

Inspection Report

30 May 2024



Parkside

Type of Service: Nursing Home
Address: 4 North Circular Road, Lisburn, BT28 3AH
Tel no: 028 9267 4943

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Amstecos Ltd Responsible Individual Mrs Emer Bevan	Registered Manager: Mrs Paulene Rogers - Not registered
Person in charge at the time of inspection: Mrs Paulene Rogers	Number of registered places: 43 The home is also approved to provide care on a day basis to 3 persons.
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: 31
Brief description of the accommodation/how the service operates: This home is a registered nursing home which currently provides nursing care for up to 43 patients. The home is located over three floors with patients' bedrooms located on the first and second floor.	

2.0 Inspection summary

An unannounced inspection took place on 30 May 2024 from 9.45am to 6.35pm by two care inspectors.

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 share their experiences of living in the home and expressed positive opinions about the home and the care provided. Patients said that staff were helpful and friendly in their interactions with them.

Four areas for improvement identified at the previous inspection on 12 December 2023 had not been met and a number of new areas for improvement were identified. These are detailed through this report and in the Quality Improvement Plan (QIP). Following the inspection, a meeting was arranged with Mrs Paulene Rodgers, Manager and the Responsible Individual (RI) Mrs Emer Bevan to discuss the inspection findings and how these deficits would be addressed. Assurances were provided by the RI at this meeting and progress with the QIP issued will be assessed at a subsequent inspection.

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

4.0 What people told us about the service

Staff told us they enjoyed working in Parkside and that teamwork was good. Staff were complimentary in regard to the support they received from the new manager and spoke of how much they enjoyed working with the patients.

Patients told us staff were, "very nice" and, "friendly." Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. Patients spoken with expressed satisfaction in relation to their experience within the home. Patients commented, "The staff are good to me" and, "I am well looked after." Relatives consulted were positive in relation to the care their loved one was receiving.

No resident/relative questionnaires were returned and we received no feedback from the staff online survey.

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 12 December 2023		
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: Third time	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. 	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met as stated.</p>	
Area for improvement 2 Ref: Regulation 12 (1) Stated: Second time	<p>The registered person shall ensure that the record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met as stated.</p>	
Area for improvement 3	<p>The registered person shall ensure for those patients who require a modified diet:</p>	Not met

<p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p>	<ul style="list-style-type: none"> choking risk assessments are in place for those patients at high risk of choking. All records are reflective of the current SALT advice. <p>Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was not met and is stated for a second time. This is discussed further in section 5.2.2.</p>	
<p>Area for improvement 4</p> <p>Ref: Regulation 18 (2) (n) (l) (ii)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the provision of activities in the home is reviewed to make sure that meaningful activities are provided to patients. A contemporaneous record of activities delivered must be retained.</p> <p>Action required to ensure compliance with this regulation 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>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>The registered person shall implement a robust audit system which covers all aspects of medicines management.</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>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that any patient at risk of dehydration has a daily fluid target and this is included within the patient's care plan to include the action to take and at what stage if the target is not met.</p> <p>Fluid intake should be monitored as part of the patient's daily evaluation of care.</p>	<p>Not Met</p>

	<p>Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was not met and is stated for a second time. This is discussed further in section 5.2.2.</p>	
<p>Area for improvement 3 Ref: Standard 23 Stated: First time</p>	<p>The registered person shall ensure the following in regards to repositioning records</p> <ul style="list-style-type: none"> • that pressure relieving equipment required, and any equipment setting, are included in the relevant care plan • repositioning charts are accurately maintained with legible entries to evidence care delivery. 	Not Met
	<p>Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was not met and is stated for a second time. This is discussed further in section 5.2.2.</p>	
<p>Area for improvement 4 Ref: Standard 4 Stated: First time</p>	<p>The registered person shall ensure that the daily evaluations of care are meaningful; patient centred and include oversight of the supplementary care.</p>	Not met
	<p>Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was not met and is stated for a second time. This is discussed further in section 5.2.2.</p>	
<p>Area for improvement 5 Ref: Standard 46 Stated: First time</p>	<p>The registered person shall ensure that the infection prevention and control deficits identified in this inspection are addressed.</p>	Met
	<p>Action taken as confirmed during the inspection: Observation on the day of inspection evidenced that this area for improvement was met.</p>	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of recruitment files evidenced that necessary checks were in place to ensure new employees were recruited safely.

Checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC).

Staff had a suite of mandatory training topics to complete annually to maintain their knowledge and skills in order to provide safe and effective care. Training topics included patient moving and handling, adult safeguarding and fire safety training. A list of training was identified for completion as part of the induction process when new staff commenced employment.

Staff said there was good teamwork and that they felt well supported in their role and with the level of communication between staff and management. They told us, "We work well together and help one another out".

It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner. Patients said that they would have no issue with raising any concerns to staff.

At the commencement of the inspection, the manager confirmed that the staffing arrangements at night required two registered nurses to be on duty. This was not always achieved and an extra care assistant was rostered when only one nurse was on duty. A review of the duty rota confirmed this. There was no evidence of any steps taken to achieve the planned staffing levels. This was discussed with the manager during feedback and with the management team at the meeting with RQIA and an area for improvement was identified.

5.2.2 Care Delivery and Record Keeping

Staff met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff were given a handover sheet each day that contained pertinent patient information. It was confirmed during the inspection that the sheet in use was not the most updated version. This was identified by staff and assurances were provided in the meeting with RQIA that this had been addressed. An additional assurance was provided to inform that the handover sheet had been reviewed to include more detail in regards to dietary requirements and repositioning needs. This will be reviewed at the next inspection.

Staff demonstrated their knowledge of individual patient's needs, preferred daily routines, likes and dislikes. Staff were seen to be skilled in communicating with the patients and to treat them with kindness and understanding.

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 were prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known.

Patients who were less mobile were assisted by staff to mobilise or change their position regularly. Records reviewed evidenced a care plan was in place to direct the care required, however, for one patient no record of repositioning was maintained. Gaps in the recording of the repositioning of other patients were also identified. This was discussed with the manager and an area for improvement in this regard was stated for a second time.

Review of a sample of wound care records evidenced that a system was in place for the management of wound care. However, on further review of records, whereby a patient required nursing intervention, such as, the treatment of a minor abrasion or application topical creams, care plans were not completed. An area for improvement was identified.

Review of patients' care records evidenced that, for those patients at risk of dehydration, their care plan was not reflective of this and lacked details to direct the care required. This was discussed further with the management team at the meeting with RQIA and an area for improvement was stated for a second time.

A review of records for those patients who required a modified diet evidenced that not all records were fully descriptive of the current speech and language therapist (SALT) recommendations and accurate choking risk assessments were not in place. This was discussed with the manager and an area for improvement in this regard stated for the second time. During the meeting with RQIA assurances were provided in how this was to be addressed.

The daily evaluation records maintained of how each patient spent their day was not patient centred and lacked oversight of the supplementary care records by the registered nurses such as food and fluid intakes and repositioning records. This was discussed with the manager and an area for improvement was stated for a second time.

Significant gaps were identified in the recording of the nutritional screening for two patients, however, the patient who required a referral to the dietician had been referred. This was discussed further with the manager and an area for improvement was identified.

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

Lunch was observed to be an unhurried experience for the patients. The food served was attractively presented. Staff were observed attending to patients' dining needs in a caring and compassionate manner. Feedback from patients, particularly those who chose to dine in their bedrooms, told us that their meals were often cold. It was observed meals were not appropriately stored in order to maintain their temperature when being delivered to patients' bedrooms. This was discussed with the manager during feedback and with the management team at the meeting with RQIA and assurances were provided as to how this was to be addressed. An area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced the home was warm, clean, comfortable and fresh smelling. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated.

A number of blind cords were observed not attached securely to the wall to reduce the risk of ligature. There were also two windows that had no window restrictors in place; this was discussed with the manager and it was confirmed during the meeting that this had been addressed.

Staff had been provided training in relation to infection prevention and control (IPC) including the use of personal protective equipment (PPE) and hand hygiene. The PPE stations were stocked with aprons and gloves, however, there was no nitrile gloves available within these stations. Following the inspection, confirmation was received to confirm that the appropriate gloves were now in place in all stations.

Staff use of PPE and hand hygiene was monitored by the manager and records were kept. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. However, on the day of the inspection, some staff were wearing gel nail polish and wrist jewellery. This was discussed with the manager and an area for improvement was identified.

Thickening agents were observed to be stored, accessible to patients, in the unlocked kitchen when not in use. This was discussed during feedback and at the meeting with RQIA and an area for improvement was identified.

It was evident that fire safety was important in the home. Corridors in the home were free from clutter and obstruction as were the fire exits should patients have to be evacuated. Fire extinguishers were easily accessible.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, some patients told us they liked the privacy of their bedrooms, but enjoyed going to the dining room for meals and choosing where to sit with their friends. Other patients preferred to enjoy their meals in their bedrooms. Patients were observed to enjoy listening to music, reading newspapers / magazines and watching TV, while others enjoyed a visit from relatives.

The provision of activities for patients was reviewed; an activity planner was on display in the lounge to allow patients to know what activities were due to take place.

Patients told us that there were activities ongoing if they chose to attend and patients were observed taking part in a reminiscence session. Patients' artwork was on display on a wall in the lounge.

A review of the record keeping for activity provision evidenced that these were not meaningful and lacked details of the outcomes of the activity for the patients.

Given that one of the activity therapists was new to post and that the manager confirmed during the meeting that the activity records were under review, an area for improvement identified at the previous inspection was carried forward for review at the next inspection.

Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

A recent patients' meeting had been conducted to allow patients to share their opinions on the service provision in the home.

Patients told us they were happy living in the home and one told us, "One thousand percent to the staff; they are brilliant. This home has given me a life". Another commented, "I am as happy here as I can be. Staff are nice".

Relatives spoken with confirmed they were also happy with the care provided in the home. One said, "We come and go as we please. The care is very good. Sometimes xxx needs a hand to eat and staff always check and assist when needed".

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Paulene Rogers has been the manager since 4 December 2023. An application for registration with RQIA as manager was in progress.

Staff commented positively about the manager and described her 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.

Staff were aware of their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Staff had a good understanding of the home's organisational structure should they need to escalate their concern and were aware of the departmental authorities that they could contact should they need to escalate further.

A review of the records of accidents and incidents which had occurred in the home found that RQIA had been notified as required. Falls in the home were reviewed monthly for patterns and trends to see if any further falls could be prevented.

A selection of audits was reviewed and evidenced that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home. Audits were conducted on infection control, restrictive practice, wound care, catheter care, care records and patients' weights. Some audits reviewed did not have clear time specific action plans; some were not dated to indicate when the appropriate actions had been taken and deficits seen, such as, the nutritional risk monitoring and weight monitoring. In addition, the deficits found during the inspection within the care records had not been identified through the auditing processes. This was discussed during inspection feedback and with the management team at the meeting and assurances were provided as how this would be addressed. An area for improvement was identified.

The home was visited each month by a representative of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. A copy of these reports were available to view in the home.

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
Total number of Areas for Improvement	6*	7*

*The total number of areas for improvement includes one under the regulations and three under the standards that has been stated for a second time. One under the regulations and one under the standards has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Paulene Rogers, Manager, 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 18 (2) (n) (i) (ii) Stated: First time To be completed by: 30 March 2024	The registered person shall ensure that the provision of activities in the home is reviewed to make sure that meaningful activities are provided to patients. A contemporaneous record of activities delivered must be retained. Ref: 5.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 13(1) (a) (b) Stated: Second time To be completed by: 1 September 2024	The registered person shall ensure for those patients who require a modified diet: <ul style="list-style-type: none"> • choking risk assessments are in place for those patients at high risk of choking. • All records are reflective of the current SALT advice. Ref: 5.1 and 5.2.2

	<p>Response by registered person detailing the actions taken: The Registered Manager has ensured that all residents on modified diets have a suitable risk assessment in place and the outcome of the risk assessment is clearly detailed in an associated person centred, comprehensive care plan. This detail is reflected in the Speech and Language Team (SaLT) register which the Manager has the responsibility to update following any updates from Speech and Language Team.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 20 (1)</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection 30 May 2024</p>	<p>The registered person shall ensure that the planned staffing levels are met as far as practicably possible. Evidence is to be retained of action taken to address any deficits. This is stated in reference to, but not limited to the night time staffing levels.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The dependency level of residents is reviewed regularly and dictates the staffing required within the Home. This is constantly under review and the Registered Manager will ensure that appropriate staffing in terms of qualified Nurses and Care Staff are allocated for each shift to ensure the needs of the residents are fully met and safe and compassionate care is delivered at all times. HR and Senior Management are consistently informed of recruitment needs and there is currently a recruitment drive in place to replace staff within the Home. The Manager also liases with HR and Senior Management to address cover for Annual Leave, Dependency Leave or to replace staff who have resigned so that the necessary recruitment can be addressed efficiently and will not compromise staffing levels within the Home.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2024</p>	<p>The registered person shall ensure that when a nursing intervention is required, a care plan is in place to direct the care required.</p> <p>This is made in reference to treatment of a skin condition.</p> <p>Ref :5.2.2</p> <p>Response by registered person detailing the actions taken: A full audit of care plans has been undertaken to identify any gaps in the plans of care. Any identified gaps in care plans have been rectified and a more robust audit tool has been implemented which ensures the quality of care planning is improved. All nursing staff have had training for care plans provided by the Clinical Governance Manager and supervisions have also been carried out in this regard.</p>

	Nurses are reminded of the necessity to ensure Risk Assessments, care plans and reviews are coherently in sync and are appropriately trained to update each component as the needs of the residents change.
Area for improvement 5 Ref: Regulation 13 (7) Stated: First time To be completed by: From the date of inspection 30 May 2024	The registered person shall ensure that the wearing of wrist jewellery and gel nails or nail polish ceases with immediate effect in accordance with best practice guidance on infection prevention and control measures. Ref: 5.2.3 Response by registered person detailing the actions taken: The uniform policy has been reinforced to all staff and this has formed part of the Supervision process. Spot checks are carried out intermittently and as each shift commences with Nursing staff reminded of their responsibility to enforce the policies of the Home including uniform and infection control policy. Staff have been advised that non compliance with either of these policies may lead to disciplinary action. Nitrile gloves are also available throughout the Home and auditing along with daily walkabouts ensures there is appropriate supplies of PPE.
Area for improvement 6 Ref: Regulation 10 (1) Stated: First time To be completed by: 30 September 2024	The registered person shall ensure that robust audits and governance arrangements are put in place to ensure that the deficits identified during the inspection are addressed. Ref: 5.2.5 Response by registered person detailing the actions taken: A series of audit tools has been implemented into the Home and staff meetings held to discuss same. Action plans formed from the audits are being distributed to relevant staff. The Manager is then responsible for following up on the items identified following the audit and will document when the issues identified have been addressed. The Clinical Governance Manager will review the audits, action plans and follows up in conjunction with the Registered Manager and will communicate same to the Responsible Individual (RI).
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 28 Stated: First time	The registered person shall implement a robust audit system which covers all aspects of medicines management. Ref: 5.1

<p>To be completed by: 25 November 2021</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 2</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 30 August 2024</p>	<p>The registered person shall ensure that any patient at risk of dehydration has a daily fluid target and this is included within the patient's care plan to include the action to take and at what stage if the target is not met.</p> <p>Fluid intake should be monitored as part of the patient's daily evaluation of care.</p> <p>Ref: 5.1 and 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: A review of all care plans includes the inclusion of the daily fluid target for those residents at risk of dehydration. This includes the actions to be taken if the target is not being achieved. The introduction of a more robust and detailed 24 hours shift report assists with the fluid target. Supervision has been provided to assist the Nursing staff with improving their documentation. Updated training on care planning has been provided to all nursing staff to assist in their plans of care. A supplement audit and daily tracker has also been implemented which is completed by the Nursing staff. The Registered Manager is responsible for ensuring there are no gaps in the recording of this tracker and for addressing immediately any gaps in documentation found.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: Second time</p> <p>To be completed by: 30 August 2024</p>	<p>The registered person shall ensure the following in regards to repositioning records</p> <ul style="list-style-type: none"> • that pressure relieving equipment required, and any equipment setting, are included in the relevant care plan • repositioning charts are accurately maintained with legible entries to evidence care delivery. <p>Ref: 5.1.and 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: The introduction of a new mattress audit which includes the settings for all pressure relieving equipment allows for consistent checking of pressure relieving equipment. The appropriate setting which is included in the care plan will be checked using this tool and will ensure continuity in care delivery and assist with ensuring skin integrity is not compromised. The recent training on documentation and careplanning will also support nursing staff in this regard.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 30 August 2024</p>	<p>The registered person shall ensure that the daily evaluations of care are meaningful; patient centred and include oversight of the supplementary care.</p> <p>Ref: 5.1 and 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Training, Supervisions and Staff Meetings have been undertaken to ensure Nursing staff include more meaningful and specific information about each resident that would identify any aspects of their care which could become pertinent and may require a care plan specific for the needs of the patient. The auditing of daily evaluations and care planning by the Registered Manager will ensure this continuity continues throughout the Home.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2024</p>	<p>The registered person shall ensure that nutritional risk assessments are completed monthly for all patients.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: All Nursing staff have been trained in nutritional risk assessments by the Clinical Governance Manager and are aware of the need to update monthly. The introduction of a new Weight Audit which includes the MUST computation ensures that the risk assessment is fully completed and that any concerns arising from this are discussed with the Registered Manager including referrals made to GP/MDTs.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection 30 May 2024</p>	<p>The registered person shall ensure that robust arrangements are in place with regards to maintaining the temperature of all meals served to patients when dining in their bedrooms.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: All staff have been reminded of the need to bring residents who prefer to have their meals in their rooms each tray on an individual basis rather than collectively. This ensures the meal remains hot when served. The Mealtime Champion and staff members assigned to help residents in their rooms is highlighted on a new allocation sheet and the Mealtime Champion is tasked with ensuring the food does not leave the Bain Marie until staff are prepared to assist a resident. Training has also been provided by SaLT in conjunction with Parkside Management on the importance of the "safety pause" during mealtimes. A new Mealtime experience audit has also been introduced and is carried out by the Registered Manager allowing any improvements to the quality of the mealtime experience to be identified and remedied as appropriate. Works</p>

	<p>are being planned on the new kitchen which will centralise food preparation and service for the Home.</p>
<p>Area for improvement 7 Ref: Standard 30 Stated: First time To be completed by: From the date of inspection 30 May 2024</p>	<p>The registered person shall ensure that fluid thickening agents in the home are stored within a secure place when not in use.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Thickening agents are now stored in a specific locked box in the treatment room where they must be returned to when not being used. This practice has formed part of the supervision delivered to all staff and spot checks are also carried out randomly. The SaLT audit and daily walkabouts reinforces good practice.</p>

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



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