

# Inspection Report

22 August 2024



## Oak Tree Manor Nursing Home

Type of service: Nursing

Address: 2A Hazel Avenue, Dunmurry, Belfast BT17 9QU

Telephone number: 028 9040 6436

[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

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| <b>Organisation/Registered Provider:</b><br>Kathryn Homes Ltd   | <b>Registered Manager:</b><br>Miss Veronica Sousa  |
| <b>Responsible Individual:</b><br>Mrs Tracey Anderson   | <b>Date registered:</b><br>3 January 2023  |
| <b>Person in charge at the time of inspection:</b><br>Miss Clara Njazi – Deputy Manager   | <b>Number of registered places:</b><br>25<br><br>A maximum of 25 patients in category NH-DE to be accommodated on the First Floor. |
| <b>Categories of care:</b><br>Nursing Home (NH)<br>DE – Dementia.   | <b>Number of patients accommodated in the nursing home on the day of this inspection:</b><br>25                                    |
| <b>Brief description of the accommodation/how the service operates:</b><br><p>This home is a registered Nursing Home which provides nursing care for up to 25 patients and is registered to provide care to patients living with dementia.</p> <p>The home is situated on the first floor of the building and can be accessed by either a lift or by stairs. There is also a registered Residential Care Home located within the same building and for which the manager also has operational responsibility and oversight.</p> |  |

## 2.0 Inspection summary

An unannounced inspection took place on 22 August 2024 from 9.00 am to 6.00 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 Oak Tree Manor Nursing 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 and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in Oak Tree Manor Nursing 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 Deputy Manager and the Responsible Individual (RI) 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, "I can't complain. I have the best room in the house. The staff are nice and cheerful", while another patient said, "Them girls are great. I love everything about here. The food is not bad." A third patient said, "I love the food and the people. The staff are great."

Relatives spoken with were complimentary of the care provided in the home. One relative said their relative had settled in very well and that they were happy with the care and the communication from staff.

Staff spoken with said that Oak Tree Manor Nursing Home was a good place to work. Staff commented positively about the manager and described them as supportive and approachable. One staff member said that, "The teamwork is brilliant" while another staff member said "I love it" when asked if they enjoyed working in the home.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

| Areas for improvement from the last inspection on 28 September 2023                             |   |   |
|---|---|---|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 |   | Validation of compliance                      |
| <b>Area for Improvement 1</b><br><b>Ref:</b> Regulation 13 (1) (a)<br><b>Stated:</b> First time | <p>The registered person shall ensure that all medicines are stored at the correct temperature and in accordance with the manufacturer's instructions.</p> <p>This area for improvement is made with specific reference to refrigerator temperature monitoring and the storage of in-use insulin pen devices.</p> | <b>Carried forward to the next inspection</b> |
|   | <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>   |   |
| <b>Area for Improvement 2</b><br><b>Ref:</b> Regulation 13 (1) (a)<br><b>Stated:</b> First time | <p>The registered person shall ensure that neurological observations are carried out for the specified time periods in line with best practice guidance.</p>  | <b>Not met</b>                                |
|   | <p><b>Action taken as confirmed during the inspection:</b><br/>           This area for improvement is not met and is stated for a second time. This is discussed further in section 5.2.2.</p>   |   |
| <b>Area for Improvement 3</b><br><b>Ref:</b> Regulation 16 (1)<br><b>Stated:</b> First time     | <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>   | <b>Met</b>                                    |
|   | <p><b>Action taken as confirmed during the inspection:</b><br/>           There was evidence that this area for improvement was met.</p>  |   |

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| <p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Regulation 13</p> <p><b>Stated:</b> First time</p>       | <p>The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access to are free from hazards to their safety.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/>This area for improvement is not met and is stated for a second time. This is discussed further in section 5.2.3.</p>  | <p><b>Not 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 person shall ensure that the reason for and outcome of the administration of any medicine on a 'when required' basis for the management of distressed reactions, is recorded on every occasion.</p> <hr/> <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></p>   | <p><b>Carried forward to the next inspection</b></p> |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 38.3</p> <p><b>Stated:</b> First time</p>       | <p>The registered person shall ensure that before staff commence working in the home that all gaps in employment and reasons for leaving are explored and recorded. A record of induction should also be in place.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/>This area for improvement is not met and has been subsumed into a new area for improvement under the regulations. This is discussed further in section 5.2.1.</p> | <p><b>Not met</b></p>                                |
| <p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>          | <p>The registered person shall ensure that appropriate care records are updated when there is a change in the patient's condition.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/>There was evidence that this area for improvement was met.</p>  | <p><b>Met</b></p>                                    |

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|---|--|------------|
| <b>Area for Improvement 4</b><br><b>Ref:</b> Standard 46<br><b>Stated:</b> First time | The registered person shall ensure that a system is in place to ensure that shower chairs are effectively cleaned between each use with particular attention paid to the underside of the seat.  | <b>Met</b> |
|   | <b>Action taken as confirmed during the inspection:</b><br>There was evidence that this area for improvement was met.  |            |
| <b>Area for Improvement 5</b><br><b>Ref:</b> Standard 35<br><b>Stated:</b> First time | The registered person should ensure that audits to monitor the delivery of nursing care services are completed regularly and deficits identified clearly identifies the person responsible to make the improvement and the timeframe for completing the improvement. | <b>Met</b> |
|   | <b>Action taken as confirmed during the inspection:</b><br>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 not all pre-employment checks had been completed prior to each staff member commencing in post. For example, review of one staff recruitment file evidenced that a full employment history was not available for review. This made it difficult to determine if there were any gaps in the employee's employment history or their reason for leaving. In addition, induction records were not available for review.

This was discussed with the RI who provided assurances regarding oversight of recruitment files. An area for improvement identified at the previous care inspection was uplifted into an area for improvement under the regulations while a new area for improvement was identified regarding induction of staff to the home.

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 did not consistently identify the person in charge when the manager was not on duty or the capacity in which all staff were working. In addition, all rotas were not signed by the manager or a designated representative and it was unclear where domestic staff had been allocated to work. This was discussed with the deputy manager who arranged for this to be rectified. An area for improvement was identified.

Review of records confirmed that 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. Minor gaps in record keeping were discussed with the RI for discussion with the manager.

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.

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 said when planned staffing levels were adhered to they had no concerns regarding the staffing levels. Staff 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.

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. However, examination of the recording of repositioning evidenced patients were not consistently repositioned keeping with their assessed needs. This was discussed with the deputy manager and an area for improvement was identified.

A number of patients nursed in their bedroom were unable to use the nurse call system due to their cognitive impairment. Staff said that patients are regularly checked on over a 24-hour period although records were not retained. This was discussed with the deputy manager who agreed to ensure there are records to evidence that patients are appropriately supervised. 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 not consistently managed in keeping with best practice guidance. For example, clinical and neurological observations were not taken or recorded in keeping with best practice guidance. An area for improvement identified at the previous care inspection was stated for a second time. Daily progress notes reviewed did not comment on the status of the patient following an unwitnessed fall. This was discussed with the RI who agreed to have this addressed with registered nursing staff and monitor falls management through their audit processes.

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 observed to be a pleasant and unhurried experience for the patients. The food served was attractively presented; smelled appetising and portions were generous. A variety of drinks were served with the meal. Patients spoke positively in relation to the quality of the meals provided.

Patients may need support with meals ranging from simple encouragement to full assistance from staff. Patients were supervised during mealtimes. However, concerns were identified in relation to the supervision of patients requiring a modified diet due to their risk of choking. It was observed that one identified patient was not assisted appropriately in keeping with their assessed needs and the inspector had to intervene to ensure the patient's safety. This was discussed with the deputy manager who arranged for additional supports to be provided to the staff involved. An area for improvement was identified.

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 output 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.

Condiments were not readily available or offered to patients during lunch. In addition, the dining room was not arranged in such a way that made it easy for staff to assist patients with eating and drinking. This was discussed with the deputy manager who agreed to review the mealtime experience with consideration given to the provision of condiments and the arrangement of seating and access to patients. This will be reviewed at a future care inspection.

Shortfalls were identified following review of the pre-admission assessment for an identified patient. The assessment examined lacked sufficient detail regarding the patients care needs. An area for improvement was identified.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Review of a selection of care records evidenced that care plans had been developed within a timely manner to accurately reflect their assessed needs.

Daily records were kept of how each patient spent their day and the care and support provided by staff. However, review of a selection of daily evaluation records for the day shift evidenced that these had been completed prior to lunch time and no further entries had been made to reflect on the care delivered. This was discussed with the deputy manager and an area for improvement was 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.

It was observed that some areas in the home required redecoration while some patient equipment required fixing or replacing. This related to paintwork in bedroom walls and a small number of damaged beds. The above observations were discussed with the RI who confirmed refurbishment plans were in place; these were shared with RQIA following the 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 cupboard containing cleaning chemicals was unlocked on two occasions allowing potential patient access to substances hazardous to health. This was discussed with staff who took immediate action. An area for improvement was stated for a second time. In addition, a member of housekeeping staff was not aware or familiar with dilution requirements for cleaning products. This was discussed with the RI who confirmed additional training would be arranged for housekeeping staff.

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 11 July 2024. The RI confirmed an action plan was being developed to ensure all corrective actions identified by the fire risk assessor were addressed without delay.

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. An area for improvement was identified.

### **5.2.4 Quality of Life for Patients**

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

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

An activity planner displayed in the home confirmed varied activities were delivered which included chair exercises, arts and crafts, garden activities, movies, pampering and current affairs. Photos were on display of patients enjoying recent events in the home which included song time and musical entertainment. Plans were in place to have a summer party and fun day.

Examination of records evidenced that individual personal profiles were in place although associated person centred activity care plans which reflected patients likes and preferences were not consistently in place for all patients. Records also evidenced that not all activities delivered were recorded. There was no evidence that registered nurses reviewed records retained by the activity co-ordinator when evaluating activity care plans. Further work is required to ensure the delivery and evaluation of meaningful activities to all patients is evidenced.

This was discussed with the RI who provided verbal assurances that they would arrange for the review of care planning and record keeping regarding activities and meaningful engagement within the home. RQIA were satisfied that management understood their role and responsibilities in terms of activity provision and needed a period of time to address this area of work. This will be reviewed at a future 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 no change in the management of the home since the last inspection. Mrs Veronica Souza has been the registered manager in this home since 3 January 2023.

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. However, review of records evidenced that not all complaints had been recorded appropriately. The RI agreed to review how complaints were recorded with the manager and ensure records for a number of complaints were completed retrospectively.

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, IPC practices and the home environment.

This was discussed with the RI who confirmed care record audit systems had been reviewed and agreed to enhance oversight of the other audit systems. 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 |
|--|-------------|-----------|
| <b>Total number of Areas for Improvement</b> | 6*          | 6*        |

\*The total number of areas for improvement includes two that have been carried forward for review at the next inspection and two which have been stated for a second time. A further area for improvement was not met and was subsumed into a new area for improvement under the regulations.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Clara Njazi, Deputy Manager, and Mrs Tracey Anderson, Responsible Individual, 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>   |  |
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>9 May 2023</p>      | <p>The registered person shall ensure that all medicines are stored at the correct temperature and in accordance with the manufacturer’s instructions.</p> <p>This area for improvement is made with specific reference to refrigerator temperature monitoring and the storage of in-use insulin pen devices.</p> <p>Ref: 5.1</p>  |
|  | <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>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b><br/>22 August 2024</p> | <p>The registered person shall ensure that neurological observations are carried out for the specified time periods in line with best practice guidance.</p> <p>Ref: 5.1 and 5.2.2</p>   |
|  | <p><b>Response by registered person detailing the actions taken:</b></p> <p>Supervision was completed with all nursing staff in relation to appropriate completion of 24h post fall observation records in line with best practice guidance and all 24h post fall observation records reviewed by manager upon completion and any issue identified is discussed with SN.</p> |
| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b><br/>22 August 2024</p>         | <p>The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety.</p> <p>Ref: 5.1 and 5.2 3</p>   |
|  | <p><b>Response by registered person detailing the actions taken:</b></p> <p>All stores with chemicals are kept locked and same reviewed daily during walk arounds completed by HM or DM. A new domestic competency has been implemented. Any identified issues are managed via HR process</p>  |

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| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 21 (1) (b) Schedule 2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 August 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 is retained of managerial oversight of all such records.</p> <p>Ref: 5.2.1</p>  |
| <p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (1) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 August 2024</p>            | <p><b>Response by registered person detailing the actions taken:</b><br/>A full personnel file audit has been completed and gaps of employment explored with current employees to include specific dates rather than month and year. For any new recruits a mandatory questionnaire has been introduced which includes specific dates of gaps of employment, explanation of any gaps of employment and reason for leaving employment.</p> <p>The registered person shall ensure that patients who are identified as being at risk of choking are appropriately assisted at mealtimes in keeping with their assessed needs and plan of care.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b><br/>Staff in question was issued a letter of concerns for failing to adhere to SLT recommendations. A Meal Time Coordinator is assigned every shift and same is responsible to oversee that the correct diet and assistance is provided to all residents in line with SLT recommendations.</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><b>To be completed by:</b> 22 August 2024</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> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b><br/>PPE and hand hygiene competencies are ongoing with all staff and hand hygiene and PPE audits are completed weekly to oversee same.</p>  |

| <b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>   |   |
|---|---|
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>5 January 2023</p>   | <p>The registered person shall ensure that the reason for and outcome of the administration of any medicine on a 'when required' basis for the management of distressed reactions, is recorded on every occasion.</p> <p>Ref: 5.1</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/><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></p>   |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 39.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>22 August 2024</p> | <p>The registered person shall ensure that all staff newly appointed 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> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>Identified issue with 2 staff that they had retained their inductions. A full personnel file audit has been completed and all inductions are now retained in personnel files</p>   |
| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>22 August 2024</p>   | <p>The registered person shall ensure records are kept of all staff working in the home over a 24-hour period. The capacity in which they are working and the name of the nurse in charge of each shift should be clearly identified. The duty rota should be signed by the registered manager or a designated representative.</p> <p>Ref: 5.2.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>Duty rotas are reviewed by HM weekly, person in charge is highlighted over a 24h period and domestic rota are available and specify what unit staff are allocated to.</p> |
| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>   | <p>The registered person shall ensure that repositioning records evidence the delivery of pressure area care as prescribed in the patients care plan.</p> <p>Ref: 5.2.2</p>   |

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| <p><b>To be completed by</b><br/>22 August 2024</p>   | <p><b>Response by registered person detailing the actions taken:</b><br/>Repositioning records have been transferred to paper format and are reviewed daily by HM. Any gaps identified are discussed with staff via disciplinary route.</p>   |
| <p><b>Area for improvement 5</b><br/><br/><b>Ref:</b> Standard 1.3<br/><br/><b>Stated:</b> First time</p>   | <p>The registered person shall ensure that a detailed pre-admission assessment of nursing care needs is completed for all patients.<br/><br/>Ref: 5.2.2</p>   |
| <p><b>To be completed by</b><br/>22 August 2024</p>   | <p><b>Response by registered person detailing the actions taken:</b><br/>Any new admissions have a pre admission assesement carried out face to face and same is documented on pre-admission assessment tab and a hard copy kept on folder.</p>   |
| <p><b>Area for improvement 6</b><br/><br/><b>Ref:</b> Standard 4<br/><br/><b>Stated:</b> First time<br/><br/><b>To be completed by</b><br/>22 August 2024</p> | <p>The registered person shall ensure that care records are maintained in a person centred, sufficiently detailed and meaningful manner at all times.<br/><br/>This relates specifically to the daily evaluations of care.<br/><br/>Ref: 5.2.2</p>                                      |
|   | <p><b>Response by registered person detailing the actions taken:</b><br/>Supervision has been completed with all nursing staff to ensure daily progress notes are completed at an appropriate time to reflect care delivered throughout the day. This is monitored by the HM and DM</p> |

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



The Regulation and Quality Improvement Authority  
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Gasworks  
Belfast  
BT7 2JA

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