



Unannounced Care Inspection Report 29 & 30 January 2020



Our Lady's Home

Type of Service: Nursing Home

Address: 68 Ard-Na-Va Road, Falls Road, Belfast, BT12 6FF

Tel No: 028 9032 5731

Inspectors: James Lavery

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

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

1.0 What we look for



2.0 Profile of service

This is a nursing home which is registered to provide nursing care for up to 98 persons. The home is divided into four suites; two of these suites (Anderson and Donegal) are for patients living with dementia while the remaining two suites (Beechmount and Clonard) are for frail elderly patients who have a range of nursing care needs excluding dementia. This home is also approved to provide care on a day basis to four patients in the general nursing unit and one person in the dementia unit.

3.0 Service details

Organisation/Registered Provider: Macklin Care Homes Ltd Responsible Individual: Mr Brian Macklin	Registered Manager and date registered: Anne-Marie Lowry Acting- No Application required
Person in charge at the time of inspection: Anne-Marie Lowry	Number of registered places: 98 A maximum of 54 patients in categories NH-I, NH-PH, NH-PH(E), NH-TI to be accommodated in the general nursing unit and a maximum of 44 patients in category NH-DE to be accommodated in the dementia unit. This home is also approved to provide care on a day basis to 4 persons in the general nursing unit and 1 person in the dementia unit.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 92

4.0 Inspection summary

An unannounced inspection took place on 29 January 2020 from 13.50 hours to 19.15 hours, and 30 January 2020 from 09.30 hours to 21.00 hours.

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

Evidence of good practice was found in relation to adult safeguarding, wound care, collaboration with the multiprofessional team, the provision of activities and statutory notifications to RQIA.

One area for improvement under regulation was stated for a second time in relation to infection, prevention and control (IPC) compliance. Further areas for improvement under the standards were made in relation to the further aspects of IPC, the internal environment, the use of communal lounges, nurse call responses, the dining experience of patients and the supervision/appraisal of staff.

Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

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

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*1	*6

*The total number of areas for improvement includes one under regulation which has been stated for a second time; two areas for improvement under the standards which have been stated for a second time and one area for improvement under the standards which has been carried forward to be reviewed at a future care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Anne-Marie Lowry, acting manager, and other members of the senior management team 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 14 & 15 May 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 14 & 15 May 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

During our inspection we:

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

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

The following records were examined and/or discussed during the inspection:

- governance records relating to the professional registration of staff
- accident and incident records
- staff supervision/appraisal matrix
- patient/relative and staff meeting records
- one patient's wound care records
- three patients' property records
- a selection of governance audits
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- 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 either met, partially met, or not met.

The findings of the inspection were provided to the manager and senior management team at the conclusion of the inspection.

6.0 The inspection

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

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a)(b) Stated: Third and final time	The registered person shall ensure the following in relation to the provision of wound care for all patients: <ul style="list-style-type: none"> • That care plan(s) are in place which prescribe the required dressing regimen and/or refer to such directions as are evidenced within any relevant multi-professional recommendations which should be available within the patient's care record. • That nursing staff shall record all wound 	Met

	<p>care interventions in an accurate, thorough and consistent manner in compliance with legislative and best practice standards.</p> <ul style="list-style-type: none"> That a robust governance process is implemented to ensure that wound care within the home effectively delivered to patients in accordance with their assessed needs, care standards and current best practice. 	
	<p>Action taken as confirmed during the inspection:</p> <p>Review of wound care records for one patient evidenced that this area for improvement was met. This is discussed further in section 6.4.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 19 (2) Schedule 4 (10)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that a record is maintained of the furniture and personal possessions which each patient has brought into the room occupied by him.</p> <p>(The Care Standards for Nursing Homes state that these records should be kept up to date and be reconciled and signed and dated by two people on a quarterly basis).</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Review of property records for three patients confirmed that this area for improvement was met.</p>	
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Observation of the environment evidenced that this area for improvement was met. It was agreed that any keys to areas in which chemicals are stored, should be safely stored and beyond the reach of patients at all times.</p>	
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p>	Not met

	<p>Action taken as confirmed during the inspection: Observation of the environment and staff practices highlighted that this area for improvement was not met. Further deficits with regard to IPC were also noted and are discussed in section 6.4.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patients are supervised and assisted within communal lounges and dining areas in a manner which ensures that they receive safe, effective and compassionate care as required.</p> <p>Action taken as confirmed during the inspection: Observation of patients across various lounges within the home evidenced that this area for improvement was met.</p>	Met
<p>Area for improvement 6</p> <p>Ref: Regulation 27</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the areas relating to the environment identified in the report are addressed.</p> <p>A detailed refurbishment action plan with firm timescales for improvement should be forwarded to RQIA along with completed QIP.</p> <p>Action taken as confirmed during the inspection: While no refurbishment plan was available to the inspector during the inspection, observation of both the Anderson and Donegal units confirmed that they were attractively decorated and well maintained. No concerns were raised by patients, staff or relatives with regard to the internal décor of these units. It was agreed that the décor of these units should continue to be reviewed by the manager so as to ensure that the ongoing needs of patients are met.</p>	Met
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the medicine refrigerator temperatures are monitored daily and maintained within the required range of 2°C and 8°C.</p>	Met

	<p>Action taken as confirmed during the inspection: A review of governance records maintained by nursing staff confirmed that this area for improvement was met.</p>	
<p>Area for improvement 2 Ref: Standard 12 Stated: First time</p>	<p>The registered person shall ensure that dining provision for patients is managed in such a manner so as to promote a compassionate and person centred dining experience for patients at all times.</p> <p>Action taken as confirmed during the inspection: Observation of patients' dining experience is discussed further in section 6.5.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 3 Ref: Standard 4 Stated: First time</p>	<p>The registered person shall ensure that patients are assisted from their wheelchairs in a timely and compassionate manner in accordance with their assessed care needs and wishes.</p> <p>Action taken as confirmed during the inspection: Observation of patients and staff confirmed that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 4 Ref: Standard 4.2 Stated: First time</p>	<p>The registered person shall ensure that the current 'Resident of the Day' system is reviewed and implemented in a manner that ensures effective communication with patients/relatives and promotes individualised care and support.</p> <p>Action taken as confirmed during the inspection: While efforts by the manager and staff to communicate with patients/relatives were noted, feedback from several patients and their relatives highlighted an inconsistent awareness of who patients' named nurses were; the sharing of this information should form part of any regular care review by staff. Signage in patients' bedrooms referring to the named nurse was also inconsistent. This was discussed with the manager who agreed to review current arrangements for communicating this information to patients and their relatives.</p>	<p>Carried forward to the next care inspection</p>

	This area for improvement has been carried forward to be reviewed at a future care inspection.	
Area for improvement 5 Ref: Standard 6.4 Stated: First time	The registered person shall ensure that communal spaces throughout the home, specifically lounge areas, are utilised in a compassionate and patient centred manner at all times.	Not met
	Action taken as confirmed during the inspection: Observation of lounge areas in one identified unit evidenced that staff poorly utilised all available communal spaces in a patient centred and consistent manner. This is discussed further in section 6.5.	
	This area for improvement has not been met and is stated for a second time.	

6.2 Inspection findings

6.3 Is care safe?

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

Upon arrival to the home we were greeted by the manager and other members of the senior management team. The entrance to the home was neat, tidy and welcoming in appearance. We observed that patients within each unit of the home appeared comfortable and that staff were attending to their needs as necessary.

Staffing levels within the home were discussed and reviewed with the manager who confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. Of the 10 patients and 20 patients' relatives who were spoken with throughout the inspection, no concerns were expressed in relation to current staffing levels. The timeliness of staff responses to the nurse call system is discussed further in section 6.4.

We were told by staff that they received regular mandatory training to ensure they knew how to provide the right care. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home. One staff member told us that they had undergone an induction prior to commencing their first shift within the home which they described as "good."

The way in which staff are supported in their roles was considered. Feedback from the manager confirmed that while a system was in place in regard to staff supervision and appraisal, the

provision of this was out of date for some staff; it was acknowledged by the inspector that the current manager is working to address this backlog which reportedly occurred prior to her commencing post. Feedback from some staff also highlighted that they could not recall when they had last undergone either supervision or appraisal. An area for improvement was made. Staff morale is discussed further in section 6.4.

It was noted that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). We were also informed by the regional manager that checking staff registration forms part of ongoing monthly monitoring visits to the home; these visits are referenced in section 6.6.

Governance arrangements were in place to ensure that all staff attend adult safeguarding training and have sufficient awareness of the home's adult safeguarding policy to help ensure that it is embedded into practice.

An inspection of the home's environment was undertaken across all four units and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Evidence of ongoing redecoration was noted throughout various parts of the home and patients were observed relaxing within a number of lounges. Patients also have access to a chapel area in which religious services are conducted on a regular basis. It was also positive to note that several large photographic displays were situated throughout the home featuring a range of activities which patients had participated in; the provision of activities is discussed in section 6.5.

Three storage areas were noted to be excessively cluttered and required tidying by staff mid inspection; an area for improvement was made. It was also noted that one magnetic closure device on a patient's bedroom door was faulty; this was highlighted to the manager who agreed to address it immediately. During the second day of inspection, keypad access/egress to the Donegal unit was faulty resulting in the main entrance not being secure; staff were observed closely monitoring patients within that unit pending repair work to the system.

We reviewed compliance with infection, prevention and control best practice standards. On a number of occasions, staff were observed not wearing Personal Protective Equipment (PPE) such as aprons, when required; an area for improvement was stated for a second time. Further IPC deficits were also noted, namely: the wall covering in a number of identified communal bathrooms was damaged, linen was observed to be poorly stored within three linen cupboards, the underside of one identified bath seat was stained, one patient's mattress was torn and staff prepared toast for patients inappropriately on one occasion. An area for improvement under the standards was made.

Areas of good practice

Areas of good practice were found in regard to staff training and adult safeguarding.

Areas for improvement

Three areas for improvement under the standards were made in relation to the infection prevention and control practices, the internal environment and staff supervision/appraisal.

	Regulations	Standards
Total number of areas for improvement	0	3

6.4 Is care effective?

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

Staff told the inspector that there was effective communication at the commencement of each shift which allowed them to discuss and review the ongoing needs of patients.

A review of patients' care records evidenced that nursing staff regularly engaged with members of the multi-professional team; this included regular contact with professionals such as GPs, tissue viability nurses (TVN), dieticians and speech and language therapists (SALT).

We spoke with one visiting professional who raised no concerns in relation to patient care. However, this professional did express some concern in regard to staff morale which they described as generally very poor. This feedback was also reflected in comments from the majority of staff spoken with who expressed discontent with what they described as a lack of constructive support at times from the management team. We shared all staff feedback with the manager and management team for careful consideration and action, as appropriate. Despite this feedback, staff also told us that they felt motivated to care for patients within the home which they considered to be challenging but rewarding work.

We reviewed the care records for one patient who required ongoing wound care. The patient's relevant care plans and risk assessments were accurate and patient centred. Supplementary care records also evidenced that the patient's wounds were being attended to in keeping with multiprofessional recommendations. It was agreed with the manager that nursing staff should remain diligent in accurately and consistently numbering individual wounds/corresponding care plans and that any wound care audits should clearly reference specific wounds.

We observed that staff responses to patients using the nurse call system within one identified unit required improvement. An area for improvement was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to wound care and collaboration with the multiprofessional team.

Areas for improvement

One new area for improvement was made in regard to staff responses to the nurse call system.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

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

All patients spoken with were positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Feedback received from several patients during the inspection included the following comments:

- "Staff are friendly."
- "I'm well looked after."
- "Them wee girls (the staff) are awful good."

A number of relatives were also spoken with and their feedback included the following comments:

- "Staff are very good at keeping in touch."
- "(My relative) is always well presented."
- "Staff are good at keeping me up to date."
- "I couldn't say a word against the staff; they're very good."
- "Liz (nurse) is amazing, such a hard worker ... always talking to the (patients)."

Feedback from all patients and the majority of patients' relatives indicated a high level of satisfaction with the delivery of care. One patient's relative expressed dissatisfaction in this regard and was given advice by the inspector in relation to escalating their complaint; we were also assured by the manager that she was already aware of this relative's complaint. All patient and relative feedback was shared with the manager for consideration and action, as appropriate.

No patient/relative or staff questionnaires were received following the inspection.

Several patients we spoke with expressed a high level of satisfaction with the provision of activities within the home. Activities staff who were spoken with appeared highly motivated in their role and stated that they were well supported by the manager. The activities on offer for patients included a wide and creative range of events such as:

- a movie afternoon
- men's barber shop
- musical events
- a mental health day
- various seasonal events such as Christmas and Easter celebrations

We were also informed that the home participates in 'Macklin Tots' which involves children from a local crèche visiting and interacting with patients within the Beechmount and Clonard units, every second Thursday. Following the reported success of this event which commenced in January 2020, the visits were extended to those patients living within the two remaining dementia units. This initiative is commended.

We also observed the dining experience of patients within the home; this included the provision of the evening meal within both the Beechmount and Clonard units. Within the Beechmount unit we observed that there was no patient friendly menu on display and as referenced in section 6.4, staff

buttered toast on top of a table cloth for one patient. While the dining room itself was attractively decorated, we observed that one dining table was used throughout lunch for the stacking of various items of crockery/cutlery; this diminished the overall quality of the dining area for patients. While staff attended to patients' dining needs throughout the meal, staff appeared to be unduly task focused at times rather than promoting the dining experience of patients. Observation of this dining area on the second day of inspection did evidence that the majority of these matters were addressed although the need to sustain these improvements was stressed.

Within the Clonard unit we observed that the dining area was excessively cluttered for both staff and patients. As with the Beechmount unit, no patient friendly menu was on display. The dining routine within this unit appeared to be rushed at times with staff struggling to attend to 11 patients in a timely manner. This resulted in staff not attending to the needs/requests of some patients within the dining room effectively. An area for improvement was stated for a second time. Following the inspection, the manager confirmed that an additional dining room had been created within the Clonard unit. The use of this area will be reviewed at a future care inspection.

We also observed the manner in which staff assisted patients to enjoy various communal lounges. While staff manager this well throughout most parts of the home, we noted that improvement was required specifically within the Donegal unit. An area for improvement was stated for a second time.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of activities.

Areas for improvement

One area for improvement was stated for a second time in regard to the dining experience of patients.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

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

At present, the manager is supported by a deputy manager and nurse consultant. The nurse consultant informed us that she primarily focuses on wound care and governance processes such as infection prevention and control and patients' weights. Discussion with the manager and senior management team highlighted a degree of confusion in regard to who the manager should regularly report to/be directly supported by. This was discussed with the manager/senior management team during and following the inspection. The need to ensure that there is clear organisational structure within the home and at a regional level was stressed. All staff spoken with were able to describe their roles and responsibilities.

The registration certificate was up to date and displayed appropriately. Discussion with the manager evidenced that the home was operating within its registered categories of care.

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

A review of records evidenced that monthly monitoring reports were completed 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. It was stressed that any corrective actions that result from such visits must be clearly evidenced within any subsequent action plan as part of the monthly report. This will be reviewed at a future care inspection.

Discussion with the manager confirmed that staff meetings were held on a regular basis; these included: Head of Department meetings, registered nurse meetings and care staff meetings. It was agreed that minutes must be retained from these meetings at all times. This will be reviewed at a future care inspection. As stated in section 6.5, staff morale was found to be poor in general and the manager/senior management team indicated a clear commitment to addressing this in a constructive manner.

The manager told us that focused engagement between the management team and patients' relatives had already taken place in regard to the Donegal unit. The manager stated that this had taken the form of one to one meetings which had improved overall communication with patients and their families. The manager stated that she wished to roll out this approach to remaining units within the home, commencing with the Clonard unit. However, it was agreed that due to the length of time such one to one meetings would require, relatives' meetings should be facilitated more frequently across all units within the home; the manager agreed to action this. This will be reviewed at a future care inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to statutory notifications to RQIA.

Areas for improvement

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

	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 Anne-Marie Lowry, manager, and other members of the senior management team 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 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection. This relates specifically to the staff use of Personal Protective Equipment.</p> <p>Ref: 6.1 & 6.3</p> <p>Response by registered person detailing the actions taken: Training and Supervision with all grades of staff undertaken regarding use of appropriate use of PPE to minimise the risk and spread of infection.</p>
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Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 4.2</p> <p>Stated: First time</p> <p>To be completed by: 12 June 2019</p>	<p>The registered person shall ensure that the current 'Resident of the Day' system is reviewed and implemented in a manner that ensures effective communication with patients/relatives and promotes individualised care and support.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</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 the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection. This relates specifically to the following areas:</p> <ul style="list-style-type: none"> • wall coverings in communal bathrooms • the storage of linen within linen cupboards • the underside of one identified bath seat • the tear on one identified patient's mattress • the preparation/serving of food within communal dining rooms <p>Ref: 6.1 & 6.3</p> <p>Response by registered person detailing the actions taken: Infection prevention and control measures implemented regarding Storage of Linen. Supervision undertaken with care staff in relation to the preparation/serving of food within the communal dining rooms. Ongoing monitoring has taken place and improvement observed. Mattress replaced and awaiting delivery of replacement bath seat. Scheduled building work to repair wallcoverings in communal bathrooms have been delayed due to Government Advice relating to the COVID-19 outbreak.</p>

Area for improvement 3 Ref: Standard 12 Stated: Second time To be completed by: With immediate effect	<p>The registered person shall ensure that dining provision for patients is managed in such a manner so as to promote a compassionate and person centred dining experience for patients at all times.</p> <p>Ref: 6.1 & 6.5</p> <p>Response by registered person detailing the actions taken: Additional dining area now in place promoting a compassionate and person centred dining experience. Photographs of same forwarded to RQIA.</p>
Area for improvement 4 Ref: Standard 6.4 Stated: Second time To be completed by: With immediate effect	<p>The registered person shall ensure that communal spaces throughout the home, specifically lounge areas, are utilised in a compassionate and patient centred manner at all times.</p> <p>Ref: 6.1 & 6.5</p> <p>Response by registered person detailing the actions taken: All communal spaces throughout the Home are continuously used in a compassionate and patient-centred manner. Manager's daily walk around promotes compliance.</p>
Area for improvement 5 Ref: Standard 44 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that storage areas are well maintained and fit for purpose.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Monitoring through Home Manager's monthly audit ensures that appropriate use of storage areas are maintained and fit for purpose.</p>
Area for improvement 6 Ref: Standard 40 Stated: First time To be completed by: 12 February 2020	<p>The registered person shall ensure that there is a robust system in place which ensures/demonstrates that staff have recorded individual, formal supervision according to the home's procedures, no less than every six months for staff who are performing satisfactorily.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Formal supervision has been implemented for all staff Commencing February 2020..</p>

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



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Assurance, Challenge and Improvement in Health and Social Care