

Unannounced Care Inspection Report 21 and 22 August 2020



Oak Tree Manor Residential Home

Type of Service: Residential Care Home (RCH)
Address: 2A Hazel Avenue, Dunmurry, Belfast BT17 9QU
Tel No: 028 9061 0435
Inspectors: Alice McTavish and James Laverty

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care for up to 51 residents.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare-Connolly	Registered Manager and date registered: Michelle Montgomery 11 March 2020
Person in charge at the time of inspection: Joanne Turner, Care Team Leader, on 21 August 2020 Nicole Wilson, Care Team Leader, on 22 August 2020	Number of registered places: 51
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential home on the day of this inspection: 36

4.0 Inspection summary

An unannounced inspection took place on 21 August 2020 from 19:10 to 21.00 hours and on 22 August 2020 from 07.55 hours to 16.40 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

RQIA received information on 21 August 2020 from the South Eastern Health and Social Care Trust (SET) which raised concerns in relation to the nutritional care of residents. In response to this information, RQIA decided to undertake an inspection to this home.

It is not the remit of RQIA to investigate concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- personal care to residents
- the nutritional management of residents including the dining experience of residents
- activities provision
- infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)
- the internal environment
- staffing arrangements
- managerial oversight.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4*	6*

*The total number of areas for improvement includes three under the regulations and three under the standards which have been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Gavin O'Hare Connolly, responsible individual, and Caron McKay, regional operations director, as part of the inspection process. The timescales for completion commence from the date of inspection.

A serious concerns meeting resulted from the findings of this inspection. The evidence seen during and following the inspection in relation to staffing rotas; the management of two residents' records in relation to nutritional care; and nutritional audits raised concerns that these aspects of the care were below the standard expected. The responsible individual and registered manager were invited to attend a serious concerns meeting with RQIA via video teleconference on 2 September 2020 to discuss the inspection findings and their plans to address the issues identified.

During the meeting, the registered person and senior management team provided an action plan detailing the completed/planned actions to drive improvement and ensure that the concerns raised at the inspection were addressed. Following the meeting RQIA decided to allow the responsible individual a period of time to demonstrate that the improvements had been made and advised that a further inspection would be undertaken to ensure that the concerns had been effectively addressed.

RQIA informed the responsible individual that further enforcement action may be considered if the issues were not addressed and the improvement sustained. RQIA will continue to monitor progress during subsequent inspections.

The enforcement policies and procedures are available on the RQIA website.

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services. The enforcement policies and procedures are available on the RQIA website at [https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection

- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

The following records were examined during/following the inspection:

- supplementary eating and drinking care records / dining room menus
- a sample of quality assurance audits, including nutritional care audits
- staff training matrix.

Three areas for improvement were validated during this inspection as met; some areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

The findings of the inspection were provided to the responsible individual, manager and senior management team during and/or following the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 6 August 2020. The quality improvement plan from the previous inspection was not reviewed in full at this inspection. Any areas for improvement not examined will be reviewed at a future inspection.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 (5) Stated: Second time	The registered person shall ensure that all care staff, including agency staff, are provided with an individual log-in and personal identification number in order that they can access and record on the electronic information system used in the home.	Carried forward to the next care inspection
	Action required to ensure compliance with this Regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

<p>Area for improvement 2</p> <p>Ref: : Regulation 16 (1)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure consistent and accurate records are maintained of the total daily fluid intake by residents.</p> <p>The electronic computerised 24 hour daily total recorded should correlate with the total recorded on the daily fluid intake paper chart.</p> <p>Action required to ensure compliance with this Regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the infection prevention and control deficits identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • the replacement of the identified rusty shower chairs • cleaning of the underside of all hand sanitiser units • cleanliness of the inside of residents' bathroom cabinets • bedlinen and beds that are made by residents are checked to ensure they are clean and tidy • communal bathroom cupboards are kept tidy and free from clutter • toilet cisterns are free from clutter and are not used to store items such as toilet rolls and cleansing wipes. <p>Action taken as confirmed during the inspection: Inspection of the premises established that these areas were met.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that residents are protected at all times from hazards to their health.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • domestic stores must be kept locked at all times 	<p>Met</p>

	<ul style="list-style-type: none"> • anti-bacterial cleaning sprays used for cleaning dining room tables are not accessible to residents. 	
	<p>Action taken as confirmed during the inspection: Inspection of the premises established that these areas were met.</p>	
<p>Area for improvement 5 Ref: Regulation 13 (1) Stated: First time</p>	<p>The registered person shall, having regard to the needs of the residents, ensure that the environmental risks identified in this report are addressed.</p> <p>This is with specific reference to:</p> <ul style="list-style-type: none"> • the secure storage of domestic appliances such as kettles and toasters • the secure storage of knives in resident dining rooms. <p>Action required to ensure compliance with this Regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>		<p>Validation of compliance</p>
<p>Area for improvement 1 Ref: Standard 27.11 Stated: First time</p>	<p>The registered person should review the storage arrangements within the sluice rooms or submit a variation application to change the registered purpose of these rooms.</p> <p>Action taken as confirmed during the inspection: A variation application has been submitted to RQIA to change the registered purpose of these rooms.</p>	<p>Met</p>
<p>Area for improvement 2 Ref: Standard 30 Stated: First time</p>	<p>The registered person shall ensure that all limited shelf life topical lotions and creams have the date of opening recorded.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>

Area for improvement 3 Ref: Standard 12.12 Stated: First time	The registered person shall ensure that any confidential information regarding residents' dietary / medical needs are not displayed on notice boards in the dining room.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 4 Ref: Standard 8.5 Stated: First time	The registered person shall ensure residents' care plans are kept up to date and reviewed in a timely manner.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.2 Inspection findings

6.2.1 Infection prevention and control / PPE use

On both days of the inspection we saw that gloves and aprons were readily available for staff throughout the home; staff told us that there was no shortage of such equipment. We saw that staff wore masks, gloves and aprons appropriately. Staff told us that they had dedicated staff facilities to put on and take off PPE within the home.

Staff were able to demonstrate a good understanding of how and when to effectively wash their hands as part of their care delivery to residents. The care team leaders described how the use of PPE was monitored on a daily basis by senior care staff.

Upon arrival to the home on the first day of inspection, staff checked the inspector's temperature and asked him to complete a health questionnaire; these measures formed part of ongoing COVID-19 precautions within the home. While the inspectors' temperatures were checked again on the second day of inspection, staff did not ask for health questionnaires to be completed. This was discussed with the responsible individual and it was agreed that staff should maintain a consistent approach at all times when implementing these measures.

6.2.2 The internal environment

An inspection of the home's environment was undertaken. We looked at a sample of residents' bedrooms and en-suite bathrooms, accessible bathrooms, lounges, dining rooms and storage areas. We found that the home was clean, tidy and fresh smelling throughout each of the days of the inspection. Residents' bedrooms were tastefully decorated and personalised. We found corridors and fire exits were clear and unobstructed.

We saw that there was slight damage to the backs and arms of some seats and a small number of seats, which had a textured surface, were discoloured. We shared this information with the

responsible individual during feedback. We were advised that new seats were available in the home and would immediately replace the damaged seats. We saw in one identified bedroom that the footboard of the bed required cleaning. Management gave a verbal undertaking to ensure that this was given a deep clean or, if this proved ineffective, to either replace the footboard or the entire bed.

Discussion with domestic staff evidenced that there was a plentiful supply of domestic equipment and that concerns in relation to the environment could be escalated quickly to the manager, if necessary. On 22 August 2020 we spoke at length to the housekeeper who advised that there was a shortage of housekeeping staff; this meant that she had worked for seven consecutive days to allow other staff to take planned leave. We later established that the housekeeper met with the regional operations director who had provided assurance that more domestic staff were recruited and were due to commence in the very near future, after the necessary employment checks were made. The housekeeper indicated to us that she was satisfied with this.

6.3.3 The nutritional management of residents / dining experience of residents

On 22 August 2020 we observed the dining experience of residents at breakfast and lunch. We saw that the dining rooms were clean and bright with tables laid attractively. Staff wore fabric aprons during food service; different aprons were worn at each meal service before being laundered.

There was a variety of choices available at each mealtime and residents could choose from a range of hot and cold drinks. We saw that the portions were generous and residents could have more, if they wanted to. The food looked and smelled appetising. Staff were able to accurately describe the individual dietary needs and preferences of residents; we saw that Speech and Language therapist (SALT) place mats, which set out the specific recommendations for safe eating, were used and followed by staff.

We saw that some residents who needed additional assistance with meals were provided with this. Staff sat beside residents and encouraged residents in a patient and kindly manner. Some residents chose to take meals in their own rooms. This was facilitated by staff who ensured that they remained present with the residents for safety.

We spoke with residents throughout both days of the inspection. They told us that the food was very good and they always got plenty to eat and drink.

Some staff told an inspector that portion sizes had been too small on several occasions in previous months; staff said that this had occurred when agency kitchen staff were on duty. Staff had escalated this matter to the attention of the manager / deputy manager and that it had been promptly addressed.

We inspected the catering kitchen and saw that there was a plentiful supply of foodstuffs. The cook told us that there was no difficulty with regular supplies of meat, vegetables, fruit and store cupboard items. There was always a range of meal options daily and specific diets and preferences were catered for. The cook demonstrated a thorough understanding of residents' dietary needs and the importance of meeting their needs in a person centred manner; the cook stressed to the inspector the value he placed on treating residents with "respect" and "as individuals."

Discussion with the manager and review of information submitted to RQIA following the inspection evidenced that records for two residents, who had experienced weight loss, were not effectively maintained in relation to staff communication with the multidisciplinary team. The manager informed the inspectors that staff had not recorded such contacts in a consistent manner; this had resulted in the manager spending several hours in retrieving information relating to this aspect of care. The outcome of communication with the multidisciplinary team was unclear. RQIA was not assured of the robustness of the current system to ensure that residents' needs were met in a timely manner. This was identified as an area for improvement to comply with the Regulations. The use of nutritional audits is discussed further in section 6.3.6.

The responsible individual and manager were invited to attend a meeting with RQIA via video teleconference on 2 September 2020 to discuss this aspect of care, and their plans to address the identified shortfall. During this meeting, RQIA was advised that a regional operational manager had commenced a rolling staff training programme in regard to use of the home's computerised record system; development sessions had also been arranged by the management team and would remain ongoing for care staff. In addition to these actions, further staff training had also been scheduled with the SET on 2 and 3 September 2020 in relation to the nutritional management of residents.

The responsible individual also advised that a 'Resident of the Day' system had been implemented effective 1 September 2020 to ensure a thorough and regular review of each resident by care staff, the manager and responsible individual.

6.3.4 Personal care to residents

A small number of residents were awake, washed and dressed at the beginning of the inspection on 22 August 2020. Others residents gradually joined for a relaxed breakfast throughout the morning and most residents spent the day in the lounge area. Residents were generally clean, tidy and well dressed. Staff told us that some residents remained able to attend to their own washing and dressing; where such residents may have forgotten to comb their hair or had buttoned clothing incorrectly, they were tactfully reminded to do so or were helped by staff with this.

We saw that residents engaged with staff in a relaxed manner; staff attended to residents' needs in a respectful and supportive way whilst chatting and joking with residents. We saw that all staff, including domestic, catering and laundry staff, knew residents' names and interacted with residents in a bright and cheerful manner. We saw that call bells were answered promptly and that when a resident became agitated or upset, staff responded appropriately and used their knowledge of the individual to best manage the situation.

Residents said:

- "The staff are very good to us all!"
- "This one (member of staff) is good to me, she takes care of me."
- "It's very good here, I like it."
- "I have sore ankles, but I tell the girls and they get me a tablet. They make sure I keep my feet up on this stool and that helps."

We noted that some residents had long toenails. One resident indicated that his foot was sore. Staff advised that the resident had new shoes and was reluctant to wear slippers. Staff

removed his shoes and socks. We saw that although the nail was short on the toe, the skin around the nail was broken and the other nails were long. Staff bathed and cleaned the resident's feet and immediately contacted the GP to arrange for antibiotics. We later received information from the manager that this issue had been identified three days prior to the inspection, before damage to the skin was sustained, and a request for urgent podiatry treatment had been made in a timely manner.

It was acknowledged that podiatry services to the home had been suspended due to the ongoing Covid-19 pandemic, but this had recently resumed and the majority of residents had already received foot care. The remaining residents were due to be seen by the podiatrist by 24 August 2020. We later received written confirmation that all residents had been treated by the podiatrist.

6.3.5 Activities

We saw that the 'Activities Planner' on display on corridors were out of date and had limited information for residents. Staff also told us that they tried to provide activities for residents but this was limited.

This was discussed with the responsible individual who advised that one Wellbeing Lead is currently employed within the home to organise activities for residents but it was acknowledged that further provision was required to improve this aspect of care. The responsible individual advised that the home was currently in the process of recruiting a full time additional Wellbeing Lead and was hopeful that this position would be filled shortly. We were also informed that Runwood Homes Ltd have recently appointed a new regional dementia services manager to assist all Wellbeing Leads within their care homes and develop this aspect of care delivery. We identified this as an area for improvement to comply with the Standards.

6.3.6 Staffing arrangements / managerial oversight

A review of governance records submitted following the inspection and feedback from staff evidenced that staff had effective access to various types of mandatory training. This included fire awareness, food safety, manual handling and first aid. Staff also told us that they had received an effective period of induction after commencing their role within the home. A member of staff, who had not worked in the care sector before starting employment in Oak Tree Manor, told us that she had received a very thorough induction and her training helped her to do her job safely and effectively.

Staff told us there is a good handover given to them by staff from the previous shift. Discussion with staff, the manager and senior management team highlighted that there was a daily 'flash meeting' within the home attended by various senior staff on duty; this meeting takes place in order to help prioritise tasks, identify any concerns and support good communication across all staff and areas of the home.

Staff told us there was good team work within the home and spoke passionately about their commitment to meeting the needs of residents and their families in a respectful, dignified and person centred way. Staff stated that they were well supported by both the manager and deputy manager. Staff feedback included the following comments:

- "We have a great staff team and the deputy manager and the manager are approachable and supportive. If I go to them about anything, they listen and help where they can. I am

very happy working here. I feel the care here is good and the staff give their all for the residents.”

- “I really enjoy my job. This experience has changed my mind about what I want to study in future; I now want to study nursing or to be a paramedic. I was a bit nervous about starting work here during a pandemic, but there is lots of PPE and I got the right training, so I haven’t had any problems.”

We reviewed the duty rotas and discussed staffing levels with care staff. Some staff told us they felt more staff was needed, whilst others stated that they managed comfortably and all of the needs of residents were met.

We observed that staffing levels were subject to regular review to ensure that the assessed needs of the residents were met. However, concerns were noted in regard to aspects of staff management, specifically, the use of staff rotas. The kitchen staff rota, for instance, did not reference the use of agency staff on several occasions across a three week period and care staff rotas were inaccurate in regard to the duration of a shift worked by an identified staff member. This was identified as an area for improvement to comply with the Standards.

Also, information in relation to governance and management was requested by RQIA following the inspection. While some of the information requested by inspectors was submitted to RQIA in a timely manner, RQIA was concerned that further requests were necessary in order to receive all of the requested documentation. Discussion with the manager following the inspection highlighted the need for improved governance arrangements, particularly during any periods in which she is absent from the home.

Further governance shortfalls were noted upon review of governance audits relating to the nutritional care of residents; inspectors noted that these were not completed in a consistently accurate or robust manner. This was identified as an area for improvement to comply with the Standards.

The responsible individual and manager were invited to attend a meeting with RQIA via video teleconference on 2 September 2020 to discuss these shortfalls in regard to governance and managerial oversight, and their plans to address the identified shortfalls. RQIA was informed at this meeting that a regional operational manager would now be supporting the manager within the home to help improve existing governance oversight. In addition, the responsible individual stated that the manager will review all staff rotas on a weekly basis to ensure that these are maintained accurately and that staffing levels and skill mix is effectively maintained.

Areas of good practice

Areas of good practice were highlighted in relation to the warmth and kindness demonstrated in interactions between staff and residents, the cleanliness of the environment and staff use of PPE.

Areas for improvement

Areas for improvement were identified in relation to care records, activities provision, staff rotas and nutritional audits.

	Regulations	Standards
Total number of areas for improvement	1	3

6.3 Conclusion

Throughout the inspection we saw that residents engaged with staff in a relaxed and spontaneous manner. Staff communicated with residents and met their personal care needs in a timely and compassionate way. The environment of the home was clean, tidy and fresh smelling. Staff possessed a good understanding of how to use PPE and demonstrated a consistent approach to infection prevention and control practices.

However, serious concerns were highlighted in regard to staffing rotas, the management of two residents' nutritional care records, governance arrangements which facilitate the timely submission of requested information to RQIA and nutritional audits. The responsible individual and registered manager were invited to attend a meeting with RQIA via video teleconference on 2 September 2020 to discuss the inspection findings and their plans to address the issues identified; this is discussed further in section 4.1. New areas for improvement were highlighted to the management team; these are discussed within the body of the report and set out in section 7.2.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Gavin O'Hare Connolly, responsible individual, Michelle Montgomery, manager, and senior management team, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 19 (5) Stated: Second time	<p>The registered person shall ensure that all care staff, including agency staff, are provided with an individual log-in and personal identification number in order that they can access and record on the electronic information system used in the home.</p> <p>Ref: 6.1</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 2 Ref: : Regulation 16 (1) Stated: Second time	<p>The registered person shall ensure consistent and accurate records are maintained of the total daily fluid intake by residents.</p> <p>The electronic computerised 24 hour daily total recorded should correlate with the total recorded on the daily fluid intake paper chart.</p> <p>Ref: 6.1</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 3 Ref: Regulation 13 (1) Stated: First time	<p>The registered person shall, having regard to the needs of the residents, ensure that the environmental risks identified in this report are addressed.</p> <p>This is with specific reference to:</p> <ul style="list-style-type: none"> • the secure storage of domestic appliances such as kettles and toasters • the secure storage of knives in resident dining rooms. <p>Ref: 6.1</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all staff communication with members of the multidisciplinary team is recorded in a consistent and robust manner which allows for effective and timely retrieval by care staff.</p> <p>Ref: 6.3.3</p> <p>Response by registered person detailing the actions taken: All communications are now adequately recorded on Goldcrest system to allow effective and timely retrieval, to include significant written correspondence</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all limited shelf life topical lotions and creams have the date of opening recorded.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.12</p> <p>Stated: First time</p>	<p>The registered person shall ensure that any confidential information regarding residents' dietary / medical needs are not displayed on notice boards in the dining room.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p>	<p>The registered person shall ensure residents' care plans are kept up to date and reviewed in a timely manner.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that effective arrangements are in place to ensure that person centred activities are provided to residents in a consistent manner.</p> <p>Ref: 6.3.5</p>

	<p>Response by registered person detailing the actions taken: Further training provided to Wellbeing leader to ensure meaningful activities are carried out frequently, and recruitment is ongoing to ensure activities are carried out consistently</p>
<p>Area for improvement 5 Ref: Standard 25.6 Stated: First time</p>	<p>The registered person shall ensure that staff rotas accurately reference the presence of all staff on duty within the building at all times. Ref: 6.3.6</p>
<p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: Rotas are updated as required to reflect the staff present, only registered manager, deputy manager and administrator have permission to note changes on the rota</p>
<p>Area for improvement 6 Ref: Standard 20.10 Stated: First time</p>	<p>The registered person shall ensure that nutritional audits are completed in an effective and robust manner at all times. Ref: 6.3.6</p>
<p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: Nutritional audits are now carried out by the deputy manager on a regular frequency to ensure consistency of the same</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)