



Unannounced Care Inspection Report 12 September 2018



Silverdale

Type of Service: Nursing Home (NH)
Address: 29a Castlegore Road, Castleberg, BT81 7RU
Tel No: 02881679574
Inspector: Liz Colgan

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 41 persons.

3.0 Service details

Organisation/Registered Provider: SRB Care Limited Responsible Individual: Sarah Roberta Brownlee	Registered Manager: Geraldine Browne
Person in charge at the time of inspection: Geraldine Browne	Date manager registered: 10 June 2009
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	Number of registered places: 41 A maximum of 14 patients in category NH-DE, 1 bedroom in NH-I category only to be used by ambulant persons. The home is also approved to provide care on a day basis for 4 persons.

4.0 Inspection summary

An unannounced inspection took place on 12 September 2018 from 10.20 to 16.35 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff recruitment, induction, training, supervision and appraisals, adult safeguarding, and the management of complaints, incidents, and maintaining good working relationships. There were some examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders. The activity provided on the day of the inspection is worthy of special note.

Areas for improvement under regulation were identified in relation to infection, prevention and control (IPC) practices, and fire safety. Areas for improvement under the standards were identified in regards to, risk management, privacy in relation to bedroom doors, safe transporting of patients and moving and handling, and the home's environment. Other areas included care records, supplementary care records, assisting patients with their meals and auditing.

Patients comments are detailed in section 6.6. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	9

Details of the Quality Improvement Plan (QIP) were discussed with Geraldine Browne, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 5 October 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 5 October 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

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 which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 10 patients, and six staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rota for all staff from 3 September to 16 September 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records

- incident and accident records
- two staff recruitment and induction files
- four patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 5 October 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 5 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 13 Criteria 7 Stated: First time	The registered person shall ensure that the policy for adult safeguarding is reviewed and updated to reflect the new regional operational safeguarding policy and procedures.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that the policy for adult safeguarding had been reviewed and updated to reflect the new regional operational safeguarding policy and procedures.	

Area for improvement 2 Ref: Standard 18 Stated: First time	The registered person shall ensure that a record is maintained to evidence when the “lap strap” on specialist seating is being used or released.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that a record was maintained to evidence when the “lap strap” on specialist seating is being used or released.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 3 September to 16 September 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients’ needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that on occasions staffing levels were affected by short notice leave. However, they also confirmed that this only happened occasionally and that when possible shifts were “covered. We also sought staff opinion on staffing via the online survey. One staff questionnaire was returned. The staff member indicated that there was sufficient staff to meet the needs of the patients.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Silverdale. We also sought the opinion of patients on staffing via questionnaires. Five patient questionnaires were returned. Overall patients indicated that they were very satisfied or satisfied with the care they received.

We also sought relatives’ opinion on staffing via questionnaires. Ten questionnaires were returned and nine relatives indicated that they were satisfied that staff had ‘enough time to care’. One relative made the following comment:

- “Sometimes my relative has to wait quite a while before she is taken to the toilet after she buzzes. This is unacceptable.”

As stated previously, observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Details of comments made/received via questionnaires in relation to staffing were discussed with the registered manager prior to the issuing of this report.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of four patients' care records evidenced that a range of validated risk assessments were completed. One Braden risk had not been updated from July 2018 and in another care record a MUST assessment completed in August 2018 indicated that the patient had lost weight. Generally assessments informed the care planning process. An area for improvement under the standards was identified.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. A review of accident/incident records indicated that three accidents/incidents resulted in skin tears. This was discussed with the registered manager and an area for improvement identified under the standards to review the transporting of patients in wheelchairs and the moving and handling practices of staff.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, and clean throughout. Patients/representatives/staff spoken with were complimentary in respect of the home's environment.

In identified bedrooms and corridors a slight malodour was noted. This was discussed with the registered manager and an area for improvement was identified under the standards to review the sources of the malodours.

Fire exits and corridors were observed to be clear of clutter and obstruction. However one bedroom door had been propped open with a chair. This practice was discussed with the registered manager and is required to be addressed without delay to ensure the safety and wellbeing of patients in the home. An area for improvement under regulation has been identified.

A number of infection prevention and control (IPC) deficits observed during the inspection. For example:

- In identified shower rooms and one identified sluice room the wall mounted soap dispenser was empty.
- Single use syringes were being reused.
- Colour coding of cleaning equipment had not been adhered to in one instance.
- The underneath and wheel tops of an identified shower chair were stained.
- In an identified toilet continence products were stored on the waste bin.
- In identified sluice rooms basins and pans were stored incorrectly.

These areas were discussed with the registered manager and an area for improvement was identified under the regulations.

The manager had an awareness of the importance to monitor the incidents of HCAI's and/or when antibiotics were prescribed. The manager understood the role of PHA in the management of infectious outbreaks.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, and adult safeguarding.

Areas for improvement

The following areas were identified for improvement in relation to, fire safety, infection prevention and control, risk management, safe transporting of patients and moving and handling, and the home's environment.

	Regulations	Standards
Total number of areas for improvement	2	3

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of four patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of infections and wound care. In all care plans the review of care was not up to date for example, two wound charts had not been reviewed from March and April 2018, a palliative pathway was last reviewed in April 2018 and a

catheter care plan was last reviewed in July 2018. In addition in all care records staff had been writing over entries which is not in accordance with NMC standards and guidance. An area for improvement under the standards was made.

Supplementary care charts such as food and fluid intake records did not evidence a fluid intake over the 24 hours period. An area for improvement under the standards was made. The record retained for pressure relieving mattresses was not up to date and two mattresses were observed to be set at the wrong level. An area for improvement under the standards was made.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician changed.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

The registered manager advised that patient and/or relatives meetings were held on a regular basis. Minutes were available. Patient spoken with expressed their confidence in raising concerns with the home's staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

Areas for improvement

Three areas were identified for improvement under the standards in relation to care records and supplementary care records regarding fluid intake and pressure relieving mattresses.

	Regulations	Standards
Total number of areas for improvement	0	3

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 10.20 hours and were greeted by staff who were helpful and attentive. Some patients remained in bed, in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. On the day of the inspection the hairdresser and a beautician were in attendance. Patients were observed having their hair and nails painted there were positive interactions and it was obvious that a good rapport had been well established.

The environment had generally been adapted to promote positive outcomes for the patients. However, it was noted that there was no locking mechanism on bedroom doors, to allow patients choice and privacy. This was discussed with the registered manager and an area for improvement was identified under the standards. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. However on one occasion a member of staff was observed standing while assisting a patient with their meals. This is not conducive for effective communication. An area for improvement under the standards was made.

Worthy of note was the attention to detail in the setting of the tables and trays and the quality of the food served. Patients able to communicate indicated that they enjoyed their meal. Some patient's comments included:

- "The food is very good."
- "Lovely dinners."
- "Great food."

Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were displayed in the home. There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with six patients individually, and with four others in smaller groups, confirmed that they liked living in Silverdale.

Patient comments during the inspection:

- “Very happy here, the food is excellent, I am well cared for.”
- “Like it alright, staff look after us.”
- “Love having my hair done, and the chats.”

Ten patient questionnaires were provided; five were returned within the timescale. All five indicated that they were very satisfied or satisfied with the care provided across the four domains. Additional comments were recorded as follows:

- “All would need awards.”
- “All staff very friendly and helpful.”
- “Very happy here.”

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Ten relative questionnaires were provided; 10 were returned within the timescale. All 10 indicated that they were very satisfied or satisfied with the care provided across the four domains. Additional comments were recorded as follows:

Representative’s comments:

- “Does suffer pain owing to having a catheter.”
- “Very good.”

Staff were asked to complete an on line survey, we had one response within the timescale specified. The staff member was very satisfied with the care provided across the four domains.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required. The registered manager was telephoned regarding the relatives comments. The registered manager agreed to review these issues.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

Two areas were identified for improvement under the standards regarding privacy in relation to bedroom doors and assisting patients with their meals.

	Regulations	Standards
Total number of areas for improvement	0	2

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff/patients/representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager/manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, care records, and nutrition. The system in place for auditing care records required improvement, as registered nurses are self-auditing. This system would not provide the registered manager with a robust overview of care records. An area for improvement under the standards has been made.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to most governance arrangements, management of complaints and incidents, and maintaining good working relationships.

Areas for improvement

One area was identified for improvement under the standards in relation to auditing care records.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Geraldine Browne, registered manager, 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 nursing 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

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 Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27 (4)(b)</p> <p>Stated: First time</p> <p>To be completed by: 11 October 2018</p>	<p>The registered person shall ensure that bedroom doors are not propped open to ensure the safety and wellbeing of patients in the home.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Noted and corrected. This is not the norm but the Resident in this instance had requested same. All other doors closed. A strict HTM84 and Fire policy is in place. Extra compartmentation doors are in place in every corridor.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13(7)</p> <p>Stated: First time</p> <p>To be completed by: 11 October 2018</p>	<p>The registered person shall ensure that infection prevention and control procedures are in accordance with regional guidance and are monitored as part of the homes quality auditing systems.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: 100% compliant with Infection Control training has been completed for all grades of staff and this is repeated yearly. Twice weekly environmental, hand hygiene, commode, wheelchair audits are in place. No history of HCAI. Excellent compliance are on display for all infection control audits. On the occasion of this RQIA visit out of 70 hand soap dispensers/sanitiser in the home two were found to be empty.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 11 October 2018</p>	<p>The registered persons must ensure that risk assessments are completed and reflect the current needs of the patients as prescribed in care plans.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Noted and Actioned. All risk assessments completed and reviewed to reflect the current needs of the patients as detailed in their care plans.</p>
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<p>Area for improvement 2</p> <p>Ref: Standard 47</p> <p>Stated: First time</p> <p>To be completed by: 11 October 2018</p>	<p>The registered person shall ensure that the transporting of patients in wheelchairs and the moving and handling practices of staff are reviewed to ensure safety.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Noted & Actioned. The home has robust Audits in place for risk management & assurance in relation to moving and handling in the use of wheelchairs. Audit outcomes confirming compliance are displayed.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 11 October 2018</p>	<p>The registered person shall ensure that the malodour in identified bedrooms and corridors is reviewed and actioned as required.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: This is the first time anyone has ever mentioned a smell in Silverdale. Environmental audits on display confirm compliance. Inspector visited an area post the use of suppositories and toileting regime.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 11 February 2019</p>	<p>The registered person shall ensure that patients have control over who goes into their bedrooms or living space. Bedrooms should have a locking system that the patient can control, but that staff can open in emergencies. A plan to address this should be returned along with the QIP to include timescales.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: This is the first time this has ever been raised at an Inspection by RQIA. We now plan to work through phased implementation of fitting a locking mechanism to our bedroom doors. Plan forwarded.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 11 October 2018</p>	<p>The registered persons must ensure that care records are reviewed in line with agreed intervals, updated and maintained in accordance with best practice.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Noted, actioned and audited for compliance. The Registered Person ensures that all care records are reviewed at least monthly or more frequently as required.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 11 October 2018</p>	<p>The registered person shall ensure that supplementary care charts such as food and fluid intake records evidence a fluid intake over the 24 hours period.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Noted actioned and audited for compliance. Fluid intake records evidence any fluids taken by Residents overnight.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 11 October 2018</p>	<p>The registered person shall ensure that repositioning records reflect the correct settings of the pressure relieving mattresses and that they are set at the correct level.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Noted actioned and audited for compliance. The twice daily check on control settings for pressure relieving mattresses continues and any mattress changes etc reflected in documentation immediately.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 11 October 2018</p>	<p>The registered person shall ensure that patients are assisted with their meals in a manner that enables effective communication</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: All grades of staff assist with feeding and assisted meals and do sit for this purpose. Identified resident requires specialist support and this is identified in their care plan.</p>
<p>Area for improvement 9</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 11 October 2018</p>	<p>The registered person shall ensure that the system in place for auditing care records is reviewed, and provides the registered manager with a robust overview of care records.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Noted actioned and audited for compliance.</p>

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



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Assurance, Challenge and Improvement in Health and Social Care