



# Unannounced Care Inspection Report 17 and 18 September 2018



## Laganvale Care Home

**Type of Service: Nursing Home**

**Address: 37 Laganvale Mews, Moira, BT67 0RE**

**Tel no: 028 9261 9899**

**Inspectors: Dermot Walsh and Linda Parkes**

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Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 72 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual:</b> Dr Maureen Claire Royston	<b>Registered Manager:</b> Shily Paul
<b>Person in charge at the time of inspection:</b> Shily Paul	<b>Date manager registered:</b> 7 November 2007
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	<b>Number of registered places:</b> 72  comprising:  A maximum of 36 patients in categories NH-I and NH-PH and a maximum of 36 patients in category NH-DE.

### 4.0 Inspection summary

An unannounced inspection took place on 17 September 2018 from 09.10 to 17.00 hours and on 18 September 2018 from 09.40 to 16.15 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 recruitment practice, monitoring registration status of staff, accident management, care planning, teamwork, governance arrangements, management of incidents, quality improvement and maintaining good working relationships. Further good practice was found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients.

Areas for improvement were identified under regulation in relation to the blockage of stairwells, compliance with Control of Substances Hazardous to Health (COSHH) legislation and hazard prevention. An area for improvement made under regulation in relation to the safe storage of hoists was stated for the second time. Areas for improvement were identified under standards in relation to staffing arrangements, decontamination of wheelchairs, repair/replacement of flooring in an identified room and completion of risk assessments. An area for improvement made under standards in relation to the environment was stated for the second time.

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

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*4	*5

\*The total number of areas for improvement includes one under regulations and one under standards which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Shily Paul, 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 March 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 23 March 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

During the inspection the inspectors met with 15 patients, six staff and three patients' representatives. A poster was displayed at a staffing area in the home inviting staff to respond to an online questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and 10 for patients' representatives were left for distribution.

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 inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients, relatives and families, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

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 weeks commencing 10 and 17 September 2018
- staff training records
- incident and accident records
- one staff recruitment and induction file
- four 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
- complaints record
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, 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 March 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.

## 6.2 Review of areas for improvement from the last care inspection dated 23 March 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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (4) (I) <b>Stated:</b> First time	The registered person shall ensure that hoists are stored safely when not in use so as they do not pose as a potential hazard to patients.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager confirmed that this area for improvement has not been met. See section 6.4 for further information.  This area for improvement has not been met and has been stated for a second time.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 44 <b>Stated:</b> First time	The registered person shall ensure that the identified rooms in the home are reviewed/repaired/refurbished as appropriate to ensure that they may be cleaned effectively.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager confirmed that this area for improvement has not been met. See section 6.4 for further information.  This area for improvement has not been met and has been stated for a second time.	



### 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 weeks commencing 10 and 17 September 2018 evidenced that the planned staffing levels were adhered to.

One patient consulted stated that they did not think there was enough staff on duty. The patient stated that they had to 'wait for attention' but also stated that the 'wait was not long'. Discussion with patients' representatives evidenced that there were no concerns regarding staffing levels. Four staff consulted indicated that they did not believe that current staffing levels met the assessed needs of the patients. Staff consulted were of the opinion that a recent reduction in the staffing level has left staff 'feeling stressed', 'rushing work' and 'disturbing medication rounds to seek assistance'. Staff spoke of concerns relating to supervision of patients; delays in assisting patients to bed and delays with commencing breakfast. This was discussed with the registered manager and identified as an area for improvement.

Review of one 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 system was in place to ensure that staff employed in the home received a yearly appraisal and, at minimum, participated in two recorded supervisions per year.

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. A system was evident to ensure compliance with mandatory training compliance. 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. Three staff consulted confirmed that the majority of training was provided electronically and that they were of the opinion that one to one training was more effective. Comments were passed to the registered manager for their review and action as appropriate. Staff spoke positively of recent 'dementia care framework' training which they had received. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

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. The registered manager confirmed that there were no ongoing safeguarding concerns relating to the home.

We reviewed accidents/incidents records since the previous care inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Notifications were submitted in accordance with regulation. From a review of records and discussion with the registered manager there was evidence of proactive management of falls.

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 review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, fresh smelling and clean throughout. The registered manager confirmed that a refurbishment programme had been approved by senior management and work was due to commence during week of 5 November 2018. However, remedial work which had been identified during a care inspection on 29 August 2017 had still not been completed. An area for improvement made in this regard has been stated for a second time.

During the review of the environment, an armchair was observed partially blocking a first floor stairwell door. This was discussed with the registered manager and as the partial blockage could potentially impede an evacuation of the floor, an area for improvement was made.

An area for improvement had been made at a previous care inspection on 29 August 2017 in relation to the safe storage of hoists when not in use. Hoists had been stored in the corridor of the home which could potentially impede on an evacuation of patients in the home. This area for improvement had subsequently been carried forward for review at the next care inspection on 23 March 2018. At the commencement of this inspection, the registered manager confirmed that arrangements for the storage of hoists, since the previous two care inspections, had remained unchanged. The registered manager confirmed that storage arrangements had been included within a refurbishment programme which was due to commence from 5 November 2018. The registered manager also confirmed that the storage of hoists in the corridor had also been identified as a risk during a fire risk assessment in the home conducted on 30 August 2018. Given the potential of risk to patients, the area for improvement made was stated for the second time. The registered manager confirmed during the inspection that the hoists will be stored in unused rooms within the home when not in use.

Chemicals were observed accessible to patients in an identified room on the ground floor. This was discussed with the registered manager and identified as an area for improvement to ensure compliance with COSHH legislation.

During a walk through the home, part of the corridor on the ground floor was observed to have a wet floor creating a potential slip hazard. Signage was not present to alert anyone walking through the home of the wet floor. This was disappointing as an area for improvement had previously been made in this regard during a previous care inspection of the ground floor on 30 August 2017. This was discussed with the registered manager and identified as an area for improvement.



Three patients' wheelchairs were observed not to have been effectively cleaned. One patient's relative commented negatively on the cleanliness of the patient's wheelchair. This was discussed with the registered manager and identified as an area for improvement to ensure a system was in place to evidence regular decontamination of patients' wheelchairs.

The flooring in an identified room was observed to be in disrepair inhibiting the effectiveness of the cleaning of this floor. The floor in the identified room was not planned for refurbishment. This was discussed with the registered manager and identified as an area for improvement.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example, the use of bedrails. There was also evidence of consultation with relevant persons. Care plans were in place for the management of bedrails. There was evidence of a recent audit on restrictive practices in use in the home.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to recruitment practice, monitoring registration status of staff and accident management.

**Areas for improvement**

Areas for improvement were identified under regulation in relation to the blockage of stairwells, compliance with COSHH legislation and hazard prevention. An area for improvement in relation to the storage of hoists has been stated for a second time.

Areas for improvement were identified under standards in relation to staffing arrangements, decontamination of wheelchairs and with the flooring in an identified room. An area for improvement in relation to previously identified environmental issues has been stated for a second time.

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	3

**6.5 Is care effective?**

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

We reviewed four patient care records for the management of nutrition, wound care, pressure management and restrictive practice. Three patient care records evidenced that appropriate assessments had been conducted on admission; reviewed accordingly and that care plans had been appropriately developed in accordance with their assessed needs. However, review of a recently admitted patient's care records evidenced that a pressure management risk assessment, such as the Braden risk assessment, had not been completed some eight days following admission. The patient had been weighed on admission, although, a nutritional risk screening assessment, such as the Malnutrition Universal Screening Tool, had not been completed. This was discussed with the registered manager and identified as an area for improvement.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners, tissue viability nurses, speech and language

therapists and dieticians. There was evidence within one patient’s wound care records that the records had been updated to reflect the recommendations of the tissue viability nurse.

Supplementary care charts such as reposition, bowel management and food and fluid intake records evidenced that contemporaneous records were maintained and that these records had been maintained in accordance with best practice.

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. Comments from staff included teamwork was, “good” though two staff were of the opinion that the use of agency staff made teamwork “more challenging”. Staff 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.

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

There was information available to staff, patients, representatives in relation to advocacy services, bereavement and infection prevention and control.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care planning and teamwork.

**Areas for improvement**

An area for improvement was identified under regulation in relation to the completion of risk assessments in a timely manner from admission.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**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 09.10 hours and were greeted by staff who were helpful and attentive. Patients were enjoying 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. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage.

Discussion with the activity therapist and review of the activity programme displayed in the foyer of both units evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

The serving of lunch was observed in the dining room on the ground floor. The dining room was identified using signage. A notice was also displayed on the dining room door restricting professional visits during mealtimes to prevent disturbance during this time. A pictorial menu was displayed on the wall of the dining room reflective of the food served and written menus were available on patients' tables. A patient who did not prefer either choice of meal on the menu was provided with an alternative hot meal. Patients were seated around tables which had been appropriately set for the meal. Food was served directly from the kitchen when patients were ready to eat or be assisted with their meals. 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. The food served appeared nutritious and appetising. Portions were appropriate for the patients to which the food was served. A range of drinks were offered to the patients. Food was covered on transfer from the dining room to the patients' preferred dining areas where this was applicable. Patients appeared to enjoy the mealtime experience.

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

"Thank you for all you have done for ... in the past few weeks. We are very grateful."

"To all the staff at Laganvale, thank you for your dedication and the outstanding care you provided to our ... over the past two years."

"... with grateful thanks for all your care and compassion you showed to ... ."

Consultation with 13 patients individually, and with others in smaller groups, confirmed that living in Laganvale was a positive experience. Ten patient questionnaires were left for completion. None were returned within the timeframe.

Patient comments:

"They [the staff] are very kind to me here."

"This place is alright."

"There are caring people here."

"Not enough staff here. Have to wait sometimes but not long."

"Staff are polite and respectful. I feel my privacy is respected."

"There are good days and bad days."

"It's ok here."

Five patient representatives were consulted during the inspection. Ten relative/representative questionnaires were left for completion. None were returned. Some patient representatives' comments were as follows:

"Happy with the care provided here. Staff are very friendly. Concerned with the cleanliness of wheelchairs and would like to see more stimulation for patients."

"You can't fault the care here. We are content that he is well looked after."

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from 12 staff consulted during the inspection included:

"We are happy here."

"It's good."

"Care wise it is nice to work here but has been stressful recently."

"It is stressful when we are understaffed but we get there."

"It's fine here. The patients are great."

"I am happy most of the time."

"It is stressful sometimes. Can be mentally straining."

"I am happy enough. Can be busy."

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

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and valuing patients and their representatives.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

#### 6.7 Is the service well led?

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

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

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, care records, wound care and infection prevention and control practices.

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 governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Shily Paul, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

## **7.1 Areas for improvement**

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

## **7.2 Actions to be taken by the service**

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (4) (l)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that hoists are stored safely when not in use so as they do not pose as a potential hazard to patients.  Ref: 6.2 and 6.4
	<b>Response by registered person detailing the actions taken:</b> The hoists are currently being stored in an empty bedroom in the interim, however a refurbishment plan is in place which has made provision for a permanent store.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (4) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that doors leading to stairwells in the home are not blocked at any time to allow for safe access and egress.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> The chair was removed immediately. There are no objects blocking the stairwells so allowing safe access and egress. This will be monitored by the Home Manager and Deputy Manager daily.
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 14 (2) (a)(c)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> The chemical was removed immediately from sluice area, the lock has been replaced to ensure protection of residents from hazards to their health.
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that wet floors in the home are signed at all times to prevent a slip hazard.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> The wet signs are in place at all times, this will be monitored by Home Manager and Deputy Manager. The inspection findings were discussed with all domestic staff at a staff meeting.



<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 November 2018</p>	<p>The registered person shall ensure that the identified rooms in the home are reviewed/repaired/refurbished as appropriate to ensure that they may be cleaned effectively.</p> <p>A copy of the refurbishment plan, including timescales, should be submitted with the returned QIP.</p> <p>Ref: 6.2 and 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> There is a refurbishment plan in place for the identified areas.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 41 Criteria (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 October 2018</p>	<p>The registered person shall review the staffing arrangements in the home, including deployment, to ensure that at all times the assessed needs of patients are met.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The staffing is reviewed according to CHSS, it is currently within the need of residents. This will be continually kept under review.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 46 Criteria (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 October 2018</p>	<p>The registered person shall ensure that a system is in place to ensure that all wheelchairs in the home are regularly decontaminated, as required.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The wheel chairs have been cleaned and decontaminated This will be monitored as part of the infection control audit and spot checks by Home Manager.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2018</p>	<p>The registered person shall ensure that the flooring on the communal identified room is repaired/replaced as appropriate.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The small toilet in the Dementia unit is included within the refurbishment plan.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that pressure damage risk assessments are completed on patients' admission to the home and reviewed accordingly.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> This has been completed, will be reviewed for all new admissions going forward.</p>

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



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