



# Unannounced Care Inspection Report 5 March 2020



## Beechvale Nursing Home

**Type of Service: Nursing Home (NH)**  
**Address: 35 Beechvale Road, Killinchy, BT23 6PH**  
**Tel No: 028 9754 1166**  
**Inspectors: Linda Parkes and Joseph McRandle**

[www.rqia.org.uk](http://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.

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 nursing home registered to provide nursing care for up to 42 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Beechvale Nursing Home Limited  <b>Responsible Individual:</b> Richard Porter	<b>Registered Manager and date registered:</b> Kathie-Anne Stevenson 10 October 2017
<b>Person in charge at the time of inspection:</b> Kathie-Anne Stevenson	<b>Number of registered places:</b> 42
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 38

### 4.0 Inspection summary

An unannounced inspection took place on 5 March 2020 from 10.00 to 17.00.

This inspection was undertaken by the care inspector and the finance inspector.

The term 'patient' is used to describe those living in Beechvale Nursing Home which provides nursing care.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and determined if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- staffing arrangements
- staff training records
- environment
- care records
- governance arrangements
- controls surrounding the management of patients' monies and valuables

Evidence of good practice was found throughout the inspection in relation to staffing, staff training and communication between patients, staff and other professionals. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and valuing patients and their representatives and maintaining good working relationships. Good practice was found regarding the general financial arrangements for patients.

Three areas requiring improvement were identified during this inspection regarding the recording of neurological observations, the submission of notifications to RQIA and to ensure adherence to best practice in infection prevention and control.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others and with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

#### 4.1 Inspection outcome

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

\*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 Kathie-Anne Stevenson, 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 inspections dated 17 and 20 December 2019

The most recent inspections of the home were an unannounced care inspection undertaken on 17 December 2019 and an unannounced estates inspection undertaken 20 December 2019. 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 combined inspection.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are retained

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 electronic questionnaire.

The following records were reviewed during the inspection:

- duty rota information for all staff from 24 February to 8 March 2020
- incident and accident records
- two patient care records
- three patient repositioning charts
- two patient neurological observation charts
- a sample of governance audits/records
- complaints record
- compliments received
- the monthly monitoring reports from 24 December 2019 to 28 February 2020
- RQIA registration certificate
- four patients' finance files including copies of written agreements
- a sample of financial records including patients' personal allowance monies and valuables
- a sample of records of payments to the hairdresser and podiatrist
- two patients' records of personal property

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 previous inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> Ref: Regulation 14 (2) Stated: First time	The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and observation of the environment evidenced that all parts of the home to which patients have access are free from hazards to their safety. This area for improvement has been met.	
<b>Area for improvement 1</b> Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that infection prevention and control issues regarding notices displayed throughout the home are managed to minimise the risk and spread of infection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and observation of notice boards throughout the home evidenced that information displayed had been laminated, to ensure that infection prevention and control is managed to minimise the risk and spread of infection. This area for improvement has been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> Ref: Standard 14 Stated: First time	The registered person shall ensure that a written safe contents record is introduced, which should be reconciled, signed and dated by two people at least quarterly. Any entries recording deposits or withdrawals from the safe place should also be signed and dated by two people.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> A review of records evidenced that a system was implemented to record patients' items deposited to and withdrawn from the safe place. Records of items held in the safe place were up to date at the time of the inspection.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 14 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that the physical security of the safe place is robust.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> A review of the safe place evidenced that this area for improvement has been met.</p>	
<p><b>Area for improvement 3</b> <b>Ref:</b> Standard 14.4 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that any monies belonging to a patient that is held within a business account is withdrawn and accounted for separately.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> Discussion with staff and a review of records evidenced that no patients' monies were retained within the home's business bank account.</p>	
<p><b>Area for improvement 4</b> <b>Ref:</b> Standard 14.25 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that a reconciliation of money and valuables held and accounts managed on behalf of residents is carried out at least quarterly. The reconciliation should be recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> A review of records confirmed that reconciliations of patients' monies and valuables were undertaken in line with the Care Standards for Nursing Homes (2015)  The records of the reconciliations were signed by the member of staff undertaking the reconciliation and countersigned by a senior member of staff.</p>	

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 14.13</p> <p><b>Stated:</b> First time</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 style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of a sample of records of payments to the hairdresser and podiatrist evidenced that the records were signed by both the hairdresser and the podiatrist. The records were also signed by a member of staff to confirm that the treatments took place and the cost of each treatment.</p>		
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 14.26</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that an inventory of property belonging to each resident 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 style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of two patients' property records evidenced that the records had been updated and reconciled in line with the Care Standards for Nursing Homes (2015)</p> <p>The records were signed by the member of staff undertaking the reconciliation and countersigned by a senior member of staff.</p>		
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 2.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the content of the home's generic patient agreement is reviewed and amended to ensure it is consistent with standard 2.2.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of two patients' written agreements showed that the agreements were updated to include the details of the person paying the fees and the method of payment for the fees.</p>		



<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 2.8</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that any changes to the individual agreement are agreed in writing by the resident or their representative. The individual agreement should be updated to reflect any increases in charges payable. Where the resident or their representative is unable to or chooses not to sign the revised agreement, this should be recorded.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of two patients' files evidenced that up to date written agreements were retained within both files. The agreements reviewed also showed the current amount of the third party contributions paid on behalf of the patients.</p> <p>The agreements reviewed were signed by the patients' representatives and a representative from the home.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Standard 14.6, 15.7</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the following records are updated:</p> <ul style="list-style-type: none"> <li>• personal monies authorisations providing authority for the home to make purchases of goods or services</li> <li>• authority for specific financial arrangements in place for all relevant patients.</li> </ul> <p>Evidence should be available to confirm that there is authority from the patient/their representative/HSC trust care manager (where relevant) for the detailed arrangements.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of two patients' written agreements evidenced that the agreements were updated with a provision authorising members of staff at the home to undertake transactions on behalf of patients. The agreements were signed by the patients' representatives and a representative from the home.</p> <p>Discussion with staff and a review of records confirmed that other than undertaking purchases and paying for additional services on behalf of patients, no other financial arrangements were in place for patients.</p>	<p><b>Met</b></p>

<b>Area for improvement 10</b> <b>Ref:</b> Standard 46.2 <b>Stated:</b> Second time	The registered person shall fit washable covers to all pull cords	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and observation of pull cords throughout the home evidenced that this area for improvement has been met.	
<b>Area for improvement 11</b> <b>Ref:</b> Standard 38 <b>Stated:</b> First time	The registered person shall ensure that staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements. A pre-employment health assessment should be obtained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of the pre-employment health assessment for a newly appointed staff member evidenced that this area for improvement has been met.	
<b>Area for improvement 12</b> <b>Ref:</b> Standard 4.9 <b>Stated:</b> First time	The registered person shall ensure that supplementary care records, specifically, repositioning records are completed in a comprehensive, accurate and contemporaneous manner in accordance with legislative and best practice guidance.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of three patient repositioning records evidenced there were gaps in the recording. This area for improvement has not been met and is stated for the second time.  For details refer to 6.2.4	
<b>Area for improvement 13</b> <b>Ref:</b> Standard 5 <b>Stated:</b> First time	The registered person shall ensure that information regarding patients' individual care recommendations is not displayed on walls in the home in order to respect their confidentiality.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of the environment evidenced that information regarding patients' individual care recommendations is not displayed on walls in the home in order to respect their confidentiality. This area for improvement has been met.	

## 6.2 Inspection findings

### 6.2.1 Staffing arrangements

The 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 24 February to 8 March 2020 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff.

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

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey; we had no response within the time scale specified.

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 manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Beechvale Nursing Home. We also sought the opinion of patients on staffing via questionnaires. One questionnaire was returned within the timescale specified and indicated that they were very satisfied that there are enough staff to help.

Two relatives spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. Three questionnaires were returned and indicated that they were very satisfied that staff had 'enough time to care'.

Two returned relative questionnaires included the following comments:

"I feel confident my husband is receiving outstanding care and love at all times. The quality of his life has greatly improved with the high standards being continually maintained."

"Very clean rooms and public areas. Super range of engaging activities for the residents."

A relative said:

"It's like a family. All's great. I have no concerns but I would be able to discuss them if I had and know they would be addressed."

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

“We can’t thank you enough for the loving care, consideration, kindness and dignity given to our mum. The staff were all wonderful not only to our mum but to us. You made a difficult time easier with all your thoughtfulness and care.”

“Thank you for taking care of dad all these years. He was content and of course well fed. I never had to worry as I always knew he was in safe hands.”

### **6.2.2 Staff training**

We discussed the provision of mandatory training with staff. 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. Review of staff training records for 2019/2020 evidenced that staff had attended training regarding the moving and handling of patients, deprivation of liberty safeguards (DoLS) and adult safeguarding.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

### **6.2.3 Environment**

A review of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm and clean throughout. It was noted that the home required redecoration and that carpets were marked and in need of replacement. The manager advised that building work on a new extension to the premises had commenced and was ongoing. Details of a painting schedule due to commence in 2020 was submitted to RQIA on 19 December 2019 by the manager who advised that flooring has been ordered to replace carpets when the new build is completed.

On inspection it was noted that two identified bathrooms in the home had no hand washing posters on display in order to minimise the risk of infection for staff, patients and visitors. This was discussed with the manager. Correspondence from the manager post inspection confirmed that posters were in place.

It was observed that an identified hoist, a walking aid, three identified wheelchairs and a shower chair in the ground floor bathroom was not effectively cleaned. This was discussed with the manager and an area for improvement was identified.

### **6.2.4 Care records**

Review of two 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 falls and wounds. Care records 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.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (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), SALT or the dietician.

Review of three patient repositioning charts showed that there were gaps in the recording of the delivery of care. The charts evidenced that the frequency of the repositioning of patients and the time recorded was inconsistent. This was discussed with the manager and an area for improvement was identified for the second time.

Neurological observation charts for two patients who had unwitnessed falls were reviewed. It was noted that they were not recorded for a period of twenty-four hours in line with post fall protocol and current best practice. This was discussed with the manager and an area for improvement was identified.

### **6.2.5 Governance arrangements**

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 manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the 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 manager.

Discussion with the 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 care plans, patients' weight and wound management.

Review of records from 24 December 2019 to 28 February 2020 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. There was evidence within the records that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

We reviewed accidents/incidents records from 9 to 24 February 2020 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Generally notifications were sent to RQIA in a timely manner but on one occasion no evidence was available to indicate that notification had been sent regarding a significant incident. This was discussed with the manager. An area of improvement under regulation was identified.

Staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff and management. The manager advised that no complaints had been received during 2020.

The manager advised that staff, patient and relatives meetings were held on a regular basis. Minutes were available.

## Finance 6.2.6

A review of a sample of patients' records was taken to validate compliance with the financial areas for improvement identified from the last inspection. These included; copies of patients' written agreements, records of the reconciliations of patients' monies and valuables, records of patients' personal property and records of payments to the hairdresser and podiatrist. Of the total number of areas for improvement all were assessed as met.

A review of records showed that a system has been implemented to record patients' items held in the safe place. Records evidenced when items were deposited to and withdrawn from the safe place and that two signatures were recorded against each entry. Discussion with staff confirmed that the items were checked on a regular basis. It was noticed however, that although the records were up to date and signed after each activity, there were no signatures recorded to evidence that regular checks of the patients' items were undertaken.

The inspector advised staff to record the date when checks were undertaken of patients' items. The record should be signed by the person undertaking the check and countersigned by a senior member of staff.

No new areas for improvement were identified during the finance inspection.

### Areas of good practice

Evidence of good practice was found throughout the inspection in relation to staffing, staff training and communication between patients, staff and other professionals. Staff demonstrated that they had good understanding of the individual needs of the patients. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and valuing patients and their representatives and maintaining good working relationships. Good practice was found regarding the general financial arrangements for patients.

### Areas for improvement

Three areas for improvement were identified during the inspection regarding the recording of neurological observation charts, the submission of notifications to RQIA and to ensure adherence to best practice in infection prevention and control.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kathie-Anne Stevenson, 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 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (1) (b)  <b>Stated:</b> First time  <b>To be completed:</b> Immediate action required	<p>The registered person shall ensure that all unwitnessed falls are managed in line with current best practice and that neurological observations are completed for twenty-four hours.</p> <p>Ref: 6.2.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Neurological observations have always been taken for 24hrs following an unwitnessed fall where the resident remained in the home. We have now implemented this regardless of a hospital admission and return within a 24hr period.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time  <b>To be completed:</b> Immediate action required	<p>The registered person shall ensure that there is no delay in sending notifications to RQIA.</p> <p>Ref: 6.2.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            This was a one of special circumstance as the manager was on leave and the Deputy had only been appointed and it slipped his mind. This has since been rectified and as always we continue to send notifications without delay.</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>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> Second time  <b>To be completed:</b> Immediate action required	<p>The registered person shall ensure that supplementary care records, specifically, repositioning records are completed in a comprehensive, accurate and contemporaneous manner in accordance with legislative and best practice guidance.</p> <p>Ref: 6.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            The Manager has discussed this issue with all Care &amp; Nursing staff. A new system for completing repositioning records has been implemented and the Nursing staff oversee this daily.</p>



<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed:</b> Immediate action required</p>	<p>The registered person shall ensure that the cleaning schedule is monitored and adhered to in order to maintain the decontamination of hoists, walking aids, wheelchairs and shower chairs in the home in relation to best practice regarding infection prevention and control.</p> <p>Ref: 6.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Cleaning schedule is in place and monitored by the Clincial Lead/Charge Nurse on Night Duty. Infection prevention and control audits are carried out monthly.</p>
---	--

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)