



Unannounced Care Inspection Report 4 July 2018



Cregagh Nursing Home

Type of Service: Nursing Home
Address: 2a Graham Gardens, Belfast, BT6 9FB
Tel No: 028 90 451300
Inspector: Lyn Buckley

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 40 persons.

3.0 Service details

Organisation/Registered Provider: Spa Nursing Homes Ltd Responsible Individual: Mr Christopher Philip Arnold	Registered Manager: Mrs Gail Ellen Chambers
Person in charge at the time of inspection: Mrs Gail Chambers	Date manager registered: 13 April 2018
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 registered places: 40

4.0 Inspection summary

An unannounced inspection took place on 4 July 2018 from 09:55 to 16:45 hours.

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.

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

Evidence of good practice was found in relation to staffing arrangements, staff recruitment, induction, the provision of staff training, communication between patients, staff and other key stakeholders, governance arrangements. We also evidenced good practice in the management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in relation to fire safety, storage, food safety, changes to the environment and care planning regarding falls.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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	4	1

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Gail Chambers, registered manager, and Mrs Linda Graham, regional 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 17 October 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 17 October 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

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with 10 patients individually and with others in small groups, seven staff and two patients' visitors/representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was provided for display in the staff room inviting to provide feedback to RQIA on-line. The inspector also provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to enable anyone residing in or visiting the home the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed in the entrance hall of the home beside the visitors' sign in book.

The following records were examined during the inspection:

- duty rota for all staff for weeks commencing 28 May, 4 June and 2 July 2018
- 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 from 1 April to 3 July 2018
- one staff recruitment and induction files
- four patient care records which included including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 from 1 January 2018.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 areas for improvement from the most recent inspection dated 17 October 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and the actions taken by the registered person/s was reviewed a part of this inspection.

6.2 Review of areas for improvement from the last care inspection dated 17 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 Stated: First time To be completed by: 30 May 2017	The registered person must ensure that the refurbishment plan is revised to include the redecoration of bedrooms. A copy of the revised refurbishment plan should include timescales and should be forwarded to RQIA with the returned QIP.	Met
	Action taken as confirmed during the inspection: Review of the home's environment evidenced that a refurbishment programme was nearing completion. Feedback from staff, patients and relatives was positive regarding the environment. This area for improvement has been met.	

<p>Area for improvement 2</p> <p>Ref: Regulation 12 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2017</p>	<p>The registered person shall ensure that the four identified care records are updated to meet patients' individual needs. Confirmation that they have been updated should be forwarded to RQIA when completed.</p> <hr/> <p>Action taken as confirmed during the inspection: Care records reviewed were found to be generally reflective of patients' assessed needs and were regularly reviewed.</p> <p>This area for improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017</p>	<p>The registered person shall ensure that care records are audited and reviewed to ensure they are up to date in relation to meeting the needs of patients.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of a sample of governance records evidenced that care records had last been audited on 5 May 2018. There was also evidence that any deficits identified had been addressed.</p> <p>This area for improvement has been met.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2017</p>	<p>The registered person should consider the comments made by staff, patients and relatives with regards to the colour scheme and the provision of signage in the home. Patients' bedrooms should also be personalised as discussed.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered manager, patients and staff and review of the home's environment raised no concerns regarding colour schemes or signage in the home. As stated previously, feedback from staff, patients and relatives was positive regarding the home's environment.</p> <p>This area for improvement has been met.</p>	<p>Met</p>

Area for improvement 2 Ref: Standard 12 Stated: First time To be completed by: 30 October 2017	The registered person shall ensure the hot food trolleys are used to maintain hot food whilst waiting for it to be served. Action taken as confirmed during the inspection: Observations of kitchenettes, the serving of lunch and discussion with staff and patients evidenced that this area for improvement was met.	Met
--	--	------------

6.3 Inspection findings

6.4 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 and nursing staff confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for weeks commencing 28 May, 4 June and 2 July 2018 evidenced that the planned staffing levels were adhered to. Discussion with the registered manager confirmed that any short notice sick leave was recorded managed in keeping with the home's policies and procedures. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. However, there were no responses received before this report was issued.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Cregagh Nursing Home. One patient said, "the staff make a difference". We also sought the opinion of patients on staffing via questionnaires. However, none were returned within the timeframe requested or before this report was issued.

The two visitors/relatives spoken with were very complimentary regarding the staff and the care delivered to their loved ones. We also sought the opinion of relatives/representatives on staffing via questionnaires. However, none were returned within the timeframe requested or before this report was issued.

As stated previously, observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Review of one staff recruitment file evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005.

Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records for 20.18 Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from 1 April 2018 in comparison with the notifications submitted to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients, relatives/representatives and staff spoken with were complimentary in respect of the home's environment.

Fire exits and escape routes were observed to be blocked with items of furniture in stairways and across fire exit doors. For example, external staff seating was blocking a fire exit door to the rear of the home, building materials including tubs of paint were stored in a stairwell and an armchair no longer in use was stored at the foot of another staircase. In addition a fire door was observed to be wedged open with a plastic wedge despite the fire door having an operational 'hold open device' fitted to it. Details of all the fire safety practice deficits observed were provided to the registered manager during the inspection. The registered manager was also asked to check with the home's fire risk assessor if the storage in an activity store was appropriate. An area for improvement was made. Before the conclusion of the inspection we were able to evidence that the registered manager had addressed the fire safety issues relating to fire exits, escape routes and fire doors.

We also observed that various items of furniture, patient equipment, domestic trolley and aprons and gloves were inappropriately stored in alcoves, on handrails and in bathrooms. Two identified bathrooms, due to inappropriate storage could not be used. An area for improvement was made.

Each floor had a kitchenette adjacent to the dining room. Staff could prepare nutritional supplements and make additional cups of tea or coffee for patients and their visitors. A domestic style refrigerator was also provided in the kitchenettes. The refrigerator, in one of the kitchenettes, was observed to contain a number of items identified as staff food. There was no evidence of food labelling, dates of opening or monitoring of these or patients' food items stored in the refrigerator. In addition each kitchenette had a microwave oven which staff confirmed was used to heat patients' food. There were no records of food temperatures or reheating of food maintained in the kitchenettes. Details were discussed during feedback regarding who had responsibility for the management and monitoring of the kitchenettes and food safety. An area for improvement was made.

A review of patient records evidenced that appropriate risk assessments had been completed prior to the use of potentially restrictive practices, for example bed rails, alarm mats. These risk assessment informed the care planning process and both were reviewed regularly. There was also evidence of consultation with relevant persons.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff recruitment, induction and the provision of staff training.

Areas for improvement

The following areas were identified for improvement in relation to fire safety, storage and food safety management.

	Regulations	Standards
Total number of areas for improvement	3	0

6.5 Is care effective?

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

Review of four patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition, patients' weight, management of infections, pressure area care and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

In relation to the management of fall risks, specific care plans were not in place to manage the identified risk and the falls risk was included within a care plan relating to mobility needs. Details were discussed during feedback and advice to review the regional guidance on falls management and the Care Standards for Nursing Homes; standard 22. An area for improvement was made.

In relation to the management of infection, pressure area care and wound care, care plans were in place to direct staff. Care plans were reflective of the risk assessments and both the care plans and the risk assessments had been reviewed regularly. During feedback we advised that repositioning records should reflect an individualised repositioning frequency and that nursing staff ensure care plans were specific for each identified need/risk rather than 'grouping' one or two needs into one care plan.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), Speech and language Therapist (SALT), Tissue Viability Nurses (TVN) and dietitians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals. Supplementary care charts such as food and fluid intake records; and repositioning charts evidenced that contemporaneous records were maintained. During feedback we advised that care staff should include the offer/intake of snacks on the food intake charts.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patients and relatives/representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and relatives/representatives were aware of who their nurse was and knew the registered manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between patients, staff and other key stakeholders.

Areas for improvement

An area for improvement was identified in relation to care planning.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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.

We arrived in the home at 09:55 hours and were greeted by staff who were helpful and attentive. Patients were enjoying their breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff confirmed that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example signage, photographs, the provision of clocks.

We observed the serving of the lunchtime meal in the first floor dining room. Patients were assisted in the dining room by staff or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and the senior care assistant was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff spoken with and observed demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"Thank you very much for looking after my mother, with much appreciation for all your care."
 "It was very important to me...and our family to know that everything that could be done was done."

Consultation with 10 patients individually, and with others in smaller groups, confirmed that living in Cregagh Nursing Home was a positive experience.

Patient comments included:

"I am very content and happy here...we all muck in together."
 "I am ok, content, no worries."
 "Great wee home, comfy and I have all I need."
 "Staff are lovely... good craic."

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Ten patient questionnaires were provided; none were returned within the timescale.

We spoke with two visitors/relatives. Both were very complementary regarding the care their loved one received, the home's environment and staff.

Ten relative questionnaires were provided; none were returned within the timescale.

We spoke with seven staff. Staff comments are detailed throughout the report. Staff were asked to complete an on line survey, we had no responses before the issuing of this report.

Any comments from patients, relatives/representatives or staff in returned questionnaires or online, received after the return date and issue of this report, will be shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and the dignity, privacy and respect offer to patients.

Areas for improvement

No areas for improvement were identified during the inspection within this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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 appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been a change in management arrangements and Mrs Gail Chambers was registered with RQIA on 13 April 2018. RQIA were notified appropriately of the changes to the management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded.

Discussion with staff, patients and relatives/representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their relatives/representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. Equality data collected was managed in line with best practice and staff attended training in relation to awareness of equality and diversity.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, care records, catering arrangements. In addition robust measures were also in place to provide the registered manager with an overview of the management of infections, wounds and weight loss occurring in the home.

Discussion with the registered manager and regional manager; and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

During feedback the registered manager discussed changes to the environment which included the addition of ensuite bathroom/toilets in three bedrooms with plans to include more. RQIA had not been notified of the changes, in advance of them being undertaken, in accordance with the Nursing Homes Regulations (NI) 2005. The registered manager and regional manager agreed to discuss this with the responsible person and arrange for a retrospective variation to the registration application to be submitted for the three bedroom ensuites already completed. It was also agreed that no further works would be carried out until RQIA had been notified as required. Details of this breach of regulations were discussed with RQIA senior manager and the aligned estates inspector. RQIA estates team will follow up to ascertain if the works meet the requirements for premises as stated in the Care Standards for Nursing Homes 2015; and an area for improvement would be made with the retrospective application to be submitted immediately. This was reiterated to the registered manager by telephone on 20 July 2018. Enforcement action may result if the works do not meet the standards.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

An area for improvement relating to the changing of the premises without prior approval from RQIA was made.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Gail Chambers, registered manager, and Mrs Linda Graham, regional 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 27 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure that fire safety measures, such as ensuring fire exits and escape routes are not compromised and that fire doors are not blocked or wedged open are adhered to at all times.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The registered Manager has checked that all fire safety measures are not compromised, all fire doors are on magnetic closing devices and staff/ visitors have been informed of the fire safety measures in place. All fire exits and escapes routes are clear and are checked daily by the manager or nurse in charge on their walkaround.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (2) (l)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure that the storage of items of furniture, patient equipment no longer in use and staff equipment such as domestic trolleys, aprons and gloves is reviewed in accordance with regulation and infection prevention and control regional guidance.</p> <p>The two identified bathrooms must be maintained clear of all inappropriate storage.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The registered Manager has ensured that all items of furniture, patient equipment no longer in use and staff equipment in relation to items such as domestic trolley, aprons and gloves, have all been reviewed in relation to the regulations and infection prevention and control regional guidance. New apron and glove dispensers have been purchased for storage of PPE.</p> <p>The two identified bathrooms have been cleared of all inappropriate storage. The registered Manager will continue to monitor same.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate actions required.</p>	<p>The registered person shall ensure that food safety arrangements for the management of the kitchenettes on each floor, are reviewed to ensure they are managed effectively and meet food hygiene and safety requirements.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The registered Manager has allocated the responsibility of the management of the kitchenettes on each floor to the cook manager in order to ensure all food hygiene and safety requirements are met. All nursing and care staff have received supervision in relation to management of food safety to include the recording of meal temperatures.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 32 (h)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall submit a retrospective variation to registration application regarding the changes made to three bedrooms.</p> <p>Any additional planned changes to the premises must be notified to RQIA in advance of the works commencing.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: A variation application in relation to changes made to bedrooms has been submitted on 25th July 2018. A visit was carried out by the RQIA estates inspection following submission of the variation. Any additional planned changes the Registered Manager will inform RQIA in advance of any works commencing.</p>
<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>	
<p>Area for improvement 1</p> <p>Ref: Standard 22.5</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2018.</p>	<p>The registered person shall ensure that when a patient is deemed to be at risk of falls, following risk assessment, a detailed falls care plan is put in place.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The registered manager has instructed all registered nursing staff of the need to develop a separate falls care plan for residents who are deemed to be at risk of falls following the completion of the falls risk assessment. The registered manager will continue to monitor this area through care plan auditing.</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care