



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 3 November 2019



## Saintfield Lodge

**Type of Service: Nursing Home**  
**Address: 4 Old Saintfield Road, Belfast BT8 8EY**  
**Tel no: 02890814010**  
**Inspector: James Laverty**

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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 Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes. 2015.

## 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 51 persons. The home is spread across two floors, namely: the ground floor 'Gardener Suite' in which long term nursing care is provided to patients; and the first floor 'Bogues Suite' in which both long term nursing care and rehabilitative nursing care is provided.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual:</b> Dr Maureen Claire Royston	<b>Registered Manager and date registered:</b> Melanie Reyes 29 July 2013
<b>Person in charge at the time of inspection:</b> Melanie Reyes	<b>Number of registered places:</b> 51
<b>Categories of care:</b> Nursing Home (NH) MP – Mental disorder excluding learning disability or dementia.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 50

### 4.0 Inspection summary

An unannounced inspection took place on 3 November 2019 from 09.40 to 16.50 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 focused on assessing progress with any areas for improvement which had been identified during and since the care inspection which was conducted on 9 May 2018 and to determine if the home was delivering safe, effective and compassionate care and if the service was well led. Areas for improvement arising from the previous finance inspection were not reviewed and have been carried forward for review at the next care inspection.

Evidence of good practice was found in relation to the notification of incidents, monitoring the professional registration of staff and collaboration with the multi-professional team. Further areas of good practice were also noted in regard to monthly monitoring reports and the management of complaints.

Areas for improvement were identified in relation to the interior décor, compliance with Control of Substances Hazardous to Health (COSHH) regulations, infection prevention and control (IPC) practices, fire safety and the storage of food thickeners. Further areas for improvement were also highlighted in regard to staff inductions, falls management, the nutritional care of patients, the use of restrictive practices, wound care and the dining experience of patients.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	*11

\*The total number of areas for improvement includes one standard which has been stated for a second time and two which have been carried forward to be reviewed at a future care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Melanie Reyes, 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 December 2018

The most recent inspection of the home was an unannounced finance inspection undertaken on 5 December 2018. 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
- the registration status of the home
- written and verbal communication received since the previous care inspection which may include information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the previous care inspection report
- the returned QIP from the previous care inspection
- pre-inspection audit.

During the inspection the inspector spoke with seven patients, three patients' relatives and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution.

The inspector provided the 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. A poster was also displayed for staff inviting them to provide feedback to RQIA directly.

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

The following records were examined and/or discussed during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2019/20
- accident and incident records
- three patients' care records and supplementary nutritional records
- a selection of governance audits
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- RQIA registration certificate
- 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 manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspections

Areas for improvement from the last care inspection dated 9 May 2018		
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 4.7 <b>Stated:</b> First time	The registered person shall ensure that care plans and risk assessments are reviewed regularly to ensure they are reflective of the patient's assessed needs.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of care records highlighted that this area for improvement was not met.  This area for improvement has not been met and is stated for a second time.	

<b>Areas for improvement from the last finance inspection dated 5 December 2018</b>		
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 14.13  <b>Stated:</b> First time	The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the resident or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each resident.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> <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>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 14.26  <b>Stated:</b> First time	The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> <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>	

## 6.2 Inspection findings

### 6.3 Is care safe?

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

Staffing levels within the home were reviewed with the manager who confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met.



However, the manager told us that the current dependency tool which she uses to determine overall patient dependency throughout the home is not best suited to assessing the needs of patients with mental health needs. While no concerns were expressed by patients, relatives or staff in regard to staffing levels, the manager agreed to discuss with her line manager how best to determine overall patient dependency within the home. This will help ensure that staffing levels are appropriate at all times. This will be reviewed at a future care inspection.

Feedback from staff evidenced that they received regular support and guidance through the process of both supervision and appraisal. Each staff member stated that they could speak to the manager or their line manager if they had a concern. One staff member stated, "I feel well supported in (my) role."

Staff also confirmed that they received regular mandatory training to ensure they knew how to provide the right care. Additional face to face training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients. Agency staff induction records were also reviewed and it was noted that of the two sets of staff sampled, one contained no staff signature and the other was not completed. An area for improvement was made.

Discussion with the 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.

Staff were spoken with in regard to their understanding of how to recognise, respond to and report any potential incidents of abuse. While the majority of staff demonstrated a good understanding in this area, some did not. This was discussed with the manager who informed us following the inspection that several actions were being taken within the next month to embed the home's adult safeguarding policy into practice; this included additional supervision sessions for staff, further staff training and randomised quality assurance checks of staff knowledge. This aspect of staff knowledge will be reviewed at future care inspection.

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) as required.

Discussion with the manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council. Records confirmed that the manager had reviewed the registration status of nursing and care staff on a monthly basis. It was noted that Four Seasons Health Care (FSHC) have now implemented a new system that ensures that the NMC status of all nurses who work within the home are checked twice monthly.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. It was noted that while patients appeared relaxed and comfortable throughout the inspection, the interior décor was tired and in need of improvement. The communal lounges on both floors were in poor decorative order, some plaster damage was noted on each floor and ceilings within two communal toilets were noted to be stained. While the manager showed us an action plan to address these deficits, there appeared to be little progress made despite the action plan having been achieved. An area for improvement was made. It was also noted that two water

dispensing machines in the home were empty and had no disposable cups; this was highlighted to the manager who agreed to action this.

All external doorways which allow for direct/indirect access and egress from any areas occupied by patients were effectively and appropriately managed so as to promote patient safety and privacy at all times. However, it was noted that a visiting relative had parked their car at the front of the property resulting in an emergency wheelchair ramp being blocked. Staff were informed of this by the inspector and asked to speak with the relative so that the car could be parked more appropriately. It was also noted that one store room was excessively cluttered resulting in staff being unable to access the entire storage area. An area for improvement was made.

Infection prevention and control practices were reviewed. It was noted that the underside of wall mounted soap dispensers were stained; the underside of one shower chair was stained and one communal lounge chair was visibly unclean. It was also noted that domestic cleaning schedules were inconsistent and poorly completed. The manager informed us following the inspection that a meeting was convened with domestic staff on 4 November 2019 to discuss these findings and that an IPC audit with the IPC 'link' nurse was to be completed. An area for improvement was made.

Compliance with the Control of Substances Hazardous to Health regulations was reviewed. It was observed that in three areas during the inspection, this compliance was inadequate. An area for improvement was made.

We also observed nursing staff using available treatment rooms throughout the day. It was noted that one of these rooms in which food thickeners were openly visible was poorly monitored on one occasion by staff. We also observed that a food thickening agent was inappropriately stored within a dining room. An area for improvement was made.

### Areas of good practice

Areas of good practice were identified in regard to the notification of incidents and monitoring the professional registration of staff.

### Areas for improvement

Areas for improvement were highlighted in relation to the interior décor, COSHH compliance, IPC standards, fire safety, the storage of food thickeners and agency staff inductions.

	Regulations	Standards
<b>Total numb of areas for improvement</b>	3	3

### 6.4 Is care effective?

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

Feedback from staff indicated that there was effective communication concerning the assessed needs of patients. Staff stated that they had to attend a handover meeting at the start of each shift and were able to contribute to this meeting or ask questions, as needed. All grades of staff



consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals.

There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, tissue viability nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found.

The care records for one patient who was assessed as being at a risk of falling were reviewed. While a relevant care plan was in place, it contained no directions as to how the patient should be managed following a fall. Review of supplementary records also highlighted that there was no evidence of any neurological observations having been obtained following an unwitnessed fall by the patient. Staff knowledge of the frequency at which neurological observations should be conducted was also inconsistent. An area for improvement was made.

We looked at the care records for one patient who required nutritional care. Although some of the care records highlighted that the patient may refuse, at times, the use of a thickening agent, the care plan contained no guidance for staff as to how this risk should be managed. It was also noted that a care plan for the risk of choking was overdue a review by nursing staff. In addition, kitchen records relating to this patient's dietary needs could not be located by kitchen staff. This was discussed with the manager who stated that the patient was receiving the correct diet. Observation of the patient during the inspection highlighted no concerns in regard to the food and fluids staff were providing the patient. An area for improvement was made.

The management of restrictive practices for one patient was examined. We noted that this patient was assessed as requiring a level of support which resulted in their daily behaviour being closely supervised and recorded by staff. Review of this patient's care plans evidenced that one care plan inaccurately referenced the patient's name and their mobility needs. Feedback from some staff tasked with assisting the patient during the inspection highlighted an inadequate understanding of assessed risks relating to the patient's behaviours and needs. An area for improvement was made. The care records for this patient also evidenced that care planning in regard to the management of Healthcare Acquired Infections (HCAI) were either overdue review and/or no longer up to date. This was highlighted to the manager and the importance of managing HCAs effectively was stressed. This will be reviewed at a future care inspection.

Wound care records for one patient were examined and it was noted that the relevant care plan inaccurately referenced advice by an attending podiatrist. While care records indicated that the patient's wound had been frequently dressed by the podiatrist and/or nursing staff, the need to ensure that care plans clearly reference the current dressing regimen was highlighted. An area for improvement was made.

Nursing staff told us that they found it difficult to find the necessary time to complete care records to a high standard while delivering care to patients. This was shared with the manager for further consideration and action as appropriate.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to collaboration with the multiprofessional team.

## Areas for improvement

Areas for improvement were highlighted in regard to falls management, the nutritional care of patients, the use of restrictive practices and wound care.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	4

### 6.5 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.**

Staff interactions with patients were observed to be friendly and caring. All patients were positive in their comments regarding the staff's ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

Feedback received from several patients during the inspection included the following comments:

- "Staff look after me well."
- "The staff are kind."
- "The nurses look after me."

A number of relatives were also spoken with and their feedback included the following comments:

- "Staff keep us updated ..."
- "Staff are very nice ... the décor needs an upgrade."

The dining experience of patients was reviewed throughout the inspection. Staff demonstrated a good understanding of patients' dietary needs and/or preferences. Staff also wore appropriate aprons when serving patients. However, observation of the lunch time meal on the ground floor highlighted that there was no patient friendly menu clearly visible for all patients seated within the dining room. While staff appeared keen to assist patients, we identified the need for staff to provide such assistance in a more discreet and person centred manner. Condiment bottles on the tables were also noted to be poorly cleaned. These deficits were shared with the manager and an area for improvement was made.

## Areas for improvement

An area for improvement was highlighted in regard to the dining experience of patients.

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

## 6.6 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 manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised.

The registration certificate was up to date and displayed appropriately. Discussion with the manager evidenced that the home was operating within its registered categories of care.

A review of records evidenced that monthly monitoring reports were completed. An available report which had been compiled on 11 September 2019 was found to be comprehensively and sufficiently detailed.

A review of records evidenced that robust systems were in place to monitor and report on the quality of nursing and other services provided. It was evident that the manager regularly audited various aspects of care delivery, such as, complaints management.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to monthly monitoring reports and the management of complaints.

### Areas for improvement

No areas for improvement were identified during the inspection.

	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 Melanie Reyes, 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>Ref: Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered persons must ensure that all cleaning chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Actioned. Meetings and supervisions were carried out with staff to ensure compliance with COSHH legislation. Store rooms containing cleaning chemicals and products regularly checked during walkabout.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Full Infection control audit was carried out identifying areas for improvement and action plan formulated to address shortfalls and is to be regularly carried out on monthly basis using the Infection Control quality assurance planner</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Regulation 27 (4) (b) (c) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that adequate precautions against the risk of fire are taken and that best practice guidance in relation to fire safety is embedded into practice.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Actioned. Smoking risk assessment and smoking contracts completed with each patient who smokes and incorporated in care plans. Supervision regularly held with staff in terms of Fire Safety and training planner to include attendance to Fire Safety Training and fire drills at least twice a year</p>

<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4.7</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that care plans and risk assessments are reviewed regularly to ensure they are reflective of the patient's assessed needs.</p> <p>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b> Care file audit planner in place. Schedule of audit dated to be carried out at the minimum of at least twice a year. Evaluations and risk assessments to be reviewed to identify any recurrent issues and to be actioned accordingly</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 14.13</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 December 2019</p>	<p>The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the resident or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each resident.</p> <p>Ref: 6.1</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> A system has been put in place where a record of service facilitated by the Home is signed for by both the person providing the service and the patient as the recipient of the service or the staff member if the patient is unable to do so. This has been discussed and reinforced during recent meetings.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 14.26</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 January 2019</p>	<p>The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.1</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> The record of patient's belongings has been revisited and the schedule of inventory of property has been diarised to ensure a quarterly review of belongings is carried out.</p>



<p><b>Area for improvement 4</b></p> <p>Ref: Standard 43</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 December 2019</p>	<p>The registered person shall ensure that the areas relating to the internal and external environment identified in the report are addressed.</p> <p>A detailed refurbishment action plan with firm timescales for improvement should be forwarded to RQIA along with completed QIP.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> Refurbishment plan has been updated to reflect what has been carried out and what remains to be actioned with the timeframe specified</p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure food thickening agents are stored safely and securely at all times.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Actioned.Shortfall discussed during the meeting and incorporated in the Supervisions (Dysphagia). Compliance monitored during daily walkabout.</p>
<p><b>Area for improvement 6</b></p> <p>Ref: Standard 39</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall that all staff (including any agency staff) undergo and complete a thorough induction. A record of this induction should be available for inspection at all times.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> A file in place for induction of all current staff including agency staff and monitoring of compliance included in the monthly management audits</p>
<p><b>Area for improvement 7</b></p> <p>Ref: Standard 22</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure the following with regard to the falls management of patients:</p> <ul style="list-style-type: none"> <li>• a comprehensive and person centred care plan is in place and kept under regular review</li> <li>• that patients' neurological observations are obtained and recorded in keeping with best practice standards/home policy</li> </ul> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Care plans are regularly audited ensuring it is person centred, with comprehensive falls risk assessments incorporated into the care plan. Meetings and supervisions carried out with staff to ensure client's neurological observations are obtained and recorded as part of falls management in keeping with best practice.</p>

<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure the following with regard to the nutritional care of patients:</p> <ul style="list-style-type: none"> <li>• a comprehensive and person centred care plan is in place and kept under regular review; this should include managing any behaviours which may challenge, as appropriate</li> <li>• choking related care plan(s) and risk assessment(s) are kept under regular review</li> <li>• kitchen records relating to the assessed dietary needs/preferences of patients are kept up to date and available at all times</li> </ul> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Audit of care plans regularly carried out to include review of choking risk assessments and care plans and all dietary needs and preferences are appropriate and documented based on to resident's needs</p>
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure the following in regards to the provision of restrictive interventions to patients who may exhibit behaviours which challenge and/or place themselves/others at risk of harm:</p> <ul style="list-style-type: none"> <li>• a comprehensive, person centred and accurate care plan which details any assessed risks and how these should be managed</li> <li>• ensure that appropriate staff are effectively informed of the patient's care needs and any associated risks as appropriate</li> </ul> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Team meetings are scheduled to ensure staff are aware of which clients display behaviours which challenge and may place themselves/others at risk of harm. A behaviour chart in place for each client who displays behaviours which challenge and reflected in the care plans. Regular Staff has been scheduled for MAPA (Management of Actual and Potential Aggression) Refresher's Course and New staff for Foundation Course.</p>

<p><b>Area for improvement 10</b></p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that a detailed, accurate and person centred care plan is in place for the provision of wound care to patients, as appropriate.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Wound care plans reviewed and audit included in monthly management audit to ensure care plan is appropriate to resident's needs and dressing plan is updated in collaboration with podiatry/TVN.</p>
<p><b>Area for improvement 11</b></p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in relation to the dining experience of patients:</p> <ul style="list-style-type: none"> <li>• All patients must be assisted in a dignified, timely and compassionate manner at all times, including those who choose to dine within their bedroom or other communal area.</li> <li>• A patient friendly menu should be clearly visible informing patients of the daily selection of meals available.</li> <li>• Condiment bottles should be kept clean and fit for patient use at all times.</li> </ul> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Dining Experience Training has been held which includes assistance of residents during mealtimes in a dignified and compassionate manner as well as the management of the dining room. Supervisions of staff to be regularly held to ensure concept of good dining experience is clearly embedded in their practice</p>



The **Regulation** and  
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