

Inspection Report

13 August 2021



Redlands

Type of service: Residential Care Home (RCH)

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Whiteabbey Proprietors Ltd Responsible Individual: Mr Mark John Uprichard	Registered Manager: Miss Irene Caroline Best Date registered: 1 April 2005
Person in charge at the time of inspection: Ms Julie Davison – care assistant in charge	Number of registered places: 17
Categories of care: Residential Care (RC) I – Old age not falling within any other category DE – Dementia	Number of residents accommodated in the residential care home on the day of this inspection: 13
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 17 residents. Resident bedrooms are located over two floors. Residents have access to communal lounges and dining areas.	

2.0 Inspection summary

An unannounced inspection took place on 13 August 2021 from 9.15 am to 4.15 pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

This inspection identified a number of areas for improvement. However, serious concerns were identified regarding managerial oversight and governance arrangements, fire safety procedures and measures; management of medications; and the management of infection prevention and control (IPC) practices and measures. The shortfalls identified raised concern that the quality of care provided to residents was below the standard expected. A serious concerns meeting resulted from the findings of this inspection.

The registered persons attended a serious concerns meeting with RQIA via video teleconference on 20 August 2021 to discuss the inspection findings and their plans to address the serious concerns identified.

During the meeting the registered persons discussed the actions they had taken since the inspection to address the concerns raised and provided the necessary assurances to confirm they would address the remaining actions needed to bring the home back into compliance with the regulations and standards. RQIA accepted these assurances and will carry out a further inspection to assess compliance.

Sixteen new areas requiring improvement were identified during this inspection and this is discussed within the main body of the report and Section 7.0.

The findings of this report will provide the registered persons 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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

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

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

4.0 What people told us about the service

Five residents and six staff were spoken with. No questionnaires were returned.

Residents spoke highly of the care they received and about their interactions with the staff. Residents confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. No resident or relative questionnaires were returned.

Staff spoken with acknowledged the challenges of working through the COVID-19 pandemic but all staff agreed that Redlands was a good place to work. Staff told us about staffing challenges although all were complimentary in regard to the home's management team and spoke of how much they enjoyed working with the residents. One staff response from the staff online survey was received.

The respondent stated they were very unsatisfied in response to each of the questions they answered; these related to management arrangements and elements of care delivery. These comments were shared with the manager following the inspection for action as required.

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 (medicines management) on 26/01/2021		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for Improvement 1 Ref: Standard 31 Stated: First time	The registered person shall monitor the completion of medicine records to ensure that any recording errors are managed appropriately.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

The registered manager was not on duty and the person in charge did not have access to staff recruitment records. As these records require to be retained confidentially they will be reviewed at a future inspection.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling and infection prevention and control (IPC). The majority of training during the COVID-19 pandemic had been completed electronically although staff told us that some training was face to face.

Staff told us they were required to complete adult safeguarding training on an annual basis and that they were confident about how to report concerns about residents' safety and/or poor practice. Staff said there was good team work and that they were happy with the level of communication between staff and management.

Observations and discussion with staff evidenced that there was not enough staff on duty to meet the assessed needs of the residents.

The staff were unable to supervise and support residents in the dining room, residents in their bedroom and answer call bells in a timely manner over the lunchtime period. In addition, staff told us they would on occasion be required to cover cleaning, laundry and cooking duties as well as delivering care.

Staff told us they did not feel there was enough staff in the home and spoke of having to do extra shifts. This was discussed with the registered persons during the serious concerns meeting and assurances were provided that staffing was kept under review. An area for improvement was identified.

Despite staff concerns about the number of staff on duty it was observed that staff responded to residents' requests for assistance in a caring and compassionate manner.

The staff duty rota accurately reflected the staff working in the home on a daily basis although it did not clearly identify the person in charge when the manager was not on duty. This was discussed with the manager who agreed to amend the duty rota and sign it on completion.

Residents spoke highly about the care that they received from staff and that they would have no issue with raising any concerns to staff.

5.2.2 Care Delivery and Record Keeping

The staff meet at the beginning of each shift to discuss any changes in the needs of the residents.

Staff were knowledgeable of residents' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in residents' care throughout the day.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner and by offering personal care to residents discreetly. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Feedback regarding two specific comments made by staff was discussed with the manager who agreed to follow up with the staff concerned.

Where a resident was at risk of falling, measures to reduce that risk were put in place, for example, through use of an alarm mat. Falls in the home should be monitored to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. However, review of accident and incident audit records confirmed these had not been completed for the month of July 2021. The registered persons discussed the actions to address this during the serious concerns meeting and assurances were provided. An area for improvement was identified.

If a resident had an accident or a fall, a detailed report was completed. Review of one resident's care records pertaining to a recent fall identified that staff had responded correctly to support the resident but some inconsistencies were noted in the record keeping.

Details were discussed with the manager who agreed to implement a post fall monitoring tool and review the current falls policy to ensure staff managed all falls consistently in keeping with best practice guidance. This was also discussed at the serious concerns meeting and assurances were provided. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need support with meals ranging from simple encouragement to full assistance from staff. Staff attended to residents' dining needs in a caring and compassionate manner and residents spoke positively in relation to the quality of the meals provided. The food served was well presented, smelled appetising and portions were generous. A variety of drinks were served with the meal. The menu was not displayed in a suitable format for all residents, specifically those with a diagnosis of dementia and an area for improvement was identified.

Discussion with staff evidenced they not all of them were clear regarding the consistency levels of modified diets in line with the International Dysphasia Diet Standardisation Initiative (IDDSI) guidelines. This was discussed with the manager and at the serious concerns meeting and assurances were provided. An area for improvement identified.

In general it was evident that staff did not consistently record in supplementary care charts such as reposition and toileting charts. It was also concerning that staff were completing charts such as fluid intake charts and clinical observation charts, which are generally recognised as nursing records and not routinely used in residential care. In addition, it was unclear who had oversight of these charts from a clinical/medical perspective to ensure appropriate action was taken. This was discussed with the person in charge and during the meeting with RQIA and assurances were provided that the use of 'nursing' type of charts would be reviewed and any charts required to be in place would be accurately recorded to evidence the delivery of care. An area for improvement was identified.

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' individual likes and preferences were reflected throughout the care records. Care plans contained specific information on each resident's 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 also recorded. Some of the daily records reviewed were seen to contain repetitive statements and it was agreed that the manager would monitor daily evaluations to ensure these entries were more person centred.

It was evident that that a number of resident individual risk assessments had not been reviewed or updated for periods of up to three months. Review of one identified resident's record confirmed that their weight had not been recorded or reviewed for two months despite being at risk of weight loss. These matters were discussed during the serious concerns meeting and assurances were given. An area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

A number of environmental issues were identified in relation to the maintenance of the home which had the potential to impact on the safety and wellbeing of the residents and staff or visitors to the home. Two fire doors were observed to be wedged or propped open on the second floor. One door was the home's laundry door and given that the laundry is a high risk of fire area this was very concerning. The second door was a store room close to the laundry which was cluttered and contained combustible items.

Two wheelchairs were also observed obstructing a fire exit route at the bottom of a stairwell on the ground floor. Staff spoken with during the inspection confirmed they would not routinely check the second floor of the home for fire risks. This was discussed with the person in charge who ensured that the fire safety risks were addressed immediately. During the serious concerns meeting assurances were provided that further action had been taken to reduce the fire risk in the home. An area for improvement was identified.

While resident areas were generally well maintained, the second floor area needed to be thoroughly cleaned and decluttered and stained/worn carpets needed to be cleaned or replaced. What appeared to be water damage was observed on the ceiling of two areas on the second floor. It was unclear if any remedial action had been taken or planned to address these concerns. During the serious concerns meeting the responsible individual gave assurances that these deficits would be addressed. An area for improvement was identified.

The most recent fire risk assessment was not available to assure RQIA that any recommendations made as a result of the assessment had been implemented. At the serious concerns meeting the responsible individual confirmed that an up to date fire risk assessment would be arranged. An area for improvement was identified.

Observation of the environment, staff practice and discussions with staff evidenced that staff did not recognise potential risk of harm to residents. For example, Food and fluid Thickening agent was left unsupervised on the mid-morning tea trolley and topical medicines for one identified resident were stored on top of a toilet cistern.

In a second resident's bedroom medication was observed unattended on their bedside table. An area for improvement was identified in relation to the management of medicines. During the serious concerns meeting assurances were provided regarding staff being made aware of the need to be alert and proactive in identifying and eliminating/reducing potential risks to residents. An area for improvement was identified.

The person in charge said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The home was participating in the regional testing arrangements for residents and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check when they arrived. They were also required to wear personal protective equipment (PPE).

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE. There was an adequate supply of PPE and hand sanitiser.

Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided. While some staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. One staff member spoken with was unable to explain the correct use of hypochlorite solution for cleaning. A number of linen cupboards were cluttered with items stored on the floor and resident equipment was stored in a bathroom where there was a toilet. This is not in keeping with good IPC practice. An area for improvement was identified.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Residents confirmed that they could remain in their bedroom or go to a communal room when they requested.

Residents were observed enjoying listening to music, reading newspapers/magazines and watching TV. Some of the residents consulted were of the opinion that activities were not provided in the home. One resident said, "most people sit around; no activities are offered. Staff never come in for a chat. It is a very lonely place."

Staff told us that they used to do activities prior to the Covid-19 pandemic but they do not offer them now. They told us when they had time they would offer board games, do some flower planting outside or going for a walk with residents if the weather was nice. Examination of the duty rota evidenced there was no time allocated for activity provision. Staff told us they find it challenging to fit activities into their day to day work. Staffing levels were identified as an area for improvement; refer to section 5.2.1.

Activities should be planned and provision made for activities to be delivered on a daily basis with records maintained. This was identified as an area for improvement.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff told us they assisted residents to make phone or video calls. Visiting and Care Partner arrangements were in place with staff noting positive benefits to the physical and mental wellbeing of residents.

Observation of practice confirmed that staff engaged with residents on an individual and group basis throughout the day. Staff were compassionate, caring and kind.

5.2.5 Management and Governance Arrangements

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 and care practices.

There has been no change in the management of the home since the last inspection.

Based on the inspection findings concerns were identified regarding the day to day operation of the home and managerial oversight and governance arrangements. Examination of audit records evidenced inconsistent audit activity in relation to health and safety, hand hygiene, accidents and incidents, restrictive practice and care records.

During the serious concerns meeting assurances were provided on how the registered persons had and intended to address the deficits identified to ensure a well led service. An area for improvement was identified.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and that records were maintained. Examination of the most recent complaint received highlighted an area for review; although there was no recorded evidence that this had been done. This was discussed with the manager who agreed to address this. Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

A compliments file was maintained. This contained many thank you cards which were very complimentary of the care provided in Redlands and of its staff.

Staff commented positively about the management team and described them as approachable and always available for guidance.

RQIA are required to be notified of certain incidents and accidents that occur in the home in accordance with legislation. There was evidence that at least three notifications were not submitted in accordance with regulation. This was discussed with the manager who agreed to submit all outstanding notifications retrospectively. An area for improvement was identified.

As stated in Section 5.2.1, due to the manager not being on duty we were unable to review some of records which require to be held confidential; these will be reviewed at a future inspection. However, any person in charge in the absence of the manager should be able to access non confidential governance records such as the home's current fire risk assessment, fire drills and training, activity records and the monthly monitoring reports. This was identified as an area for improvement.

6.0 Conclusion

Residents were observed to be content and comfortable in their surroundings and were attended to by staff in a compassionate and effective manner. Residents said they were happy in the home.

Residents' privacy and dignity was maintained and staff were observed to be polite and respectful to residents and with each other. Residents did not express any concerns about the service. Staff did tell us there were staffing challenges which impacted on their ability to get all their work done.

This inspection identified a number of areas for improvement. However, serious concerns were identified regarding managerial oversight and governance arrangements, fire safety procedures and measures; management of medications; and the management of infection prevention and control (IPC) practices and measures. The shortfalls identified raised concern that the quality of care provided to residents was below the standard expected. A serious concerns meeting resulted from the findings of this inspection.

During the meeting the registered persons discussed the actions they had taken since the inspection to address the concerns raised and provided the necessary assurances to confirm they would address the remaining actions needed to bring the home back into compliance with the regulations and standards. RQIA accepted these assurances and will carry out a further inspection to assess compliance.

New areas for improvement were identified in relation to staffing, the environment, identifying risk, fire safety practices, medication management, IPC practices, managerial oversight and governance arrangements and notification of accidents and incidents. Further areas for improvements were identified in relation to post fall management, the daily menu, IDDSI training, record keeping, risk assessment, activities and availability of records.

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	10	6

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Julie Davison, care assistant in charge, during the inspection and with Miss Irene Best, Registered Manager, during a telephone call on 16 August 2021. 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 20 (1) (a) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Staffing levels are appropriate for the dependency and numbers of residents in the Home at all times, this is monitored by the provider and manager weekly and with any change in dependency or occupancy. Occupancy has fallen from 13 at the date of inspection to 11 residents at the date of writing. All shift leaders have the appropriate competency assessments.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 27 (2) (b) (d)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure the second floor area of the home is thoroughly cleaned and decluttered. Stained and worn carpets on the first and second floor should be cleaned and/or replaced as required. Water damage observed on the ceiling of two areas on the second floor should be investigated and addressed immediately.</p> <p>Ref: 5.2.3</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>Response by registered person detailing the actions taken: This non-resident area was tidied/decluttered post inspection, it stores consumables used within the home and residents effects which ebb and flow in volume, any no longer required have been discarded. The water leak in the landing ceiling had been repaired and was marked and being monitored for effectiveness before completion, the damage has been repaired is ready for redecoration. The roof leak inside the store has been treated similarly. Carpet on ground and first floor has been cleaned on 4/11 and the second floor was measured for replacment on 23/8 and is being replaced at the earliest availability 11/11. The Lounge carpet is also being replaced on that date.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (4) (c) (d) (i)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure that all staff are made aware of their responsibility to recognise of potential risks and hazards to resident and others and how to proactively address the potential risk to reduce or eliminate the hazard.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: This has been addressed at a staff meeting 24/8 and minutes circulated to those unable to attend</p> <p>Response by registered person detailing the actions taken: All doors on the second non-resident floor including the laundry will remain closed at all times. An alarm has been put on the Lounrdy door to ensure it is not propped open.</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 27 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure that an up to date risk assessment and fire management plan are in place and any recommendations made by the fire assessor are addressed in a timely manner. Confirmation of the date of the fire risk assessment should be forwarded to RQIA when known. Confirmation that the assessment has been completed along with any remedial works identified by the fire risk assessor should be sent through to RQIA as agreed.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Fire risk assessment completed 1/9, the works inspected and quotation has been received 9/11 for the required minor works.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure suitable arrangements for the safe storage and administration of medicines.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The member of staff who left mid-administration to meet the inspector on arrival leaving medication unattended has been supervised in this area of her practice. The topical medication/moisturiser in a residents ensuite bathroom is now stored appropriately.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene • storage of patient equipment appropriately • staff knowledge regarding the use of hypochlorite solution. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All staff have had refresher training on PPE practice and infection control</p>

<p>Area for improvement 8</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person and the registered manager shall ensure the implementation and maintenance of a robust audit and governance process.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The July Accident Audit was outstanding at the date of Inspection 13/8 and completed 15/8, the Manager was on annual leave 30/7 to 8/8. The audit is up to date at the time of writing.</p>
<p>Area for improvement 9</p> <p>Ref: Regulation 30 (1) (d) (f)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications should be submitted retrospectively.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: All incidents are openly reported. The identified misunderstanding of the reporting requirements with regard to incidents not requiring external medical intervention and their requirement to be reported has been clarified with the Manager.</p>
<p>Area for improvement 10</p> <p>Ref: Regulation 19 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure that relevant records are available for inspection in the home at all times.</p> <p>Ref: 5.2.1 & 5.2.5</p> <p>Response by registered person detailing the actions taken: All resident information was available in the care office on the day. Recruitment and personnel records were available in the Administration office on the second floor, accessible to the Home Manager and Provider.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 9.3</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure residents are appropriately monitored following a fall and that accurate records are maintained to evidence this.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The reporting of the incident identified as been reviewed with the relevant staff</p>

<p>Area for improvement 2</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure a daily menu is displayed in a suitable format and in an appropriate location, so that residents and their representatives know what is available at each mealtime.</p> <p>Ref: 5.2.2</p>
<p>Area for improvement 3</p> <p>Ref: Standard 23.4</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>Response by registered person detailing the actions taken: The menu was displayed in written form. The menu is discussed daily between the cook, staff and residents. We will develop further recording of this daily and its evidencing.</p> <p>The registered person shall ensure staff training needs in relation to the International Dysphasia Diet Standardisation Initiative (IDDSI) are identified and arrangements are put in place to meet them.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Staff have revisited the training required for this aspect of their practice including IDDSI guidelines</p>
<p>Area for improvement 4</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure supplementary care records are necessary; and if they are, ensure they are accurately maintained and completed contemporaneously.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The fluid balance chart that had been introduced to record and encourage fluid intake for a particular resident over the previous extremely warm weekend at the managers initiative was removed.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure that resident care plans and risk assessment evidence they are regularly reviewed to ensure they reflect the needs of the resident.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The resident identified as beyond its normal review pattern, was updated immediately after the inspection and all should be reviewed monthly or as soon as possible after any observation of a change of any element of care</p>

<p>Area for improvement 6</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall review the provision for the delivery of a planned activity programme.</p> <p>Ref: 5.2.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Redlands is a very small care home. It tries to provide appropriate activities for its size and those who choose to stay there.</p> <p>Redlands has throughout the pandemic maintained and supported the greatest safe level of visiting for its residents ensuring the maximum social contact possible.</p>

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



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