

# Unannounced Care Inspection Report 5 September 2016



## Ringdufferin Nursing Home

Type of Service: Nursing Home  
Address: 36 Ringdufferin Road, Killyleagh, BT30 9PH  
Tel no: 028 4482 1333  
Inspector: Lyn Buckley

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Ringdufferin Nursing Home took place on 5 September 2016 from 09:45 to 16:45 hours

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Throughout this report the term 'patient' is used to describe those living in Ringdufferin Nursing Home which provides both nursing and residential care.

### **Is care safe?**

There was evidence of safe delivery of care. Staff were required to attend mandatory training and the observation of care delivery evidenced that knowledge and skill gained, through training, was generally embedded into practice. The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding.

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Staff spoken with confirmed that nursing staff were knowledgeable of the actions to be taken in the event of an emergency. Review of accidents/incidents records confirmed that notifications were forwarded to RQIA appropriately.

Weaknesses were identified in relation to the following: the process for checking that nursing and care staff were registered with their professional/regulatory bodies; the cleanliness of the ground floor dementia units, management of infection prevention and control measures, use of bed mattresses and crash/fallout mats and the inclusion of audit analysis/evaluation. Four requirements and one recommendation were made.

### **Is care effective?**

There was evidence of positive outcomes for patients. All staff demonstrated a level of commitment to ensuring patients received the right care at the right time.

Staff stated they knew they worked together effectively as a team because they communicated effectively and patients "came first". Each staff member knew their role and function in the home and demonstrated their ability to communicate effectively with each other, with patients and with other healthcare professionals. This was also confirmed through the observation of interactions between staff and patients; and from review of records.

Patients spoken with expressed their confidence in raising concerns with the home's staff/management. Patients stated they received "excellent care" and the right care at the right time because staff were caring, kind, attentive and "knew their stuff". Patients were aware of who their named nurse was and knew the registered manager and referred to her as "Kate".

There were no requirements or recommendations made.

## Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

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.

A recommendation was made regarding the management of net pants and ladies tights.

## Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

It was evident that the registered manager had implemented systems of working within the home which were patient focused. However, in considering the inspection findings in relation to safe care and that four requirements and two recommendations have been made; this would indicate the need for more robust management of systems and processes in the home. Compliance with the requirements and recommendations made will further enhance the quality and standard of care and services delivered.

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	4	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Kate Lee, 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.

## 1.2 Actions/enforcement taken following the most recent care inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 3 February 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

There were no further actions required to be taken following the most recent inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> M Care (NI) Ltd/Ms Brenda McKay (acting)	<b>Registered manager:</b> Ms Kathleen Patricia Lee
<b>Person in charge of the home at the time of inspection:</b> Kathleen Lee	<b>Date manager registered:</b> 5 December 2011
<b>Categories of care:</b> NH-DE, I, PH, PH(E) and TI RC-DE A maximum of 32 patient accommodated in the Dunmore Suite (NH-I, PH PH(E) and TI); a maximum of 30 patients in category NH-DE and 2 named residents in category RC-DE in the Strangford Suite	<b>Number of registered places:</b> 64

## 3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report

During the inspection the inspector spoke with seven patients individually and with others in small groups, six care staff, three registered nurses and two staff from housekeeping

In addition questionnaires were provided for distribution by the registered manager as follows: 10 for relative/representatives; eight for patients and 10 for staff. At the time of issuing this

report one relative, two patients and two staff had returned their questionnaires. Details can be found in section 4.5

The following information was examined during the inspection:

- three patient care records
- staff roster 29 August to 11 September 2016
- staff training and planner/matrix for 2016
- one staff recruitment record
- complaints record
- incident and accident records
- records of quality monitoring visits carried out on behalf of the responsible individual in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- records of audit
- records for checking nursing staff registration with Nursing and Midwifery Council (NMC) and checking with the Northern Ireland Social Care Council (NISCC) in relation to care staff
- evidence of consultation with staff, patients and representatives

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 3 February 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and validated during this inspection as detailed in section 4.2.

### 4.2 Review of requirements and recommendations from the last care inspection dated 3 February 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 14 (4) <b>Stated:</b> First time	The registered person must ensure that fire doors are not propped or wedged open by staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observations evidenced that fire door were not wedged or propped open during this inspection.	

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 32 <b>Stated:</b> Second time	It is recommended that the registered manager ensures the following: <ul style="list-style-type: none"> <li>the assessment need for all patients should be updated as required and <u>at least</u> annually</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of three patient care records and discussion with nursing staff confirmed that this recommendation had been met.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 46 <b>Stated:</b> First time	A review of how posters and information is displayed throughout the home should be reviewed in accordance with regional infection prevention and control guidelines and best practice advice.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observations confirmed that while some improvements had been made the use of sticky tape to secure notices was still prolific and needs to be addressed in full.  A requirement has been made in relation to the management of infection prevention and control measure which has subsumed this recommendation.	

### 4.3 Is care safe?

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. Review of the staffing rota evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels.

Staff consulted confirmed that the staffing levels planned met the assessed needs of the patients. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

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 were mentored by an experienced member of staff during their induction. Records for one staff member were reviewed and found to be completed in full and dated and signed appropriately.

Review of the training matrix/schedule for 2016 indicated that training was planned to ensure that mandatory training requirements were met. Review of records evidenced that the majority of staff had completed their annual mandatory training and the registered manager stated that she was confident of 100% compliance with mandatory training by the end of 2016.

Staff consulted and the observation of care delivery and interactions with patients clearly demonstrated that knowledge and skills gained through training and experience were generally embedded into practice. Staff were confident in carrying out their role and function in the home.

Records for monitoring the registration status of nursing with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC) were reviewed. It was evidenced that the last NMC check undertaken was dated 29 October 2015 and records indicated that three registered nurses registration expiry dates had passed without checks being carried out. Following discussion with the registered manager it was evident that a more robust process was required and a requirement was made. The registered manager was able to confirm, before the end of the inspection, that all registered nursing staff were on the 'live' NMC register.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were also notified appropriately.

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and any injury sustained were recorded by the registered manager. However, there was no evidence that the information had been evaluated or analysed by the registered manager to identify patterns and trends or if an action plan had been put in place to address deficits identified. This was discussed in detail with the registered manager during feedback and advice provided. A recommendation was made.

Staff spoken with confirmed that nursing staff and senior care staff were knowledgeable of the actions to be taken in the event of an emergency. Review of accidents/incidents records confirmed that notifications were forwarded to RQIA appropriately.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Concerns regarding the general cleanliness of the ground floor dementia units were raised with the registered manager as follows;

- malodours were detected throughout the ground floor units; the unit to the right of the front door, on entry had a strong malodour which had permeated throughout the unit
- carpets in the lounge areas in both ground floor units require to be replaced due to heavy soiling which the registered manager confirmed had remained despite regular cleaning. The carpets observed were contributing to the malodour detected

- toilets and bathrooms had not been effectively clean and were malodorous. For example, in one bathroom/shower room it was clearly evidenced that faecal staining had not been effectively cleaned off the floor and in another toilet faecal matter was detectable on the underside of the toilet tissue dispenser, on the lid of the clinical waste bin, on the wall and on the door handle
- cleaning schedules were completed to indicate that various areas, including the aforementioned toilet, had been cleaned that day; it was clearly evidenced that the cleaning had not been effectively carried out. It was also discussed, with the registered manager, that cleaning schedules for patient's bedrooms and communal areas such as lounges and dining rooms should be more discreetly managed. For example cleaning schedules were displayed on wardrobe doors in bedrooms or on the front of the door to the dining room

Details of the findings were discussed with the registered manager during feedback and included the information that the first floor units were found to be fresh smelling and clean throughout. A requirement was made.

In addition concerns were raised in relation to infection prevention and control measures as follows:

- toilet brushes throughout the home were not 'air dried' therefore brushes were stored wet and in a pool of soiled water
- personal protective equipment such as gloves and aprons were stored in high risk areas such as the sluice or a bathroom with a toilet
- some of the clinical waste bins required to be thoroughly cleaned including the undersides of the lids and footplates.
- rusted equipment which cannot be repaired it should be replaced as it can no longer be effectively cleaned
- sticky tape was used throughout the home to fix notices and posters – this practice must cease. This was a previous recommendation. Refer to section 4.2
- commode pots had been washed and 'stacked' together in sluices
- one patient had a urinal on their bedside table – when asked they had not been offered an alternative method for storing the urinal that was easy for them to reach
- as discussed previously the poor standard of general cleanliness observed in the ground floor units had a major impact on the effectiveness of the infection prevention and control measures.

A requirement was made.

In relation to the management of falls discussion with staff and observations evidenced that bed mattresses were being used as 'fall out/crash mats' in at least three patient bedrooms. During the last care inspection only one mattress of this type was observed and following discussion RQIA was provided with assurances that a specific fall out/crash mat would be sourced and put in place; it was evident that the practice of using bed mattresses was custom and practice. During feedback it was discussed and agreed that bed mattresses should not be used as fall out/crash mats as they were not designed for this purpose. A requirement was made.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.



**Areas for improvement**

A requirement was made that a robust system for checking the registration status of staff be put in place.

A requirement was made that the general cleanliness of the home be maintained. Identified deficits must be addressed by management.

A requirement was made that suitable arrangements are put in place to manage the risk of infection.

A requirement was made that crash/fall out mats suitable for the purpose for which they are to be used must be put into place for those patients identified as requiring this specific equipment to manage their identified care needs.

A recommendation was made that when the registered manager completed an audit that they evidenced their evaluation and/or analysed the information and any action plan to address identified deficits, as required.

<b>Number of requirements</b>	4	<b>Number of recommendations</b>	1
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**4.4 Is care effective?**

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Risk assessments informed the care planning process. It was evident that care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

Supplementary care charts such as repositioning and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift to enable discussion regarding any changes in patients' care needs. Staff also confirmed that regular staff meetings were held, that they could contribute to the agenda and the meeting and minutes were available.

Staff stated they knew they worked together effectively as a team because they communicated effectively and patients "came first". Staff also stated they could raise their concerns with senior staff with the confidence of a positive outcome. Each staff member knew their role and function in the home. Staff demonstrated their ability to communicate effectively with each

other, with patients and with other healthcare professionals. This was also confirmed through the observation of interactions between staff and patients; and from review of records. The registered manager and staff spoken with confirmed that staff meetings were held and minutes were available.

Patients spoken with expressed their confidence in raising concerns with the home's staff/management. Patients stated they received "excellent care" and the right care at the right time because staff were caring, kind, attentive and "knew their stuff". Patients were aware of who their named nurse was and knew the registered manager and referred to her as "Kate".

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Discussion with the registered manager during feedback highlighted the need for staff to be aware of how they addressed patients and RQIA were satisfied that staff meant no harm or disrespect. However the use of terms such as "that's a good girl/boy" could be misinterpreted. In addition a recommendation was made that net pants and ladies tights were labelled with each patient's name and not used communally.

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

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. The most recent survey had been undertaken in May 2016 and the home was awaiting the report from head office. Views and comments recorded were analysed and an action plan was developed and shared with staff, patients and representatives. Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Consultation with patients individually, and with others in smaller groups, confirmed that living in Ringdufferin Nursing Home was a positive experience.

Patient comments to the inspector included:

- “I am content.”
- “Great place and staff are lovely.”
- “I am very happy here; staff are good, caring and kind.”

In addition 10 relative/representatives; eight patient and 10 staff questionnaires were provided by RQIA to the registered manager for distribution. At the time of issuing this report one relative, two patients and two staff had returned their questionnaires.

Questionnaires asked the respondent to indicate their level of satisfaction with the home under four domains as follows:

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the service well led?

The relative who responded indicated that they were ‘very satisfied’ in all four domains. There were no additional comments recorded.

Staff indicated that they were ‘satisfied’ in all four domains. Additional comments recorded by one staff member indicated that staff meetings were not very well attended.

Patients indicated that they were ‘very satisfied’ in all four domains. There were no additional comments recorded.

Observations and discussions with patients and staff confirmed that an activity programme was provided. For example photographs of patients and staff participating in a party were evident throughout the units and a planner was displayed for July and August 2016 of the activities that had been undertaken. The planner for September 2016 was due out. Patients spoken with confirmed that they could choose how to spend their day. Staff confirmed that conversations with relatives had taken place to ensure those patients unable to speak for themselves had their likes/dislikes and interests recorded and included in the activity planning for them.

**Areas for improvement**

A recommendation was made that net pants and ladies tights are labelled with each patient’s name and not used communally.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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## 4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registration certificate was up to date and displayed appropriately. A valid certificate of public liability insurance was current and displayed. Discussion with the registered manager and observations evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and review of the home's complaints record evidenced 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. Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients and representatives confirmed that they were confident that staff and management would manage any concern raised by them appropriately. Patients were aware of who the registered manager was and referred to her as Kate.

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. A review of notifications of incidents to RQIA since the last care inspection in November 2015 confirmed that these were managed appropriately.

Discussion with the registered manager and staff; and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. As discussed in section 4.3 a recommendation was made regarding the registered manager's evaluation/analysis of the outcome of audit processes.

Discussion with the registered manager and review of records from April 2016 evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. However as discussed in section 4.3 a requirement was made regarding the processes for ensuring nursing and care staff were registered with their regulatory/professional bodies and therefore fit to practice.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

As discussed in the preceding sections it was evident that the registered manager had implemented systems of working within the home which were patient focused. However, in considering the inspection findings in relation to safe care, in particular; and that four requirements and two recommendations have been made; this would indicate the need for more robust management of systems and processes in the home. Compliance with the requirements and recommendations made will further enhance the quality and standard of care and services delivered.

## Areas for improvement

No new areas for improvement were identified within this domain. Refer to the preceding domains for details.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kathleen Lee, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to the **RQIA Web Portal** for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person must ensure that registered nurses and care assistants employed to work in Ringdufferin Nursing Home are registered with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) respectively.</p> <p><b>Ref: Section 4.3</b></p> <p><b>Response by registered provider detailing the actions taken:</b> A monthly audit is in place ensuring that all nurses and care assistants are registered with the relevant bodies.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 27 (2)(d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered provider must ensure that all areas of the nursing home are clean and reasonably decorated. This requirement particularly refers to the ground floor units.</p> <p><b>Ref: Section 4.3</b></p> <p><b>Response by registered provider detailing the actions taken:</b> A monthly environmental audit is in place and areas highlighted that require attention are actioned immediately. The audit incorporates hygiene standards and maintenance. Previously scheduled training for all staff to attend Infection Control and Prevention Training has taken place. We also have a nominated infection control link-nurse based in the building.</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered provider must ensure that suitable arrangements are in place to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff.</p> <p><b>Ref: Section 4.3</b></p> <p><b>Response by registered provider detailing the actions taken:</b> Prior to our inspection new flooring had been costed and we were awaiting installation dates. This is being carried out at present. This had already been identified in our monthly report and was part of our ongoing maintenance schedule.</p>

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 12 (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered provider must ensure that crash/fall out mats, suitable for the purpose for which they are to be used, must be put into place for those patients identified as requiring this specific equipment to manage their identified care needs.</p> <p><b>Ref: Section 4.3</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Suitable crash mats are now in place.</p>
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 35.1-7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered provider should ensure that when an audit is undertaken that there is clear evidence that the auditor has reviewed/analysed/evaluated the information obtained through the audit process and that an action plan is devised to address any identified deficits as required.</p> <p><b>Ref: Section 4.3</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> All audit processes have been reviewed and action taken where necessary</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered provider should ensure that net pants and ladies tights are labelled with each patient's name and not used communally.</p> <p><b>Ref: Section 4.5</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Communal undergarments have been removed.</p>

*\*Please ensure this document is completed in full and returned to the RQIA Web Portal\**



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