

# Inspection Report

**2 May 2023**



## Ailsa Lodge

**Type of Service: Nursing Home**  
**Address: 6 Killaire Avenue, Carnalea,**  
**Bangor BT19 1EW**  
**Tel no: 028 9145 2225**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation:</b> Merit Homes Ltd	<b>Registered Manager:</b> Mrs Janet Davison
<b>Responsible Individual:</b> Ms Therese Elizabeth Conway	<b>Date registered:</b> 7 December 2020
<b>Person in charge at the time of inspection:</b> Mrs Janet Davison – Registered Manager	<b>Number of registered places:</b> 42
<b>Categories of care:</b> <b>Nursing Home (NH)</b> TI – Terminally ill. PH(E) - Physical disability other than sensory impairment – over 65 years. PH – Physical disability other than sensory impairment. I – Old age not falling within any other category.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 39
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 42 patients. The patient bedrooms are divided over two floors.	

## 2.0 Inspection summary

An unannounced inspection took place on 2 May 2023 from 9.20 am to 7.00 pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified during this inspection are discussed within the main body of the report and Section 6.0.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

RQIA were assured that the delivery of care and service provided in Ailsa Lodge was provided in a compassionate manner by staff that knew and understood the needs of the patients.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection patients, visitors to the home and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in Ailsa Lodge. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. One patient said, "The staff couldn't be better. I am more than happy here", while another patient said, "I have been here three years and I love it to bits." A further patients said, "This is my home, I am very well looked after."

Staff spoken with said that Ailsa Lodge was a good place to work. Staff commented positively about the manager and described them as supportive and approachable. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

No questionnaires were returned by patients or relatives and no responses were received from the staff online survey.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 29 October 2022		
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 13 (4) <b>Stated:</b> First time	The registered person shall ensure that nurses follow safe processes for the administration of medicines.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall ensure that medication administration records are accurately maintained.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 19 (5) <b>Stated:</b> First time	The registered person shall ensure that information about a resident's health and treatment is securely stored to ensure resident information is only accessible to those with permission.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure safe moving and handling training is embedded into practice.</p> <p>This area for improvement is made with specific reference to the use of wheelchair brakes.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	Met
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that nursing staff manage falls in keeping with best practice. All actions taken post fall should be appropriately recorded in the patient's care record.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the residents have access are free from hazards to their safety, and unnecessary risks to the health and safety of residents are identified and so far as possible eliminated.</p> <p>This area for improvement is made with specific reference to the safe storage and supervision of cleaning chemicals.</p> <p><b>Action taken as confirmed during the inspection:</b> Cleaning chemicals were found to be inappropriately stored and/or unsupervised on four occasions.</p> <p>This area for improvement is partially met and is stated for a second time.</p>	Partially met

<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> <li>• donning and doffing of personal protective equipment</li> <li>• appropriate use of personal protective equipment</li> <li>• staff knowledge and practice regarding hand hygiene.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Observation of staff practice and discussion with staff evidenced some improvements against this area for improvement. However, further work is required to achieve compliance.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	<p><b>Partially met</b></p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review and revise the management of medicines which are self-administered. Care plans should be in place and records of transfer of medicines to the patient should be maintained.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	<p><b>Carried forward to the next inspection</b></p>

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	The registered person shall ensure that nutritional care plans for patients requiring a modified diet are reflective of the current IDDSI terminology.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Examination of a section of care record evidenced this area for improvement was met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time	The registered person shall ensure that accurate and contemporaneous records for patients on modified diets are maintained by kitchen staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

A review of a selection of recruitment records confirmed not all pre-employment checks had been completed prior to each staff member commencing in post. This was discussed with the manager who provided assurances regarding oversight of recruitment files. An area for improvement was identified.

Staff members told us they were provided with a comprehensive induction programme to prepare them for providing care to patients. Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty. Review of records and discussion with the manager confirmed all of the staff who take charge of the home in the absence of the manager had completed a competency and capability assessment to be able to do so.

There were systems in place to ensure that staff were trained and supported to do their job. Consultation with staff confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety. Review of staff training records confirmed that all staff members were required to complete adult safeguarding training on an annual basis. Staff members were able to correctly describe their roles and responsibilities regarding adult safeguarding.



Staff said they felt well supported in their role and were satisfied with the level of communication between staff and management. Staff reported good teamwork and had no concerns regarding the staffing levels. One staff member said the staffing levels were, “adequate.”

Review of staff meeting minutes confirmed that staff meetings were not held on at least a quarterly basis. The manager confirmed there had been some challenges arranging staff meetings but provided assurances that a meeting would be scheduled following the inspection and further staff meetings would be diarised for the incoming the year.

Patients spoke positively about the care that they received and confirmed that staff attended to them in a timely manner; patients also said that they would have no issue with raising any concerns to staff. It was observed that staff responded to patients’ requests for assistance in a prompt, caring and compassionate manner.

### **5.2.2 Care Delivery and Record Keeping**

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable of patients’ needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients’ care throughout the day.

It was observed that staff respected patients’ privacy by their actions such as knocking on doors before entering, discussing patients’ care in a confidential manner and by offering personal care to patients discreetly. Staff members were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Laundered and unlabelled net pants which had the potential for communal use were identified in the laundry. This was discussed with laundry staff who arranged for them to be disposed. Review of records and discussion with staff evidenced these items were for individual patient use. This was discussed with the manager who agreed to review the current system in use in the laundry. An area for improvement was identified.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning evidenced these were well completed.

Management of wound care was examined. Review of a selection of patient’s care records confirmed that wound care was managed in keeping with best practice guidance.

Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring.

Where a patient was at risk of falling, measures to reduce that risk were put in place, for example, use of an alarm mat to alert staff the patient requires assistance. Review of records relating to the management of falls evidenced appropriate actions were not consistently taken by staff following falls. This was discussed with the manager who agreed to review the homes falls policy in relation to contacting the patient’s general practitioner following a fall and meet with registered nursing staff to agree a consistent approach.



Minor deficits in record keeping were discussed with the manager who agreed to monitor record keeping through their audits and share any learning with their nursing colleagues.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need support with meals; ranging from simple encouragement to full assistance from staff. Lunch was a pleasant and unhurried experience for the patients. Staff attended to patients' dining needs in a caring and compassionate manner while maintaining written records of what patients had to eat and drink, as necessary. Patients were supervised during mealtimes although there were a small number of occasions when patients were not appropriately supervised in the dining room. This was discussed with the manager who gave assurances that deployment of staff at mealtimes would be reviewed.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Review of a selection of care records evidenced that care plans had been developed within a timely manner to accurately reflect their assessed needs.

Daily records were kept of the care and support provided by staff. The outcome of visits from and consultations with any healthcare professional was also recorded.

Examination of supplementary care records evidenced these were generally well completed. However, details such as the patients full name and date completed were not consistently recorded. This was discussed with the manager who agreed to meet with staff and monitor record keeping. An area for improvement was identified.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home's environment evidenced the home was warm and comfortable. Many patients' bedrooms were personalised with items important to them. The interior of the home was generally well decorated and tidy; there was evidence of refurbishment on the first floor of the home.

Some areas of the home required painting and decorating while many of the bedrooms on the ground floor were found to require refurbishment. This was discussed with the manager who confirmed this had been identified in their environmental audits. A refurbishment plan was shared with RQIA following the inspection which included timeframes for works to be completed. Given these assurances and to provide the manager with sufficient time to fully address the works required, additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

Inappropriate storage of patient equipment and toiletries was observed in identified communal bathrooms and toilets, while shortfalls in the cleaning of some patient equipment was noted. These issues were discussed with the manager who arranged for the deficits to be addressed before the end of the inspection. An area for improvement was identified.

Shortfalls were identified in regard to the effective management of potential risk to patients' health and wellbeing. Cleaning chemicals were found to be inappropriately stored and/or unsupervised on four occasions. In addition, a sharps box was left unattended in an identified patients bedroom. This was discussed with identified staff who ensured that the risks were reduced or removed immediately. Assurances were provided by the manager that further action would be taken to reduce risks to patients in the home. An area for improvement identified at the previous care inspection was stated for a second time.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks. A fire risk assessment had been completed 21 September 2022 and all areas of concern identified by the fire risk assessor had been addressed satisfactorily.

Corridors were clear of clutter and obstruction and most fire exits were maintained clear. One fire exit was observed to be partially blocked with kitchen and laundry equipment on two occasions. This was discussed with staff who arranged for the equipment to be appropriately stored. This was discussed with the manager who gave assurances this would be monitored and addressed with staff. An area for improvement was identified.

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of personal protective equipment (PPE). There was an adequate supply of PPE and hand sanitisers were available close to PPE stations.

Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided; improvements were noted since the last care inspection. While some staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Some staff were not familiar with the correct procedure for the donning and doffing of PPE, while others were not bare below the elbow in keeping with best practice guidance. This was identified as an area for improvement at the last care inspection; this is stated for a second time.

Discussion with the manager confirmed there was no identified nurse to lead on IPC procedures and compliance within the home. Assurances were given that a registered nurse would be identified to lead on this role.

#### **5.2.4 Quality of Life for Patients**

Discussion with patients confirmed that they were able to choose how they spent their day. Patient's said they liked the privacy of their bedroom while others enjoyed watching TV in the lounge and speaking with other patients.

Patients were observed enjoying listening to music, reading and watching TV, while others took part in arts and crafts for the upcoming coronation. One patient said, "I enjoy the activities", while another patient said, "The entertainment is first class." A further patient said, "I go for the parties and the baking but enjoy using my tablet and doing crosswords."

An activity planner displayed in the home highlighted upcoming events such as pampering, nail day and coronation events. Staff said they did a variety of one to one and group activities to ensure all patients had some activity engagement.

### 5.2.5 Management and Governance Arrangements

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There has been no change in the management of the home since the last inspection. Mrs Janet Davison has been the registered manager in this home since 7 December 2020.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. Further improvements were required in the completion of audits for accident and incidents, IPC/home environment and care records.

Assurances were provided by the manager that they have plans to improve the governance arrangements in the home. RQIA were satisfied that the manager understood their role and responsibilities in terms of governance and needed a period of time to address this area of work. Given these assurances and to provide the manager with sufficient time to fully address and embed these changes into practice, additional areas for improvement were not made at this time.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were analysed on a monthly basis. However, records reviewed did not evidence the details of the complaint, the outcome of investigations and actions taken. This was discussed with the manager who agreed to retrospectively complete these records. This will be reviewed at a future care inspection.

A review of records and information received by RQIA evidenced that at least three notifiable accidents and incidents had not been reported to RQIA in keeping with regulation. This was discussed with a manager who agreed to audit the accident and incident records and submit notifications retrospectively. An area for improvement was identified.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. These are available for review by patients, their representatives, the Trust and RQIA.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	7*	4*

\*The total number of areas for improvement includes three which are carried forward for review at the next medicines management inspection and two which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Janet Davison, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection (18 October 2022)	The registered person shall ensure that nurses follow safe processes for the administration of medicines.  Ref: 5.1
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection (18 October 2022)	The registered person shall ensure that medication administration records are accurately maintained.  Ref: 5.1
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate action required	The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the residents have access are free from hazards to their safety, and unnecessary risks to the health and safety of residents are identified and so far as possible eliminated.  This area for improvement is made with specific reference to the safe storage and supervision of cleaning chemicals.  Ref: 5.1 and 5.2.3
	<b>Response by registered person detailing the actions taken:</b> Keycode entrance system replaced to laundry area to ensure washing powder is inaccessible to residents at all times. Supervision completed with domestic and laundry staff highlighting the importance of ensuring the laundry area remains secure. Regular auditing ongoing to ensure compliance.

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> <li>• donning and doffing of personal protective equipment</li> <li>• appropriate use of personal protective equipment</li> <li>• staff knowledge and practice regarding hand hygiene.</li> </ul> <p>Ref: 5.1 and 5.2.3</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 21 (1) (b) Schedule 2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p><b>Response by registered person detailing the actions taken:</b> Competencies completed for all staff with a focus on ensuring that hand hygiene is completed when leaving an area to enter another area eg. the lounge/corridor/dining room. Supervision completed for all staff regarding the correct procedure for donning and doffing. Further posters erected to continually familiarise staff to the correct procedure. Staff testing being completed unannounced.</p> <p>The registered person shall ensure that all pre-employment checks are completed before any staff commence working in the home and evidence retained of managerial oversight of all such records.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Pre employment checks are completed for all staff. Managerial oversight is now applied with retained evidence prior to any staff member commencing employment.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 27 (4) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that fire exits are kept clear at all times.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Refurbishment programme currently underway with provisions for storage of trolleys proposed. In the interim, trolleys are currently being stored in the lounge to ensure fire exits remain free from obstruction</p>

<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 30 (1) (d) (f)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications should be submitted retrospectively.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Retrospective notifications sent for the incidents noted in Ref:5.2.5 Trigger placed in Accident recording book to ensure nursing staff highlight when incidents are being referred to the GP for reference only.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 November 2022</p>	<p>The registered person shall review and revise the management of medicines which are self-administered. Care plans should be in place and records of transfer of medicines to the patient should be maintained.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 6.11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that net pants are only ever provided for individual patient use and that any unlabelled items of clothing are identified and labelled or disposed of to eliminate the potential for communal use.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Net pants now single use items only and are disposed directly after use. All staff aware of procedure</p>



<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that supplementary care records consistently reflect the patients name and date completed.</p> <p>Ref 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Individual staff allocated to complete the identification process of supplementary care records. Staff all reminded that they must ensure records are completed accurately and contemporaneously. Self auditing for care staff introduced. Increased auditing by senior staff to ensure each residents name and the correct date is documented on all records.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that the environment in the home is managed to minimise the risk and spread of infection.</p> <p>This area for improvement specifically related to the cleaning and storage of patient equipment/toiletries.</p> <p>Ref: 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Increased auditing to ensure staff return residents toiletries to their private rooms after showering/bathing. Senior Care Staff auditing the environment following the use of the bathrooms. Cleaning schedules attached to residents commodes to evidence sanitising after use. Equipment audited to ensure compliance.</p>

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



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