

Inspection Report

7 February 2022



Madelayne Court

Type of service: Nursing Home
**Address: Dunseverick and Dunluce Suites,
1-27 Nursery Avenue, Portstewart BT55 7LG**
Telephone number: 028 7083 1014

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Kathryn Homes Ltd Responsible Individual : Mr Stuart Johnstone	Registered Manager: Miss Gemma Boyd – not registered
Person in charge at the time of inspection: Miss Gemma Boyd – acting manager	Number of registered places: 48 A maximum of 22 patients in category NH-DE to be accommodated in the Dunseverick Suite, and a maximum of 26 patients in categories NH-I, NH-MP(E) and NH-PH(E) to be accommodated in the Dunluce Suite. A maximum of 4 patients in category NH-TI. The home is also approved to provide care on a day basis for 1 person in the Dunseverick Suite.
Categories of care: Nursing Home (NH) PH(E) - Physical disability other than sensory impairment – over 65 years MP(E) - Mental disorder excluding learning disability or dementia – over 65 years I – Old age not falling within any other category TI – Terminally ill DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 47
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 48 patients. The home is divided in two units; the Dunseverick Suite located on the first floor in which care is provided to people living with dementia; and the Dunluce Suite located on the second floor in which patients receive general nursing care. There is also a registered Residential Care Home located within the same building and for which the manager also has operational responsibility and oversight.	

2.0 Inspection summary

An unannounced inspection took place on 25 January 2022 from 10.30 am to 5.15 pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified during this inspection and this is discussed within the main body of the report and Section 7.0. Two of the areas for improvement identified at the previous care inspection were partially met and were stated for a second time, while another two areas for improvement are stated for a third and final time.

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

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

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

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

3.0 How we inspect

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

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

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

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

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

4.0 What people told us about the service

Thirteen patients, two relatives and five staff were spoken with. Eight questionnaires were returned with patients indicating they were happy with the care provided in the home. No feedback was received from the staff online survey.

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. Relatives were complimentary of the care provided in the home.

Staff acknowledged the challenges of working through the COVID – 19 pandemic but all staff agreed that Madelayne Court was a good place to work. Staff were complimentary in regard to the home's management team and spoke of how much they enjoyed working with the patients.

5.0 The inspection

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

Areas for improvement from the last inspection on 26 October 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 21 (1) (b) Stated: Second time	The registered person shall ensure employees have a full employment history, including start and finish dates. Any gaps in an employment record must be explored and explanations recorded.	Met
	Action taken as confirmed during the inspection: Review of a sample of employment records confirmed that this area for improvement was met.	

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the deficits highlighted in 5.2.3.</p> <p>Action taken as confirmed during the inspection: There was evidence of some improvement against this area for improvement however some deficits were observed. This is discussed further in section 5.2.2. This area for improvement was partially met is stated for a third and final time.</p>	<p>Partially met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 21 (1) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a robust system is implemented and maintained in regard to monitoring staff registration with the Northern Ireland Social Care Council at all times.</p> <p>Action taken as confirmed during the inspection Review of a selection of audit records evidenced that this area for improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that nursing staff carry out clinical/neurological observations, in keeping with best practice, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.</p> <p>Action taken as confirmed during the inspection: There was evidence of some improvement against this area for improvement; however examination of two patient care records evidenced continued deficits in management of falls. This is discussed further in section 5.2.2. This area for improvement was partially met is stated for a second time.</p>	<p>Partially met</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the care needs of patients at risk of developing pressure ulcers are managed in an effective manner. This includes but is not limited to:</p> <ul style="list-style-type: none"> • the repositioning of patients in keeping with their prescribed care needs • the contemporaneous and comprehensive completion of supplementary repositioning records • the timely provision of pressure relieving mattresses, as needed • the meaningful review of patients' care needs and/or nursing interventions within daily care records • the effective communication of patients' pressure care needs between staff. <p>Action taken as confirmed during the inspection: There was evidence of some improvement against this area for improvement; however examination of a selection of patient care records evidenced continued deficits. This is discussed further in section 5.2.2. This area for improvement was partially met is stated for a second time.</p>	<p>Partially met</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 30 (1) (d) (f)</p> <p>Stated: First time</p>	<p>The registered person shall give notice to RQIA without delay of the occurrence of any event in the nursing home which adversely affects the wellbeing or safety of any patient.</p> <p>Action taken as confirmed during the inspection Examination of accident and incident records evidenced that this area for improvement has been met.</p>	

Area for improvement 7 Ref: Regulation 29 Stated: First time	<p>The registered person shall ensure that monthly monitoring reports are completed in a robust and comprehensive manner so as to identify deficits and drive any necessary improvements within the home; this includes but is not limited to the timely review and completion of any associated action plans.</p> <p>Action taken as confirmed during the inspection Review of a selection of monthly monitoring reports confirmed that this area for improvement has been met.</p>	Met
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		
Area for Improvement 1 Ref: Standard 11 Stated: Second time	<p>The registered person shall ensure the programme of activities is displayed in a suitable format in the home. Arrangements for the provision of activities should be in place in the absence of the activity co-ordinator.</p> <p>Action taken as confirmed during the inspection: Observation of practice, review of records and discussion with staff confirmed this area for improvement is met.</p>	Met
Area for improvement 2 Ref: Standard 46.2 Stated: Second time		
	<p>The registered person shall ensure a more robust system is in place to ensure compliance with best practice on infection prevention and control.</p> <p>Action taken as confirmed during the inspection: There was evidence of some improvement in the infection prevention and control audit, although some issues were identified regarding completion and effectiveness of the audits. This is discussed further in section 5.2.5. This area for improvement was partially met is stated for a third and final time.</p>	Partially met

Area for improvement 3 Ref: Standard 39.1 Stated: First time	<p>The registered person shall ensure that all agency staff complete a structured orientation and induction in a timely manner and such records are retained within the nursing home at all times.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
Area for improvement 4 Ref: Standard 21.1 Stated: First time	<p>The registered person shall ensure that patients' wound care needs are managed in an effective manner at all times; this includes but is not limited to ensuring that: records are updated in a timely manner to reflect the assessed needs of patients; daily progress notes include meaningful and patient centred entries regarding patients' skin condition; a robust wound care audit is being used in the home.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. This has been uplifted into a new area for improvement under regulation.</p>	
Area for improvement 5 Ref: Standard 35.16 Stated: First time	<p>The registered person shall ensure that an annual quality report is prepared which includes follow up actions to be taken. The report should integrate the views of patients, their relatives and staff into the evaluation and review of the quality of care.</p> <p>Action taken as confirmed during the inspection: The manager confirmed a new template for annual quality reports was being implemented and this should be available for review at the next care inspection.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection

5.2 Inspection findings

5.2.1 Staffing Arrangements

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty. The manager confirmed there was ongoing recruitment for an acting deputy manager in the home.

Staff said they felt supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work and said when planned staffing levels were adhered to they had no concerns regarding the staffing levels. Some staff consulted were not satisfied that there were sufficient staff numbers on occasions when staff sickness was not covered at short notice. The manager told us there was a system in place to try and obtain cover and that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

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

5.2.2 Care Delivery and Record Keeping

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

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff members were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff members were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs. Patients spoke positively in relation to the quality of care provided.

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

Examination of patients' care records regarding the management of falls indicated that at times nursing staff did not always update the patient's plan of care post fall nor did they consistently evaluate the status of the patient post fall. In addition, review of the specific falls risk assessments evidenced that these records were not always reviewed, post fall, to ensure they reflected the needs of the patients in preventing or managing falls or that nursing staff had evaluated the previous falls history and the potential impact on the patient. An area for improvement identified at the previous care inspection is stated for a second time.

Patients who are less able to mobilise and are at increased risk of developing pressure ulcers required special attention to their skin care. These patients were assisted by staff to change their position regularly; however, accurate records were not consistently maintained. For example, the actual time care was delivered and the frequency of repositioning was not consistently recorded. Improvements were noted since the last inspection in relation to the provision of patient equipment, review of patient's care needs and communication between staff. This was identified as an area for improvement as the last care inspection and is stated for a second time.

Moving and handling of patients was examined. Staff demonstrated good knowledge in moving and handling although a number of deficits in staff practice were identified which posed a potential risk to patients' health and wellbeing. Three patients were observed sitting in wheelchairs which did not have their breaks deployed. In addition, staff were observed transporting a patient a short distance in a wheelchair without footplates in place. These incidents were discussed with staff who took necessary action to mitigate any risk. This was discussed with the manager and an area for improvement was identified.

Deficits were identified in the management of wound care. Review of one patient's care records confirmed that wound care was not always completed in keeping with the care plan directions. Improvements were noted since the last care inspection as wound assessments were completed after the wound was redressed. However, evaluations by nursing staff did not consistently detail the progress or otherwise of the wound or the status of the patient. It was reassuring to note that a new wound care audit is being introduced. This was identified as an area for improvement under the care standards at the last care inspection; this is now stated as a new area for improvement under regulation.

The management of weight loss and choking risk was examined. Review of one patient's records confirmed their care plan had not been updated to reflect changes in the patient's assessed needs. In addition, an appropriate choking risk assessment had not been completed on admission. This had the potential to cause confusion in relation to the delivery of patient care. Details were discussed with the manager and an area for improvement was identified.

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

From review of a sample of care records it was noted that some of the evaluations of care contained repetitive statements which were not sufficiently patient centred. This was identified at the previous care inspection and discussed with the manager during feedback. In order to drive the necessary improvement, an area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced the home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy. However, deficits in decontamination of patient equipment were identified. For example, a standing hoist and shower chairs were visibly dirty and had not been cleaned after use. In addition, some patient equipment was observed to be stored in high risk areas which had the potential to cause cross contamination. This was discussed with the manager and an area for improvement was identified.

The manager said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The home was participating in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA). All visitors to the home had a temperature check when they arrived. They were also required to wear personal protective equipment (PPE).

There was an adequate supply of PPE and hand sanitiser. There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE.

Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided. Some improvements were noted regarding staff's IPC knowledge although many of the deficits identified at previous care inspections continue to persist. Some staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Some staff members were not familiar with the correct procedure for the donning and doffing of PPE, while other staff were not bare below the elbow. This was identified as an area for improvement at the last two care inspections; this is stated for a third and final time.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, some patients told us they liked the privacy of their bedrooms, but enjoyed going to the dining room for meals and choosing where to sit with their friends. Other patients preferred to enjoy their meals in their bedroom. Patients were observed listening to music, reading newspapers/magazines and watching TV, while others enjoyed a visit from relatives.

There was evidence that some planned activities were being delivered for patients within the home. An activity planner displayed in the home confirmed varied activities were delivered; these included puzzles, floor games, arts and crafts, bingo and songs of praise. Staff said the activity co-ordinators did a variety of one to one and group activities to ensure all patients had some activity engagement. Patients were seen playing percussion instruments and enjoying music in the morning with some of the staff.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

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

There has been a change in the management of the home since the last inspection. Miss Gemma Boyd has been the acting manager since 1 February 2022. RQIA were notified appropriately.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. The quality of the audits was good and feedback was given as to how these audits could be improved to assist the manager in their role. Although some improvements were noted in relation to the auditing of IPC practices, some deficits were identified. For example, there was no oversight of equipment decontamination or observation tool used to determine adherence to PPE use. This was identified as an area for improvement at the previous care inspection and is stated for a third and final time.

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

Review of accidents and incidents records found that these were well managed and reported appropriately.

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

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015) (Version 1.1).

	Regulations	Standards
Total number of Areas for Improvement	*6	*4

*The total number of areas for improvement includes two that have been stated for a second time and two that have been stated for a third and final time. One further area for improvement is carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Gemma Boyd, acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: Third and final time To be completed by: 7 March 2022	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the deficits highlighted in 5.2.3.</p> <p>Ref: 5.1 and 5.2.3</p>
	<p>Response by registered person detailing the actions taken: issues identified during the inspection where rectified on the day. The monthly Infection Prevention and Control Audit was completed on 10.2.22 and an action plan generated. All actions were completed on 25.2.22. This audit will continue to be completed monthly. A Donning and Doffing observation tool is in place and completed with Hand Washing Audits. Infection Prevention and Control is also monitored during Regulation 29 visits.</p>
Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: Second time To be completed by: 7 March 2022	<p>The registered person shall ensure that nursing staff carry out clinical/neurological observations, in keeping with best practice, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.</p> <p>Ref: 5.1 and 5.2.2</p>
	<p>Response by registered person detailing the actions taken: Registered Nurses are all aware of their responsibility to follow Kathryn Homes post falls management procedure, which includes the recording of clinical and/or CNS observations. The appropriate documentation relating to the fall, observations and all actions taken will be recorded in the residents records. Compliance will be monitored through the Kathryn Homes audit process and during Regulation 29 visit. Any non compliance identified will be addressed through further supervision and training.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 7 March 2022</p>	<p>The registered person shall ensure that the care needs of patients at risk of developing pressure ulcers are managed in an effective manner. This includes but is not limited to:</p> <ul style="list-style-type: none"> • the repositioning of patients in keeping with their prescribed care needs • the contemporaneous and comprehensive completion of supplementary repositioning records • the timely provision of pressure relieving mattresses, as needed • the meaningful review of patients' care needs and/or nursing interventions within daily care records • the effective communication of patients' pressure care needs between staff. <p>Ref: 5.1 and 5.2.2</p>
	<p>Response by registered person detailing the actions taken: All staff have been reminded of their responsibilities in relation to record keeping during staff meetings. Position change records are reviewed during the Daily Walk Round and any deficits identified are addressed immediately with the relevant staff member. All Registered Nurses will spot position change records and sign off during their shift. In addition to this a review of a selection of charts will be completed by the Nurse in Charge of each shift and evidenced through recording on the 24 hour shift report. All care plans relating to pressure area care now include details of any pressure relieving mattress required, the mattress settings and the frequency of the position change required.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure safe moving and handling training is embedded into practice.</p> <p>This area for improvement is made with specific reference to the use of wheelchair footplates and brakes.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Replacement wheelchairs have been ordered and all staff are aware of their responsibility to report any faulty equipment and remove from use immediately. Staff responsibilities in relation to safe moving and handling was discussed at staff meetings. All staff will complete Moving and Handling Training via ELearning and attend face to face practical training.</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 7 March 2022</p>	<p>The registered person shall ensure that patients' wound care needs are managed in an effective manner at all times. Evaluations should comment on the progress of the wound.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Registered Nurses have been reminded of their responsibilities in relation to the correct recording of any wound care provided to residents. A new monthly Skin Integrity Audit has been introduced which will identify any non-compliance and an action plan will be develop to address this.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that patient's care plans are kept under review to reflect any change in their assessed care needs, specifically in relation to weight loss. Choking risk should be assessed on admission and at appropriate intervals as required.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All residents weights are recorded and reviewed for weightloss which has occurred either within the last month or cummulatively. Any resident with weightloss will be referred to the GP and Dietitian. Both the MUST and care plans will be reviewed and updated to reflect any weightloss, actions taken and recommendations made by the MDT. All new admissions will have a Choking Risk Assessment completed and a care plan will be developed which will reflect the outcome of this. A new monthly dining and nutrition audit has been introduced which will identify areas of concern, An action plan will be put in place with timeframes for completion.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 46.2 Stated: Third and final time To be completed by: 7 March 2022	<p>The registered person shall ensure a more robust system is in place to ensure compliance with best practice on infection prevention and control.</p> <p>Ref: 5.1 and 5.2.5</p>
	<p>Response by registered person detailing the actions taken: A monthly Infection Prevention and Control Audit is completed by the Acting Home Manager and an action plan developed to address any areas of non-compliance. Additional audits to monitor this include Hand Washing and Donning and Doffing of PPE. Spot checks to review compliance with Infection Prevention and Control are carried out during the daily walk round and any deficits identified are immediately addressed with the relevant staff. Compliance is also reviewed during the Regulation 29 visit.</p>
Area for improvement 2 Ref: Standard 35.16 Stated: First time To be completed by: 26 November 2021	<p>The registered person shall ensure that an annual quality report is prepared which includes follow up actions to be taken. The report should integrate the views of patients, their relatives and staff into the evaluation and review of the quality of care.</p> <p>Ref: 5.1</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 3 Ref: Standard 4.9 Stated: First time To be completed by: 7 March 2022	<p>The registered person shall ensure daily evaluation records are meaningful and patient centred.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: Registered Nurses have been reminded of their responsibility in ensuring they record clear and accurate documentation which reflects the care provided to all residents in their care. Record keeping will be reviewed as part of the homes audit process and an action plan generated to address any identified deficits.</p>

Area for improvement 4 Ref: Standard 46.2 Stated: First time	The registered person shall ensure there is an established system to assure compliance in equipment decontamination and appropriate storage of patient equipment. Ref: 5.2.3
To be completed by: 7 March 2022	Response by registered person detailing the actions taken: Cleaning schedules are reviewed and signed off by the Acting Home Manager. Spot checks to review cleanliness and storage of equipment are carried out during the daily walk round and any deficits identified are immediately addressed with the relevant staff. Compliance is also reviewed during the Regulation 29 visit.

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



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