

# Inspection Report

**23 April 2024**



## Saintfield Lodge

**Type of Service: Nursing Home**  
**Address: 4 Old Saintfield Road, Belfast, BT8 8EY**  
**Tel No: 028 9081 4010**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation:</b> Electus Healthcare 1 Limited  <b>Responsible Individual:</b> Mr Ed Coyle	<b>Registered Manager:</b> Ms Amanda Horne – not registered
<b>Person in charge at the time of inspection:</b> Ms Amanda Horne - Manager	<b>Number of registered places:</b> 51
<b>Categories of care:</b> Nursing Home (NH) MP – Mental disorder excluding learning disability or dementia.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 51
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides care for up to 51 persons who require support with mental health needs. The home is a two storey building, the Bogues unit is located upstairs and the Gardner unit located downstairs. Patient bedrooms, lounges, dining rooms and smoking rooms are located over both floors.	

## 2.0 Inspection summary

An unannounced inspection took place on 23 April 2024 from 9.10 am to 6.30 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 Saintfield Lodge 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 and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in Saintfield Lodge. 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, "They (the staff) spoil us rotten and are very good to us", while another patient said, "I love it here. All the staff are brilliant. I couldn't fault one." A further patient said, "I have been here 15 years. It is home and I love it. I like the girls here, they keep me going."

Staff spoken with said that Saintfield Lodge was a good place to work. One staff member said, "There is good teamwork. Everyone works well together." 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 25 <sup>th</sup> April 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered persons shall ensure that the management of insulin is reviewed to ensure that the dose administered is always recorded and the dates of opening insulin pens are recorded.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered persons shall ensure that accurate stock balances are maintained of Schedule 4 (Part 1) controlled drugs.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 21 (1) (b) Schedule 2 <b>Stated:</b> First time	The registered person shall ensure that all pre-employment checks and associated assessments are completed before any staff commence working in the home and evidence retained of managerial oversight of all such records.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 16 (1) (2) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure care plans are reviewed by registered nurses in keeping with this regulation.</p> <hr/> <p><b>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.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 18 (2) (c) (e)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure clean bedding is used at all times suitable to the needs of patients. Arrangements must be in place for the regular laundering of bed linen.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<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"> <li>• donning and doffing of personal protective equipment</li> <li>• appropriate use of personal protective equipment</li> <li>• staff knowledge and practice regarding hand hygiene.</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement is partially met and is stated for a third time. This is discussed further in section 5.2.3.</p>	<p><b>Partially met</b></p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall ensure that if medication is prescribed for the management of distressed reactions, the care plan identifies the parameters for its administration in the management of the distressed reactions.</p>	<p><b>Carried forward to the next inspection</b></p>

	<b>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</b>	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 39.1 <b>Stated:</b> First time	The registered person shall ensure that agency staff complete a structured orientation and induction in a timely manner and such records are retained within the nursing home at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

A review of a selection of recruitment records confirmed that pre-employment checks had been completed prior to each staff member commencing in post. Staff members 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). 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.

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. No records were available to evidence that all staff had completed Deprivation of Liberty Safeguards (DoLS) training. The manager confirmed in writing to RQIA following the inspection that the majority have staff have now completed this training.

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. However, review of the duty rota for the previous week confirmed there was only one domestic working in the home for five days. Shortfalls in environmental cleaning were observed in identified communal bathrooms and bedrooms. This was discussed with the manager who confirmed there was ongoing recruitment for housekeeping staff and some agency staff were being used at the weekends. An area for improvement was identified.

Review of staff meeting minutes confirmed that staff meetings were held on at least a quarterly basis, although details of who attended and any actions arising were not clearly documented. This was discussed with the manager who agreed to diarise meetings for the next year and retain detailed records.

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.

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 these records were generally well completed.

Management of wound care was examined. Review of a selection of care records confirmed that wound care plans were not consistently discontinued if a wound had healed or commenced if a new wound had developed. Evaluations of the care delivered did not consistently comment on the progress or condition of the wound. An area for improvement was identified.

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 not consistently managed in keeping with best practice guidance. For example, clinical and neurological observation records were not consistently completed in keeping with best practice guidance. In addition, care plans and risk assessments were not always reviewed post fall and daily progress notes did not consistently comment on the neurological status of the patient following a fall. This was discussed with the manager who agreed to speak with staff and monitor the management of falls through their audit systems. An area for improvement was identified.

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.

Discussion with staff confirmed changes to the planned menu were not recorded. This was discussed with the manager who agreed to meet with the catering manager and ensure a system of recording changes to the planned menu is in place.

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.

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. Examination of a selection of care plans for a patient recently admitted to the home confirmed these were well completed. However, review of a selection of care records evidenced that care plans and risk assessments had not been updated for an identified patient following their return to the home from a period of time in hospital. This was identified as an area for improvement.

Some patients required one to one care. Staff spoken with knew the patients very well and their care needs. However, examination of care records evidenced bespoke care plans were not in place; those care plans reviewed lacked sufficient specific details of the one to one care required. This was discussed with the manager and 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.

Examination of daily evaluations of care confirmed that that some entries were illegible. The time entries were made was not always recorded and some evaluations of care were not person centred and contained repetitive statements. This was discussed at the previous care inspection. In order to drive the necessary improvements, an area for improvement was identified.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home's environment evidenced the home was warm and comfortable. Many patients' bedrooms were personalised with items important to them.

Shortfalls in environmental cleaning were noted. Some areas of the home required painting and decorating while items of patient equipment required repair or replacing. A number of windowsills in patient bedrooms were found to be loose while skirting was not secure in identified bedrooms. Further concerns were identified regarding management of waste and the external environment of the home. Overflowing industrial waste bins were observed in a compound while discarded carpets and toilets were noted at the side of the building. Staff said this had been there for a period of at least 6 months.

Discarded cigarette filters were noted in an internal courtyard. This area required weeding and power washed to make it a more attractive space for the patients to enjoy. These shortfalls were discussed with management who submitted an action plan to RQIA following the inspection which included timeframes for refurbishment works to be completed. It was disappointing to note that many of these deficits were identified during an inspection in September 2022. Improvements made since then have not been sustained. 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 13 March 2024 and all corrective actions identified by the fire risk assessor were signed off as completed by the manager.

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures. Hand sanitisers were readily available throughout the home.

Discussion with staff confirmed that training on IPC measures and the use of personal protective equipment (PPE) 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 improvements were noted since the previous care inspection although not all staff were observed to be bare below the elbow. An area for improvement stated at the previous care inspection was stated for a second time.

#### **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 reading, listening to music and watching TV in their bedrooms, while others enjoyed going outside for a walk or to the shop.

An activity planner displayed in the home confirmed varied activities were delivered which included art therapy, games music therapy, bingo armchair exercises, knit and natter, movie and popcorn, quiz and songs of praise. The planner did not include a date as to which week these activities were delivered. Comments received from patients included, "I go to the day centre two days a week. I do art, watch Netflix and read the bible" and "our activity girl hasn't been here for weeks and weeks."

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. Examination of records evidenced that individual activity assessments/life stores with associated person centred activity care plans were not consistently in place. Records of activities delivered were repetitive and there was no evidence that registered nurses reviewed these records when evaluating activity care plans. Further work is required to ensure meaningful activities are delivered to all patients and evidenced.

This was discussed with the manager who provided verbal assurances that they have plans to improve the provision of activities in the home.

RQIA were satisfied that the manager understood their role and responsibilities in terms of activity provision and needed a period of time to address this area of work. An area for improvement in relation the registered nurse oversight of activity care plans was carried forward for review at the next care inspection.

### 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 a change in the management of the home since the last inspection. Ms Amanda Horne has been the manager since February 2024. RQIA were notified appropriately.

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.

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 audits confirmed that improvements were required regarding the auditing of care records, hand hygiene and the home environment. This was discussed at the previous care inspection. In order to drive the necessary improvement, 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. 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
<b>Total number of Areas for Improvement</b>	*11	*3

\*The total number of areas for improvement includes one that has been stated for a second time and four which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Amanda Horne, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required (14 February 2022)	The registered persons shall ensure that the management of insulin is reviewed to ensure that the dose administered is always recorded and the dates of opening insulin pens are recorded.  Ref: 5.1  <b>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.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required (14 February 2022)	The registered persons shall ensure that accurate stock balances are maintained of Schedule 4 (Part 1) controlled drugs.  Ref: 5.1  <b>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.</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 16 (1) (2) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 25 April 2023	The registered person shall ensure care plans are reviewed by registered nurses in keeping with this regulation.  Ref: 5.2.2  <b>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.</b>
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> Second time  <b>To be completed by:</b> 23 April 2024	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.  This area for improvement relates to the following: <ul style="list-style-type: none"> <li>• donning and doffing of personal protective equipment</li> <li>• appropriate use of personal protective equipment</li> <li>• staff knowledge and practice regarding hand hygiene.</li> </ul> Ref: 5.1 and 5.2.3

	<p><b>Response by registered person detailing the actions taken:</b>                  Staff are to ensure that their e learning is up to date and Staff are to complete a Donning and doffing competency to ensure that they are compliant with procedures. The practice of donning and doffing will be observed by the manager and deputy manager during daily walk rounds. The Operations Director will also review for compliance during regulation 29 visits.</p>
<p><b>Area for improvement 5</b>  <b>Ref:</b> Regulation 20 (1) (a)  <b>Stated:</b> First time  <b>To be completed by:</b>                  23 April 2024</p>	<p>The registered person shall ensure that there is a sufficient number of housekeeping staff on duty on a daily basis.                  Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>                  The Home has recently employed new domestic staff. The Home manager will review the rota daily to ensure that there is sufficient staff on duty. The overall hours have been reviewed by the senior team, and the hours allocated daily have been adjusted to ensure that there is cover in the home.</p>
<p><b>Area for improvement 6</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> First time  <b>To be completed by:</b>                  23 April 2024</p>	<p>The registered person shall ensure that nursing staff manage falls in keeping with best practice. All relevant risk assessments and care plans must be reviewed and updated as required following a fall. Post fall observations should be taken in keeping with best practice guidance and daily progress notes should comment on the neurological status of the patient.                  Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>                  The Home Manager is to ensure that the falls protocol is followed, following a fall. Manger/Deputy will review incidents received and will ensure that the falls documentaion is fully completed, sending a notification to each person required. Staff must ensure that after a fall, observations are completed and are continued for the prescribed time period in line policy. With the falls management protocol care plans and assessments are updated accordingly. All nursing staff have been made aware of their responsibilities during the recent staff meeting and have completed a supervision.</p>

<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 15 (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 9 April 2024</p>	<p>The registered person shall ensure that patients' risk assessments and care plans are reviewed on return from a period of time in hospital.</p> <p>Ref: 5.2.2</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 16 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 April 2024</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Home Manager is to review the Care plans of residents when they return from Hospital. This has been discussed with all staff during clinical supervision, staff have been readvised of their responsibility to review and update care plans on a residents return from hospital. Staff are to ensure that these are completeed immediatley following their return. This will also be followed up in the daily falsh meetings to ensure complaince.</p> <p>The registered person shall ensure detailed and person centred care plans are in place for those patients who require bespoke one to one care.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Staff are to review with immediate effect the care plans for the residents that are on a one to one. The care plan should contain specific informaiton to ensure that staff reading the care plan are in a position to understand the resdients needs and to ensure the correct interventions are applied. These care plans are to be reviewed by the Home Manager/ Deputy Manager to ensure that all imformation is correct. Staff should ensure that the care plans are person centered at all times.</p>
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Regulation 27 (2) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 April 2024</p>	<p>The registered person shall ensure that all parts of the home are kept clean.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>A deep clean of the home has been completed. The home has now employed a new domestic to ensure that the homes cleanliness is maintained to a high standard at all times. Domestic hours have been reviewed to ensure the home is sufficiantly covered.</p>

<p><b>Area for improvement 10</b></p> <p><b>Ref:</b> Regulation 27 (2) (a) (b) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 June 2024</p>	<p>The registered person shall ensure that the environmental deficits identified during this inspection form part of a time bound refurbishment action plan; this action plan should be available for inspection and evidence meaningful oversight by the Manager.</p> <p>Ref: 5.2.3</p>
<p><b>Area for improvement 11</b></p> <p><b>Ref:</b> Regulation 17 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 May 2024</p>	<p><b>Response by registered person detailing the actions taken:</b> An Audit has taken place of each bedroom, lounge, dining room etc to identify areas that need to be addressed. An action plan has been developed for completion. This has been passed on to Senior management. Oversight by the Home Manager will be conducted on a weekly basis to ensure that all areas of improvement are met. The Estates Manager has also completed an internal and external audit and an action plan with time scales has been put in place. This will be reviewed monthly.</p> <p>The registered person shall review the home's current audit processes to ensure they are effective.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Audits once completed will come to the home manager for review, the home manager will then ratify any required actions to ensure completion before sign off, using the audit as a tool for improvement.</p>

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 18  <b>Stated:</b> First time  <b>To be completed by:</b> 28 February 2022	The registered persons shall ensure that if medication is prescribed for the management of distressed reactions, the care plan identifies the parameters for its administration in the management of the distressed reactions.  Ref: 5.1
	<b>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.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 21.1  <b>Stated:</b> First time  <b>To be completed by:</b> 23 April 2024	The registered person shall review the provision of wound care to ensure that wounds are managed in keeping with best practice guidance.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> A meeting was held with Nurses post Inspection and they were reminded of their responsibility regarding the management of wounds. Training for nurses on the management of wounds is also being sourced from the in-reach team within the hospital trust to help further improve practice. When a wound has been identified the Home Manager will check the Care Plan to ensure that the correct information has been entered, and will review periodically to ensure that the documentaiton is compliant with care plan including any input from the TVN.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> First time  <b>To be completed by:</b> 23 April 2024	The registered person shall ensure all evaluations of care are meaningful and person centred. These entries should be legible and include the time the entry was made.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> A full audit has commenced of all Care Plans to ensure that Care Plans are meaningful and person centered at all times.  A nurse meeting was held and supervision completed regarding the importance of ensuring care plas are meaningful.  Nurses were also reminded of their code of conduct regarding legible handwriting, to ensure all documentation is clear and

	concise. Nurses have been advised to print where possible. Manager and Deputy will continue to review care files to ensure that handwriting is acceptable.
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***\*Please ensure this document is completed in full and returned via Web Portal***



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