

Inspection Report

5 June 2024



Mount Lens Care Home

Type of service: Nursing Home (NH)
Address: 166 Kings Road, Belfast BT5 7EL
Telephone number: 028 9048 5483

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Beaumont Care Homes Limited Responsible Individual: Mrs Ruth Burrows	Registered Manager: Mrs Sandisiwe Mngomezulu Date registered: 28 May 2024
Person in charge at the time of inspection: Mrs Sandisiwe Mngomezulu – Registered Manager	Number of registered places: 31 Category NH-I for 1 identified person only with no further admissions to take place in this category.
Categories of care: Nursing Home (NH) DE – Dementia. I – Old age not falling within any other category.	Number of patients accommodated in the nursing home on the day of this inspection: 30
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 31 patients. Patients bedrooms, communal lounges and dining rooms are located over two floors in the home. Patients have access to an enclosed courtyard area.	

2.0 Inspection summary

An unannounced inspection took place on 5 June 2024 from 9.15 am to 6.05 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 shared 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 were comfortable and settled in their surroundings.

RQIA were assured that the delivery of care and service provided in Mount Lens Care Home was provided in a compassionate manner.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and 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 Mount Lens Care Home. 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

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. One patient said, "It's a good wee home this". Another patient said, "I am very happy. The staff are very nice. The food is as good as I would make myself." A third patient said, "I am very happy here."

Relatives spoken with were complimentary of the care provided in the home. One relative said, "They are magnificent. The staff are first class." Another relative said, "The staff are wonderful. They are so kind. They could do nothing more for my relative."

One visiting professional said, "The referrals we receive are appropriate and there is good communication with the home."

Staff spoken with said that Mount Lens Care Home was a good place to work. One staff member said, "The teamwork is mostly good but it can be challenging with the skill mix." Staff commented positively about the manager and described them as supportive and approachable. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

No responses were received to the online staff survey and no questionnaires were returned by patients or their relatives.

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 11 May 2023		
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 39 Stated: First time	The registered person shall ensure that all staff in the home are provided with training in Deprivation of Liberty Safeguards appropriate to their role and responsibilities.	Partially met
	Action taken as confirmed during the inspection: This area for improvement is partially met and is stated for a second time. This is discussed further in section 5.2.1.	
Area for improvement 2 Ref: Standard 4.9 Stated: First time	The registered person shall ensure that staff consistently and contemporaneously record delivery of wound care in the relevant records in line with best practice guidelines.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 45 Stated: First time	The registered person shall ensure that equipment, such as hoists and wheelchairs, is decontaminated according to the cleaning schedules in place and also as and when required.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 4 Ref: Standard 44 Stated: First time	The registered person shall ensure that toiletries and wipes are stored in appropriate areas in en-suite bathrooms and that the interiors of vanity units are kept clean and tidy.	Partially met
	Action taken as confirmed during the inspection: This area for improvement is partially met and is stated for a second time. This is discussed further in section 5.2.3.	

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. This was discussed with the manager who provided assurances regarding oversight of recruitment files. An area for improvement was identified.

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).

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty. 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.

However, concerns were identified regarding the lack of governance and management oversight regarding the use of agency staff. For example, there was no evidence of a system in place to check the recruitment and registration status of agency care staff; there were no records to confirm that identified agency staff had been inducted to the home or that they consistently received a handover at the start of their shift. This was discussed with the manager who agreed to review their current systems without delay and meet with nursing staff to ensure all agency staff received an induction and handover. Areas for improvement were identified.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as manual handling, infection prevention and control (IPC) and fire safety. Review of the training records and discussion with the manager confirmed that registered nurses and care staff had completed training in Deprivation of Liberty Safeguards (DoLS) although other staff working in the home had not. An area for improvement identified at the previous care inspection was partially met and was stated for a second time.

Staff said they felt well supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work and had no concerns regarding the staffing levels. Review of staff meeting minutes confirmed that staff meetings were held on at least a quarterly basis.

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 met at the beginning of each shift to discuss any changes in the needs of the patients. Staff members 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. An isolated incident regarding the interactions of one staff member with an identified patient was discussed with the manager who agreed to address this through supervision with the staff member concerned.

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 deficits in record keeping. This is discussed further in section 5.2.2.

A number of patients were on bed rest and were unable to use the nurse call system due to their cognitive impairment. This was discussed with the manager who agreed to audit to the use of the nurse call system to ensure those patients who cannot use the system are appropriately supervised. Appropriate care plans should be implemented and records maintained. This will be reviewed at a future care inspection.

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 to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. Examination of records regarding the management of falls evidenced that these were managed in keeping with best practice guidance.

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 and 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.

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.

Condiments were not consistently available during lunch and plastic tumblers were used at mealtimes for serving drinks to patients; glassware was not available. Some patients spoken with said they would prefer to drink from a glass. A radio was playing in both dining rooms although the choice of music was not in keeping with the patients likes and preferences. This was discussed with the manager who agreed to review the dining experience and address the matters highlighted. This will be reviewed at a future care inspection.

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 some care plans had not been fully developed within a timely manner to accurately reflect the patient's assessed needs. An area for improvement was identified.

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

Shortfalls were identified in the completion of supplementary care records such as charts for personal care, repositioning, food and fluid intake, bed rail checks and behaviour. Discussion with staff and observation of practice confirmed that these records were not completed contemporaneously. Some records had not been completed for up to five hours. 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; while some bedside tables required replacing. This was discussed with the manager who confirmed they had audited all bedrooms to ensure they contained all the necessary equipment and that missing/damaged equipment had been ordered.

Some of the patient equipment in use was not effectively cleaned such as armchairs, stools and rollators; while some storage areas were found to be cluttered with some inappropriate storage noted. This was discussed with the manager who agreed to meet with domestic staff and monitor the cleanliness of the environment on their daily walk around. An area for improvement was identified.

Shortfalls in the storage of some patient equipment were identified. Incontinence wipes and toiletries were found to be stored on the top of toilet cisterns. This was identified as an area for improvement at the previous care inspection; this was stated for a second time.

It was observed that multiple areas in the home required repair or decoration. Areas of concern included; stained flooring, stained/worn carpets throughout the home, stained bedroom and corridor walls and damaged/chipped skirting boards and door frames. The above observations were discussed with the manager who agreed to address the matters raised and review their environmental cleaning and refurbishment plans. An area for improvement was identified.

The environment throughout the home lacked methods to promote and orientate patients to their surroundings and a lack of visual aids to assist patients to find their way from room to room in the course of their daily routines. This was discussed with the manager and regional manager who provided assurances that this was a particular area of focus and said that they have plans to make the home more dementia friendly. Given these assurances and to provide the manager with sufficient time to fully address the works required, additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

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 on two occasions allowing potential patient access to substances hazardous to health, while multiple topical medicines were stored in an area of the home that was accessible to patients. These matters were discussed with staff who took immediate action. Areas 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 their training in these areas and how to respond to any concerns or risks. A fire risk assessment had been completed on 4 March 2024 and there was evidence that the areas of concern identified by the fire risk assessor had not been fully addressed. This was discussed with the manager who confirmed in writing following the inspection that all actions had been addressed and signed off as completed. An area for improvement was 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.

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

Discussion with the manager confirmed there was no identified nurse to lead on IPC procedures and compliance within the home. Assurances were given that a registered nurse would be identified to lead on this role. This will be reviewed at a future care inspection.

5.2.4 Quality of Life for Patients

Patients were observed playing cards, listening to music and watching TV in their bedrooms, while others enjoyed a visit from relatives.

No activity planner was displayed in the home although the “dementia barber” and hairdresser had been arranged for the following week. Discussion with relatives and staff and review of records confirmed activities were not consistently delivered. Staff told us there was no activity co-ordinator employed and that they find it difficult to provide activities to patients while carrying out their care duties. Review of the staff duty rota evidenced that no staff had been allocated as an activity champion in the absence of the activity co-ordinator.

This was discussed with the manager who acknowledged the challenges in filling this role and stated there had been some entertainment provided to patients such as painting and a visit from a harpist. Further work was required to ensure delivery of meaningful activities on a consistent basis to all patients. An area for improvement was identified.

5.2.5 Management and Governance Arrangements

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

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 Sandisiwe Mngomezulu has been the manager since February 2023 and registered with RQIA from 28 May 2024.

Review of records confirmed that systems were in place for staff supervision and appraisal.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were analysed on a monthly basis. The manager confirmed they would review their current systems for recording of complaints to ensure accurate records are maintained.

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

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 quality assurance audits and discussion with the manager confirmed that improvements were required regarding managerial oversight of restrictive practices, fire safety, care records, infection prevention and control practices and the home's environment.

Assurances were provided by the manager that they have plans to improve the governance arrangements in the home and have good support from their regional manager. RQIA were satisfied that the manager understood their role and responsibilities in terms of governance and needed a period of time to address this area of work. Additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

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. The reports of these visits were completed in detail. These are available for review by patients, their representatives, the Trust and RQIA.

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	5	8*

*The total number of areas for improvement includes two that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Sandisiwe Mngomezulu, Registered 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 21 (1) (b) Schedule 2</p> <p>Stated: First time</p> <p>To be completed by: 5 June 2024</p>	<p>The registered person shall ensure that all pre-employment checks are completed before any staff commence working in the home and evidence retained of managerial oversight of all such records.</p> <p>This includes arrangements for temporary/agency staff employed to work in the home.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All required pre-employment checks are being completed prior to staff commencing employment. All new files are being checked by the Manager using the HR audit to ensure fully completed. A file containing information pertaining to temporary / agency staff pre-employment checks is retained in the Manager's office. This also includes information in relation to induction and handover received by temporary / agency staff. As part of the Provider Visits, checks of new starter personnel files and temporary / agency staff checks are being completed and findings including actions to be taken evidenced as part of the Regulation 29 report.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 5 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 program for this work should be submitted, along with the returned QIP, for information and comment.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A SMART Action Plan detailing improvements to enhance the environmental deficits has been drafted. Work in relation to the actions identified has commenced. The foyer and reception areas have been redecorated. Painting of communal areas and bedrooms has started and is progressing. This will be monitored as part of the Provider Visits.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: 5 June 2024</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>Area for improvement 4</p> <p>Ref: Regulation 27 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: 5 June 2024</p>	<p>The registered person shall ensure recommendations made in the fire risk assessment are addressed in the recommended timeframe.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Actions identified in the fire risk assessment conducted on 4 March 2024 have been completed. Future actions identified will be followed up and completed timely within recommended timeframes. This will be monitored as part of the Manager weekly reporting and via the Regulation 29 visits carried out by the Operations Manager.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 5 June 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: Spot checking of staff practice in relation to the appropriate use of PPE including donning and doffing and staff knowledge and practice in relation to handwashing is being conducted by the nurse in charge of each shift and as part of the Manager walk round. Areas of deficit will be addressed at the time with the staff concerned. Repeated failure to adhere to policy and procedure will be addressed through the disciplinary</p>

	<p>procedure. Supervisions have been completed by the Quality Monitoring Team. A nurse has been identified to lead on IPC procedures and compliance within the Home. Compliance will also be monitored as part of the Provider Visits.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 39</p> <p>Stated: Second time</p> <p>To be completed by: 5 June 2024</p>	<p>The registered person shall ensure that all staff in the home are provided with training in Deprivation of Liberty Safeguards appropriate to their role and responsibilities.</p> <p>Ref: 5.1 and 5.2.1</p> <p>Response by registered person detailing the actions taken: Staff requiring to undertake DoLs training in keeping with their role and responsibilities have been reminded that this requires to be completed. Review and follow up of training are ongoing as part of the Manager monthly report. Compliance will be monitored during the Operations Managers monthly visit.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 44</p> <p>Stated: Second time</p> <p>To be completed by: 5 June 2024</p>	<p>The registered person shall ensure that toiletries and wipes are stored in appropriate areas in en-suite bathrooms and that the interiors of vanity units are kept clean and tidy.</p> <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: Appropriate storage of toiletries and wipes is being monitored and followed up as required by the nurses in charge of each shift and as part of the Manager walkround. Further monitoring of compliance will be conducted as part of Provider Visits.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 39.1</p> <p>Stated: First time</p> <p>To be completed by: 5 June 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 records are retained for inspection.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All new staff including agency staff are completing an orientation and induction programme in a timely manner. Evidence of completed orientation and induction programmes are available on personnel files / agency information file. Nurses will be made aware and have access to induction information and staff profiles. This will be monitored as part of the Provider Visits and any actions identified discussed with the Manager for follow up.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 5 June 2024</p>	<p>The registered person shall ensure staff providing care, including agency staff, receive a comprehensive handover report and are appraised with any other significant information regarding the patient they are assigned to care for.</p> <p>Ref: 5.2.1</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be completed by: 5 June 2024</p>	<p>Response by registered person detailing the actions taken:</p> <p>Handover is provided daily to all staff. A detailed clinical sheet is also provided to ensure all staff including agency staff are appraised of all significant information relating to resident care to ensure appropriate and safe delivery of care. Staff are in the process of developing an 'All about' template especially regarding specific care for residents receiving 1-1 care which will form part of the handover process. The Manager will monitor and follow up any areas for improvement in relation to the handover process. The Provider will review the effectiveness of the handover process as part of the regulation visits.</p> <p>The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>Care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken:</p> <p>Admission governance audits are being completed to provide oversight that referral information and initial care plans are in place within 24 hours of admission. Care file audits are being completed monthly to ensure that care plans are completed and developed in keeping with changes to residents' care and that gaps identified are being discussed with staff for follow up. Oversight of care files for new admissions and in relation to changes to residents' care needs will be completed as part of the Manager walk round and as part of the Provider visits.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: 5 June 2024</p>	<p>The registered person shall ensure contemporaneous records are maintained.</p> <p>This area for improvement is made with specific reference to completion of all supplementary care records.</p> <p>Ref: 5.2.2</p>
<p>Area for improvement 7</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed by: 5 June 2024</p>	<p>Response by registered person detailing the actions taken:</p> <p>Supplementary files are being retained close to the resident to support timely recording. For example, when resident is in bed the file will be available in the bedroom. Nurses are spot checking the files on a daily basis and evidencing oversight by signing and dating the charts. Actions identified are being followed up and any changes to care recorded in progress notes and risk assessments and care plans reviewed and updated accordingly. The Home Manager is spot checking supplementary charts and records as part of the Manager walkabout process and will identify actions for follow up and discuss with staff. The Provider will review records and supplementary charts are being contemporaneously maintained as part of the regulatory visit.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed by: 5 June 2024</p>	<p>The registered person shall ensure that the environment in the home is managed to minimise the risk and spread of infection.</p> <p>This area for improvement specifically related to the cleaning of the environment and management of storage space within the home.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Expectations for cleaning standards of the environment and equipment has been discussed with housekeeping staff. The two storage areas identified as being cluttered have been cleaned, tidied and supplies removed from the floor and placed on shelves. Monitoring of cleanliness and storage is ongoing through the Manager walk round report and any areas identified for improvement addressed with the staff concerned at the time. This will be further monitored as part of the Regulation 29 visits.</p>

<p>Area for improvement 8</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 5 June 2024</p>	<p>The registered person shall ensure activities are planned and delivered to provide structure to the patient’s day. A contemporaneous record of activities delivered must be retained.</p> <p>Ref: 5.2.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>In the interim whilst recruitment measures continue for a PAL, activities will be conducted by allocated care staff as identified on the rota. Residents’ participation in activities is being recorded contemporaneously in residents’ care notes. A weekly activities planner is displayed on both units which includes entertainment booked. Mentoring of activities provided and resident participation will be reviewed as part of the Manager walk round report. The Provider will continue to monitor compliance through the regulatory visits.</p>

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



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