection prevention and control procedures. Information that is not current should be archived.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of five residents' record folders evidenced that they have been replaced and are maintained and monitored to an acceptable standard in order to adhere to infection prevention and control procedures. Information that is not current was noted to be archived.	

## 5.2 Inspection findings

### 5.2.1 How does this service ensure that staffing is safe?

A review of records confirmed that a robust process was in place to monitor the registration status of care staff with the Northern Ireland Social Care Council (NISCC).

Staff said that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. 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 subjects including Covid-19 swabbing, Covid-19 awareness, moving and handling, infection prevention and control, personal protective equipment (PPE), donning and doffing of PPE and fire safety.

Also staff said there was good team work and that they felt well supported in their role. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents said that staff were attentive, they enjoy the food and they were well looked after.

Staff in the home had received a structured medicines management induction 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.

There were safe systems in place to ensure staff were registered with the appropriate bodies and trained properly to ensure that residents' needs were met by the number and skill mix of the staff on duty.

### **5.2.2 How does this service ensure residents feel safe from harm and are safe 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 manager was identified as the appointed safeguarding champion for the home.

The manager confirmed staff were aware of deprivation of liberty safeguards (DoLS) and restrictive practices. Staff were aware of how to ensure that, if restrictive practices could not be avoided, best interest decisions were made safely for all residents but particularly those who were unable to make their own decisions. Staff knew where to access information regarding DoLS and demonstrated their knowledge of what constituted a restrictive practice. Staff told us they were confident that they could report concerns about resident's safety and poor practice.

Staff were observed to be prompt in recognising residents' needs, including those residents who had difficulty in making their wishes known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs.

A resident commented: "The people here are second to none. Two hundred and fifty per cent. The staff always come to see me, to check that I'm alright."

There were systems in place to ensure that residents were safely looked after in the home and to ensure that staff were appropriately trained for their role in keeping patients safe.

### **5.2.3 Is the home's environment well managed to ensure residents are comfortable and safe?**

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces, the kitchen, laundry and communal areas such as the lounge and bathrooms. The home was noted to be comfortably warm, fresh smelling and clean throughout. There was evidence that the environment was clean and tidy. A review of records confirmed that all the required safety checks and measures were in place and regularly monitored.

Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

It was noted that a resident who prefers to stay in their own bedroom, lacked the provision of a nurse call lead. This was discussed with the senior carer who advised that she would ensure that the resident had a nurse call lead provided so that they could call for assistance if required. An area for improvement was identified.

Observation of the internal and external environment highlighted several areas that required attention. It was acknowledged that restrictions in relation to government guidelines due to the pandemic, regarding the upkeep of maintenance in the home had been a challenge.

Review of the internal environment evidenced that the opening mechanism was faulty on two identified waste bins as they need to be replaced or repaired. Also in an identified bathroom, the wall tiles beside the sink were loose and in need of repair. In another bathroom the toilet roll holder on the wall had no cover and requires to be replaced. A paper towel dispenser was

seen to be situated on the outside of a bathroom door and requires to be suitably placed in order that residents have access to paper towels in all bathrooms to dry their hands. The staff bathroom requires replacement of the toilet seat, the top of the toilet cistern and both taps as they are cracked, chipped and cannot be effectively cleaned. In an identified resident's bedroom, the headboard attached to the bed, was noted to move and needs to be fixed securely to the bed. A hole was noted in the stair carpet. Also a large tear was observed in the vinyl flooring in the doorway to the conservatory, which could cause a possible trip hazard. The flooring in both these areas is required to be replaced or repaired. This was discussed with the senior carer who advised that she would discuss the inspection findings with the manager. An area for improvement was identified.

The laundry room was locked appropriately. It was noted that the laundry floor could not be effectively cleaned as it requires to be repainted. Rubbish and broken furniture had been left outside, near the laundry. The outside boiler house was noted to be unlocked and requires to be securely locked. This was discussed with the senior carer who advised that she would discuss the inspection findings with the manager. An area for improvement was identified.

Observation of residents' equipment and mobility aids evidenced that they were clean. However, it was noted that two residents' mobility aids were not effectively cleaned. This was discussed with the senior carer who addressed the matter immediately.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

The findings of the inspection provided assurance that patients were comfortable within the home; while the environment was clean and tidy, the quality of the environment will be further improved through compliance with the areas for improvement highlighted.

#### **5.2.4 How does this service manage the risk of infection?**

The senior carer told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Observation of practice and discussion with staff confirmed that effective arrangements regarding infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) were in place.

Personal protective equipment, for example face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting and Care Partner arrangements were managed in line with DoH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.



The findings of the inspection provided assurance that there were effective systems in place regarding the management of infection.

**5.2.5 What arrangements are in place to ensure residents receive the right care at the right time? This includes how staff communicate residents care needs, ensure resident rights to privacy and dignity; manage skin care, falls and nutrition.**

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable about individual residents' needs including, for example, their daily routine preferences. Staff respected residents' privacy and spoke to them with respect. It was also observed that staff discussed residents' care in a confidential manner and offered personal care to residents discreetly.

Review of residents' supplementary, care records in relation to personal hygiene and night checks evidenced they were maintained in keeping with best practice. Supplementary care records regarding nutrition were generally well documented. However, one resident's care record regarding nutrition showed gaps in the recording. This was discussed with the senior carer who advised that she would discuss the inspection findings with the manager. An area for improvement was identified.

There was a system in place to ensure that accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA. Notifications were sent to RQIA in a timely manner but on two occasions it was noted that there was no recording of a significant accident/incident in the accident/incident record book. It was noted that both residents received appropriate care and attention at the time of the accident/incident. This was discussed with the senior carer and the manager after the inspection. Correspondence from the manager on 26 May 2021 advised that incidents/accidents have been recorded in the accident/incident book. To avoid this oversight happening again a checklist will be put into place with immediate effect. An area of improvement was identified.

We observed the dining experience for residents in the dining room; we noted that this meal time provided residents with an opportunity to socialise together. Staff had made an effort to ensure residents were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. There was a variety of drinks available. Staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks, how to modify fluids for those on specialised diets and how to provide personalised care to residents who needed varying degrees of assistance with eating and drinking. Staff assisted residents in an unhurried manner. Residents said that they enjoyed lunch.

A resident commented:

"The food's brilliant. If I don't like what's on the menu, the staff will get me something else."

The findings of the inspection provided assurance that residents received the right care at the right time and that staff promoted residents' privacy and dignity. Residents spoke positively about their dining experience in the home. The quality of record keeping will be further improved through compliance with the areas for improvement highlighted.

### **5.2.6 What systems are in place to ensure care records reflect the changing care needs of residents?**

Residents' 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 residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were generally, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate. However, the care record for one resident who requires a modified diet had not been updated, as the old terminology regarding nutritional recommendations from the Speech and Language Therapist were recorded. Records did not reflect the new international dysphagia diet standardisation initiative (IDDSI) terminology. This was discussed with the senior carer who advised that she would discuss the inspection findings with the manager. Correspondence from the manager 26 May 2021 advised that the resident's care record has been updated with the IDDSI terminology. An area for improvement was identified.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

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

Systems were in place to ensure that care records were regularly evaluated and updated to reflect any changes in residents' needs and to ensure that staff were aware of any changes. However, the quality of care records and any changes made will be further improved through compliance with the area for improvement highlighted.

### **5.2.7 How does the service support residents to have meaning and purpose to their day?**

It was observed that staff offered choices to residents throughout the day which included, for example, preferences for food and drink options. Residents could have a lie in or stay up late to watch TV if they wished. Residents told us that they were given the choice of where to sit and where to take their meals; some residents preferred to spend most of their time in their room and staff were observed supporting residents to make these choices.

There was a range of activities provided for residents such as listening to music, playing bingo and completing puzzles. Residents told us that they were aware of the activities provided in the home and that they were offered the choice of whether to join in or not. Residents advised that they often declined to take part in daily activities as they like to plan their own time.

Staff recognised the importance of maintaining good communication between residents and their relatives, especially whilst visiting is disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of residents.

There were suitable systems in place to support residents to have meaning and purpose to their day and to allow them the opportunity to make their views and opinions known.

### **5.2.8 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?**

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. 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, during medication reviews or at 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 are written and updated to provide a double check that they are accurate.

Obsolete personal medication records and hospital discharge letters had not been cancelled and archived. This is necessary to ensure that staff do not refer to obsolete directions in error and administer medicines incorrectly to the resident. An area for improvement was identified.

Copies of residents' prescriptions were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

All residents should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets, self-administration etc.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required. The reason for and outcome of administration of pain relief was recorded on the medication administration records and care plans were in place to direct staff.

Some residents 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 resident 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 resident.

We reviewed the management of thickening agents for one resident. A speech and language assessment report and care plan was in place. Records of prescribing did not include the recommended consistency level outlined in the resident's speech and language assessment report. This was addressed by the home manager on the day of inspection for future implementation.

### **5.2.9 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?**

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident'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 residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each resident could be easily located. A controlled drugs cabinet was available for use as needed.

We reviewed the disposal arrangements for medicines. Discontinued medicines were returned to the community pharmacy for disposal and records maintained.

### **5.2.10 What arrangements are in place to ensure that medicines are appropriately administered within the home?**

It is important to have a clear record of which medicines have been administered to residents 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). A sample of these records was reviewed. The records were found to have been fully and accurately completed. The completed records were filed once completed.

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 were accurately recorded in a controlled drug record book.

The date of opening was recorded on all medicines so that they could be easily audited by the inspector. This is good practice.

### **5.2.11 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?**

Since the last inspection there has been no change in management arrangements. Ms Joanne Glendinning has been the manager of the home since 28 May 2010. The home manager was unavailable on the day of the care inspection. Ms Joanne Glendinning attended the medicines management inspection.

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 residents, care practices or the environment.

A resident commented:

“The staff are brilliant and Joanne the manager is lovely. I’m confident that if I had any concerns they would be sorted out.”

Residents and staff said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and described her as supportive and very approachable.

Staff said:

“The manager is approachable. I have no concerns or issues at all.”

The home was visited each month by a representative of the registered provider to consult with residents, 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 correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

There was however no regular auditing of medicine administration in the home. Despite audits performed by the inspector confirming medicines were being administered as prescribed in the home, the need for a regular and robust auditing process is necessary to ensure medicines continue to be administered as prescribed by the general practitioner. An area for improvement was identified.

There were systems were in place to monitor the quality of care delivery and service provision within the home. The quality of auditing of medicine administration will be further improved through compliance with the area for improvement highlighted.

## **6.0 Conclusion**

Residents looked well cared for and were seen to be content and settled in the home. Staff treated residents with respect and kindness. The home was clean and tidy with several identified areas requiring refurbishment being addressed following the inspection.

It was positive to note that the outcome of this inspection concluded that all areas for improvement identified at the last care inspection had been met. However, eight new areas for improvement have been identified.

Correspondence from the manager 26 May 2021 advised that several improvements have been addressed. These included some areas that have been highlighted regarding the premises and IPC. Arrangements have been made to have the laundry room floor repainted and the rubbish removed from outside. The headboard on the identified resident’s bed has been made good.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe, effective care in a caring and compassionate manner and that the home is well led.

Thank you to the residents and staff for their assistance and input during the inspection.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (August 2011)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	6

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Joanne Glendinning, Registered Manager and Ms Laura Williams Senior Carer, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (c)  <b>Stated:</b> First time  <b>To be completed:</b> Immediate and ongoing	<p>The registered person shall ensure that all residents have access to the nurse call system; this relates to the provision of nurse call leads within resident bedrooms, as appropriate.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            The company that services the nurse call system within Kensington is experiencing difficulties getting parts for this system, until they are able to get these parts we have supplied the resident with another type of call bell.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27  <b>Stated:</b> First time  <b>To be completed:</b> Immediate and ongoing	<p>The registered person shall ensure that the general observations, highlighted in the 'assessment of the premises', are undertaken in a timely manner.</p> <ul style="list-style-type: none"> <li>• Loose wall tiles in an identified bathroom are repaired</li> <li>• Refurbishment of staff bathroom</li> <li>• The headboard in an identified resident's bedroom is fixed securely</li> <li>• Replacement or repair of stair carpet</li> <li>• Replacement or repair of vinyl flooring at conservatory door</li> <li>• The laundry floor is repainted</li> <li>• The outside boiler house is locked securely</li> <li>• Rubbish and broken furniture left outside is disposed of</li> </ul> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            The loose tile was repaired.            The bathroom refurbishment will commence the week beginning 02/08/21.            The headboard was fixed.            The staircarpet was repaired.            The vinyl was repaired.            The laundry floor is scheduled to be repainted 30/07/21.            The boiler door has been secured.            The rubbish has been removed.</p>

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that the following infection prevention and control issues are addressed:</p> <ul style="list-style-type: none"> <li>• Faulty waste bins are repaired or replaced</li> <li>• In an identified bathroom, the toilet roll holder on the wall had no cover and requires to be replaced</li> <li>• A paper towel dispenser on the outside of a bathroom door requires to be suitably placed</li> </ul> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> The faulty bin was replaced. The toilet roll holder was also replaced. The paper towel dispenser was relocated.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 12.11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that a record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each person is satisfactory. This applies specifically to the recording of nutritional intake records for one identified resident.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> A daily record already exists detailing all the meals provided, this includes details of what each residents daily food and fluid intake is, and is completed after each meal. The terminology has now been changed on the one identified residents file.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that records are kept in accordance with professional and legislative requirements on each resident's situation, actions taken by staff and reports made to others. This applies specifically to the recording of accidents/incidents in the accident/incident book.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> All staff have received further training in this matter.</p>



<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that each resident has an individual and up-to-date comprehensive care plan. This applies specifically to the accurate recording of international dysphagia diet standardisation initiative (IDDSI) terminology for one identified resident who requires a modified diet.</p> <p>Ref: 5.2.6</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p><b>Response by registered person detailing the actions taken:</b> All care files have been reviewed, the terminology on the one identified residents file has been changed to include the new terminology.</p> <p>The registered person shall ensure that all obsolete records are discontinued and securely archived.</p> <p>Ref: 5.2.8</p> <p><b>Response by registered person detailing the actions taken:</b> This matter has been addressed.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall develop and implement a robust auditing process which covers all aspects of medicines management.</p> <p>Ref: 5.2.11</p> <p><b>Response by registered person detailing the actions taken:</b> This matter has been addressed.</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

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

 [@RQIANews](https://twitter.com/RQIANews)