



Unannounced Care Inspection Report 25 July 2019



Ardlough

Type of Service: Nursing Home

Address: 2 Ardlough Road, Drumahoe, Londonderry, BT47 5SW

Tel No: 02871342899

Inspector: Jane Laird

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 44 patients.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston	Registered Manager and date registered: Anne Martina Mullan 13 February 2014
Person in charge at the time of inspection: Anne Martina Mullan	Number of registered places: 44
Categories of care: Nursing Home (NH) DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP (E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: 42

4.0 Inspection summary

An unannounced inspection took place on 25 July 2019 from 08.30 hours to 17.50 hours.

The inspection assessed progress with all areas for improvement identified in the home 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.

Serious concerns were identified during the inspection in relation to infection prevention and control (IPC) and risk management. These deficits had the potential to impact on the quality of care delivery in the home. As a consequence, a meeting was held on 1 August 2019 in RQIA with the intention of issuing two failure to comply notices under The Nursing Homes Regulations (Northern Ireland) 2005, in relation to Regulation 13 (7) regarding IPC and 14 (2) (a) risk management.

The meeting was attended by Ruth Burrows, representing the proprietor of Ardlough, Mark Collins, Acting Manager and Louisa Rea, Regional Manager. At the meeting the home's representatives were given an opportunity to submit any actions or plans that they have implemented since the inspection. The representatives provided a full account of the actions that have been implemented to ensure the improvements necessary to achieve full compliance with the required regulations. Photographs were provided of the environment which evidenced an improvement in the cleanliness overall. There was evidence of increased awareness in the importance of audits, training and ongoing supervision. The manager has commenced daily walk arounds which focus on the quality of the service provision which will be reflected within the monthly monitoring visits with additional support from the regional manager.

We were given assurances that locks have been installed to relevant stores and food thickening agents are secured within the treatment room. Toiletries including razors are now stored within a lockable drawer and risk assessments have been commenced in relation to unsupervised access to food. Following these assurances it was decided not to issue the two failures to comply notices but that RQIA will continue to monitor and review the quality of service provided in Ardlough and will carry out an inspection to assess sustained compliance with these regulations.

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

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

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*6	*2

*The total number of areas for improvement includes one regulation and one standard which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Anne Martina Mullan, Registered Manager; Mark Collins, Acting Manager; and Louisa Rea, Regional Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action was considered given the findings of this inspection but we did not proceed to issuing Failure to Comply Notices due to the level of assurances provided.

4.2 Action/enforcement taken following the most recent inspection dated 7 November 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 7 November 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

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

During our inspection we:

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

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 15 July 2019 to 28 July 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
- one staff recruitment and induction files
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- minutes of meetings with staff, relatives and patients
- registered nurses competency and capability assessments
- staff supervision and appraisal matrix
- complaints record
- compliments received
- a sample of monthly monitoring reports from May 2019
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: First time	The registered persons must ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected at all times from hazards to their health.	Not met
	Action taken as confirmed during the inspection: The inspector confirmed that chemicals were not securely stored in keeping with COSHH legislation during the inspection.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44 Stated: First time	The registered person shall ensure that a review of the storage arrangements in the home is carried out and that equipment/items are stored appropriately and safely at all times.	Not met
	Action taken as confirmed during the inspection: On review of the storage arrangements during the inspection the inspector confirmed that equipment/items were not stored appropriately or safely.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

We arrived in the home at 08.30 hours and were greeted by staff who were helpful and attentive. Patients were mainly in their bedroom on the ground floor and staff were attending to their needs.

We observed several patients on the first floor within the dining room seated at tables from 08.40 hours. The patients stated that they were waiting on breakfast to be served. On discussion with the registered nurse it was revealed that breakfast is served at 09.30 hours every morning. This was discussed with the manager who agreed to review the breakfast arrangements to ensure that patients are not waiting for prolonged periods prior to breakfast being served. This will be followed up at a future inspection.

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 15 July 2019 to 28 July 2019 evidenced that the planned staffing levels were adhered to on most occasions for nursing and care staff, however, there were deficits identified within the domestic duty rota where the planned staffing levels were not being adhered to. This was discussed with the manager who stated that recruitment was ongoing for domestic staff but acknowledged that an interim measure was required to ensure that the standard of cleanliness is improved. This is discussed further in 6.6.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Ardlough. We also sought the opinion of patients on staffing via questionnaires. Six questionnaires were returned from patients who were very satisfied with the service provision across all four domains.

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. 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.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients during the morning period, however, staff did comment that the staffing levels are reduced in the afternoon which can make it difficult to carry out their role effectively on occasions, especially during emergency situations but that they felt supported by management and could approach them with any concerns. We did not observe any deficits in care delivery during the inspection but shared the staff comments with management who agreed to review the dependency levels of the patients to ensure that there is an adequate number of staff to deliver care effectively. Comments from staff included: "I love it here," "Could do with more staff availability in the afternoon," and, "Feel supported by management." We also sought staff opinion on staffing via the online survey. There was no response in the time frame allocated.

Review of one staff recruitment file evidenced that a pre-employment health assessment had been obtained prior to the commencement of employment in line with best practice. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care assistants with the Northern Ireland Social Care Council (NISCC). Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA which verified that records were maintained appropriately and notifications were submitted in accordance with regulation. However, there was no evidence available during the inspection if staff had obtained neurological observations following two unwitnessed falls. During the meeting at RQIA a copy of the records was provided which evidenced that head injury observations had been commenced but did not continue over the 24 hour period as per NICE guidelines. This was discussed with the manager and identified as an area for improvement.

Deficits were identified in relation to the cleanliness of furniture/equipment within patients' bedrooms, bathrooms, lounges and a sluice room. The underneath of raised toilet seats, commodes, shower chairs, hand paper towel and soap dispensers evidenced that these had not been effectively cleaned following use. Radiator covers were unclean and dust was evident to the tops of wardrobes and skirting boards. Hand paper towels were unavailable in a number of dispensers and an identified toilet which was no longer in use was accessible and being used by patients despite it having no hand washing facilities. Privacy curtains between patient's beds were identified as unclean and on discussion with the manager it was identified that there was no system in place to ensure that the curtains were washed on a regular basis so as to reduce the risk of spread of infection. The above deficits were discussed in detail with the manager and identified as an area of improvement.

We observed damage to over bed tables, baths, seating in identified lounges, a hoist, an identified pressure relieving mattress, a fallout mat and bedrail protectors which could not be effectively cleaned. We identified broken tiles within bathrooms, holes in a number of doors and damage to floor coverings in identified areas. This was discussed with the manager and an action plan was requested to establish the proposed action to repair/replace equipment/furniture and was identified as an area for improvement.

The door to a store room was unlocked with access to hazardous chemicals. This was an area for improvement that had been identified at the previous inspection and has been stated for a second time. Equipment was also found to be inappropriately stored in an identified sluice room such as a pressure relieving mattress and an inflatable hair bath. Store rooms were untidy and continence aids were identified outside of the packaging and on the floor. This was also an area for improvement which was identified at the previous inspection and has been stated for a second time.

Food thickening agents and toiletries including razors were unsecure within patients' bedrooms. We observed unsupervised access to food within the home that had the potential to be consumed by patients with swallowing difficulties. Further concerns were identified in regards to the potential ligature risks associated with window dressings. The manager was made aware of the urgent need to review all window dressings to assess any potential risks and agreed to review the current storage arrangements to ensure patients safety. This was identified as an area for improvement in relation to current health and safety guidelines.

A number of audits were completed on a monthly basis by the manager and/or registered nurse to ensure the safe and effective delivery of care. Falls in the home were monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall. IPC, care records, hand hygiene and environment audits were also carried out monthly. However, on review of the issues identified during inspection such as patient equipment not effectively cleaned following use, damage to furniture/equipment and multiple surfaces throughout the home unclean a discussion was held with the manager around the effectiveness of the audits. This is discussed further in 6.6.

Areas for improvement

The following areas were identified for improvement in relation to post falls management, environment, risk management and infection prevention and control (IPC).

	Regulations	Standards
Total numb of areas for improvement	4	0

6.4 Is care effective?

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

Review of three patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient. We further identified that a number of care plans had been altered whereby partial sentences had been scored out resulting in the original entry not being able to be read. This was discussed with the manager and identified as an area for improvement.

We reviewed the management of nutrition, patients' weight, management of infections and wound care. There was evidence of regular communication with representatives within the care records. A system was also in place to audit patient care records and each patient had a key worker. A daily record had been maintained to evidence the delivery of care and there was evidence that the care planning process included input from patients and/or their representatives, if necessary.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. Supplementary care charts such as, repositioning records and dietary/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), SALT or the dietician. However, on review of one identified patient's care records where they had been referred to a dietician for weight loss there was no evidence of any follow up made by staff over a significant period. This was discussed with the registered nurse and management who stated that there had been a conversation with the dietician; however, there was no record of any correspondence within the patients care records. There was also evidence of historical recommendations from other professionals within current care plans which were no longer relevant and had the potential for confusion and incorrect treatment of care. This was discussed with management who agreed that this should have been archived. The manager acknowledged the shortfalls in the documentation and agreed to meet with all registered nurses and discuss the importance of accurately documenting the daily events within patients care records and ensuring that care plans are relevant to the patient's needs. This was identified as an area for improvement.

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. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between patients, staff and other key stakeholders.

Areas for improvement

The following areas were identified for improvement in relation to record keeping.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 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.

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.

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

- “It was always a great confidence to know was being cared for.”
- “We very much appreciate all your kindness.”

Consultation with 14 patients individually, and with others in small groups, confirmed that living in Ardlough was a positive experience.

Patient comments:

- “Staff are very good.”
- “Feel very safe here.”
- “Well looked after”
- “The staff are very good to me here.”
- “Food is good.”
- “No concerns.”

Representatives' comments:

- “Very happy with my care.”
- “No problems.”
- “Great place.”
- “Ardlough is way above par.”

During the inspection we met with four patient representatives. We also sought relatives' opinion on staffing via questionnaires. Two questionnaires were returned from patients' representatives who were very satisfied with the service provision across all four domains.

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

Patients' bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods was used to promote orientation, for example, appropriate signage, photographs and the provision of clocks and prompts for the date. Patients and staff spoken with were complimentary in respect of the home's environment whilst acknowledging that there were further improvements to be made.

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. On the day of the inspection the activity schedule was on display within each unit. The activity coordinator discussed the provision of activities and the current arrangements within the home to facilitate patient involvement. The patients appeared to enjoy the interaction between the staff and each other.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection within this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

Since the last inspection the registered manager has been supporting another nursing home within Four Seasons Health Care and Mark Collins has been appointed as acting manager until the registered manager's return. A review of the duty rota evidenced that the manager's hours, and capacity in which these were worked were recorded. The change in management structure coupled with sickness absence in the domestic team have highlighted a weakness in governance in the home and has contributed to the fall in quality standards maintained.

A number of governance audits were reviewed as outlined in 6.3 in relation to the environment, IPC and care records which did not capture the issues identified during inspection. Hand hygiene audits were identifying deficits which were evident by the overall percentage figure; however, there was no documented rationale for the deficit and no action plan to address what the issue was. Staffing levels for domestic staff were also identified as an issue by management prior to the inspection and recruitment was proving difficult, however, there were no interim measures initiated to ensure that the standard of cleanliness was being maintained. The lack of quality and robust monitoring of the audits was discussed with the manager and an area for improvement was identified.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis and copies of the report were available for patients, their representatives, staff and trust representatives. Although the reports documented that audits had been carried out, they failed to fully identify the issues that were evident during the inspection in relation to the environment and deficits in IPC practices. This was discussed at the meeting in RQIA and a robust action plan was provided detailing the refurbishment plan, training dates and review of auditing systems. Assurances were provided that the future monitoring visits would review the content of the audits and establish appropriate action plans where necessary.

Areas for improvement

Quality assurance audits were identified for improvement.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Anne Martina Mullan, Registered Manager; Mark Collins, Acting Manager; and Louisa Rea, Regional 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: Second time</p> <p>To be completed by: With Immediate effect</p>	<p>The registered persons must ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected at all times from hazards to their health.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Items removed on the day of inspection. Training was scheduled on 02.08.19 in relation to storage of chemicals within the Home. Chemicals stored in a locked cupboard to ensure the residents do not have access and are protected at all times from hazards to their health. Staff supervisions on securely storing of chemicals as per COSHH. Spot checks being carried out by senior staff.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27</p> <p>Stated: First time</p> <p>To be completed by: With Immediate effect</p>	<p>The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Additional support from other Four Seasons Homes facilitated in completion of the deep cleans of all rooms. Supervisions were held to discuss the expected standards of the environment with staff. Domestic staffing hours have been extended. Recruitment has been ongoing of Domestic Staff. Infection control lead nurse has had supervision completed in relation to the completion of a detailed audit. Infection Control training completed with nursing, care and ancillary staff. Infection control issues focused on during daily walkaround of the Home, and flash supervisions completed where deficits have been identified.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: With Immediate effect</p>	<p>The registered person shall ensure that all unwitnessed falls are managed in line with current best practice and that neurological observations are obtained.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: All staff nurses have completed supervisions in relation to recording of neurological observations as per Four Seasons Policy. Monitored by the Manager. Falls TRaCAs completed on recent falls to ensure compliance with CNS observations and post falls management.</p>
<p>Area for improvement 4</p>	<p>The registered person shall ensure that a refurbishment plan is</p>

<p>Ref: Regulation 27</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2019</p>	<p>implemented in relation to the environment to include the repair or replacement of identified patient equipment and the refurbishment of floor coverings in multiple rooms.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Refurbishment plan ongoing in relation to floor coverings. Initially eight armchairs were replaced and a further order of twenty new armchairs to arrive. Overbed tables have been replaced. Enamel to baths have been repaired. Identified hoist has been repaired. Pressure relieving mattress, fallout mat and bed rail protectors have been replaced. Refurbishment plan of bathrooms in place with work to commence in near future. Doors have been repaired. Floor coverings in identified areas have been replaced.</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 27 (2) (t)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall, having regard to the number and needs of the patients, ensure that a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • window blinds and curtain tie backs • storage of food thickening agents and toiletries including razors <p>Ref: 6.3</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2019</p>	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p> <p>Specific reference to care plans and daily records:</p> <ul style="list-style-type: none"> • Any correspondence/recommendations from a health care professional must be documented within the patients care records. • When recommendations have been made from other professionals this must be reflected within current care plans and where care plans are no longer relevant they should be archived to avoid confusion. • Directions within patients care plan regarding recommended fluid consistency must be consistently transferred across to all relevant documentation. • Any changes or alterations to a patients' care plans are made in such a way that the original entry can still be read. <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Staff meeting was held on 08.08.19 discussing communication within the multi disciplinary team to be recorded in the resident's records. Care plans have been updated to reflect the current recommendations which includes fluid consistencies across all relevant documentation as per SALT. Irrelevant information has been archived. Supervisions carried out for changes or alterations to care</p>

	documentation.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 44 Stated: Second time To be completed by: With Immediate effect	The registered person shall ensure that a review of the storage arrangements in the home is carried out and that equipment/items are stored appropriately and safely at all times. Ref: 6.1
	Response by registered person detailing the actions taken: Inappropriate storage was removed at the time of inspection and monitored by senior staff. Supervisions completed in relation to this.
Area for improvement 2 Ref: Standard 35 Stated: First time To be completed by: 25 August 2019	The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home. With specific reference to: <ul style="list-style-type: none"> • Care records • IPC • Hand hygiene • Environment Ref: 6.6
	Response by registered person detailing the actions taken: Decontamination records for care staff now in place and equipment individually labelled. Hand hygiene audits and PPE Audits carried out monthly. Cleaning schedules now in place in each room where appropriate and spot checked by Home Manager. Daily walkaround by senior staff.

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



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Assurance, Challenge and Improvement in Health and Social Care