

Inspection Report

29 August 2024



Colinvale Court

Type of service: Nursing Home
Address: Glen Road, Belfast BT11 8BU
Telephone number: 028 9060 4314

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

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| Organisation/Registered Provider: Mr Raymond Liam Murphy | Registered Manager: Mrs Vincy Vincent |
| Registered Person: Mr Raymond Liam Murphy | Date registered 13 June 2016 |
| Person in charge at the time of inspection: Mrs Vincy Vincent | Number of registered places: 50 |
| Categories of care: Nursing Home (NH) DE – Dementia. | Number of patients accommodated in the nursing home on the day of this inspection: 49 |
| Brief description of the accommodation/how the service operates: Colinvale Court is a nursing home which is registered to provide nursing care for up to 50 patients living with dementia. The home is divided into five units over two floors. Bedrooms and bathrooms are situated on both floors with communal dining and lounge areas on the ground floor. Two communal courtyards are also available. | |

2.0 Inspection summary

An unannounced inspection took place on 29 August 2024 from 9.00 am to 7.35 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.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them. Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

RQIA were assured that the delivery of care and service provided in Colinvale Court was provided in a compassionate manner by staff.

The inspection identified a significant number of new areas for improvement. Concerns relating to the home environment, cleanliness, infection prevention and control (IPC) measures and practices were discussed during the inspection and again at more detailed feedback meeting with the registered manager, deputy manager and registered person on 10 September 2024. RQIA discussed concerns including that the governance arrangements of the home were not driving the necessary improvements to comply with the regulations and standards.

The management team discussed the actions that had been taken since the inspection and lessons learned. Areas for improvement were identified and will be managed through the home's QIP details of which are in Section 6.0.

The findings of this report will provide the manager 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 patients, relatives, visiting professionals and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in Colinvale Court. 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 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 registered manager at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity. One patient said, "I am dead happy. The staff are brilliant", while another patient said, "I am happy here." A further patient said, "I'm ok."

Relatives spoken with were complimentary of the care provided in the home. One relative said, "I am very happy with the care. They are all lovely," while a second relative said, "My relative is well looked after. I have no concerns." A third relative commented on the staffing levels during the evening handover and the quality of activities provided. They went on to say, "Otherwise I am happy with the care."

A clinical nurse facilitator visiting the home said, "Communication with the staff is good. Sometimes nursing staff require some prompting to do some things but overall I have no concerns. The care is good."

Staff spoken with said that Colinvale Court was a good place to work. Staff commented positively about the manager and described them as supportive and approachable. One staff member said that, "The teamwork is brilliant," while a second said, "We all help each other." The manager confirmed that there were good working relationships between staff and management and was very complimentary of all the staff who work in the home.

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 28 November 2023 | | |
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| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for Improvement 1 Ref: Regulation 13 (7) Stated: Second time | The registered person shall ensure the infection prevention and control issues identified during the inspection are addressed. | Not met |
| | Action taken as confirmed during the inspection: Beds were observed to be 'made up' with linen that was stained and required changing, while some bed bumpers were observed to be stained. This area for improvement was not met and is stated for a third time. This is discussed further in section 5.2.3. | |
| Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022) | | Validation of compliance |
| Area for Improvement 1 Ref: Standard 4 Stated: First time | The registered person shall ensure that care plans for pressure care and repositioning records are accurately recorded and up to date where required. | Met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. | |

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| <p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> | <p>The registered person shall ensure that care records for the use of nurse call bells are in place including the actions required for those patients who are unable to use call bells.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p> | <p>Met</p> |
| <p>Area for Improvement 3</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> | <p>The registered person shall ensure the areas of the home's environment requiring maintenance or re-decoration are addressed.</p> <p>Action taken as confirmed during the inspection: This area for improvement is not met and has been subsumed into a new area for improvement under the regulations. This is discussed further in section 5.2.3.</p> | <p>Not met</p> |
| <p>Area for Improvement 4</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> | <p>The registered person shall ensure a programme of meaningful activities is provided for patients on a regular basis.</p> <p>Action taken as confirmed during the inspection: This area for improvement is not met and is stated for a second time. This is discussed further in section 5.2.4.</p> | <p>Not met</p> |
| <p>Area for Improvement 5</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> | <p>The registered person shall ensure that personal medication records include the allergy status of the patient.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> | <p>Carried forward to the next inspection</p> |

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| Area for Improvement 6 Ref: Standard 29 Stated: First time | The registered person shall ensure that records for the transfer/disposal of medicines are signed by the staff members involved. | Carried forward to the next inspection |
| | Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. | |

5.2 Inspection findings

5.2.1 Staffing Arrangements

A review of a selection of recruitment records confirmed that not all pre-employment checks had been completed prior to each staff member commencing in post. For example, review of one staff recruitment file evidenced that gaps in employment had not been explored and the reason for leaving previous jobs had not been recorded. This was discussed with management who provided assurances regarding oversight of recruitment files. This will be reviewed at a future care inspection.

All staff were provided with a comprehensive induction programme to prepare them for providing care to patients. Checks were made to ensure that staff maintained their registration with the Nursing and Midwifery Council (NMC) or with the Northern Ireland Social Care Council (NISCC). However, review of audit records evidenced deficits in recording of staff registration with the NMC. This was discussed with the manager who gave assurances these checks were completed but not recorded. An area for improvement was identified.

The staff duty rota did not accurately reflect the maintenance and agency staff working in the home on a daily basis. This rota did not consistently identify the person in charge when the manager was not on duty. This was discussed with the manager who arranged for this to be rectified. An area for improvement was identified.

Review of records confirmed all of the staff who take charge of the home in the absence of the manager had completed a competency and capability assessment to be able to do so.

Review of agency staff induction records evidenced shortfalls in record keeping. This was discussed with the manager who agreed to arrange a review their current systems without delay and meet with nursing staff to ensure all agency staff received a recorded induction. An area for improvement was identified.

Staff consulted with confirmed that they received regular training in a range of topics such as manual handling, IPC practices and fire safety. However, review of staff training records confirmed that all staff were not up to date with mandatory training. This was discussed with the manager who agreed to arrange for outstanding training to be completed. An area for improvement was identified.

Staff said they felt well supported in their role and were satisfied with the level of communication between staff and management. Staff reported good teamwork and had no concerns regarding the staffing levels.

Review of records confirmed that staff meetings were not held on at least a quarterly basis. This was discussed with the manager and an area for improvement was identified.

Patients spoke positively about the care that they received and confirmed that staff attended to them in a timely manner; relatives said that they would have no issue with raising any concerns to staff. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff told us they met at the beginning of each shift to discuss any changes in the needs of the patients. Staff members spoken with were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff members were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

It was observed that laundered and unlabelled net pants were in communal use. Discussion with staff confirmed these items were for individual patient use. This was discussed with the manager who arranged for them to be disposed. The manager agreed to highlight this issue with staff and review the current system in use in the laundry. An area for improvement was identified.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning evidenced patients were repositioned in keeping with their assessed needs. Minor gaps in record keeping were discussed with the manager who agreed to monitor completion of repositioning records through their audit systems.

Management of wound care was examined. Review of a selection of care records confirmed that wound care was provided in keeping with care plan directions.

Falls in the home were monitored monthly and records were kept. Examination of these records evidenced that these were managed in keeping with best practice guidance. It was noted that daily evaluations did not consistently comment on the status of the patient post fall and neurological observations were not completed in keeping with the home's policy. This was discussed with the manager who agreed to meet with registered nursing staff to address the matters raised.

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Bedrail risk assessments clearly identified if bedrails were a suitable intervention.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented; smelled appetising and portions were generous. A variety of drinks were served with the meal. Patients spoke positively in relation to the quality of the meals provided.

The pictorial menu displayed in the home did not outline all the meal choices available for patients. This was discussed with the manager who agreed to address this without delay.

Patients may need support with meals ranging from simple encouragement to full assistance from staff. Staff attended to patients' dining needs in a caring and compassionate manner while maintaining written records of what patients had to eat and drink, as necessary. Records of patients' intake and outputs were recorded where this was required. However, examination of a selection of food and fluid intake records confirmed that prescribed supplements consumed by patients were not consistently recorded. An area for improvement was identified.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Review of a selection of care records evidenced that care plans had been developed within a timely manner to accurately reflect their assessed needs. Minor shortfalls in record keeping were identified. This was discussed with the manager who arranged for the care file to be updated before the end of the inspection.

Daily records were kept of the care and support provided by staff. The outcome of visits from any healthcare professional was also recorded.

Some patients required one to one care. Care plans reviewed lacked specific details of the one to one care required or any information regarding the patients likes and preferences. This was discussed with the manager and an area for improvement was identified.

Patients appeared clean and well cared for, however, recording gaps of up to two weeks were noted on shower and bath records. Care staff should record when care has been offered but refused and evidence any further attempts that were made for care delivery. This was discussed with the manager and an area for improvement were identified.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm and comfortable. Patients' bedrooms were tidy and personalised with items of importance to each patient, such as, family photos and sentimental items from home.

A number of bedrooms were found to be missing furniture such as armchairs, table top facilities and/or a lockable space. This was discussed with the manager who confirmed they would audit all bedrooms to ensure they contained all the necessary equipment. An area for improvement was identified.

Multiple beds were found to be dressed with bed linen that was stained, torn or of poor quality. In addition, bed rail bumpers were found to be stained and not clean. These shortfalls were identified during the previous two care inspections. Given the assurances provided by the manager during the inspection and by the registered person during the meeting on 10 September 2024, it was agreed that the area for improvement would be stated for a third and final time. Failure to meet this area for improvement may lead to enforcement action.

Shortfalls in environmental cleaning was observed. Cobwebs and stains were observed on the walls, radiator and electrical fittings in the smoking room. Multiple bedside tables and some chair legs and frames were not clean. Shelving in a number of areas within the home was found to be stained. This was discussed with the manager who agreed to meet with staff and monitor the cleanliness of the environment on their daily walk around. An area for improvement was identified.

Some patient equipment required fixing or replacing; this included damaged beds, armchairs and bedside tables that required replacing or recovering, laundry baskets that were cracked and handles broken and table clothes with edging torn and not replaced. In addition, some pillows and bed linen required replacing. This was discussed with the manager and an area for improvement was identified.

It was observed that multiple areas in the home required repair or decoration such as damaged paintwork on the walls throughout the home, exposed and damaged woodwork on shelving, doors and doorframes, skirting requiring painting, staining on corridor walls where hand gel dispensers are and in some bathrooms. Staining was noted on vinyl flooring around some of the toilets in bathrooms. In addition, the patio areas were not inviting for patients; there were no flowers, the furniture required painting or replacing and the patio was covered with weeds.

The above observations were discussed with the responsible person who committed to reviewing the maintenance hours available within the home and engaging contractors to complete the works in the home without delay. An area for improvement identified at the previous care inspection was uplifted to a new area for improvement under the regulations.

Concerns about the management of risks to the health, safety and wellbeing of patients, staff and visitors to the home were identified. For example, a domestic cleaning trolley was unsupervised and accessible to patients on two occasions allowing potential patient access to substances hazardous to health. Exposed electrical wires were accessible to patients and staff on an electrical fitting in an unlocked cupboard. These matters were discussed with staff who took immediate action. An area for improvement were identified.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff members were aware of how to respond to any concerns or risks. A fire risk assessment had been completed on 29 September 2023 and there was evidence that the areas of concern identified by the fire risk assessor had been signed off as fully addressed by the manager.

Review of records and discussion with the manager confirmed that the manager had no oversight of annual fire drills and bi-annual training. Review of records evidenced that not all staff received bi-annual training or had a fire drill annually. It was not clear from the records reviewed that all staff received fire training at the start of employment. Areas for improvement were identified.

There were laminated posters displayed at hand washing points to remind staff of good hand washing procedures. Hand sanitisers were available throughout the home. A full selection of personal protective equipment (PPE) was not readily available in the laundry and the liquid soap dispenser in use secured with a piece of string which could not be effectively cleaned. Further concerns were highlighted regarding signage which was not laminated; these were displayed with adhesive tape. These shortfalls were discussed with the manager who agreed to address them without delay.

Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided. Some staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Some staff were not familiar with the correct procedure for the donning and doffing of PPE, while other staff were not bare below the elbow. This was discussed with the manager and an area for improvement was identified.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Some patients told us they liked the privacy of their bedroom, but would enjoy going to the dining room for meals or to the lounge to socialise.

Patients were observed listening to music and watching TV in their bedrooms or the lounge, while others enjoyed a visit from relatives. Photos were on display in the home of activities that had been delivered.

An activity planner displayed in the home was for the previous month. Review of the duty rota and discussion with the manager confirmed no provision for activities to be delivered was made in the absence of the activity co-ordinator. Records reviewed did not evidence meaningful activities were delivered on a regular basis. This was discussed with management who confirmed activities had been delivered in the home although improvements were required in record keeping. An area for improvement identified was stated for a second time.

Review of activity records for patients who required one to one care identified that further work was required around record keeping to evidence that all patients are provided with meaningful activities. The records reviewed were not completed every day and contained entries that were not person centred. This was discussed with the manager who gave assurances that additional supervision and support would be given to staff in this area. An area for improvement was identified.

5.2.5 Management and Governance Arrangements

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

There has been no change in the management of the home since the last inspection. Mrs Vincy Vincent has been the manager since 13 June 2016.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were analysed on a monthly basis although review of records evidenced that audits had not been completed in April 2024 and May 2024. This was discussed with the manager who provided verbal assurances these would be completed monthly.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly. However, there was evidence that not all notifiable events were recorded and notified appropriately. At least three notifiable events had not been submitted to RQIA. The manager agreed to audit the accidents and incidents and notify RQIA retrospectively. An area for improvement was identified.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home.

Review of a sample of audits confirmed that improvements were required regarding the auditing of the home environment. For example, the current environmental audits did not highlight the deficits identified on inspection and did not clearly evidence which areas of the home had been audited. Action plans were not developed that distinguished who was responsible for addressing the issues and by when. An area for improvement was identified.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. Although the reports of these visits were detailed, they were insufficiently robust so as to identify deficits and drive necessary improvements within the home. Reports had been completed for July 2024 and August 2024 but were not available for review on inspection. An area for improvement was identified.

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 (December 2022).

| | Regulations | Standards |
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| Total number of Areas for Improvement | 10* | 15* |

*The total number of areas for improvement includes one that has been stated for a third time, one that has been stated for a second time and two that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Vincy Vincent, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | |
| <p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Third time</p> <p>To be completed by: 29 August 2024</p> | <p>The registered person shall ensure the infection prevention and control issues identified during the inspection are addressed.</p> <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: All issues relevant to infection prevention/control concerns have been addressed and will be monitored on an ongoing basis.</p> |
| <p>Area for improvement 2</p> <p>Ref: Regulation 21 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 29 August 2024</p> | <p>The registered person shall ensure that a robust system is maintained to monitor staff registration with the Nursing and Midwifery Council at all times.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Fully updated and to include bank staff.</p> |
| <p>Area for improvement 3</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: 29 August 2024</p> | <p>The registered person shall ensure detailed and person centred care plans are in place for those patients who require one to one care.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Fully implemented and appropriate care plans in place for all residents (one-to-one).</p> |
| <p>Area for improvement 4</p> <p>Ref: Regulation 27 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: 29 August 2024</p> | <p>The registered person shall ensure that equipment provided at the nursing home is in good working order, properly maintained and suitable for the purpose for which it is to be used.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All equipment has been checked and verified as fully fit for purpose.</p> |

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| <p>Area for improvement 5</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 29 August 2024</p> | <p>The registered person shall ensure the environmental deficits identified on inspection are addressed without delay. A suitable and achievable time bound refurbishment program for this work should be submitted, along with the returned QIP, for information and comment.</p> <p>Ref: 5.1 and 5.2.3</p> |
| <p>Area for improvement 6</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: 29 August 2024</p> | <p>Response by registered person detailing the actions taken: A comprehensive programme of refurbishment/replacement has been undertaken and is ongoing. Action Plan attached.</p> <p>The registered person shall ensure that all areas of the home to which patients have access are free from hazards to their safety.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All areas have been checked to ensure patients are free from hazards at all times.</p> |
| <p>Area for improvement 7</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 29 August 2024</p> | <p>The registered person shall ensure a system is implemented to monitor staff practice in relation to the appropriate use of personal protective equipment including donning and doffing and staff knowledge and practice regarding hand hygiene.</p> <p>Where deficits are identified during the monitoring system, an action plan should be put in place to drive the necessary improvement.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: A continuous PPE audit has been implemented and all staff are now adhering to the appropriate use of this equipment including donning, doffing and safe practice regarding hand hygiene.</p> |
| <p>Area for improvement 8</p> <p>Ref: Regulation 30 (1) (d) (f)</p> <p>Stated: First time</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> |

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| To be completed by: 29 August 2024 | Response by registered person detailing the actions taken: Staff have been instructed to make the relevant notification to RQIA following medical advice obtained. |
| Area for improvement 9 Ref: Regulation 17 (1) Stated: First time | The registered person shall review the home's environment audit processes to ensure they are effective. Ref: 5.2.5 |
| To be completed by: 29 August 2024 | Response by registered person detailing the actions taken: A new audit system has been introduced to promptly identify any deficit in the homes environment, thus ensuring prompt action as and when required. |
| Area for improvement 10 Ref: Regulation 29 Stated: First time To be completed by: 29 August 2024 | The registered person shall ensure that the Regulation 29 monitoring visits are robust and identify the actions required to drive the necessary improvements to ensure compliance with regulations and standards. These should be available for inspection. Ref: 5.2.5 |
| | Response by registered person detailing the actions taken: The Reg 29 visits are designed to provide a detailed profile of identified improvements required thus ensuring compliance of regulations and standards. |
| Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022) | |
| Area for improvement 1 Ref: Standard 29 Stated: First time To be completed by: 28 November 2023 | The registered person shall ensure that personal medication records include the allergy status of the patient. Ref: 5.1 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. |
| Area for improvement 2 Ref: Standard 29 Stated: First time | The registered person shall ensure that records for the transfer/disposal of medicines are signed by the staff members involved. Ref: 5.1 |

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| <p>To be completed by: 28 November 2023</p> | <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 11</p> <p>Stated: Second time</p> <p>To be completed by: 29 August 2024</p> | <p>The registered person shall ensure a programme of meaningful activities is provided for patients on a regular basis.</p> <p>Ref: 5.1 and 5.2.4</p> <p>Response by registered person detailing the actions taken: The home has introduced a new method of recording all activities provided not only by the activities co-ordinator but all participating care staff.</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 29 August 2024</p> | <p>The registered person shall ensure records are kept of all staff working in the home over a 24-hour period. The name of the nurse in charge of each shift should be clearly identified.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Fully identified on the home off-duty.</p> |
| <p>Area for improvement 5</p> <p>Ref: Standard 39.1</p> <p>Stated: First time</p> <p>To be completed by: 29 August 2024</p> | <p>The registered person shall ensure that all staff newly appointed, including agency staff, complete a structured orientation and induction programme in a timely manner and that accurate records are retained for inspection.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Fully implemented.</p> |
| <p>Area for improvement 6</p> <p>Ref: Standard 39.9</p> <p>Stated: First time</p> <p>To be completed by: 29 August 2024</p> | <p>The registered person shall ensure that mandatory training requirements are met to enable staff to meet the needs of patients safely and effectively.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All staff have now completed the necessary training in this regard.</p> |

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| <p>Area for improvement 7</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 29 November 2024</p> | <p>The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: Staff meetings with all departments have been held in recent weeks and will be arranged going forward on a minimum quarterly basis.</p> |
| <p>Area for improvement 8</p> <p>Ref: Standard 6.11</p> <p>Stated: First time</p> <p>To be completed by: 29 August 2024</p> | <p>The registered person shall ensure that net pants are only ever provided for individual patient use and that any unlabelled items of clothing are identified and labelled or disposed of to eliminate the potential for communal use.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Fully implemented and net pants used once only as and when required.</p> |
| <p>Area for improvement 9</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 29 August 2024</p> | <p>The registered person shall ensure that food/fluid supplements consumed by patients are recorded as part of their food/fluid intake records.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: This improvement has been introduced and included on the food/fluid chart.</p> |
| <p>Area for improvement 10</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: 29 August 2024</p> | <p>The registered person shall ensure that personal care records are accurately maintained.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Fully implemented.</p> |

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| <p>Area for improvement 11</p> <p>Ref: Standard 43 (E20)</p> <p>Stated: First time</p> <p>To be completed by: 29 August 2024</p> | <p>The registered person shall ensure that patient's bedrooms are fully furnished in line with registration unless the patient states otherwise.</p> <p>Ref: 5.2.3</p> |
| | <p>Response by registered person detailing the actions taken: All bedrooms have been inspected and fully furnished in-line with our registration.</p> |
| <p>Area for improvement 12</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 29 August 2024</p> | <p>The registered person shall ensure that patient equipment and the home environment is kept clean and hygienic at all times.</p> <p>Ref: 5.2.3</p> |
| | <p>Response by registered person detailing the actions taken: Fully implemented.</p> |
| <p>Area for improvement 13</p> <p>Ref: Standard 48.6</p> <p>Stated: First time</p> <p>To be completed by: 29 August 2024</p> | <p>The registered person shall ensure that all staff have training in the fire precautions to be taken in the home, including the action to be taken in care of fore. This training is provided by a competent person at the start of employment and is repeated at least twice every year. Records retained should evidence oversight from the registered manager.</p> <p>Ref: 5.2.3</p> |
| | <p>Response by registered person detailing the actions taken: Fully implemented and completed. Updated records are retained by the home manager for inspection.</p> |
| <p>Area for improvement 14</p> <p>Ref: Standard 48.6</p> <p>Stated: First time</p> <p>To be completed by: 29 August 2024</p> | <p>The registered person shall ensure that all staff participate in a fire evacuation drill at least once a year. Records retained should evidence oversight from the registered manager.</p> <p>Ref: 5.2.3</p> |
| | <p>Response by registered person detailing the actions taken: Fully implemented and completed.</p> |
| <p>Area for improvement 15</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> | <p>The registered person shall ensure that accurate activity records are retained for patients in receipt of one to one care. These records should be person centred and evidence that the activities delivered reflect the patient's individual likes and preferences.</p> <p>Ref: 5.2.4</p> |

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| To be completed by: 29 August 2024 | Response by registered person detailing the actions taken: Fully implemented. |
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Please ensure this document is completed in full and returned via Web Portal



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care