



Unannounced Care Inspection Report 21 September 2018



The Cottage

Type of Service: Nursing Home (NH)
Address: 25 Lodge Park, Coleraine, BT52 1UN
Tel No: 028 7034 4280
Inspector: Elizabeth 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 67 persons.

3.0 Service details

Organisation/Registered Provider: Merit Retail Limited Responsible Individual(s): Therese Elizabeth Conway	Registered Manager: Carol McAlary
Person in charge at the time of inspection: Carol McAlary	Date manager registered: 8 November 2017
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of registered places: 67

4.0 Inspection summary

An unannounced inspection took place on 21 September 2018 from 09.30 to 16.45 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 all four domains in regards to governance processes; the induction and training of staff, adult safeguarding, quality assurance and service delivery; and the culture and ethos of the home.

An area requiring improvement under the regulations was identified in relation to the infection, prevention and control (IPC) practices. Areas for improvement under the standards were identified in regards to staffing, environment, safe and secure storage of medications, care records, call bells and serving of meals.

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	1	*8

*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Carol McAlary, 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 19 July 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 19 July 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
- 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 12 patients, three patients' relatives 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 10 September to 24 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
- five patient care records
- five 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 19 July 2018

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

6.2 Review of areas for improvement from the last care inspection dated 23 March 2018

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 23.2 Stated: First time	The registered person shall ensure that where a patient is assessed as at risk of pressure damage, a documented pressure damage prevention programme is drawn up and agreed with relevant professionals and entered in to the patients care plan.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that patients who have been assessed as at risk of pressure damage, have a documented pressure damage prevention programme in place which has been agreed with relevant professionals.	
Area for improvement 2 Ref: Standard 23.3 Stated: First time	The registered person shall ensure that where a patient is assessed as having a wound; a care plan is in place and includes the grade and size of the wound and the prescribed dressing regime. An assessment of the wound should be recorded after each dressing change.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that patients with wounds had a care plan in place; which included the grade and size of the wound and the prescribed dressing regime. An assessment of the wound was recorded after each dressing change.	

Area for improvement 3 Ref: Standard 23 Stated: First time	The registered person shall ensure that where a patient is assessed as being at risk of pressure damage, information on the condition of patients' skin is documented upon the patient being repositioned.	Partially met
	Action taken as confirmed during the inspection: Review of documentation confirmed that, information on the condition of patients' skin was not always documented upon the patient being repositioned. This area for improvement has been partially met and has been stated for a second time.	

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 10 September to 24 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.

However observation of the delivery of care evidenced that patients' needs were not promptly met by the levels and skill mix of staff on duty and that staff did not always attend to patients needs in a timely and caring manner. For example one patient spoken with in the Rose suite stated that they had been waiting nearly an hour to be transferred from the wheelchair to a chair. The patient stated that they had used the call bell twice as they had to go to the toilet as well. The call bell was used again when the inspector was present and it was answered in seven minutes, however during this time a member of staff was observed walking past the room, without checking to see what the patient needed. It was also observed in this unit that patients in the lounge areas had to wait over forty minutes to be transferred from the wheelchair to their chair. Call bells are discussed further in section 6.6.

Some staff spoken with were unsatisfied with staffing levels in the Rose suite and therefore their ability to meet the needs of the patients. We also sought staff opinion on staffing via the online survey, however no staff questionnaires were returned.

Patients spoken with from the Rose suite indicated that they were well looked after by the staff and felt safe and happy. However two other patients mentioned that call bells were not always answered promptly. We also sought the opinion of patients on staffing via questionnaires. No patient questionnaires were returned.

Two relatives spoken with from the Benone and Dunluce suites did not raise any concerns regarding staff or staffing levels. However one patient's relative from the Rose suite stated that at times the suite appeared to be short staffed and call bells were not always asked promptly especially at night. We also sought relatives' opinion on staffing via questionnaires. No relative questionnaires were returned. An area for improvement has been made to review staffing in the Rose suite in relation to numbers and organisation of work.

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. 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.

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 DHSSPS Care Standards for Nursing Homes 2015. 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 five patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

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. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

From a review of records, observation of practices and discussion with the registered manager and staff there was evidence of proactive management of falls.

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 and fresh smelling. Fire exits and corridors were observed to be clear of clutter and obstruction.

There were a number of areas identified for improvement under the standards specifically:

- In an identified bathroom in the Rose suite the walls were stained and marked and the door frame was badly damaged.
- In another identified bathroom in the Rose suite the bottom of the assisted bath chair was very rusted and stained.

- In another identified bathroom in the Rose suite the raised toilet seat was stained and there was a black substance noted at the coving between the walls and floor.
- The wall outside the dining room in the Benone suite was stained.
- An identified bathroom in the Benone suite was cluttered with equipment.
- The wallpaper in the lounge of the Rose Suite was torn and stained in places.

These issues were highlighted to the registered manager and an area for improvement under the standards was stated.

An identified shower room was not in use, the room was very cluttered and access to the water supply was blocked. There were no records to indicate the water was flushed regularly. If the showers or baths are not in regular use, twice weekly flushing should be implemented and recorded as part of the legionella control measures. Advice and guidance should be sought from the legionella risk assessor if clarification is required around this. Reference should also be made to the legionella risk assessment and the associated guidance provided in the ACOP 'The Control of Legionella Bacteria in Water Systems' issued by HSENI (L8) and HSG 274 part 2. This issue was highlighted to the registered manager and an area for improvement under the standards was stated.

The door of treatment/clinical room of the Rose suite and the medication fridge were unlocked creating the potential for unauthorised access to medication. This area was discussed with the manager and an area for improvement against the standards has been made in this regard.

A number of deficits in infection prevention and control practices (IPC) were identified for example:

- Single use syringes were being reused.
- On one occasion it was noted that a commode pan was not effectively decontaminated by staff after use.
- Staff were observed not removing personal protective equipment (PPE) or washing the hands after toileting, and a member of staff was observed carrying used laundry against their uniform.
- In two of the suites a number of staff did not wear an apron when serving and assisting with patient's meals.
- In an identified toilet the waste bin was very rusted therefore cannot be effectively cleaned.
- In an identified sluice room in the Benone suite mops and buckets were mixed colour coding, the mops were steeping in water and bedpan and commode pans were stored on the floor as there was no shelving in place.

These issues were highlighted to the registered manager and an area for improvement under the regulations was stated.

Areas of good practice

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

Areas for improvement

An area for improvement under the regulations was identified in relation to infection prevention and control.

Areas for improvement under the standards were identified in relation staffing, the safe and secure storage of medications, legionella control measures and the home’s environment.

	Regulations	Standards
Total number of areas for improvement	1	4

6.5 Is care effective?

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

Review of five patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients’ weight, management of infections and wound care. Care records generally contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. However daily recordings in progress notes varied in relation to fluid intake, in some records it was recorded the patients took fluids well even if it was recorded that a total of 300 millilitres was taken for the day. Other notes stated target not met however nurses didn’t record a nursing intervention to address this issue. This area was discussed with the registered manager and an area for improvement against the standards has been made in this regard.

There were various supplementary care charts such as food and fluid intake records and repositioning charts in use in the three suites and recording in these varied dependent on the information to be recorded. For example in some records the mattress in use and the setting was either not recorded or not included on the record, and in two units fluid intake was not totalled. In one suite review of documentation confirmed that, information on the condition of patients’ skin was not always documented upon the patient being repositioned. An area for improvement under the standards was made to review the records used and ensure that they are fully recorded.

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.

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.

Patient and representatives 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, audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

The following areas were identified for improvement against the standards in relation to daily recordings and supplementary care records.

	Regulations	Standards
Total number of areas for improvement	0	1

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 09.30 hours and were greeted by staff who were helpful and attentive. Some patients were enjoying breakfast in the dining room, in one of the lounges 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 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, and caring. However as discussed in section 6.4 a prompt response to call bells is needed at all times an area for improvement against the standards has been made in this regard. Patients were generally afforded choice, privacy, dignity and respect. 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.

The environment had been adapted to promote positive outcomes for the patients. 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 in all three suites. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients

with their meal appropriately in two of the suites and a registered nurse was overseeing the mealtime. However in the Benone suit meals had been left on the tables with insufficient staff to assist them with their meal, therefore some meals would not have been at a desired temperature. Staff stated that they were not provided with a heated trolley to ensure meals were served hot. An area for improvement against the standards has been made in this regard.

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 12 patients either individually, or in smaller groups, confirmed that generally they liked living in the home.

Patient comments:

- “Very comfortable here, couldn’t say anything about it except for staffing, you have to wait for call bells to be answered.
- “It’s nice here, the staff are kind.”
- “It is very good, the staff look after us.”
- “No complaints.”
- “Its ok seem short of staff at times have to wait for call bell and left in wheelchair too long.”
- “At times call bells could be answered quicker.”
- “Staff seem very busy.”

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 and patient questionnaires were provided; none were returned within the timescale.

Two patient representatives spoken with were happy with the care provided. One patients relatives felt call bells could be answered more promptly especially at night.

Staff were asked to complete an on line survey, we had no. responses within the timescale specified.

Areas of good practice

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

Areas for improvement

The following areas were identified for improvement against the standards in relation to answering call bells and providing a system to ensure patients meals are served hot.

	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.

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, and care records. In addition systems were also in place to provide the registered manager with an overview of the management of infections, wounds, occurring in the home.

A 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. The registered manager confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff confirmed that there were good working relationships in the home 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 governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 Carol McAlary, 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 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 21 October 2018</p>	<p>The registered persons must ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection. Specifically:</p> <ul style="list-style-type: none"> • Single use syringes should not be reused. • Commode pans should be effectively decontamination after use. • Staff should ensure that PPE is worn appropriately and that hands are washed in accordance with the five moments of care. • Soiled laundry should be disposed of at the point of care. • Aprons should be worn when serving and assisting with patient's meals • The waste bin in an identified toilet should be replaced. • Colour coding for cleaning equipment should be followed, mops should be stored upright, shelving should be provided for the storage of bedpans and commode pans. <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Syringes had been washed after use. Extra syringes have been supplied and disposed of after each single use.</p> <p>Commodes are being cleaned between usage and are deep cleaned daily.</p> <p>All staff have been reminded of the proper use of PPE and supervisions have been completed on handwashing.</p> <p>Laundry receptacles are now placed that staff can dispose of soiled laundry at the point of care.</p> <p>All staff have been reminded of wearing blue aprons whilst assisting with meals.</p> <p>New waste bins have been purchasd to replace metal bins.</p> <p>Colour coding for cleaning now being adhered to and this is been checked by head housekeeper and management. Shelving provided for bedpans.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 23 Stated: Second time To be completed by: 21 October 2018	<p>The registered person shall ensure that where a patient is assessed as being at risk of pressure damage, information on the condition of patients' skin is documented upon the patient being repositioned.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Re-positioning charts have detailed information in relation to residents care: Braden, Type of mattress used and how often resident has to have position changed. Staff are taking more care in filling in these charts to reflect condition of residents skin.</p>
Area for improvement 2 Ref: Standard 41 Stated: First time To be completed by: 21 October 2018	<p>The registered person shall ensure that staffing in the Rose suite is reviewed in relation to numbers and organisation of work.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Dependency levels have been reviewed, KPI audits completed, routines reviewed and an audit completed to determine length of time taken to answer call bells. As a result of this it has been determined that staffing levels in The Rose Suite have been found to be sufficient at this time. This will be kept under review.</p>
Area for improvement 3 Ref: Standard 44 Stated: First time To be completed by: 21 October 2018	<p>The registered person shall ensure that environmental issues identified during this inspection are actioned.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Environmental issues identified have been actioned.</p>
Area for improvement 4 Ref: Standard 47 Stated: First time To be completed by: 21 October 2018	<p>The registered person shall ensure that the identified shower room is decluttered and appropriate legionella control measures are implemented.</p> <p>Ref: 6.4)</p> <p>Response by registered person detailing the actions taken: The identified shower room has been out of use as a showering facility for some time. It has been decluttered so that legionella control measures can be implemented.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: 21 October 2018</p>	<p>The registered person shall ensure that medicines are safely and securely stored in compliance with legislative requirements, professional standards and guidelines.</p> <p>Ref: Section 6.4</p>
<p>Area for improvement 6</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 21 October 2018</p>	<p>The registered person shall ensure that daily recordings in progress notes in relation to fluid intake is accurately recorded and appropriate action taken as necessary.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: All registered nurses have been reminded to ensure treatment door is locked at all times when staff not using, in compliance with legislative requirements. This is being closely monitored by management.</p> <p>Response by registered person detailing the actions taken: Improved documentation had been in place for fluid management. In this documentation staff had been recording whether fluid targets had been met or not. This is now recorded in daily progress notes as well as action to be taken if target not met.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 21 October 2018</p>	<p>The registered person shall ensure that call bells are answered promptly.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Staff have been made aware that there has been a delay in call bells being answered. Team leaders are now responsible for ensuring that call bells are being responded to in a timely manner especially during busier times within the home.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 21 October 2018</p>	<p>The registered person shall ensure that a system to ensure patients meals are served hot is implemented.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The Bain Marie that is being used to deliver meals is now being kept in the identified suite at meal times until all meals are served to ensure they are kept hot.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews

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