



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 7 May 2019



Nazareth House Care Village

Type of Service: Nursing Home (NH)
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Inspectors: Julie Palmer and Gillian Dowds

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 60 patients. The home is divided into four 'streets' each containing 15 bedrooms for patients.

3.0 Service details

Organisation/Registered Provider: Nazareth House Care Village Responsible Individual: John O'Mahoney	Registered Manager and date registered: Patricia McMullan 30 September 2008
Person in charge at the time of inspection: Patricia McMullan	Number of registered places: 60
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 57

4.0 Inspection summary

An unannounced inspection took place on 7 May 2019 from 09.20 hours to 18.50 hours. The inspection was undertaken by the care inspectors.

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

Evidence of good practice was found in relation to the culture and ethos in the home, communication, care delivery, provision of activities, the mealtime experience, staff recruitment, induction and training.

Areas requiring improvement were identified in relation to the system in place to monitor the professional registration status of nursing staff, appropriate storage of equipment, keeping wound care plans and repositioning records up to date, safe storage of thickening agents, ensuring the registered manager's working pattern is recorded on the duty rota and ensuring a quarterly inventory of patients' property is maintained.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	5

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

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

4.2 Action/enforcement taken following the most recent inspection dated 21 November 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 21 November 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates, pharmacy or finance issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 29 April to 12 May 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records

- two staff recruitment and induction files
- four patients' care records
- four patients' care charts including food and fluid intake charts and repositioning charts
- a sample of governance audits/records
- complaints the record
- compliments received
- a sample of reports of monthly visits by the registered provider
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of outstanding areas for improvement from previous inspections

Areas of improvement identified at the previous care inspection have been reviewed. Two areas of improvement had been identified in relation to ensuring that the person nominated as the home's adult safeguarding champion completed the required training and that the complaints record was maintained in accordance with the standards; both areas of improvement were met.

There were no areas for improvement identified as a result of the last medicines management inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to monthly review to ensure the assessed needs of the patients were met. A review of the staffing rota from 29 April to 12 May 2019 evidenced that the planned daily staffing levels were adhered to. The registered manager also confirmed that agency staff were employed to cover sick leave if necessary to ensure the assessed needs of the patients were met.

Staff spoken with were satisfied there were sufficient staff on duty to meet the needs of the patients and did not raise any concerns about staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Staff attended to patients' needs in a timely and caring manner, call bells were answered promptly and staff were observed to be helpful and attentive towards patients.

We also sought staff opinion on staffing via the online survey; no responses were received.

Patients spoken with were generally very satisfied with staffing levels. One patient felt that staffing levels were affected by holiday times and another commented that “sometimes staff are not quick enough.” However, other comments received from patients included:

- “Five star.”
- “They’re very good, I can only speak well of them.”
- “Staff are doing their best.”

Patients’ visitors spoken with were also very satisfied with staffing levels with one commenting that “staff are very responsive”.

We also sought the opinion of patients and patients’ visitors on staffing levels via questionnaires; one response was received from a relative and this indicated they were not satisfied with staffing levels. This response was shared with the registered manager following the inspection for further consideration and action if required.

Review of two staff recruitment and induction files evidenced that appropriate pre-employment checks had been completed to ensure staff were suitable to work with patients in the home; enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work.

Discussion with staff and review of records confirmed they had completed a period of induction and that they received regular supervision and a yearly appraisal.

Review of records confirmed there was a system in place to monitor the registration status of care staff with the NISCC and this clearly identified the registration status of all staff. However, it was noted that the system for monitoring the professional registration of nursing staff with the NMC was inconsistently maintained. An area for improvement under the regulations was identified in relation to ensuring that an effective system should be put in place to regularly monitor the registration status of nursing staff with the NMC. During the inspection the registered manager provided us with an updated record to confirm that all nurses working in the home were appropriately registered with the NMC and were therefore eligible for duty.

Discussion with staff confirmed they were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding. Review of training records confirmed staff had completed mandatory training in this area. The registered manager, as the nominated person in the role of adult safeguarding champion (ASC), had completed the necessary training; this had been identified as an area of improvement and had been met. Staff spoken with were aware that the registered manager was the ASC for the home.

Infection prevention and control (IPC) measures were observed to be adhered to within the home. Staff were observed to use personal protective equipment (PPE) which was readily available and also to carry out hand hygiene appropriately.

Discussion with the registered manager and review of records confirmed that, on at least a quarterly basis, falls occurring in the home were analysed to identify if any patterns or trends were emerging and an action plan was devised if necessary.

We reviewed the home's environment; this included observations of a sample of bedrooms, bathrooms, lounges, dining rooms, treatment rooms, sluices and storage areas. The home was found to be warm, well decorated and fresh smelling throughout. Patients' bedrooms were personalised and tastefully decorated. Sluices were found to be clean and tidy. We did observe that the underside of soap dispensers, in some but not all, of the bathrooms reviewed required a more thorough clean. We brought this to the attention of the registered manager who assured us domestic staff would be instructed to ensure all soap dispensers were thoroughly cleaned and regularly checked. This will be reviewed at a future care inspection.

Discussion with the registered manager confirmed that there was a refurbishment plan in place as various repairs/replacements have been identified during monthly visits by the registered provider. Plans included improvements such as, replacement of tiles in various sluices and bathrooms, replacement of carpets in corridors with ergonomic flooring and replacement of curtains in communal areas. We observed that batteries for hoists were not wall mounted; this was brought to the attention of the registered manager who agreed it would be more appropriate for these to be wall mounted and that arrangements would be made for this to be carried out.

We observed that whilst there were sufficient storage areas throughout the home, these areas were not always effectively utilised. In several of the storage areas reviewed we noted that identified items were stored on the floor rather than on available shelving. This was identified as an area for improvement in order to ensure best practice standards were maintained in management of infection prevention and control (IPC) measures.

We observed that there were many well-appointed communal areas throughout the home, for example, quiet rooms, large lounges and smaller sitting rooms. This provided patients with plenty of options when deciding whether to spend time alone, with other patients, or with visitors, as they preferred.

Fire exits and corridors were observed to be clear of clutter and obstruction. Review of training records confirmed that staff were provided with two fire safety training sessions per year.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, and the home's environment.

Areas for improvement

Two areas were identified for improvement in relation to the system in place for monitoring the professional registration of nursing staff and the appropriate storage of equipment.

	Regulations	Standards
Total number of areas for improvement	1	1

6.4 Is care effective?

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

We observed the delivery of care to patients throughout the inspection and it was obvious staff knew them well and had a good understanding of their care needs. We observed that patients received the right care at the right time. Staff demonstrated effective communication skills and were seen to attend to patients in a caring and timely manner.

Patients and patients' visitors spoken with confirmed that staff had consulted with them when planning the care required to meet their individual assessed care needs. They also spoke positively about communication within the home. One patient's visitor stated she had observed that staff always spoke very nicely to patients; she had found this very reassuring as she realised staff were not always aware visitors were about and they seemed to have a consistently pleasant and reassuring attitude to patients.

We reviewed four patients' care records and these evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patients. Care records reviewed also evidenced regular evaluation of the care provided in order to assess the effectiveness of this and to determine if reassessment of planned care was required.

We reviewed the management of nutrition, falls, wounds, pressure area care and the use of potentially restrictive practices such as bedrails. Care records contained details of the specific care requirements in the areas reviewed and a daily record was maintained to evidence the delivery of care. Care records reflected that, where necessary, referrals were made to other healthcare professionals and care plans had been reviewed in accordance with any recommendations they made.

Patients nutritional needs had been identified and validated risk assessments were completed to inform care planning. Patients' weights were monitored on at least a monthly basis and there was evidence of referral to, and recommendations from, the dietician and the speech and language therapist (SALT) where required. Review of supplemental care records evidenced that patients' daily food and fluid intake was recorded and these records were up to date.

We observed that, for patients who required enteral feeding, a record of the daily regimen, care of the gastrostomy tube and checks carried out, was maintained. Staff spoken with demonstrated their knowledge of the management of enteral feeding.

We reviewed the management of falls in the home; the care records reviewed evidenced that validated risk assessments and care plans were in place to direct the care required. Staff demonstrated their knowledge of the management of falls and how to care for patients who had a fall. Patient's risk assessments and care plans were reviewed and updated following a fall.

We reviewed the management of wounds for two patients and noted that wound assessment charts, care plans and body maps were completed. There was evidence of referral to other healthcare professionals and their recommendations were included in the care plans. Daily records and wound charts were up to date and recording on wound charts indicated when the dressing was next due. However, the wound care plans reviewed for both patients did not contain accurate information about how often the dressing should be changed. An area for improvement was identified to ensure wound care plans are maintained in an accurate and contemporaneous manner. Feedback from staff provided assurance that the dressings were being changed as required.

Validated risk assessments and care plans were in place to direct care for the prevention of pressure ulceration in the care records reviewed. Patients had appropriate pressure relieving aids, such as mattresses and cushions, if required. However, we observed 'gaps' in the recording on three of the repositioning charts reviewed. While feedback from staff provided assurance that the skin state of identified patients was satisfactory, the repositioning charts viewed did not provide assurance that staff were repositioning patients as frequently as required. An area for improvement was identified.

We reviewed care records for the management of the use of bedrails. These could potentially restrict a patient's choice and control and we found that the appropriate validated risk assessments had been completed. Care plans evidenced a rationale for the use of bedrails and were regularly reviewed. There was also evidence of consultation with the patient and/or their relative and consent for use had been obtained.

Patients' visitors spoken with were satisfied that care delivery was effective and met the needs of their relative, comments included:

- "Fantastic, no problems, care is exceptionally good."
- "Care is great, no complaints."

We observed the serving of lunch in two of the four dining rooms, one on Third Street and one on Fifth Street. The menu was attractively displayed in a written format outside the dining rooms. The dining rooms were clean and tidy with condiments available on the tables. Staff assisted patients into the dining rooms, ensured they were comfortable and had clothing protectors if necessary. Patients were offered a selection of drinks and staff demonstrated their knowledge of how to thicken fluids if required. Staff also demonstrated their knowledge of patient likes and dislikes. We observed that staff knew, for example, which patients required a modified diet, liked particular foods or preferred a smaller portion.

The radio was playing in the background and staff engaged in pleasant conversations with patients throughout the meal time. The food on offer was nicely presented, appeared nutritious and smelled appetising. Staff also ensured that patients requiring their lunch to be served on trays in their rooms and/or assistance with eating and drinking received their meal in a timely manner. A staff nurse was overseeing the mealtime and staff had an effective system in place to ensure all patients were catered for and that a record was kept of individual patients' food and fluid intake.

We observed that staff were very responsive to a patient who was drowsy and did not want her lunch. Staff were attentive to this patient and kept a check on her throughout the meal. We noted that when the patient became more alert staff made her a cup of tea and then served her lunch when she was ready. We also observed that staff offered alternatives to another patient who did not want the food on offer and ensured she was provided with food that was more to her liking at that time.

Staff communicated effectively with patients throughout the meal, for example, they reminded them that food was likely to be hot and asked if they had enjoyed their meal. They also used verbal prompts to help orientate those patients who required this by reminding them of the date and time and what was happening in the home that day. The mealtime was observed to be an unhurried and pleasant experience for patients.

Patients spoken with indicated that they had enjoyed their meal, comments included:

- “The food is usually quite good.”
- “Silver teapots and china cups, just lovely.”
- “Two choices for meals.”
- “Very, very good.”
- “Definitely good.”

We observed that following the meal three tubs of thickening agents were left sitting out on the worktop in the Fifth Street dining room where they were potentially accessible to patients. This was brought to the attention of staff who immediately put the thickening agents away out of the reach of patients. An area for improvement was identified.

Staff spoken with were positive about teamwork and morale within the home and observation of the daily routine evidenced that staff worked well together. Staff demonstrated their knowledge of their own roles and responsibilities and confirmed they attended a handover at the beginning of each shift. Comments from staff included:

- “Teamwork is very good.”
- “All the girls are brilliant.”
- “Teamwork is excellent.”

Staff understood the importance of ensuring effective communication with patients. Staff also demonstrated their knowledge of observing patients for signs of distress or anxiety and knew when to provide comfort and support. It was obvious that staff knew the patients well and understood their needs.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of falls, management of patients’ nutritional needs, the mealtime experience and communication between staff and patients.

Areas for improvement

Three areas for improvement were identified in relation to reviewing wound care plans, keeping repositioning charts up to date and ensuring thickening agents are safely and securely stored.

	Regulations	Standards
Total number of areas for improvement	0	3

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

During the inspection we spoke with 19 patients, both individually and in small groups, and seven patients' visitors to discuss their experience of the home. Patients who were unable to communicate their opinions appeared to be relaxed and well cared for. Comments from patients were positive and complimentary about life in the home, these included:

- "I'm quite content."
- "Too well looked after sometimes."
- "Care is very good and staff are excellent."

Patients' visitors also spoke positively about their experience of the home, comments included:

- "It's brilliant."
- "Nothing but praise."
- "Treat her with such dignity."
- "I've no complaints at all."
- "Brilliant."
- "Very pleased."

Staff were observed to treat patients with dignity and respect and to maintain their privacy when providing care. Staff knocked on doors before entering patients' bedrooms and ensured doors were closed when care was being provided. Staff displayed a welcoming and friendly approach to both patients and visitors and appeared to enjoy working in Nazareth House, they said:

- "We are happy."
- "I think it's a very good home."
- "I'm so happy here."

Observation of the daily routine evidenced that staff delivered planned care at the right time; patients were not rushed and were offered choice. Patients were well presented, their clothes had obviously been chosen with care. We observed that care and attention had also been paid to nail and haircare and which jewellery to wear if patients had a preference for this.

Patients spoken with confirmed their spiritual needs were taken into account; there was a church within the home where Mass was held on a daily basis with all welcome. Discussion with the registered manager confirmed that the spiritual needs of patients belonging to other denominations were also met according to their wishes and preferences.

Discussion with patients and patients' visitors about the activities on offer evidenced that these were suitable and enjoyable. There were notices displayed throughout the home to ensure patients knew what was on offer, for example, on the day of the inspection there was a watercolour painting class in the morning and a music quiz in the afternoon. Other activities offered throughout the week included chair exercises, bingo, one to one activities, music, ball games, film shows and complimentary therapies. There were opportunities for engagement with the local community; the church was open to the public and a bus trip was arranged every other week. There was also intergenerational engagement arranged with children from a local nursery school who visit patients regularly.

Patients’ visitors spoken with commented positively on the range of activities and also that there were “plenty of activities every day.”

A record was kept of cards and compliments received, remarks included:

- “Sincere thanks for the excellent care.”
- “A heartfelt thank you to you and all the staff for the wonderful care.”
- “Thank you for your help and support.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, maintaining patients’ dignity and privacy, listening to and valuing patients and their visitors and the activities on offer.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations confirmed that the home was operating within the categories of care for which it was registered.

There has been no change in management arrangements since the last inspection. A review of the duty rota evidenced that the registered manager’s working hours and the capacity in which these were worked was not recorded; an area for improvement was made.

Discussion with staff, patients and visitors confirmed that the registered manager’s working pattern allowed for plenty of opportunities to meet with her if necessary and that she was approachable and accessible.

Discussion with the registered manager and review of a selection of governance audits evidenced that systems were in place to monitor the quality of nursing care and other services provided in the home. Audits were completed to review, for example, accidents/incidents, IPC measures, falls, complaints and care plans. However, it was noted that where corrective actions or improvements were identified, this was not always clearly recorded. This was discussed with the registered manager who confirmed she would review the audit process and ensure that action plans and comments were included as needed. This will be reviewed at a future care inspection.

We reviewed the system in place for managing complaints; this had been identified as an area of improvement. Discussion with the registered manager and review of the complaints procedure evidenced that it had been revised in January 2019 and a more robust system had been implemented. The registered manager demonstrated her knowledge of how to effectively deal with a complaint. Patients and patients' visitors spoken with knew who to speak to if they had a concern or a complaint and were confident this would be dealt with. This area of improvement had been met.

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

We reviewed a sample of reports of monthly monitoring visits carried out by the registered provider. These included evidence of consultation with patients, staff and visitors, a service improvement plan and an action plan which indicated who would undertake the task and a completion date for this.

Staff spoken with were aware of the home's whistleblowing policy and their responsibilities around reporting concerns and maintaining patient confidentiality.

Observation of staff interactions with patients evidenced effective and sensitive communication was maintained. Staff also demonstrated that effective communication was maintained within their teams. Patients' visitors spoken with confirmed they were kept very well informed and were consulted with about their relative's care needs.

Review of records confirmed the home provided mandatory training to ensure staff were adequately trained for their roles and responsibilities. A mandatory training schedule was maintained and staff were reminded when training was due. Discussion with staff confirmed they were satisfied their mandatory training needs were met and that they had sufficient time to access training.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the registered manager's accessibility and approachability, monthly monitoring visits and consultation with patients and patients' visitors.

Areas for improvement

One area for improvement was identified in this domain in relation to ensuring the registered manager's working hours and the capacity in which these were worked are included on the duty rota.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

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

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 21 (1) (a) (5)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure an effective system is implemented and maintained for the purpose of monitoring the registration status of nursing staff with the NMC.</p> <p>Ref: Section 6.3</p> <p>Response by registered person detailing the actions taken: A system to monitor the registration status of nursing staff with the NMC was completed with immediate effect on 08 May 2019.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 7 June 2019</p>	<p>The registered person shall ensure items are appropriately stored in all storage areas in keeping with IPC best practice standards.</p> <p>Ref: Section 6.3</p> <p>Response by registered person detailing the actions taken: Audit of all storage areas completed. Storage Areas are now compliant with IPC best practice standards as of 01/06/2019.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure wound care plans are regularly reviewed and the recommended frequency of dressing change is accurately recorded in accordance with NMC guidelines.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Wound care plans were reviewed and the frequency of dressing change was accurately recorded in accordance with NMC guidelines with immediate effect on 08 May 2019.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure recording on repositioning charts is kept up to date and is reflective of the care directed on patients' care plans in accordance with NMC guidelines.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Audit of the repositioning charts was completed on 08 May 2019 and are now reflective of the care directed on the resident's care plans in accordance with NMC guidelines.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure thickening agents are stored safely and securely at all times when not in use.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The recommended Storage of thickening agents has now been implemented on 08 May 2019.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the registered manager's hours and the capacity in which these are worked is included on the duty rota.</p> <p>Ref: Section 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: Manager's hours and capacity in which these are worked are now on the duty rota as specified from 10 June 2019.</p>

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



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