

Inspection Report

8 June 2022



Mount Lens

Type of Service: Nursing Home (NH)
Address: 166 Kings Road, Belfast, BT5 7EL
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual(s): Mrs Natasha Southall	Registered Manager: Ms Annie Kamlian Date registered: 18 May 2022
Person in charge at the time of inspection: Violet Graham, Regional Support Manager, until 9.30 am. Ms Annie Joy Kamlian thereafter.	Number of registered places: 31 Category NH-I for 4 identified person only with no further admissions to take place in this category.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 24
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 31 persons. The home is divided into two units over two floors. Patients have access to communal lounges, dining rooms and an enclosed court yard.	

2.0 Inspection summary

An unannounced inspection took place on 8 June 2022 from 9.20 am to 6.00 pm by a care inspector.

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

Areas for improvement identified at the last care inspection were reviewed; five were assessed as met, and two were assessed as not met and have been stated for a second time. One area for improvement relating to medicines management was not reviewed at this inspection and has been carried forward to the next inspection.

New areas for improvement were identified in relation to: records for the administration of topical medicines and creams, adherence to dietetic recommendations, cleaning and storage of toiletries, staff compliance with infection prevention and control standards, and the condition of some furnishings.

The general environment of the home was clean and there was a welcoming atmosphere. Patients looked well cared for in that they presented as comfortable and attention had been paid by staff to patients' personal care and dressing needs.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff were observed interacting with patients and each other in a polite manner. Staff reported that they were often busy but that they had good teamwork. Staff were seen to have good communication with each other, and to work together to organise and prioritise their duties.

It was positive to note the appointment of a new activities coordinator in the home. The activities coordinator was in the process of an induction period and demonstrated enthusiasm for the role. Some organised activity sessions were observed with positive results.

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

3.0 How we inspect

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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

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

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with management team at the conclusion of the inspection.

4.0 What people told us about the service

Six patients, eight staff, and two relatives were spoken with during the inspection. Three relative questionnaires were received after the inspection. No staff survey responses were received within the allocated timeframe.

Patients spoke in positive terms about living in Mount Lens. Patients told us that they were well looked after and described staff as good. Patients confirmed that they had choice in how they spent their time, with some saying that they could spend time either in their own bedroom and then go to a communal room for some company when they wished. One patient talked about the importance of having personal items and collections in their bedroom and how this was accommodated.

Patients said that the food ranged from “okay” to “love the food”, and told us that they had choices at every mealtime and could ask for alternative dishes if needed. Patients told us that their bedrooms were kept clean and tidy.

Patient said that they enjoyed the activities and were happy that more were now being provided. Patients told us about having their nails painted, jubilee celebrations, and art sessions. One patient told us that they were looking forward to being able to have a birthday party and that the staff and manager were assisting them to organise it.

Relatives described the care as “excellent” and “fantastic.” Relatives said that staff were “empathetic”, “compassionate”, and “brilliant.” Relatives expressed concern about staffing arrangements, telling us that while all staff, including agency staff, were found to be good, they felt staff were overworked and that the high turnover in staffing due to agency use had an impact on continuity of care. Comments from relatives included; “my heart goes out to the staff with all they have to do”, and “there is an ever changing cohort of new faces.” Comments from relatives were shared with the manager and staffing arrangements are discussed in more detail in section 5.2.1.

Relatives said that they were happy with the level of cleanliness in the home. The addition of the activities coordinator to the team was welcomed by relatives.

Staff said that they enjoyed working in Mount Lens and told us that patient care and welfare was their main priority. Staff acknowledged that shifts often required agency staff cover and that while this had the potential to add pressures to their shift with the requirement for increased time on induction, delegation and supervision of agency staff; staff maintained that there was good teamwork and communication, and that patients’ needs were met.

Agency staff told us that they received an initial induction on their first shifts in the home and that they received a handover of patients’ needs at the beginning of each shift. Agency staff said that Mount Lens staff were helpful and welcoming.

5.0 The inspection

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

Areas for improvement from the last inspection on 14 May 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: First time	The registered person shall ensure that patient areas are free from hazards to their safety.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 13 (5) (a) Stated: First time	The registered person shall ensure that prescribed topical medicines are stored securely.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. Risk assessments in relation to the storage of topical medicines in some patients' ensuites were in place but not adhered to. This area for improvement has been stated for a second time and more detail can be found in section 5.2.3 of this report.	
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that robust systems are in place to monitor the environment for potential or actual IPC issues, and that action is taken to address deficits in a timely manner. This is with specific reference to the cleanliness of equipment such as nurse pull cords and the positioning of hand hygiene equipment.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met; with the provision of more hand hygiene equipment, and nurse pull cords were clean.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 6 Criteria 1 Stated: First time	The registered person shall ensure that patients are treated with respect at all times and that staff understand and demonstrate the importance of upholding patients' dignity and privacy in the course of their duties.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met; staff training had been conducted and staff were seen to uphold patients' privacy and dignity.	
Area for improvement 2 Ref: Standard 45 Stated: First time	The registered person shall ensure that systems are in place for the correct use of pressure relieving mattress motors and that staff know how to use and care for this equipment correctly.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 12 Stated: First time	The registered person shall review the arrangements for transportation of meals to patients' bedrooms and ensure all staff adhere to food handling standards and keep food covered until the meal is delivered to the patient.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 Ref: Standard 4 Stated: First time	The registered person shall ensure that where indicated; care records accurately reflect the expected daily intake fluid target and give clear instruction to staff of what action to take when a patient does not meet their target.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. Care records did not clearly indicate patients' individual fluid intake targets or instruct staff on how and when to take action.	
	This area for improvement has been stated for a second time and more detail can be found in section 5.2.2 of this report.	

<p>Area for improvement 5</p> <p>Ref: Standard 18</p> <p>Stated: First time</p>	<p>The registered person shall review the management of distressed reactions to ensure that:</p> <ul style="list-style-type: none"> • care plans are up to date • where more than one medicine is prescribed, the care plan and personal medication record state which should be used first/second line • the regular use of “when required” medicines is referred to the prescriber for review • the reason for and outcome of administration are recorded <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
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5.2 Inspection findings

5.2.1 Staffing Arrangements

A system was in place to check that relevant staff were appropriately registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC), and that their registration status remained valid. The system was checked monthly by the manager.

There were systems in place to ensure staff were trained and supported to do their job. The manager had oversight of staff compliance with essential training courses through a training matrix. Essential training courses were provided through an eLearning system and face to face practical sessions.

The duty rota accurately reflected the staff working in the home on a daily basis. The manager’s hours were stated on the duty rota and the nurse in charge of the home in the absence of the manager was highlighted. An on-call rota for senior management support was in place.

The manager confirmed that staffing levels were determined and/or adjusted following regular review of patients’ dependency levels and occupancy. Staff told us that when staffing levels occur as planned that there are enough staff on shift to meet patients’ needs, but that on occasion unplanned staff absences can occur at the last minute. Patients told us that staff were available to them when needed. Relatives expressed concern in relation to the apparent high turnover in staff, including agency staff.

Duty rotas from 6 June to 29 June showed that staffing levels occurred as planned, with the exception of two shifts when staffing levels fell below planned numbers due to short notice staff sickness. There was evidence that all reasonable action had been taken in response to

unplanned absences. Records showed a high use of agency staff and the manager confirmed that as far as reasonably possible, agency staff were block booked in advance to try to provide continuity of care.

Prior to the inspection, staffing levels had been discussed with the regional manager, who had identified some areas for improvement during monthly monitoring visits to the home. The regional manager provided RQIA with an action plan which addressed deficits in employed hours in the home. The action plan included a recruitment drive and confirmation that some care staff had been successful and were in the pre-employment stages of recruitment. The plan stipulated that in the meantime, the home would endeavour to block book agency staff and that thorough inductions would be completed with all agency staff. The regional manager agreed to provide regular updates to RQIA in relation to this action plan.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; staff were seen to identify needs in patients who were unable to fully express themselves. Staff were seen to be skilled in responding to early indicators of distress or discomfort in patients, and were warm and reassuring during interactions. Staff displayed skill in using distraction techniques to alleviate patient agitation or frustration. The activity coordinator was seen to provide meaningful activity with positive results. This is discussed further in section 5.2.4.

Staff said that there was good team work and that this was particularly important during peak times such as early morning, night time and meal times. Staff felt that communication between teams was good. Staff said that they understood their roles and responsibilities in relation to reporting any worries or concerns they may have about patient care or the running of the home.

Patients described staff as “very good”, “good fun” and “lovely.”

Relatives commented on the use of agency staff, and while relatives described all staff as “good”, “compassionate”, “empathetic” and “brilliant”, they expressed concern about the turnover in staff. One relative described an experience with an agency nurse as “excellent” but said that it was unfortunate that they had not seen this nurse since.

The management team provided RQIA with assurances that the recruitment drive to address staff vacancies remains a paramount focus.

5.2.2 Care Delivery and Record Keeping

Systems were in place to ensure that patients’ needs were communicated to staff through care records and verbal handover meetings at the beginning of each shift. Staff confirmed that adequate time was allocated to each handover to ensure they knew the priority tasks for that shift and were updated with any changes in patients’ needs. Agency staff confirmed that they attended a handover for each shift and that they understood their allocated duties and responsibilities.

Patients’ needs were assessed at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to effectively meet patients’ needs. Care records were held securely and reviewed regularly to reflect changes in needs of patients. Records included any recommendations made by other healthcare professionals such as GP, physiotherapist, speech and language therapist (SALT), dietitian, or podiatrist.

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

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The serving of breakfast, lunch and evening meal was observed and found to be a pleasant and unhurried experience. Meals looked and smelled appetising. Dining tables were set prior to the meal and condiments and a range of drinks, including hot drinks such as tea and coffee were available.

Menus displayed at least two options of meal per sitting, and staff were seen to offer choices to patients. Staff demonstrated an awareness of patients' likes and dislikes, and a good understanding of individual patients' needs, such as those requiring fortified foods.

Patients' nutritional records showed that patients were assessed at least monthly using the malnutrition universal screening tool (MUST), nutritional, oral and choking assessments. Patients assessed as being at risk of choking had care plans in place which, where required, included recommendations from SALT.

A record was maintained of what each patient ate and drank in a day. Records were maintained up to date and completed in a timely manner. Patient fluid intakes were totalled daily, however care plans did not clearly indicate patients' individual fluid intake targets or instruct staff on how and when to take action. This area for improvement was stated for a second time.

Records showed that patients' weights were monitored monthly. Some patients had been referred to dietetics due to unplanned weight loss and records showed assessment and recommendations made. Some patients had been recommended by dietetics to have their weight monitored weekly. Records showed only monthly monitoring. This was discussed with the management team but the rationale for not following specialist recommendations remained unclear. An area for improvement was identified.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records detailed the level of assistance required and any specialist equipment used, such as pressure relieving mattresses.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, patient areas were maintained free from potential hazards, equipment such as bed rails or alarm mats were used, and staff were seen to assist and encourage patients with mobility.

Examination of records and discussion with nursing staff confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

Daily records were kept of how each patient spent their day and the care and support provided by staff. Supplementary records maintained by care staff showed accurate and timely recording

of interventions such as repositioning and food and fluid intake, however the recording of application of prescribed topical creams and lotions was inconsistent. An area for improvement was identified.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. For example, on one occasion, staff used distraction techniques to deescalate a patient's presenting frustration and skilfully moved this patient's focus onto an activity that this patient enjoyed. This was seen to have a positive effect on this patient's demeanour and mood.

Patients said that they felt looked after well and that they get what they need.

Relatives described the care as "fantastic", however some relatives expressed that they worried about the potential negative impact on quality of care if the issues relating to staffing continued. Relative concerns were shared with the manager following the inspection and the manager confirmed that they met with some relatives to discuss specific concerns.

5.2.3 Management of the Environment and Infection Prevention and Control

Review of the home's environment included a selection of patients' bedrooms, communal lounges and dining rooms, communal toilets, corridors, and storage areas. The atmosphere in the home was relaxed and welcoming. All areas of the home were found to be clean, warm, and well lit. Corridors and fire exits were uncluttered and clear of obstruction.

Patients' bedrooms were found to be clean and personalised with items of interest or importance to each patient.

Patients' ensuite bathrooms were clean; however some patients' personal hygiene items were not sufficiently cleaned or stored correctly. For example, some shaving razors were dirty or clogged and razors and toothbrushes were stored together. An area for improvement was identified.

Risk assessments were in place to instruct staff on the safe storage of patients' individually prescribed topical medicines. Some topical medicines were not stored securely in patients' ensuite bathrooms. This area for improvement was stated for a second time.

Communal lounges were clean, bright and well ventilated. Some communal seating was found to be worn or damaged which was not conducive to effective cleaning. An area for improvement was identified.

Improvements were noted in the provision of hand hygiene facilities within the home and observations and discussions with staff confirmed that there was a good supply of personal protective equipment (PPE) and cleaning materials. Domestic staff were seen to clean frequently touched areas such as handrails and door handles.

While staff were seen to practice hand hygiene at key moments, some staff were observed as not being bare below the elbow by wearing wrist watches. This is not in keeping with best practice on infection prevention and control as wrist jewellery would inhibit effective hand hygiene. This is also not in keeping with best practice on patient moving and handling. An area for improvement was identified.

Infection prevention and control audits were completed monthly and included the environment and staff compliance with hand hygiene and PPE use.

Patients said that they were happy with the environment and that their bedrooms were cleaned daily.

Relatives told us that the home is “always clean.”

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, visitors were encouraged to complete lateral flow tests before arriving at the home and temperatures were monitored for all visitors on arrival.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch television, or could spend time in communal areas or the privacy of their own bedroom if they wished.

Patients told us about recent organised activities such as the jubilee weekend party and watching the celebrations on the television.

Patients' birthdays were celebrated with a cake and a party if patients and families wished. One patient talked about their excitement about an upcoming birthday and expressed delight that the staff and manager were assisting with the arrangements.

A new activities coordinator had recently been appointed and was in the process of completing an induction programme which included training and support from other activity coordinators within the provider group.

The activity coordinator spoke with pride and enthusiasm for this role and expressed that they had lots of exciting ideas to bring meaningful activities to the patients' day.

A card making session was observed and six patients participated with positive effects. Patients looked relaxed and focused on their individual crafts, and spoke about the people they were making the cards for and the messages they planned to write in them once completed. The activity coordinator was seen to be encouraging and supportive during the session and to provide assistance where required.

Patients said that they enjoyed visits from family and friends and that it was positive that they could visit in the privacy of their bedrooms if they wished.

Some relatives availed of the Department of Health (DoH) care partner initiative and said that this was working very well. Relatives told us that they could visit the home daily or sometimes

several times a day to support their loved ones and that this was important to them. Relatives said that the home was accommodating and welcoming.

Staff understood the importance for patient to maintain personal and familial relationships and that staff played an important role in keeping communications open, especially during times when visiting was affected by the pandemic.

5.2.5 Management and Governance Arrangements

There had been some changes to the management arrangements since the last care inspection. Ms Annie Kamlian was appointed manager on 29 November 2021, and was registered with RQIA on 18 May 2022. The manager confirmed that they were further supported by a senior management team.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Staff were aware of who the person in charge of the home was at any given time. Staff told us that they were aware of their role in the home and how to raise any concerns or worries about patients, care practices, or the environment.

A complaints record was maintained. Records showed that any complaints received about the home were taken seriously and used as a learning opportunity to improve the service. Records showed actions taken as a result of any complaint and commented on the complainants' satisfaction levels at outcome.

Patients and relatives spoken with said that they knew how to report any concerns and said they were confident that the manager would address concerns appropriately.

Cards and compliments received about the home were kept on file and shared with staff.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

Review of staff training records showed that the manager had oversight on compliance. Staff were required to complete adult safeguarding training on an annual basis and records showed that face to face training sessions had recently been conducted in conjunction with the Belfast Health and Social Care Trust (BHSCT).

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	1*	7*

*The total number of areas for improvement includes two that have been stated for a second time and one which was carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Annie Joy Kamlian, Manager, and Violet Graham, Regional Support Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (5) (a) Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that prescribed topical medicines are stored securely. Ref: 5.1 and 5.2.3 Response by registered person detailing the actions taken: Those residents who are prescribed topical medications have their medications stored in the treatment room in stackable boxes. This will be reviewed by the Registered Home Manager.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 4 Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that where indicated; care records accurately reflect the expected daily intake fluid target and give clear instruction to staff of what action to take when a patient does not meet their target. Ref: 5.1 and 5.2.2 Response by registered person detailing the actions taken: In discussion with GPs they are unwilling to set a recommended fluid target. Going forward we will confirm a daily intake based on the clinical presentation of the resident and this will be reflected in the care plan. The GP will be contacted if there are concerns about the overall clinical presentation of the resident.

<p>Area for improvement 2</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection (26 April 2022)</p>	<p>The registered person shall review the management of distressed reactions to ensure that:</p> <ul style="list-style-type: none"> • care plans are up to date • where more than one medicine is prescribed, the care plan and personal medication record state which should be used first/second line • the regular use of “when required” medicines is referred to the prescriber for review • the reason for and outcome of administration are recorded <p>Ref: 5.1</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4 Criteria 4 and Standard 12 Criteria 7 and 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that recommendations made by dietetics in relation to the monitoring of patients’ weights are adhered to. Any rationale for veering from specialist recommendations should be clearly stated in the patients’ individual care records, and the specialist should be informed of any changes to the recommended plan.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: A review of residents weights was undertaken in collaboration with the Dietitian and there are currently no residents requiring weekly weights. The Dietitian reviews the residents fortnightly based on the residents weight and in discussion with the Registered Nurses. If there is any veering away from the dietitians recommendations this will be stated in the care plan.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4 Criteria 9</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that accurate records are maintained of the administration of topical creams and lotions.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Those residents who require topical medications have these recorded on a topical medication administration record. These records will continue to be monitored by the Registered Home Manager in monthly audits and any necessary remedial action/learning will be taken forward.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that patients' personal hygiene items are cleaned and stored in accordance with infection prevention and control standards. This is with specific reference to razors and toothbrushes.</p> <p>Ref: 5.2.3</p>
<p>Area for improvement 6</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2022</p>	<p>Response by registered person detailing the actions taken: Razors and toothbrushes are being stored separately, we are currently reviewing resident preferences around shaving.</p> <p>The registered person shall ensure that communal furnishings that cannot be effectively cleaned due to damaged or worn surfaces are repaired or replaced.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: A review of the communal furnishings will take place in the communal areas.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that training in infection prevention and control is embedded into practice and that all staff remain bare below the elbows to ensure effective hand hygiene.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Weekly hand hygiene audits are being completed which will address deficits in staff practice and actions taken to correct this in place. Staff practice in IPC will continue to be monitored and corrected through supervision.</p>

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