



# Unannounced Care Inspection Report

## 15 August 2018



## Colinvale Court

**Type of Service: Nursing Home (NH)**  
**Address: Glen Road, Belfast, BT11 8BU**  
**Tel No: 028 9060 4314**  
**Inspector: Elizabeth Colgan**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 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 50 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Raymond Liam Murphy  <b>Responsible Individual:</b> Raymond Liam Murphy	<b>Registered Manager:</b> Vincy Vincent
<b>Person in charge at the time of inspection:</b> Vincy Vincent	<b>Date manager registered:</b> 13 June 2016
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia	<b>Number of registered places:</b> 50

### 4.0 Inspection summary

An unannounced inspection took place on 15 August 2018 from 08.55 to 17.10.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff induction, training, and effective communication systems. There was also evidence of good practice identified in relation to the governance and management arrangements; management of complaints and incidents, and maintaining good relationships within the home.

Areas requiring improvement were identified, in relation to, the environment, infection prevention and control, and the safe and secure storage of medications. Other areas for improvement were noted in relation to the care records, risk management, supplementary care records and the displaying of menus.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. 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	*2	7

\*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 Mr Raymond Murphy, responsible person and Vincy Vincent, 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 23 May 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 23 May 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 eight patients, five 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.

A lay assessor Mr Trevor Lyttle was present during the inspection and his comments are included within this report.

The following records were examined during the inspection:

- duty rota for all staff from 6 August to 19 August 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
- four patient care records
- four 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 23 May 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 15 March 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time	The registered person shall ensure that the control of substances hazardous to health (COSHH) and the infection prevention and control procedures are in accordance with regional guidance and are monitored as part of the homes quality auditing systems.	<b>Partially met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Observation and review of documentation confirmed that compliance with control of substances hazardous to health (COSHH) had been achieved. Infection prevention and control (IPC) procedures were not fully in accordance with regional guidance. IPC audits undertaken as part of the homes quality auditing systems need reviewed and should ensure that they evidence that where a shortfall has been identified a corresponding action plan is implemented to address the shortfall.</p> <p>The infection prevention and control aspect of this area for improvement has been partially met and has been stated for a second time.</p>	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 35.4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that quality audits evidence that where a shortfall has been identified a corresponding action plan is implemented to address the shortfall.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of documentation confirmed that all other quality audits evidenced that where a shortfall had been identified a corresponding action plan had been implemented to address the shortfall.</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4.8</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure care plans evidence the desired daily fluid intake for individual patients and the action to be taken, and at what stage, should the desired target not be met.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Observation and review of documentation confirmed that care plans evidenced the desired daily fluid intake for individual patients, the action to be taken, and at what stage, should the desired target not be met.</p>	



### 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 6 August to 19 August 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. 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. No staff questionnaires were returned.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in the home. We also sought the opinion of patients on staffing via questionnaires. No patient questionnaires were returned.

The five 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 all three relatives indicated that they were satisfied that staff had 'enough time to care'.

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 AccessNI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

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. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

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 The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

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 four patients' care records evidenced that the majority of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process. In one care record the Braden risk assessment to identify patients at risk of developing pressure damage had not been totalled correctly regarding nutrition which would have increased the patients risk from medium to high. Also a MUST assessment was not in place, however a nutritional awareness raising tool was in place but had not been updated since April 2018. This patient had been referred to and seen by the dietitian. An area for improvement under the standards was identified.

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.

A review of records, and discussion with the registered manager and staff evidenced that unwitnessed falls were not routinely managed as potential head injuries. Neurological observations were not routinely taken or a post falls risk assessment within 24 hours undertaken. An area for improvement under the standards was identified.

In one identified lounge it was observed that medications were left unattended on top of the medication trolley. The registered nurse was in the lounge administering medication to a patient, so the trolley was not in sight at all times. This was discussed with the registered manager and an area for improvement under the regulations was made. This was also referred to the pharmacy inspector for their information.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, and dining room and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. The following areas were identified for improvement regarding the homes environment:

- Restricted access and hot press doors should be locked at all times.
- The sluice room in the identified suite should be cleaned, repainted and the lightening repaired.
- Mop buckets and mops should be clean and ready to use.
- The garden patio areas need tidied and weeded.
- The identified baths with missing enamel should be repaired or replaced.
- The malodour in the identified corridor should be investigated and action taken.
- The treatment room needs tidied and cleaned.



This area was discussed with registered person and registered manager and an area for improvement under the standards has been identified.

Observation of practices, care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were not consistently adhered to. For example:

- The sharps box in the treatment room was not signed or dated and the aperture not closed when not in use.
- Single use syringes were being reused; observation evidenced these steeping in fluid on the medication trolley and on the radiator of the treatment room.
- The alcohol gel container at the front entrance to the home was empty.
- Oxygen masks and tubing had been removed from their original packaging and left exposed creating the potential for contamination.
- In an identified bathroom the hand washing sink had been blocked by equipment.
- Dress code policy relating to NOT wearing jewellery was not fully complied with by staff.
- IPC audits undertaken as part of the homes quality auditing systems need reviewed and should ensure that they evidence that where a shortfall has been identified a corresponding action plan is implemented to address the shortfall.

Infection prevention and control procedures and the monitoring of these as part of the homes quality auditing systems had been identified as an area for improvement at the previous inspection. This area for improvement has been partially met and has been stated for a second time. In addition an area for improvement has been made against the standards in relation the above infection prevention and control issues.

The registered manager had an awareness of the importance to monitor the incidents of HCAI's and/or when antibiotics were prescribed and the manager understood the role of PHA in the management of infectious outbreaks.

### **Areas of good practice**

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

### **Areas for improvement**

Two areas was identified for improvement under the regulations in relation to, infection prevention and control, which has been stated for a second time, and the safe and secure storage of medications.

Four areas were identified for improvement under the standards in relation to, infection prevention and control, risk management, falls management and the home's environment.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	2	4

## 6.5 Is care effective?

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

Review of four patient care records evidenced that care plans were generally 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. As discussed in section 6.4 the management of nutrition in relation to MUST assessments needs improved. 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 some deficits were noted. In one care record, a separate preventative care plan was not in place for the prevention of pressure damage and care plans had not been reviewed since April 2018. In another care record the care plan for falls management did not include if action taken to prevent the falls had been effective. Another care record did not have a care plan in place for a chest infection, treated with antibiotics. An area for improvement under the standards was identified.

Supplementary care records reviewed noted that food and fluid intake records evidenced a contemporaneous record over the 24 hour period of the patient's food and fluid intake. Re-positioning records did not record the setting required for the pressure relieving mattress and in one instance a mattress had not been set in accordance with the patient's weight. An area for improvement under the standards was identified.

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 changed.

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.

The registered manager advised that relatives meetings were held on a regular basis. Minutes were available. Patient's 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, communication between residents, staff and other key stakeholders.

## Areas for improvement

Two areas were identified for improvement under the standards in relation to care records and supplementary care records.

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

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

We arrived in the home at 08.55 and were greeted by staff who were helpful and attentive. Patients were getting ready to have breakfast in the dining rooms, 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, caring and timely. Patients were 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 next day a competition event had been arranged for patients where staff and relatives were to dress up their small dogs for the prize of a cup donated by one of the patients.

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 breakfast and the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. A menu was displayed for breakfast but not at lunchtime. An area of improvement was identified against the standards. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

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 eight patients individually, and with others in smaller groups, confirmed that they enjoyed living in the home. One patient was concerned about another patient who would wander into his bedroom at night. This was discussed with the registered manager who advised that this was being dealt with. This patient stated the food was great and apart from the above issue it was a great place to live. 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 questionnaires were provided; seven were returned within the timescale. All seven indicated that they were very satisfied or satisfied with the care provided across the four domains.

Representative's comments:

- "We are very happy with Mums care. The management and staff are very kind and compassionate."
- "I am happy with everything at the minute."
- "Everything good. Home is good I have visited at various times. Staff very good with my father and he has gained weight since coming into the home."
- "We had issues when Mum came into the home four years ago, these have been resolved, if we have any concerns we can raise these with the registered manager."
- "The staff operate in a very professional manner."

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

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

### Areas of good practice

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

### Areas for improvement

One area was identified for improvement under the standards in relation to ensuring the menu was displayed in dining areas.

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

## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

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 was a change in management arrangements for a short time when the registered manager was on extended leave and the deputy manager was covering, the certificate of registration was updated to reflect this change. RQIA were notified appropriately of the return of the manager on the day of the inspection.

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

Discussion with the registered manager and 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. Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships 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 during the inspection.

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

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Raymond Murphy, responsible person and Vincy Vincent, 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> Second time  <b>To be completed by:</b> 15 September 2018	<p>The registered person shall ensure that infection prevention and control procedures are in accordance with regional guidance and are monitored as part of the homes quality auditing systems.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Infection prevention and control procedures have been updated in line with RQIA guidelines and are monitored as part of the Home's quality auditing system .</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (4) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 15 August 2018	<p>The registered person shall ensure medications are safely and securely stored in compliance with legislative requirements, professional standards and guidelines.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Medications are safely and securely stored as required. Nursing staff have been reminded of their responsibilities.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> 15 September 2018	<p>The registered persons must ensure that risk assessments are completed and reflect the current needs of the patients and as prescribed in care plans.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The Responsible Person has consulted with Nursing Staff to ensure that careplans reflect all care needs and are updated as and when necessary .</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 22  <b>Stated:</b> First time  <b>To be completed by:</b> 15 August 2018	<p>The registered person shall ensure that unwitnessed falls are routinely managed as potential head injuries. Neurological observations taken and a post falls risk assessment undertaken within 24 hours.</p> <p>Ref: 6.4</p>



	<p><b>Response by registered person detailing the actions taken:</b> The Responsible Person has ensured that unwitnessed falls are routinely managed as potential head injuries. The appropriate observations will be recorded and a post falls risk assessment undertaken within 24 hours.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 September 2018</p>	<p>The registered person shall ensure that the following infection prevention and control issues are addressed:</p> <ul style="list-style-type: none"> <li>• The sharps box in the treatment room was not signed or dated and the aperture not closed when not in use.</li> <li>• Single use syringes were being reused; observation evidenced these steeping in fluid on the medication trolley and on the radiator of the treatment room.</li> <li>• The alcohol gel container at the front entrance to the home was empty.</li> <li>• Oxygen masks and tubing had been removed from their original packaging and left exposed creating the potential for contamination.</li> <li>• In an identified bathroom the hand washing sink had been blocked by equipment.</li> <li>• Dress code policy relating to NOT wearing jewellery was not fully complied with by staff.</li> <li>• IPC audits undertaken as part of the homes quality auditing systems need reviewed and should ensure that they evidence that where a shortfall has been identified a corresponding action plan is implemented to address the shortfall.</li> </ul> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> The issues raised relating to ICP have been addressed with all nursing staff and appropriate action taken where necessary and as detailed in the report.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 September 2018</p>	<p>The registered person shall ensure that the following areas relating to the environment are addressed:</p> <ul style="list-style-type: none"> <li>• Restricted access and hot press doors should be locked at all times.</li> <li>• The sluice room in the identified suite should be cleaned, repainted and the lightening repaired.</li> <li>• Mop buckets and mops should be clean and ready to use.</li> <li>• The garden patio areas should be tidied and weeded.</li> <li>• The identified baths with missing enamel should be repaired or replaced.</li> <li>• The malodour in the identified corridor should be investigated and action taken.</li> <li>• The treatment room should be tidied and cleaned.</li> </ul> <p>Ref: 6.4</p>

	<b>Response by registered person detailing the actions taken:</b> The issues relating to the environment have been resolved and are ongoing including the painting of the sluice room and general tidying of the external areas.
<b>Area for improvement 5</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time <b>To be completed by:</b> 15 September 2018	The registered persons must ensure that care plans are in place for patients and that they reflect all assessed care needs.  Ref: 6.5
	<b>Response by registered person detailing the actions taken:</b> The Responsible Person has discussed the need for care plans to reflect all care needs and the Nurse Manager has instructed all Nurses to implement and update as and where necessary.
<b>Area for improvement 6</b> <b>Ref:</b> Standard 23 <b>Stated:</b> First time <b>To be completed by:</b> 15 September 2018	The registered person shall ensure that repositioning records reflect the settings of the pressure relieving mattress and that mattress are set at the correct level.  Ref: 6.5
	<b>Response by registered person detailing the actions taken:</b> The Responsible Person has taken the necessary action to ensure that care plans are in place and fully reflect all assessed care needs. The Home Manager has taken the necessary action to ensure that settings of the airflow mattresses are maintained at the appropriate level and as required to meet the individual needs of the residents.
<b>Area for improvement 7</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time <b>To be completed by:</b> 15 September 2018	The registered person shall ensure that menus are displayed in dining areas  Ref: 6.6
	<b>Response by registered person detailing the actions taken:</b> Menus are available at all times and are displayed in full view of residents.

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



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