



# Unannounced Care Inspection Report 9 January 2019



## Bannview House Care Home

**Type of Service: Nursing Home (NH)**  
**Address: 23 Bannview Road, Banbridge, BT32 3RL**  
**Tel No: 02840660110**  
**Inspector: Linda Parkes**

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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 58 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Amore (Warrenpoint) Ltd  <b>Responsible Individual:</b> Nicola Cooper	<b>Registered Manager:</b> Cherith Rogers
<b>Person in charge at the time of inspection:</b> Cherith Rogers	<b>Date manager registered:</b> 29 January 2018
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	<b>Number of registered places:</b> 58  A maximum of 15 patients in category NH-I, 41 patients in category NH-DE and 2 patients in category NH-PH.

### 4.0 Inspection summary

An unannounced inspection took place on 9 January 2019 from 09.40 to 16.30. 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 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 provision and training, adult safeguarding, audits and reviews and communication between patients, staff and other professionals. Good practice was also identified in relation to the culture and ethos of the home, dignity and privacy, governance arrangements and maintaining good working relationships.

Areas requiring improvement were identified in relation to ensuring that fire exits and stair wells are kept clear and free from obstruction, that the premises are decorated to an acceptable standard and that a robust system is established and monitored to ensure all wheelchairs, hoists, shower chairs and commodes are adequately cleaned. In addition an area for improvement was identified regarding inappropriate storage of equipment in bathrooms and to ensure chairs in an identified lounge are effectively cleaned or replaced to adhere to infection prevention and control measures.

Patients spoken with during the inspection stated they were content and comfortable in their surroundings. Patients spoke positively regarding their experience of living in the home during the inspection. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

One patient said, “the staff are great and they support me well. If I had a concern I would speak to the nurse or Cherith the home manager.”

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>	1	*4

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

Details of the Quality Improvement Plan (QIP) were discussed with Cherith Rodgers, 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 3 January 2019

The most recent inspection of the home was an unannounced medicine management inspection undertaken on 3 January 2019. No areas for improvement were identified. 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 five patients, small groups of patients in the lounges four patients’ relatives and four staff. Questionnaires were also left in the home for patients and patients’ representatives 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 poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 31 December 2018 to 13 January 2019
- 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 from 21 June 2018 to 8 January 2019
- two staff recruitment and induction files
- eight patient care records
- two patient care charts including food and fluid intake charts.
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports from June to December 2018 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 3 January 2019

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

### 6.2 Review of areas for improvement from the last care inspection dated 20-21 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 44  <b>Stated:</b> First time	The registered person shall investigate and eradicate the malodour in the clinical room in the Scarva unit.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and observation of the environment confirmed that a plumber had been employed to address the concern relating to the sink in Scarva unit clinical room. This area for improvement has been met.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 46.2 <b>Stated:</b> First time</p>	<p>The registered person shall establish a robust system to ensure all wheelchairs hoists shower chairs and commodes are adequately cleaned.</p>	Not met
	<p><b>Action taken as confirmed during the inspection:</b> Observation of wheelchairs, hoists, shower chairs and commodes throughout the home confirmed this area for improvement has not been met and will be stated for the second time.</p>	
<p><b>Area for improvement 3</b> <b>Ref:</b> Standard 46.2 <b>Stated:</b> First time</p>	<p>The registered person shall recover or replace the identified chairs found to be scuffed or damaged.</p>	Met
	<p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and observation of the environment in Bronte unit confirmed that this area for improvement has been met.</p>	
<p><b>Area for improvement 4</b> <b>Ref:</b> Standard 43 <b>Stated:</b> First time</p>	<p>The registered person shall repair or recover the damaged floor coverings and floor coverings coming away from the skirting in the identified bedrooms</p>	Met
	<p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and observation of the environment in Scarva unit confirmed that this area for improvement has been 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 duty rota for all staff from 31 December 2018 to 13 January 2019 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. Eight staff questionnaires were returned. All eight staff indicated that there "are sufficient staff to meet the needs of the patients."

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Bannview House Care Home. We also sought the opinion of patients on staffing via questionnaires. No questionnaires were returned within the timescale specified.

We sought relatives' opinion on staffing via questionnaires. Five questionnaires were returned and all relatives indicated that they were very satisfied that staff had 'enough time to care'.

One of the relatives' included the following comment: "It seems the home can be short of staff at the weekends in particular."

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 for 2018. 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. The registered manager advised that she monitors e-learning within the home for staff and it is currently ninety four per cent.

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. The registered manager is identified as the safeguarding champion.

Review of eight patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from 21 June 2018 to 8 January 2019 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, fresh smelling and clean throughout. Patients/representatives/staff spoken with were complimentary in respect of the home's environment.

It was noted that some areas of the home were in need of redecoration. Carpet in the corridor of the Downshire unit was badly stained and needs to be replaced. This was discussed with the registered manager who advised deep cleaning is ineffective. Also in the unit the corridor walls and bannisters need to be redecorated as the paint is chipped and marked. In two identified bedrooms in the Bronte unit the lino flooring was cracked and raised. This was brought to the attention of the registered manager and an area for improvement was identified.

On observation of wheelchairs, hoists, shower chairs and commodes throughout the home it was noted that they were not effectively cleaned. This was discussed with the registered manager. This area for improvement has not been met and will be stated for the second time.

On inspection of bathrooms throughout the home it was observed that they were cluttered with the inappropriate storage of a crash mat, wheelchairs, a pressure relieving mattress on the floor with a hoist sling sitting on top of it and a chair. This was discussed with the registered manager and an area for improvement was identified.



It was noted that in the lounge in Scarva unit a number of chairs were badly stained and in need of deep cleaning or replacement. This was discussed with the registered manager and an area for improvement was identified.

The fire exit at zone fifteen in Scarva unit was observed to have two hoists stored that would cause an obstruction should the home need to be evacuated safely and the fire exit on the ground floor reception area had two clothes rails stored with clothes on them that obstructed access to both fire extinguishers, fire extinguisher signs and the break glass. This practice was discussed with the registered manager who addressed these concerns without delay to ensure the safety and wellbeing of patients in the home. It was observed that boxes of Christmas decorations had been left at stair well five. The registered manager advised that the decorations would be moved to a storage area in the home. The registered manager confirmed by email that this has been addressed. An area for improvement under regulation 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 consistently adhered to. The manager had an awareness of the importance to monitor the incidents of HCAI's and/or when antibiotics were prescribed.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. Care plans were in place for the management of alarm mats.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding, infection prevention and control, risk management and the home's environment.

**Areas for improvement**

The following areas were identified for improvement, to ensure that fire exits and stair wells are kept clear and are free from obstruction, the premises are decorated to an acceptable standard, inappropriate storage of equipment in bathrooms requires to be addressed and chairs in an identified lounge are effectively cleaned or replaced to adhere to infection prevention and control measures. An area for improvement in relation to establishing a robust system to ensure all wheelchairs, hoists, shower chairs and commodes are adequately cleaned has been stated for the second time.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	*4

**6.5 Is care effective?**

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

Review of eight patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition, patients' weight, and wound care. The registered manager advised that there were currently no infections within the home. 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), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. 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. The registered manager advised that daily 'flash meetings' were held with staff in order to update them on current events and announcements within the home.

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.

The registered manager advised that patient, relative and staff meetings were held on a quarterly basis. Minutes were available. The home produces a monthly newsletter which is made available for patients, relatives, visitors and staff to read.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care planning, record keeping, audits and reviews, communication between residents, staff and other professionals.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

## 6.6 Is care compassionate?

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

We arrived in the home at 09.40 and were greeted by staff who were helpful and attentive. Staff were responding to patient's needs and requests promptly and cheerfully. Patients were observed 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 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 each unit evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The home operates a bus that enables residents to attend local societies in the community.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. 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. Patients able to communicate indicated that they enjoyed their meal. A patient commented, "Lunch is nice. I'm enjoying it."

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. Some of the comments recorded included:

"Thank you so much for all your care over the past year. It has been amazing!"

"In upmost appreciation we wish to thank each and every one of you for the tender loving care you gave to dad."

"Your nurses and care assistants are simply exceptional. They treated her as one of their own providing endless patience, support and loving care."

All patients spoken with commented positively regarding the care they receive and the caring and kind attitude of staff at Bannview House Care Home. 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.

Two patients said,  
 “I have a comfortable room, the foods nice and I’m well looked after.”  
 “The staff are nice and we eat good food.”

Questionnaires were provided for patients and their representatives across the four domains. Five representatives completed and returned questionnaires within the specified time frame. Comments received were positive with responses recorded as ‘very satisfied’ regarding safe, effective, compassionate and well led care.

Three relatives said,  
 “I am very pleased with the care my mum is having.”  
 “If I have any concerns it is sorted out very quickly. The staff are very good and they helped my wife settle in quickly.”  
 “My husband has improved since he came here.”

Staff were asked to complete an on line survey, we had eight responses within the timescale specified. Staff members were very satisfied that patients were treated with compassion.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date will be 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, and the patient dining experience.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.7 Is the service well led?**

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

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangement. 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, and their 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 service collected equality data on service users and the registered manager was advised of the role of the Equality Commission for Northern Ireland and the availability of guidance on best practice in relation to collecting the data.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices to include hand washing and care records. In addition robust measures were also in place to provide the registered manager with an overview of the management of wounds occurring in the home.

Discussion with the registered manager and review of records from June to December 2018 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 Cherith Rogers, 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.

<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 27.4 (c)  <b>Stated:</b> First time  <b>To be completed:</b> Immediate action required	The registered person shall ensure that fire exits and stair wells are kept clear and are free from obstruction.  <b>Ref:</b> Section 6.4  <b>Response by registered person detailing the actions taken:</b> The areas identified during the inspection were addressed at that time. All fire exits and stair wells are clear and are checked on a daily basis since the inspection.
<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 44  <b>Stated:</b> First time  <b>To be completed by:</b> 30 June 2019	The registered person shall ensure that the building is kept clean and hygienic at all times in accordance with infection control best practice and is decorated to a standard acceptable for residents.  <b>Ref:</b> Section 6.4  <b>Response by registered person detailing the actions taken:</b> Refurbishment is ongoing on a planned schedule of works, this includes painting and reflooring.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 46.2  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 July 2018	The registered person shall establish a robust system to ensure all wheelchairs hoists shower chairs and commodes are adequately cleaned.  <b>Ref:</b> Section 6.4  <b>Response by registered person detailing the actions taken:</b> These are now cleaned nightly by care staff, this is checked and signed by the nurse on duty to ensure cleaning to a high standard. This is monitored by the management team at the home.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	The registered person shall ensure that equipment is appropriately stored to minimise the risk of infection for staff, residents and visitors.  <b>Ref:</b> Section 6.4  <b>Response by registered person detailing the actions taken:</b> The identified areas on the day of the inspection were addressed fully within 24hours of the inspection taking place. This is closely monitored by the management team within the home.

<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 identified chairs are deep cleaned or replaced in order to adhere to best practice in infection prevention and control measures.</p> <p>Ref: Section 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The identified chairs are being replaced, these have been ordered and we are waiting on delivery.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**





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