

Inspection Report

24 July 2023



Rose Lodge

Type of Service: Nursing Home

**Address: 185 Belsize Road,
Lisburn, BT27 4LA**

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Rose Lodge Care Home (Lisburn) Ltd Responsible Individual: Mr Kevin McKinney	Registered Manager: Ms Samantha Russell – not registered
Person in charge at the time of inspection: Mr Constantine Boz – Registered Nurse	Number of registered places: 48
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: 32
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 48 patients. The home is divided in two units both situated on the ground floor of the home. Patients have access to communal living and dining spaces as well as to the garden areas.	

2.0 Inspection summary

An unannounced inspection took place on 24 July 2023, from 9.30 am to 4.40 pm by a care inspector.

RQIA received information on 13 June 2023 which raised a number of concerns. These concerns related to; the maintenance and servicing of lifting and moving and handling equipment, the environment, and staff training and competencies.

RQIA contacted the home's management to seek assurances. The manager provided RQIA with assurances, in writing, of the action taken or to be taken to address the concerns raised with RQIA. This information was also shared by RQIA with the South Eastern Health and Social Care Trust (SEHSCT) and the Health and Safety Executive for Northern Ireland (HSENI). In response to this information RQIA decided to undertake an inspection which focused on the concerns raised and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

RQIA determined that the lifting and moving and handling equipment was well maintained; had been serviced or replaced. A number of areas for improvement identified at previous care inspections were assessed as partially met or not met. These areas related to the monitoring of staffs' registrations with the Northern Ireland Social Care Council (NISCC), post falls management, provider monthly monitoring, and mandatory staff training.

There was a lack of managerial oversight to ensure that processes were fully implemented to drive the necessary improvements and RQIA were concerned to learn from staff on duty that the manager had resigned from their post and that there had not been a manager in the home for 'several weeks'. RQIA did not receive a notification of manager absence, as required by the regulations.

Furthermore, new areas for improvement were identified in relation to fire safety, infection prevention and control (IPC) in the environment, accessibility to and/or inappropriate use of patient communal spaces, and care records.

As a result of the inspection findings the responsible individual (RI) Kevin McKinney was invited to attend a serious concerns meeting with RQIA on 2 August 2023 to discuss the inspection findings and his plan to address the issues identified and the lack of managerial oversight. During the meeting, the responsible individual presented an action plan and advised of completed or planned actions to ensure the necessary improvements.

As a result of the action plan presented, RQIA decided to allow a period of time for the provider to fully implement the action plan and advised that a further inspection would be completed to ensure that the concerns were effectively addressed.

Patients spoke positively about their experience living in Rose Lodge and looked comfortable in their surroundings and during interactions with staff. Interactions between staff and patients were seen to be respectful.

Staff reported that they enjoyed working in the home.

Some relatives told us that they were "very happy" with the care and services provided in the home. Feedback from relatives received following the inspection indicated dissatisfaction or concern with a number of areas. Themes from feedback received by RQIA were shared with the RI following the inspection, and more detail can be found in section 4.0 of this report.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

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

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

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

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the responsible individual at the conclusion of the inspection.

4.0 What people told us about the service

Patients described staff as “polite” and “helpful”, and expressed gratitude towards staff, “they are great and do a good job.” One patient, while complementary about staff, said that there was not always female staff available at night, which impacted on the patient’s preferred gender for personal care needs. This was discussed with the RI who informed us that every effort was made to provide a mix of genders on the staff duty rota but that the home could not always guarantee the gender of staff provided by agencies. The RI agreed to liaise with agencies to try to provide more female staff for night shifts.

Patients told us that staff were available to them most of the time, but indicated that there were sometimes delays during change of shift at morning and night due to staff handover meetings. Patients said that they usually did not have to wait too long for assistance.

The majority of patients said that they could speak with staff if they had any issues or concerns. One patient commented on the turnover of managers, and while they said that they knew the RI by name, they were unsure who they would speak with if they had a complaint.

Patients said that they were happy with the level of cleanliness in the home and that their bedrooms were cleaned daily. Some patients said that the food provided was good and that they had a variety of choices, while some patients expressed ambivalence about the food, with comments such as, “it’s okay”, and “not to my taste...average.”

Patients told us that they were excited about a new activities coordinator that had started in the home the previous week, and told us about upcoming events that had already been planned. Some patients told us that the regular hairdressing arrangements had not been provided for a number of weeks and they were hopeful that this service would start up again soon. Patients expressed gratitude towards a member of the care staff team who had hairdressing experience and was assisting with some hairstyling. This was discussed with the RI who informed us that they would make formal arrangements for a hairdressing service.

One relative told us that they were “very happy” with the care provided in the home and expressed that their loved one was “content and settled” in the home. The relative said that

they were happy with the visiting arrangements and that the home was always clean during the visits.

RQIA received further relative feedback following the inspection which detailed a number of areas of dissatisfaction, namely; that there was not enough staff on duty each day which impacted on the quality of care, that a minority of staff displayed poor attitudes, the quality of food was poor or overly processed, and that there had been no hairdressing service in the home for a number of weeks. In addition, relatives expressed concern about the changes in management and expressed frustration that they had not been properly informed about recent changes.

Themes of concern raised following the inspection were discussed with the RI, who provided assurances that these would be addressed and that work was ongoing to stabilise the management arrangements in the home.

Staff told us that they were happy working in Rose Lodge, that they were satisfied with the staffing arrangements and that there was good teamwork. Staff reported that the implementation of a new electronic record keeping system had improved their time management and allowed for more time to be spent with patients. No staff surveys were received within the timeframe.

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 7 March 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 16 (1) (2) (b) Stated: Second time	The registered person shall ensure care plans are reviewed by registered nurses in keeping with this regulation.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 16 (1) Stated: Second time	The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.	Met
	Care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.	

	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Regulation 30 (1) (d) (f) Stated: Second time	The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications should be submitted retrospectively. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Area for improvement 4 Ref: Regulation 21 (1) (b) Stated: First time	The registered person shall ensure that a robust system is implemented and maintained in regard to monitoring staff registration with the Northern Ireland Social Care Council at all times. Action taken as confirmed during the inspection: Records maintained in the home did not evidence a robust monitoring system and it was unclear if all relevant staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). This is discussed further in section 5.2.1. There was evidence that this area for improvement was not met and was stated for a second time.	Not met
Area for improvement 5 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered person shall ensure that all falls are managed in line with best practice guidance and that neurological observations are consistently recorded. Action taken as confirmed during the inspection: Review of post falls records indicated that the recording of neurological observations was not consistently monitored for sufficient time. This is discussed further in section 5.2.2. There was evidence that this area for improvement was partially met and has been stated for a second time.	Partially met

Area for improvement 6 Ref: Regulation 29 Stated: First time	The registered person shall ensure that the Regulation 29 monitoring visits are robust and clear on the actions required to drive the necessary improvements to ensure compliance with regulations and standards.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met and was stated for a second time. This is further discussed in section 5.2.5.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 39.9 Stated: Second time	The registered person shall ensure that mandatory training requirements are met.	Not met
	Action taken as confirmed during the inspection: A full suite of records pertaining to staff training was not made available during the inspection. Review of the available records evidenced that shortfalls remained in relation to essential training topics. There was evidence that this area for improvement was not met and has now been subsumed into an area for improvement under regulation. This is further discussed in section 5.2.1.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff reported that they were happy working in Rose Lodge. They described having good teamwork and said that they were satisfied with the staffing levels in the home. Staff new to the home said that they were supported through an induction programme and told us that they had the opportunity to “buddy up” with more experienced staff to learn the policies and procedures of the home.

Records pertaining to staffs’ registration with their professional bodies were not well maintained. There was a system in place to monitor nurses’ registrations with the Nursing and Midwifery Council (NMC) and care staffs’ registrations with the Northern Ireland Social Care Council (NISCC), however this system was last checked in February 2023. The records for February

2023 highlighted a number of issues pertaining to the validity of some staffs' registration with NISCC however there was no evidence of any action taken at the time. Furthermore, a number of personnel changes had taken place since February 2023 and the status of new staffs' registrations was unclear. During the meeting with RQIA on 2 August 2023 the RI provided assurances regarding the system in place to monitor staff registration status going forward. This area for improvement had been identified at a previous inspection and was stated for a second time.

Shortfalls in staff training had been identified at a previous care inspection and this was stated on the home's quality improvement plan. Concerns about staff training and competencies were brought to the attention of RQIA through the whistleblowing information received in June 2023. At that time the manager provided assurances, in writing, that a number of practical training sessions had/would be arranged; this included essential courses such as first aid, moving and handling, continence care, and catheterisation.

Records for practical training courses were reviewed and evidenced that a number of mandatory training topics remained overdue. For example, fire awareness sessions last took place in January 2022, and first aid sessions were last provided in May 2022, leaving a number of staff overdue and there was no evidence that staff who commenced work in the home since those dates had been fully trained.

A practical session for moving and handling was taking place in the home on the day of inspection with ten staff attending. However, records showed that the previous session took place in October 2022 with five staff in attendance, again leaving a significant number of staff overdue or untrained.

Nursing staff told us that they were aware that they were overdue in relation to continence and catheterisation training and said that they were awaiting these updates. At the meeting with RQIA the RI said that a recent training session for continence care had to be cancelled last minute due to a miscommunication. Again this evidenced that a number of staff were not up to date with essential training topics and RQIA were concerned that the assurances provided by the manager in June 2023 had not been completed. An area for improvement in relation to training that was previously stated under standards was subsumed into an area for improvement under regulation.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff informed us that there had been no manager on duty for several weeks and that they believed the manager had resigned. Discussion with nursing staff evidenced that it was unclear who had managerial responsibility for the home, and while all staff said that they could approach or contact the RI at any time, there was no identified nurse manager in place. This is discussed further in section 5.2.5.

Patient feedback in relation to staffing was mixed. Some patients said that they were satisfied with staffing arrangements and that staff were available to them when they needed. Some patients told us that staff were not always readily available, especially at certain times such as shift changeover times. One patient told us that there was not always enough female staff available at night and this impacted on their preferred gender for assistance with personal care. This was brought to the attention of the RI who agreed to liaise with agencies to try to book more female staff for night duty.

Feedback from relatives about staffing arrangements also varied. A relative told us that they were satisfied with the staffing, care, and services provided. However, RQIA received relative feedback following the inspection which highlighted a number of concerns relating to staff. The concerns included; that there was not always enough staff in the home to meet patients' needs in a timely manner, and that a minority of staff displayed poor attitudes or conduct. For example, a relative reported that staff could be overheard discussing patients' personal needs openly in communal areas and that staff used undignified terms when referring to patient needs. Concerns raised by relatives were discussed with the RI following the inspection for his consideration and action.

5.2.2 Care Delivery and Record Keeping

Staff were observed to respond to patients' needs in a prompt, professional, and warm manner during the inspection. Staff confirmed that they met at the beginning of each shift to discuss any changes in the needs of patients and to allocate and prioritise duties for that day.

Since the last inspection a new electronic patient records system had been implemented in the home. Staff told us that they had received introductory training on the use of the system and that while they were still getting to know all aspects of the system, to date they found that it was user-friendly and reduced the overall amount of time documenting, allowing them to work more efficiently and spend more time providing direct care to patients.

However, a number of shortfalls were identified. For example, fluid intake was not consistently recorded for patients identified as requiring monitoring, meal preferences were not being recorded on nutritional assessments, some care plans did not state patients' modified food or drink recommendations as per speech and language therapy (SALT) assessments, and catheter care records were not consistently updated following catheter changes. An area for improvement was identified.

Falls management was reviewed. Patients who were identified as being at increased risk of falling had care plans in place which detailed measures to reduce this risk. For example, supervision or support from staff during mobility, use of specialist aids or equipment such as rollators, bed rails, or alarm mats.

Review of post falls management showed that all relevant parties were informed where appropriate, however records showed that post falls monitoring was not consistently evidenced. For example, one patient's records post fall showed that neurological observations were not monitored for a sufficient period of time, and the patient's risk assessment and care plan was not updated following the fall. A previously identified area for improvement was stated for a second time.

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

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

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

Patients' views about the provision of food and variety of meals on the menu varied, with some patients saying that the food was good to others describing the food as just "okay" or "not to my taste." Comments were shared with the RI during feedback for consideration and action where required.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain.

5.2.3 Management of the Environment and Infection Prevention and Control

Review of the home's environment included a selection of patients' bedrooms, communal lounges and dining areas, communal toilets and shower rooms, corridors and storage areas. The atmosphere in the home was relaxed and welcoming. The home was clean, warm, and well lit.

Some clutter and inappropriate storage of equipment was observed. For example, access to a communal toilet was blocked by moving and handling equipment, handrails on a section of corridor had items hanging such as a coat hanger, a sling, and a towel. Furthermore, a chair was seen to block a fire exit. The chair was removed immediately.

In light of the fire exit being blocked, fire safety records were reviewed. The most recent fire risk assessment had been conducted on 4 July 2022 and the home was overdue a new assessment. The fire risk assessment from July 2022 resulted in a number of recommendations being made. Records did not evidence if these recommendations had been actioned. An area for improvement was identified.

Following the inspection, the RI informed RQIA, in writing, that a fire risk assessment was arranged to take place on 2 August 2023 and provided assurances that a system was now in place to ensure fire assessor visits would not go overdue in the future.

Fire safety maintenance records were reviewed and found to be incomplete. For example, fire alarm systems are required to be tested weekly and records showed the last recorded test took place in July 2022. Furthermore, the test in July 2022 detailed two issues in relation to personal evacuation plans and a door release mechanism, but there was no recorded evidence of what actions were taken to address these deficits. This was discussed with the RI and the maintenance personnel who provided verbal assurances that regular tests took place but they were unable to locate the relevant records. An area for improvement was identified.

RQIA were unable to fully establish if staff had completed mandatory fire awareness training. Fire drill records were reviewed and evidenced that practice drills were not routinely taking place and there was no managerial oversight to ensure that all staff had taken part in this essential training. An area for improvement was identified.

Patient bedrooms were clean, tidy, and personalised with items of importance or interest to each patient. Patients told us that they were happy with their bedrooms and said that domestic staff were seen to clean the environment daily.

Bedrooms and communal rooms were suitably furnished to accommodate patients and any visitors they may have. Some minor environmental wear and tear was noted, such as marks or dents in some bedroom walls and water staining on a bedroom ceiling. This was discussed with the RI who provided assurances during inspection feedback that these deficits would be captured in the home's rolling maintenance programme.

There was some evidence of poor infection prevention and control practice and management in the environment. For example, paper notices were secured to surfaces with sticky tape, continence products were stored outside of their original packaging, toiletries and continence products were stored on floors or toilet cisterns, inappropriate storage of equipment in a sluice room, and clean linen stored on the floor of store room. Furthermore, the surfaces of two bedframes and a number of handrails was found to be compromised which did not allow for effective cleaning and decontamination. An area for improvement was identified. It was positive to note that once highlighted to the RI during the inspection, both bedframes were replaced immediately.

Two communal spaces were found to be inaccessible or inappropriately used; a communal toilet door was blocked by a hoist and an unused wheelchair, and a communal lounge / quiet room was being used to store equipment. An area for improvement was identified.

5.2.4 Quality of Life for Patients

Discussion with patients and observations during the inspection confirmed that patients could choose how they spent their day. Some patients told us that they like the privacy of their own bedrooms while other patients were seen to enjoy the company of others in the communal lounge.

Some patients told us that there was "not much to do" and that this made them feel "sometimes lonely." Some patients acknowledged that there had been no organised activities "for a long time", but spoke with optimism about a new activity co-ordinator who had just started the previous week. The activity coordinator had developed an activity programme which included a party organised for later in the week. Patients had been provided with a copy of a weekly programme and expressed that they were happy to have activities starting up again.

Progress on organised activities will be reviewed at the next care inspection.

Some patients told us that there had been no hairdressing service available for several months, and some patients said that they were appreciative that one of the care staff who had hairdressing skills was able to provide some interim hairdressing. This was discussed with the RI during and following the inspection, who confirmed that the hairdressing service was temporarily unavailable and that the interim arrangements were as the patients described. The RI provided assurances that more formal arrangements would be made and a professional service would be sought to ensure equitable availability of hairdressing / barber services to all patients. This will be reviewed again at the next inspection.

Visiting arrangements were in place and patients and relatives confirmed that they were happy with visiting in the home. Visits were seen to take place in the communal lounge and in the privacy of patient bedrooms, as per their preference.

5.2.5 Management and Governance Arrangements

RQIA became aware through discussion with staff on duty that the manager had resigned from their post and that there had not been a manager in the home for several weeks. RQIA did not receive a notification of manager absence, from the RI, as required by the regulations. An area for improvement was identified.

In the interim period, individual registered nurses (RN) were taking charge of the home on each shift but no suitable individual had been identified to manage the home.

Since November 2021, there have been seven changes of manager; six of which have occurred in the last 12 months. This was very concerning as the manager is a key position in ensuring safe delivery of patient care and the provision of leadership to staff.

During the meeting with RQIA the RI confirmed interim management arrangements, with Mrs Julie McAleavey identified as the acting manager. The RI also informed RQIA in writing on 25 August 2023, that a new nurse manager had been appointed and was due to start work in the home at the end of August 2023, and that the manager would be supported with the appointment of a deputy manager who was due to commence work in the home in September 2023.

Discussion with staff and review of the duty rotas confirmed that, while a nurse was allocated in charge of each shift, no arrangements had been made to ensure managerial oversight in relation to governance. Shortfalls were identified within the auditing systems. An area for improvement was identified.

Some patients told us that they were aware of “lots” of changes in management and expressed that while they knew the RI and could talk to staff if they needed, they were unsure who they could raise complaints or concerns with. One relative expressed frustration that there had been a lack of communication with relatives and patients in relation to changes in management. Comments and concerns were shared with the RI.

Review of records evidenced that monthly monitoring reports in accordance with Regulation 29 were insufficiently robust and lacked the required detail to drive the necessary improvements to ensure compliance with regulations and standards. Some monthly reports were unavailable at the time of the inspection and the RI provided RQIA with the missing reports during the meeting held on 2 August 2023. This area for improvement was stated for a second time.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	11*	1*

*The total number of areas for improvement includes three under regulations that have been stated for a second time and one that was previously stated under standards that has been subsumed into regulation.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr. Kevin McKinney, Responsible Individual (RI), 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21 (1) (b) Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that a robust system is implemented and maintained in regard to monitoring staff registration with the Northern Ireland Social Care Council at all times. Ref: 5.1 and 5.2.1 Response by registered person detailing the actions taken: Robust system now in place to check NISCC once monthly.
Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that all falls are managed in line with best practice guidance and that neurological observations are consistently recorded. Ref: 5.1 and 5.2.2 Response by registered person detailing the actions taken: All falls managed in line with best practice, and paperwork reviewed to ensure neurological observations are consistently recorded.
Area for improvement 3 Ref: Regulation 29 Stated: Second time To be completed by: Immediate action required	The registered person shall ensure that the Regulation 29 monitoring visits are robust and clear on the actions required to drive the necessary improvements to ensure compliance with regulations and standards. Ref: 5.1 and 5.2.5 Response by registered person detailing the actions taken: Regulation 29 reports highlight action required, person responsibility and time frame following each visit.

<p>Area for improvement 4</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that all staff receive mandatory training to enable them to meet the needs of patients safely and effectively.</p> <p>Ref: 5.1 and 5.2.1</p> <p>Response by registered person detailing the actions taken: All staff registered to receive mandatory training both online and in house. Reviewed regularly.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 27 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: 2 August 2023</p>	<p>The registered person shall ensure that a fire risk assessment is undertaken annually and that records are maintained to evidence that any resulting recommendations are actioned within the required timeframe.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Fire risk assessment completed, any recommendations have been actioned within the required time frames.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 27 (4) (d) (i) (ii) (iv) (v)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that arrangements are in place to ensure that fire safety checks are conducted on a regular basis, and that fire safety maintenance records are accurately maintained and include evidence of actions take where required.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All staff have been made aware that the Fire safety checks to be carried out weekly, any actions should be recorded and signed of when complete.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 27 (4) (e) (f)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall implement a robust system to ensure that staff receive training and participate in emergency evacuation fire drills.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: staff training organised as required, system reviewed and all information for fire training and drills have been included on the training matrix, which will be reviewed reguarly.</p>

<p>Area for improvement 8</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that infection prevention and control (IPC) deficits identified in the environment and staff practice, as detailed in this report, are addressed.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: IPC deficits identified, have been addressed. Regularly checks carried out to ensure IPC measures are maintained by staff at all times.</p>
<p>Area for improvement 9</p> <p>Ref: Regulation 18 (1)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all areas of the home that are identified as communal areas are accessible and available for patient use, in keeping with the home's statement of purpose. This includes ensuring staff store equipment safely and appropriately.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All communal areas within the home are accessible to residents at all times. All staff reminded daily to ensure all areas are accessible.</p>
<p>Area for improvement 10</p> <p>Ref: Regulation 31 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect and going forward</p>	<p>The registered person shall ensure that any changes in the management arrangements of the home are notified to RQIA without delay.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Any changes in management arrangements will be notified to rqia without delay.</p>
<p>Area for improvement 11</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that there is a robust system of governance in place to demonstrate managerial oversight of the home to ensure that the home is well led and is delivering safe, effective and compassionate care.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Robust system of audits for governance in place, which demonstrates managerial oversight.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 4 Stated: First time To be completed by: 25 August 2023	The registered person shall ensure that patient care records are maintained up to date, with relevant and accurate information. Ref: 5.2.2
	Response by registered person detailing the actions taken: All staff reminded to ensure that all information is recorded regarding all aspects of residents care and treatment.

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



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