

Inspection Report

22 June 2021



Millbrook Court

Type of Service: Residential Care Home
Address: 228 Donaghadee Road, Bangor, BT20 4RZ
Tel No: 028 9146 2472

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Radius Housing Association	Registered Manager: Ms Siobhan Diane Strong
Responsible Individual: Ms Fiona McAnespie	Date registered: 1 April 2005
Person in charge at the time of inspection: Ms Siobhan Diane Strong	Number of registered places: 50
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 39
Brief description of the accommodation/how the service operates: This home is a registered Residential Home which provides social care for up to 50 persons. The home is divided in four units, all located on the ground floor, Millbrook Mews, Millbrook Street, Millbrook Avenue and Millbrook Close which provides care for people with dementia. Residents have access to communal lounges, dining rooms and an enclosed garden area.	

2.0 Inspection summary

An unannounced inspection took place on 22 June 2021 at 10:25 am to 5:15 pm by the care inspector and the finance inspector.

The inspection assessed progress with the 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.

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

Two new areas for improvement have been identified in relation to the health, welfare and safety of residents and the internal maintenance of the premises.

The home was found to be clean, tidy, well-lit, warm and free from malodour.

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the residents. Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Residents were seen to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served to residents by staff in an unhurried, relaxed manner.

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, relatives, a professional visitor 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 Millbrook Court was effective, compassionate and that the home is well led. Addressing the areas for improvement will further enhance the quality of care and service in the home.

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 RQIA will seek to speak with residents, 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 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.

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 including a sample of residents' financial records.

The findings of the inspection were discussed with Ms Diane Strong, Manager, at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with three residents individually, small groups of residents in the dining rooms and lounges, a professional visitor from the local Trust and five 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. A professional visitor to the home said they had no concerns during their visits and that staff were accommodating and helpful.

Following the inspection we received two completed questionnaires. Both relatives indicated that they were very satisfied that the care provided was safe, effective, compassionate and well led. No questionnaires were received from staff within the timescale specified.

A record of compliments received about the home was kept and shared with the staff team. This is good practice. Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

“Not only have you all shown our Mum more love, care and attention than anyone could expect during the lockdown but we as a family have come to realise that this is normal service for you. It’s impossible to put into words our admiration and appreciation for all you do.”

“Thank you for settling ... into your lovely home. He is so happy and this means the world to us.”

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 08 October 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27.4 (c) Stated: First time	The registered person shall ensure that fire exits are kept clear and are free from obstruction and that wedges are not used to prop doors open.	Met
	Action taken as confirmed during the inspection: Review of the environment evidenced that fire exits are kept clear and are free from obstruction and that wedges are not used to prop doors open.	

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that records for the administration of thickening agents are accurately maintained.</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 7.4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that written consent / authorisation is in place in regard to night checks.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of two residents' records evidenced that written consent / authorisation is in place in regard to night checks.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 15.12</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a system is implemented for recording and checking (at least quarterly) valuables held at the home. A safe register should also be maintained showing when items have been deposited and removed from the safe place.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of records evidenced that a system was in place to record residents' items deposited to and withdrawn from the safe place. No valuables were held on behalf of residents at the time of the inspection.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 15.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that signed consent forms authorising the home to hold and make transactions on behalf of residents are retained in all relevant residents' files.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of a sample of records evidenced that written authorisation forms were in place for residents. The forms provided details of the items members of staff were authorised to purchase from the residents' monies. The forms were signed by the residents or their representatives.</p>	<p>Met</p>

<p>Area for improvement 4</p> <p>Ref: Standard 4.4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that copies of up to date and signed written agreements are retained within all residents' files. Where the resident or their representative is unable to sign or chooses not to sign, this is recorded on the agreement. Copies of any documentation forwarded to residents or their representatives reminding them to sign and return the agreements should also be retained within residents' files.</p> <p>Action taken as confirmed during the inspection: A review of two residents' files confirmed that up to date written agreements were retained within both files. The agreements were signed by the resident, or their representative, and a representative from the home.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 20.14</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the use of correction fluid on residents' records ceases immediately.</p> <p>Any errors should be crossed out and a new line used to record the transaction. A reason for the error should be recorded and initialled by the staff member recording the transaction .</p> <p>Action taken as confirmed during the inspection: A review of a sample of residents' records confirmed that correction fluid is no longer used. Errors were crossed out and a new line entered. The records were initialled by the member of staff recording the transaction.</p>	<p>Met</p>

<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: 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>Action taken as confirmed during the inspection: Review of the environment evidenced that most pull cords throughout the home are fitted with washable covers in order to adhere to infection prevention and control best practice. However, it was noted that identified, pull cords in three units of the home did not have washable covers in place. This area for improvement has been partially met and is stated for the second time.</p>	<p>Partially met</p>
<p>Area for improvement 7</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that infection prevention and control issues regarding notices displayed throughout the home are managed to minimise the risk and spread of infection.</p> <p>Action taken as confirmed during the inspection: Review of notices displayed throughout the home, evidenced they have been laminated to minimise the risk and spread of infection.</p>	<p>Met</p>
<p>Area for improvement 8</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the home is maintained in a safe manner in order to comply with health and safety procedures and legislation.</p> <p>Action taken as confirmed during the inspection: Review of the environment and of the identified shower room call system, evidenced the home is maintained in a safe manner in order to comply with health and safety procedures and legislation.</p>	<p>Met</p>

<p>Area for improvement 9</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</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 appropriate report/referrals are made to the appropriate bodies and this is closely monitored by the registered person.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of two residents' care records confirmed that records are kept in accordance with professional and legislative requirements on each resident's situation, actions taken by staff and appropriate report/referrals are made to the appropriate bodies and this is closely monitored by the registered person.</p>	<p>Met</p>
<p>Area for improvement 10</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p>	<p>The registered person shall ensure that management systems are in place that support and promote the delivery of safe, quality care services, and that working practices are systematically audited and that action is taken when necessary.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 11</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered person shall ensure that regular use of medicines which are prescribed to be administered "when required" is referred to the prescriber for review.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 12</p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that care plans for adding medicines to food/drinks to assist swallowing contain sufficient detail to direct the required care.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>

Area for improvement 13 Ref: Standard 30 Stated: First time	The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Action plans to address any identified shortfalls should be developed and implemented. Records should be available for inspection.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. The manager advised that the staff recruitment process and necessary checks are completed at head office.

There were systems in place to ensure staff were trained and supported to do their job. Staff said that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. For example, staff received regular training in a range of subjects including managing behaviours that challenge, adult safeguarding, moving and handling, first aid, infection prevention and control and fire safety.

Staff said there was good team work and that they felt well supported in their role. Staff also said that, whilst they were kept busy, staffing levels were generally satisfactory apart from when there was an unavoidable absence. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this. The manager's hours, and the capacity in which these were worked, were clearly recorded.

A staff member spoken with said: "It's a good home to work in. The home manager and staff team are good. Staffing levels can be low at times due to sickness but the manager will try and get cover. If I had a concern I would speak about it to the manager and I would be confident that it would be sorted out."

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

A resident spoken with said: "I've always liked the staff here."

A professional visitor to the home said: "I have no concerns and there has never been a problem during my visits. Communication with professional colleagues is good. Staff are always patient, pleasant and helpful. They take pride in their work and treat the residents well with respect."

In summary, assurances were provided that staffing arrangements in the home were safe and staff conducted their duties in a professional and caring manner.

5.2.2 Care Delivery and Record Keeping

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.

Review of two residents' care records regarding nutrition and weight evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the resident. Appropriate risk assessments and evaluations had been completed.

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.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily. Records reviewed were well documented and it was noted that records checked showed residents had gained weight.

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.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the Dietician.

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.

The manager advised that staff supervisions and appraisals had commenced for 2021 and that staff meetings were held on a regular basis. Minutes were available.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

We observed the dining experience for residents in the dining room in Millbrook Avenue and 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 spoken with said: "All's well and I'm well looked after. I'm looking forward to a cup of tea and a bun."

In summary, no concerns were identified regarding care delivery and record keeping.

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal environment of the home and noted that the home was comfortably warm, well decorated, fresh smelling and clean throughout.

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.

The manager advised that an ongoing, refurbishment plan of the home had commenced for 2021. Observation of Millbrook Mews evidenced that it has been tastefully decorated.

On review of the home's environment it was observed in an identified bathroom, that the wood at floor level, encasing pipes was damaged and in a state of disrepair, exposing pipes. This was discussed with the manager who advised there had been a leak in the area. An area for improvement was identified.

It was concerning to see that the door of two identified kitchens had not been securely locked in order to keep residents safe and free from hazards. It was noted that the kettle in both kitchens was hot and had recently been boiled. The risk to the health, welfare and safety of residents was discussed with the manager and staff members. An area for improvement was identified.

Review of a selection of records for the week beginning 21 June 2021, evidenced that the daily cleaning schedule had been completed to assure the quality of care and services in relation to infection prevention and control measures. The cleaner's store was noted to be appropriately locked.

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 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. 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.

Review of records, 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. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

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.

A staff member said: "I've been here seven years and it's a good place to work. Everyone's nice. We take pride in our work to make things nice for the residents."

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

5.2.4 Quality of Life for Residents

It was observed that staff offered choices to residents throughout the day which included, for example, preferences for what clothes they wanted to wear and food and drink options. Residents could have a lie in or stay up late to watch TV if they wished and 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 by the activity therapist. Discussion with staff evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home. Residents' needs were met through a range of individual and group activities, such as creative art and a sunflower growing competition. The manager advised that the programme of activities was currently under review.

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 patients.

A resident spoken with said: "I'm waiting to have my hair done. It's nice here and the staff are nice and friendly."

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.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been no change in management arrangements. Ms Diane Strong has been the manager of this home since 1 April 2005. The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with the manager and observations confirmed that the home was operating within the categories of care registered.

The manager confirmed that a process was in place and regularly reviewed by head office, to monitor the registration status of care staff registration with the Northern Ireland Social Care Council (NISCC).

Staff supervision and appraisals were discussed with the manager who advised that supervisions had commenced for 2021 and that a system was in place to ensure that yearly appraisals were completed.

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 Responsible Individual, Fiona McAnespie, was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

The manager confirmed staff were aware of deprivation of liberty safeguards (DoLS) and restrictive practices and that all staff had completed DoLS level 2 training. 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.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

The manager advised no complaints had been raised during 2021 and that systems were in place to ensure that complaints were managed appropriately. Complaints were seen as an opportunity for the team to learn and improve.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance. A staff member spoken with said: "I'm really happy to be here and the team works well together."

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 were systems were in place to monitor the quality of care delivery and service provision within the home; these were used by the management team to help drive improvement in the home.

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 and were observed to be attentive to residents who were unable to verbally express their needs. The home was clean, tidy, comfortably warm with no malodour.

Residents were seen to express their right to make choices throughout the day and staff were observed to ensure residents' dignity and privacy were maintained.

The outcome of this inspection concluded that nine existing areas for improvement have been met, one standard has been stated for a second time and five areas for improvement have been carried forward for review at the next inspection. Two new areas for improvement have been identified.

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

Thank you to the residents, visitors 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 the Residential Care Homes' Minimum Standards (August 2011)

	Regulations	Standards
Total number of Areas for Improvement	2*	6*

* The total number of areas for improvement includes one that have been stated for a second time and five which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Diane Strong, Registered 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: From the date of the inspection	The registered person shall ensure that records for the administration of thickening agents are accurately maintained. Ref: 5.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: From the date of the inspection	The registered person shall ensure that hazards to their safety and unnecessary risks to the health and welfare of residents are identified and so far as possible eliminated. Ref: 5.2.3
	Response by registered person detailing the actions taken: Staff have been reminded that the kitchenette facilities must be locked immediately following use to prevent access by a resident and possible harm from hot kettles or other electrical equipment.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 35 Stated: Second time To be completed by: Immediate action required	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. Ref: 5.1
	Response by registered person detailing the actions taken: The vast majority of pullcords had been fitted with washable pull cords, the 3 that were missed have now been replaced.
Area for improvement 2 Ref: Standard 20.10 Stated: First time To be completed by: Immediate action required	The registered person shall ensure that management systems are in place that support and promote the delivery of safe, quality care services, and that working practices are systematically audited and that action is taken when necessary. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

<p>Area for improvement 3</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 regular use of medicines which are prescribed to be administered “when required” is referred to the prescriber for review.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6</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 care plans for adding medicines to food/drinks to assist swallowing contain sufficient detail to direct the required care.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 5</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 implement a robust audit system which covers all aspects of the management of medicines. Action plans to address any identified shortfalls should be developed and implemented.</p> <p>Records should be available for inspection.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2021</p>	<p>The registered person shall ensure that the identified area is repaired, well maintained and decorated to an acceptable standard for the residents.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The damage to wooden casing caused by water ingress has been repaired pending full upgrade and replacement as part of the refurbishment works programme.</p>

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