

# Unannounced Care Inspection Report 18 October 2017



## Loughview

**Type of Service: Nursing Home**  
**Address: 66 Fortwilliam Park, Belfast, BT15 4AS**  
**Tel No: 028 9077 1930**  
**Inspector: Heather Sleator**

[www.rgia.org.uk](http://www.rgia.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 31 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Loughview Homes Ltd  <b>Responsible Individual:</b> Mr Michael Curran	<b>Registered Manager:</b> Ms Margaret Lakehal
<b>Person in charge at the time of inspection:</b> Ms Margaret Lakehal	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of registered places:</b> 31

### 4.0 Inspection summary

An unannounced inspection took place on 18 October 2017 from 09.40 to 16.30 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 practices; staff induction, training and development; infection prevention and control practices; risk management and effective communication systems. The culture and ethos of the home promoted treating patients with dignity and respect. There was also evidence of good practice identified in relation to the governance and management arrangements; management of complaints and incidents; quality improvement processes and maintaining good relationships within the home. The environment of the home was conducive to the needs of the patients and was attractive and comfortable.

Areas identified for improvement were in relation to monitoring of the cleaning schedules in the home, ensuring personal emergency evacuation plans of patients are current and ensuring the comprehensive needs assessment of patients is reviewed as and when patient need changes and no less than annually.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. Patients comments included, "Staff are all very nice, great atmosphere here," refer to section 6.6 for further comments.

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
<b>Total number of areas for improvement</b>	1	5*

\*The total number of areas for improvement includes one area for improvement which has been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Margaret Lakehal, 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 3 March 2017

The most recent inspection of the home was an announced premises inspection undertaken on 3 March 2017.

There were no further actions required to be taken following the most recent 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 nine patients, five staff and two patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for patients and relatives were left for distribution. A poster informing staff of how to submit their comments electronically, if so wished, was given to the registered manager to display in the staff room.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 2 to 15 October 2017
- 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
- three patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- 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 3 March 2017**

The most recent inspection of the home was an announced premises/ inspection. No areas for improvement were identified.

## 6.2 Review of areas for improvement from the last care inspection dated 1 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 16  <b>Stated:</b> Second time	<p>The registered provider must ensure that comprehensive plan/s of care are written, following a robust assessment of the patient's needs and in consultation with patient and or representative. The assessment of need and care plans are subject to regular review.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The review of four patient care records evidenced the regular review of the assessment of need, risk assessments and care plans.</p>	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (4) (b)  <b>Stated:</b> First time	<p>The registered provider must ensure that room doors must not be wedged open and an alternative arrangement must be sought and actioned.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> There was no evidence that room doors were being wedged open at the time of the inspection.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 13 and Standard 36.2  <b>Stated:</b> Second time	<p>The registered provider should ensure the home's policy in respect of adult safeguarding is reviewed and revised in accordance with the Adult Safeguarding and Protection in Partnership, 2015 policy and procedural guidance.</p>	<b>Carried forward to the next care inspection</b>
	<p><b>Action taken as confirmed during the inspection:</b> This recommendation is carried forward for review at the next inspection.</p>	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 46.2 <b>Stated:</b> First time	The registered provider should ensure that any equipment used by patients that presents as an infection prevention and control risk, for example cushioned bedrail protectors and bedside tables, should be replaced.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Equipment viewed during the inspection did not present as an infection prevention and control risk.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 35.6 <b>Stated:</b> First time	The registered provider should ensure that a system to quality audit patient care records is established on a monthly/more regular basis.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The review of the governance audits in respect of patient care records evidenced that the registered manager has established a robust system of audit.	

### 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 2 October to 15 October 2017 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily. 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.

Patients spoken with during the inspection commented very positively regarding the staff and the care delivered, and that when they required assistance staff attended to them in timely manner. We also sought patients' and relatives opinions on staffing via questionnaires; eight were returned indicating that there was sufficient staff to meet their needs during the day. A comment received on a returned questionnaire stated, "All helpful lovely staff".

A review of records evidenced that a competency and capability assessment had been completed with nurses who were given the responsibility of being in charge of the home in the absence of the manager. The assessments were signed by the registered manager to confirm that the assessment process has been completed and that they were satisfied that the registered nurse was capable and competent to be left in charge of the home.

Discussion with the registered manager and a review of two staff personnel files evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. Where nurses and carers were employed, their registrations were checked with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC), to ensure that they were suitable for employment. The review of recruitment records evidenced that enhanced criminal records checks were completed with Access NI and satisfactory references had been sought and received, prior to the staff member starting their employment.

The registered manager confirmed that newly appointed staff commenced a structured orientation and induction programme at the beginning of their employment. A review of two completed induction programmes evidenced that these were completed within a meaningful timeframe

The arrangements in place to confirm and monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC were discussed with the registered manager and reviewed. The review of the records evidenced that a robust system was in place to monitor the registration status of nursing and care staff.

Discussion with staff and a review of the staff training records confirmed that training had been provided in all mandatory areas and records were kept up to date. A review of staff training records confirmed that staff completed training modules on for example; basic life support, medicines management, control of substances hazardous to health, fire safety, food safety, infection prevention and control, safe moving and handling and adult prevention and protection from harm. The records reviewed confirmed that the registered manager had a system in place to ensure staff met their mandatory training requirements.

Observation of the delivery of care evidenced that training, such as moving and handling training, had been embedded into practice. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. In discussion with the registered manager it was stated the registered person had experienced some difficulty securing training for the registered managers of the homes within the group. The registered manager stated training had now been secured and it was agreed that RQIA would be informed when this training had been completed. RQIA should also be informed of the arrangements put in place to embed the new regional safeguarding policy and operational procedures into practice. This area for improvement had been stated in the previous inspection report of 1 March 2017 and is carried forward for review at the next inspection.

A review of the supervision and appraisal schedule confirmed that there were systems in place to ensure that staff received supervision and appraisal. In discussion with staff they confirmed they were in receipt of regular supervision and an annual staff appraisal.

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Care records are further discussed in section 6.5.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since March 2017 confirmed that these were appropriately managed.

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, fresh smelling and clean throughout. However, the observation of the kitchen facilities did not evidence a similar standard of cleanliness and hygiene. Equipment, including the cooker and deep fat fryer evidenced that a deep clean was required. This and other observations of the kitchen area were discussed with the registered manager and have been identified as an area for improvement under regulation. The registered manager should ensure an acceptable standard of hygiene is maintained in the kitchen and establish robust monitoring of the cleaning schedule for the kitchen facilities.

Overall, infection prevention and control measures were adhered to and personal protective equipment (PPE) such as gloves and aprons were available throughout the home. However, the upstairs sluice room was observed and evidenced the storage of other equipment and was not clean and organised. This was discussed with the registered manager who confirmed that a refurbishment programme was in place for identified areas of the home including the sluice rooms on the ground and first floors. At the time of the inspection work was on-going on the ground floor sluice room with the upstairs sluice room scheduled for November 2017. The registered manager was informed to confirm with RQIA when the upstairs sluice room had been refurbished.

Fire exit routes and corridors were kept free from obstruction and fire doors were appropriately maintained. The review of the personal emergency evacuation plans (PEEP's) for patients in the home did not evidence that the information was current. This was brought to the attention of the registered manager who agreed to address the issue. This has been identified as an area for improvement under the care standards. The registered manager should establish a system to monitor the accuracy of the information on a regular basis.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management and provision of staffing, recruitment and selection procedures, staff training and development and the supervision and appraisal of staff.

### Areas for improvement

Areas for improvement were identified in relation to the standard of cleanliness of the kitchen facilities and equipment and the establishment of a robust system of monitoring compliance with the cleaning schedules for the kitchen areas and the establishment of a system that ensures that the personal emergency evacuation plans retained in the home are current at all times.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

## 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 improvements in care planning and review and that care plans were in place to direct the care required. Nursing staff spoken with were aware of professional requirements to review and update care plans as the needs of patients' change. Whilst there was evidence of the regular review of risk assessments and care plans a comprehensive review of patient care needs had not been undertaken. A comprehensive review should be undertaken as and when patient need changes and no less than annually, this review should also be undertaken when patients are re-admitted to the home following hospitalisation. This has been identified as an area for improvement under the care standards. Staff demonstrated awareness of the need to review and update care plans when recommendations were made or changed by other healthcare professionals such as, the district nurse, the speech and language therapist (SALT) or the tissue viability nurse (TVN). In addition the registered manager was monitoring the progress of care planning and record keeping in general through the regular auditing of patient care records.

We reviewed the management of pressure area care, nutrition and weight loss. Care records contained details of the specific care requirements in each of the areas reviewed and a contemporaneous record was maintained to evidence the delivery of care. Care records also reflected that, where appropriate, referrals were made to healthcare professionals such as TVN, SALT, dieticians, care managers and General Practitioners (GPs).

Care plans reviewed to assess the management of pressure area care/repositioning and therapeutic diets indicated that the care plans had been reviewed on at least a monthly basis and that they were reflective of recommendations made by SALT. However, the review of repositioning charts did not evidence that staff were identifying the position of the patient or reporting on the condition of the patients' skin. Repositioning charts did not state the frequency of repositioning to guide staff. This was identified as an area for improvement under the care standards.

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 their immediate line manager/nurse in charge of the shift.

Staff meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. The most recent staff meeting was 22 June 2017. Staff stated that there was effective teamwork with each staff member knew their role, function and responsibilities.

Patients and relatives spoken with expressed their confidence in raising concerns with the home's staff/management, specifically the manager 'Rita'.

Discussion with the registered manager and review of the minutes confirmed that a patients meeting was held on 9 October 2017. In addition a quality satisfaction questionnaire (Stakeholders Survey) was being sent to all patients and their relatives to seek their opinion on the services provided by the home. The registered manager stated this survey was completed annually; the survey report of 2016 was viewed. Where an issue was identified the registered person had developed an action plan to address the issue/s. This is good practice.

A record of patients including their name, address, date of birth, marital status, religion, date of admission and discharge (where applicable) to the home, next of kin and contact details and the name of the health and social care trust personnel responsible for arranging each patients admission was held in a register. Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, effective communication between patients, staff and other key stakeholders such as TVNs, dieticians, or GPs and the delivery of care reviewed during this inspection.

### Areas for improvement

The following areas were identified for improvement in relation undertaking a comprehensive review of patient need as and when patient need changes and no less than annually and the accurate completion of supplementary care records, for example, repositioning records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

#### 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 09.40 hours and were greeted by staff who were helpful and attentive. Patients were enjoying their breakfast in the dining room or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice depending of which they preferred and staff were observed assisting patients to 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. Patients were afforded choice, privacy, dignity and respect in relation to how they spent their day and care delivery. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Patients able to communicate their feelings indicated that they enjoyed living in Loughview.

Comments made to the inspector included:

“Staff look to your needs.”

“The food is lovely, I get exactly what I want.”

“I love it here.”

“Staff are all very nice, great atmosphere.”

“The nurses are very good.”

“Staff are great, just ask for something and they get it, staff are good craic.”

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.

Twenty patient and relatives questionnaires were issued; eight were returned within the timescale for inclusion in this report. All of the respondents recorded that they were satisfied with the care provided across three of domains inspected and that they were satisfied that the service was well led.

We were able to speak with two relatives. Both commented very positively regarding the care their loved ones received and staff attitude. One relative stated, “I’m here six days a week, I can’t praise the staff enough.”

We spoke with staff during the inspection. Staff were asked questions regarding the provision of care and services for patients across all of the domains inspected. Staff were satisfied with all aspects of care delivery and management of the home. Staff confirmed they completed mandatory training, were in receipt of supervision and an annual appraisal and were confident that if they took something to the registered manager they would be listened to.

A poster was left for staff informing them of how to complete a staff questionnaire on-line. None were returned within the timescale for inclusion in this report.

Observation of the serving of the lunch time meal and discussion with patients evidenced that experience was a pleasure for them. Staff were observed to be discreet in offering assistance and when assistance was required this was appropriate and sensitively delivered. The main meal of the day is served in the evening. The mid-day meal menu on offer was bacon and fried egg with bread and butter. The tea time choice was either mince and onion pie or beef sausages with potatoes and vegetables and rice pudding for dessert. Soup and sandwiches were available at both meal times as an additional alternative. We discussed the presentation of the dining tables, the crockery in use and the presentation of the tea/coffee trolley with the registered manager and this has been identified as an area for improvement under the care standards.

Review of records and observation of the mid-day meal service evidenced that staff were adhering to the SALT definitions of food textures and consistency of fluids.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy of patients, listening to and valuing patients and their relatives and taking account of their views and the knowledge staff had of their patients’ wishes and preferences.

## Areas for improvement

An area identified for improvement was in relation to enhancing the dining experience for patients and the crockery/equipment in use at these times.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 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.**

Discussion with the registered manager and observation of patients evidenced that the home was operating within its' registered categories of care. The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussions with the staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Staff described how they felt confident that the management would respond positively to any concerns/suggestions raised.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. There was a system in place to identify the person in charge of the home, in the absence of the manager.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. Patients and/or representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Patients were aware of who the registered manager was.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents and bed rails. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice. However and as discussed in section 6.5, the registered manager should ensure that a review of the comprehensive needs assessment of patients is completed as and when patient needs change, on readmission to the home from hospital and no less than annually.

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 the registered manager and review of records evidenced that Regulation 29 (or monthly quality) monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

**Areas of good practice**

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

**Areas for improvement**

No new areas for improvement were identified within this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Margaret Lakehal, 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 27 (2) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 November 2017</p>	<p>The registered person shall ensure the kitchen and equipment are thoroughly cleaned and that robust monitoring of the kitchen cleaning schedules is established by the registered manager.</p> <p>Ref: Section 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> The kitchen has been thoroughly cleaned, cleaning schedules have been re-instated`</p>

### Action required to ensure compliance with The Care Standards for Nursing Homes (2015).

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 13 and Standard 36.2</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 7 April 2017</p>	<p>The registered person shall ensure the home's policy in respect of adult safeguarding is reviewed and revised in accordance with the Adult Safeguarding and Protection in Partnership, 2015 policy and procedural guidance.</p> <p>Ref: Section 6.2</p>
	<p><b>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.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 48.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 November 2017</p>	<p>The registered provider shall ensure the personal emergency evacuation plans (PEEP's) are maintained in an up to date manner and reflect the needs of patients' at any given time.</p> <p>Ref: Section 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> All have been updated and maintained in a separate file and will be reviewed monthly and changed accordingly</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 35.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2017</p>	<p>The registered person shall ensure that a comprehensive review of patient need is completed, as and when patient need changes, and no less than annually and</p> <p>Ref: Section 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> Complete and will continue for each resident annually</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 November 2017</p>	<p>The registered person shall ensure the accurate completion of supplementary care records, for example, repositioning records.</p> <p>Ref: Section 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Completed</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2017</p>	<p>The registered person shall ensure that the patients dining experience is enhanced and that the crockery/equipment in use at these times is of good quality.</p> <p>Ref: Section 6.6</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The dining room will be refurbished in the new year, new crockery and equipment have been purchased</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 9051 7500  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews

Assurance, Challenge and Improvement in Health and Social Care