



Unannounced Care Inspection Report 20 June 2018



Carrickfergus Manor

Type of Service: Nursing Home (NH)
**Address: 76 Dunluskin Gardens, Prince Andrew Way,
Carrickfergus, BT38 7JA**
Tel No: 02893369780
Inspector: Dermot Walsh

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 47 persons.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare-Connolly	Registered Manager: Joanne Neville
Person in charge at the time of inspection: Joanne Neville	Date manager registered: 17 December 2014
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of registered places: 47 There shall be a maximum of 1 named resident receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 20 June 2018 from 09.35 to 19.00 hours.

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 Care Standards for Nursing Homes 2015.

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

Evidence of good practice was found in relation to staff recruitment, induction, training and development and adult safeguarding, reporting of notifiable events, maintaining good working relationships, communication between residents, staff and other key stakeholders and in relation to the culture and ethos of the home in respect of dignity and privacy.

Areas requiring improvement were identified under regulation in relation to falls management, compliance with best practice on infection prevention and control and with the recording of wound management. Areas for improvement were identified under standards in relation to staffing arrangements and patients' mealtime experience.

Patients described living in the home in positive terms. Some of their comments can be found in section 6.6. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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	3	2

Details of the Quality Improvement Plan (QIP) were discussed with Joanne Neville, registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 23 January 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 23 January 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

A lay assessor was present during the inspection and their comments are included within this report.

During the inspection the inspector and lay assessor met with 10 patients. In addition, the inspector met with seven staff and two patients' representatives. A poster was displayed at a staffing area in the home inviting staff to respond to an online questionnaire. Ten questionnaires were also left in the home to obtain feedback from patients' representatives.

A poster indicating that the inspection was taking place was displayed at the entrance to the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff duty rota for week commencing 11 June 2018
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- three patients' daily care charts including bowel management, personal care, food and fluid intake charts and reposition charts
- a selection of governance audits
- activities records
- complaints records
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 January 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

Areas for improvement carried forward from a care inspection dated 11 and 12 May 2016 will also be validated during this inspection.

6.2 Review of areas for improvement from the care inspection dated 11-12 May 2016 and 23 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 18 (2) (n) (i) and (ii) Stated: First time	The registered person must ensure that activities are planned and provided with regard to the needs and preferences of the patients. Whilst this requirement is stated for the first time, the issue of activities provision was first stated in July 2015.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager, staff and patients and a review of the activities programme evidenced that this area for improvement is now met. See section 6.6 for further information.	
Area for improvement 2 Ref: Regulation 17 (1) Stated: First time	The registered person must ensure that robust governance systems are in place in respect of the quality of nursing and other service provision in the home. Governance arrangements should ensure action is taken to ensure compliance with any requirement or recommendation made in the quality improvement plan of any RQIA inspection.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and a review of Regulation 29 monthly monitoring reports evidenced that this area for improvement is now met.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 41.1 and 41.2 Stated: First time	<p>The registered manager should ensure that the dependency levels of patients is kept under regular review to ensure that the numbers and skill mix of staff deployed is appropriate to meet the needs of the patients..</p> <p>The registered manager should ensure that the registered nursing staff are informed that it is no longer custom and practice to deplete the residential unit to supplement the staffing arrangements in the nursing unit.</p>	Met
	<p>Action taken as confirmed during the inspection: Discussion with the registered manager and staff confirmed that with the separation of the registrations separate duty rotas are maintained and staff are clearly designated to either the residential or the nursing home.</p>	
Area for improvement 2 Ref: Standard 29 Stated: First time	<p>The registered person should ensure that registered nurses record the actual time of the administration of any medicine.</p>	Met
	<p>Action taken as confirmed during the inspection: A review of two records of medication administration evidenced that these had been recorded accurately.</p>	
Area for improvement 3 Ref: Standard 4.2 Stated: First time	<p>The registered person should ensure that social model of assessment of need is utilised in the residential care unit. This will ensure that an appropriate, holistic approach to the assessment and care planning process is established. Care planning should also be a participative process and evidence of this should be available in the records maintained.</p>	Not Applicable
	<p>Action taken as confirmed during the inspection: This area for improvement was raised when residents were accommodated within a residential unit in the nursing home. Residents are now accommodated within a separately registered residential care home and this area for improvement has now been passed to the residential care home inspector for their ongoing review.</p>	

Area for improvement 4 Ref: Standard 12.11 Stated: First time	<p>The registered person should ensure that there are adequate numbers of <u>appropriately trained</u> staff present when meals are served to ensure:</p> <ul style="list-style-type: none"> • Risks when patients are eating and drinking are managed; and • Staff are deployed to ensure that assistance is provided as required <p>Action taken as confirmed during the inspection: A review of the mealtime experience evidenced appropriate staff supervision during the mealtime. See section 6.6 for further information.</p>	Met
Area for improvement 5 Ref: Standard 7 Stated: First time	<p>The registered person should ensure that a report is prepared that identifies the methods used to obtain the views and opinions of patients, which incorporates the comments made, issues raised and any action taken for improvement.</p> <p>Action taken as confirmed during the inspection: A report has been developed to incorporate the requested information.</p>	
Area for improvement 6 Ref: Standard 44 Stated: First time	<p>The registered person shall ensure that the floor coverings in the identified bedroom and ensuite are cleaned or replaced.</p> <p>Action taken as confirmed during the inspection: A review of the identified areas evidenced that these had been replaced.</p>	Met
Area for improvement 7 Ref: Standard 46.2 Stated: First time	<p>The registered person shall ensure that motorised wheelchairs and waste bins are kept clean and free from food debris.</p> <p>Action taken as confirmed during the inspection: A review of the environment evidenced that this area for improvement has not been met. See section 6.4 for further information.</p> <p>This area for improvement has not been met and has been subsumed into an area for improvement under regulation in relation to compliance with best practice on infection prevention and control.</p>	Not met

Area for improvement 8	The registered person shall introduce a system to ensure that all patient call alarms are responded to in a timely manner.	
Ref: Standard 6		
Stated: First time	Action taken as confirmed during the inspection: There was evidence that call bell audits had been conducted in the home. Patients confirmed that call bells were answered promptly, however, two patients confirmed that they would still have to wait for a considerable time to have their needs met. See section 6.4 for further information.	Met

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 11 June 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Care staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients when the planned staffing level had been achieved. Registered nursing staff were concerned with the deployment of staff within the nursing home. This was discussed with the registered manager who agreed to review this with staff and to discuss at the next staff meeting. Registered nursing staff also stated that a third nurse, was usually rostered on in the morning but that this shift was not covered during periods of annual leave. This was also discussed with the registered manager who agreed to discuss the staffing arrangements with the managing director to ensure that planned staffing levels were consistently met.

One patient consulted was of the opinion that there was 'plenty of staff'. Two patients made comment that 'call bells were answered quickly' but indicated that they still had to wait for needs to be met. For example, staff responded promptly to the call bell and promised to return but this was not always done in a sufficiently timely manner. One patient's representative was of the opinion that the home was 'understaffed' and stated that they had witnessed staff 'highly stressed'. All comments were passed to the registered manager for their review and action as appropriate. 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.

Previous issues had been raised in regards to the staffing arrangements in the home specifically where staff had been regularly depleted from one unit to fill gaps in staffing in another unit. As previously stated in section 6.2, this was no longer an issue as separate duty rotas have now been

employed and the units are now separate registered premises. However, given the feedback from patients, the patient's representative and staff, an area for improvement has been identified to review the current staffing arrangements in the home to ensure that patients' needs are met in a timely manner.

Review of a staff recruitment file evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. A review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. The registered manager confirmed that newly employed staff would receive, at minimum, three days of protected time to work alongside an experienced member of staff to become familiar with the home's policies and procedures.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Care Standards for Nursing Homes. Planned training dates had been identified up to November 2018. Staff confirmed that training was delivered face to face and electronically. Records indicated recent training had been conducted on adult safeguarding and control of substances hazardous to health. A training matrix was maintained with oversight from the home's management.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. An adult safeguarding champion had been identified. Systems were in place to collate the information required for the annual adult safeguarding position report.

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

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. A 'Falls Safety Cross' was maintained and displayed at the nurses' station.

Two patients' accident records were reviewed following separate falls in the home where a head injury, or the potential for a head injury, had occurred. Accident records did not demonstrate the appropriate monitoring of patients following the falls while the patients were in the home. Central nervous system observations had not been conducted in accordance with best practice guidance. This was discussed with the registered manager and identified as an area for improvement under regulation.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction.

The following issues were identified which were not managed in accordance with best practice guidelines on infection prevention and control (IPC):

- exposed toilet rolls stored in communal toilets
- toilet roll holders not cleaned effectively
- shower chairs not effectively cleaned following use
- personal wheelchairs not cleaned
- food waste observed on bin
- unprotected fabric pull cords in toilet.

The above issues were discussed with the registered manager and an assurance was provided that these areas would be addressed with staff and measures taken to prevent recurrence. An area for improvement under regulation was made and a previous area for improvement under the standards, identified at the last care inspection, had not been met and has been subsumed under the regulation.

Areas of good practice

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

Areas for improvement

Areas for improvement under regulation were identified in relation to falls management and compliance with best practice on infection prevention and control.

An area for improvement has been made under standards in relation to staffing arrangements.

	Regulations	Standards
Total number of areas for improvement	2	1

6.5 Is care effective?

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

Discussion with the registered manager and staff evidenced that the home was in the process of transferring from written record keeping to electronic record keeping. In the interim, both electronic and written records were maintained for review.

Review of three patient care records evidenced that validated risk assessments were completed as part of the admission process and monitored appropriately. Care plans were in place to direct the care required and reflected the assessed needs of the patient in relation to nutrition and restrictive practice. A daily record was maintained to evidence the delivery of care.

A patient's care records pertaining to wound management was reviewed. The patient's wound care plan was not sufficient to direct the delivery of care. A dressing regime had not been included within the care plan. A photograph of the wound had been taken, though; a body map had not been completed. Wound dimensions had not been recorded consistently on observation charts. This was discussed with the registered manager and identified as an area for improvement under regulation.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners, speech and language therapists and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals. Supplementary care charts such as reposition, bowel management and food and fluid intake records evidenced that contemporaneous records were maintained.

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 also confirmed that pre-printed handover sheets aided in the collection of relevant information.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

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

The registered manager advised that patient and relatives meetings were held on a quarterly basis. Staff confirmed that they also had the opportunity to attend quarterly meetings. Notices were displayed on nursing station doors advising of the planned dates for staff; patient and relatives' meetings.

Patients and their representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

Areas of good practice

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

Areas for improvement

An area for improvement under regulation was identified in regards to the recording of wound management.

	Regulations	Standards
Total number of areas for improvement	1	0

6.6 Is care compassionate?

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

We arrived in the home at 09.35 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a late breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

The serving of lunch was observed in the dining room. A four week menu was available to review. In addition, pictorial menus and daily written menus were available to assist patients in deciding meal choice. Food was served from a heated trolley when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. Potatoes, meat and vegetables were clearly distinguishable in puree meals. Portions were appropriate for the patients to which the food was served. The mealtime was well supervised. Staff were organised to assist patients in the patients' preferred dining area. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered to the patients. However, patients were observed drinking from plastic glasses. Condiments were not available for patients to avail off. This was discussed with the registered manager and identified as an area for improvement under standards.

A programme of activities was displayed in the home ranging over seven days. Activities included floor games, keep fit, knitting, reminiscence, current affairs and film nights. Records of individual and group activities were maintained. A second activity therapist had been employed. One to one activities involved gardening, reading and aromatherapy. Entertainers had been arranged to attend the home and members from the Belfast Giants ice hockey team had been arranged to attend the home to formally open the patients' bar in the home.

Consultation with 10 patients individually, and with others in smaller groups, confirmed that living in Carrickfergus Manor was a positive experience.

Patient comments:

- "You couldn't get a better home. I am happy here but need more staff."
- "Staff are excellent."
- "It's not home."
- "Staff are good and the food is good."

Two patient representatives were consulted during the inspection. Ten patient representative questionnaires were left for completion. Three were returned within the timeframe. Some patient representative comments were as follows:

- “Anything serious is sorted out by Joanne very quickly.”
- “Carers are fantastic but the home is understaffed.”

One representative consulted stated that they did not receive feedback from a complaint made some time ago. The representative did not want their identity disclosed or detail of the complaint discussed with the registered manager and did not wish to raise another complaint but did wish for feedback when a complaint was made. The representatives concerns were passed to the registered manager.

Staff were asked to complete an online survey, we had no responses within the timescale specified. Comments from seven staff consulted during the inspection included:

- “It is a lovely home. I really enjoy it.”
- “I love it here.”
- “Sometimes it is stressful but I like working here.”
- “You have your good and bad days.”
- “I like it here.”

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home in respect of dignity and privacy.

Areas for improvement

An area for improvement under standards was identified in relation to mealtimes.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

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

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered. From 1 May 2018 the nursing home and the residential home have been operated under two separate registrations.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

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

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, infection prevention and control practices and care records. The registered manager advised that a new monthly online care record audit had been developed where the action plan to address shortfalls would be sent to registered nurses who in turn would make the action as completed when actioned. This would be reviewed as completed by the homes' management.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and trust representatives.

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

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to notifiable events and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Joanne Neville, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 12 (1) (a) and (b)</p> <p>Stated: First time</p> <p>To be completed by: 14 July 2018</p>	<p>The registered person shall ensure that registered nurses monitor patients' neurological observations in the event of a head injury, in accordance with best practice guidance and professional standards, for example; National Institute for Health and Care Excellence (NICE) post falls management guidance.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Supervision carried out with nurses and now nurses completing and recording 24 hour clinical observation including neurological observations following any residents sustaining a head injury.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 20 July 2018</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>A more robust system to ensure infection prevention and control compliance must be developed.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Cleaning regime in place for cleaning of wheelchairs/residents chairs. Domestic staff are ensuring bins are cleaned thoroughly. Pull cords now all have plastic covers in place, showers chairs are cleaned thoroughly after each use, toilet rolls are not being left exposed and toilet roll holders are being cleaned thoroughly. Staff are ensuring all measures are being taken to prevent minimise the risk and spread of infection.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 12 (1) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: 14 July 2018</p>	<p>The registered person shall ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: Supervision carried out with nurses. Care plans in place for wounds and dressing regime in place as necessary.</p>

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 41 Stated: First time To be completed by: 31 July 2018	The registered person shall ensure that the staffing arrangements in the home are reviewed to ensure that patients' needs are met in a timely manner. Ref: Section 6.4
	Response by registered person detailing the actions taken: Recruitment is ongoing with new staff being appointed. A pool of bank staff is being built. Agency used as last resort to ensure smooth running of the home. Staffing levels adapted to in accordance with the dependency of the residents.
Area for improvement 2 Ref: Standard 12 Stated: First time To be completed by: 31 July 2018	The registered person shall ensure that patients' mealtime experience is enhanced by reviewing the availability of condiments and the use of plastic drinking glasses during mealtimes. Ref: Section 6.6
	Response by registered person detailing the actions taken: Condiments in place on tables at mealtimes. Toughened glasses have been sourced.

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



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