



Unannounced Care Inspection Report 21 and 22 November 2018



Pond Park Care Home

Type of Service: Nursing Home (NH)
Address: 2 Derrriaghy Road, Lisburn, BT28 3SF
Tel No: 028 9267 2911
Inspector: Linda Parkes

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 58 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons (Bamford) Ltd Responsible Individual: Maureen Claire Royston	Registered Manager: See box below
Person in charge at the time of inspection: 21 November 2018 - Deputy Manager Julie McCall 22 November 2018 - Manager Antony Edward Hart	Date manager registered: Anthony Edward Hart - Acting
Categories of care: Nursing Home (NH) I – Old age not falling within any other category PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years TI – Terminally DE – Dementia	Number of registered places: 58 comprising: A maximum of 11 patients in category NH-DE accommodated in the Wallace Suite. There shall be a maximum of 4 named residents receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 21 November 2018 from 09.55 to 17.55 hours and 22 November 2018 from 09.25 to 12.55.

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.

The term 'patient' is used to describe those living in Pond Park Care Home which provides both nursing and residential care.

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 the provision of staff, communication between staff and patients and the patient dining experience. There were also examples of good practice in relation to the culture and ethos of the home and the caring and compassionate manner in which staff delivered care.

Areas requiring improvement were identified in relation to ensuring that a robust system is implemented regarding the registration of all care staff with the NISCC, the environment of the dementia unit, infection prevention and control, and nursing staff medication competency and capability assessments.

Patients spoken with during the inspection stated they were content and comfortable in their surroundings, were well cared for and had confidence that staff had the training, ability and willingness to meet their needs. No concerns were expressed by patients during the inspection and 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.

A patient commented, “you couldn’t wish for a better place to spend your days.”

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	*4

*The total number of areas for improvement includes one standard which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Anthony Edward Hart, 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 25 June 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 25 June 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
- 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 inspector met with nine patients, six patients' relatives and six staff. Questionnaires were also left in the home for patients and patients' representatives for distribution. A poster was provided for staff inviting them to provide feedback to RQIA on-line. The inspector provided the deputy manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 12 to 25 November 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- staff appraisal records
- five patient care records
- three patient care charts including food and fluid intake charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- certificate of Employers' Liability Insurance
- a sample of monthly quality monitoring reports from August to October 2018 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, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 25 June 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 25 April 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 4(a) Stated: First time	The registered person shall ensure that medicines are safely and securely stored in compliance with legislative requirements, professional standards and guidelines.	Met
	Action taken as confirmed during the inspection: Observation and discussion with the deputy manager confirmed this area for improvement has been met.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff, specifically: <ul style="list-style-type: none"> • Single use syringes should not be reused. • Sharps boxes should be signed and dated and all apertures closed when not in use. • A wall mounted paper towel dispenser should be supplied for the identified treatment/clinical room. 	Met
	Action taken as confirmed during the inspection: Observation and discussion with the deputy manager confirmed this area for improvement has been met.	
Area for improvement 3 Ref: Regulation 13 (1) (a) Stated: Second time	The registered persons shall ensure that the registered nurses have oversight of the patients' food and fluid intake records; and that evidence of any action taken in response to identified deficits are recorded in the daily progress notes.	Met
	Action taken as confirmed during the inspection: Observation of three patient's records and discussion with the staff nurse on duty confirmed this area for improvement has been met.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 38.3 Stated: First time	The registered person shall ensure that recruitment processes are further developed to ensure that any gaps in the employment record are explored and explanations recorded.	Met
	Action taken as confirmed during the inspection: Observation of two staff recruitment files and discussion with the manager confirmed this area for improvement has been met.	
Area for improvement 2 Ref: Standard 40 Stated: First time	The registered person shall ensure that staff appraisals are kept up to date.	Met
	Action taken as confirmed during the inspection: Observation of the staff appraisal file and discussion with the manager confirmed this area for improvement has been met.	
Area for improvement 3 Ref: Standard 44 Stated: First time	The registered person shall ensure that the following areas relating to the environment of the dementia unit are addressed. <ul style="list-style-type: none"> • Through the unit floors, skirting boards and walls were in need of more detailed cleaning or decoration. • In an identified ensuite the coving at the toilet was coming away from the wall. • In an identified ensuite the shower outlet was very dirty, a build-up of a black substance was observed. • In an identified bedroom the floor was very dusty and balls of fluff were observed under the bed and in corners and edges. 	Partially met
	Action taken as confirmed during the inspection: Observation and discussion with the manager confirmed that the planned refurbishment programme had commenced but was not yet completed. He stated he was disappointed that the coving in the identified ensuite had not been fixed. It was observed that the shower outlet and the identified bedroom had been cleaned. This area for improvement has been partially met and will be stated for the second time.	

Area for improvement 4 Ref: Standard 4 Stated: First time	The registered person shall ensure that care plans are devised for identified needs and fully reflect the changing needs of the patients	Met
	Action taken as confirmed during the inspection: Observation of five patients' care plans and discussion with the manager confirmed this area for improvement has been met.	

6.3 Inspection findings

6.4 Is care safe?

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

The deputy 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 from 12 to 25 November 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. A staff member said, "I have no concerns with staffing levels. I love to be here with the staff and the residents." We also sought staff opinion on staffing via the online survey; we had no responses within the timescale specified.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Pond Park Care Home. We also sought the opinion of patients on staffing via questionnaires; we had no responses within the timescale specified.

One relative spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. Two questionnaires were returned and both relatives indicated that they were very satisfied that staff had 'enough time to care'.

A relative said, "We are very happy with the staff and the care they provide. We couldn't fault it."

Review of two staff recruitment files evidenced that these were 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. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC. However, it was noted on inspection that there was no process in place to monitor the registration status of care staff with the NISCC and no evidence of the registration of two new care staff members. This was discussed with the manager who agreed that a robust system is required in order to monitor the registration of all care staff to ensure records are kept up to date. He advised that he had endorsed a NISCC application for one of the identified care staff and would ensure the other staff member had registered. The manager advised that letters had been sent to care staff to remind them to ensure their registration did not lapse. An area for improvement was identified. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training records for safeguarding procedures and e-learning. 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. Dementia training has been arranged for all staff to attend in January 2018. 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. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. The manager is identified as the safeguarding champion.

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

We reviewed accidents/incidents records from 8 June to 8 October 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the deputy 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. Following this review an action plan was devised to address any identified deficits. 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, well decorated, fresh smelling and clean throughout. Patients, representatives and staff spoken with were complimentary in respect of the home's environment. A storage cupboard in the dementia unit was found to be cluttered and untidy with items of bedding on the floor. A zimmer frame and a wheel chair were also stored in the cupboard restricting access to items on the shelves. An area for improvement was identified. In an identified ensuite it was noted that underneath the hand towel dispenser and the wall mounted shower seat were not effectively cleaned. This was brought to the attention of the deputy manager and domestic who cleaned it immediately. An area for improvement was identified. The identified ensuite in the dementia unit was in need of redecoration as the fitted wooden board at the back of the toilet had been replaced but not painted and the black coving at the side of the toilet was coming away from the

wall and had not been fixed. An area for improvement was identified for the second time. The manager advised he has conducted discussions with patients, relatives and staff in order to find out their views and ideas in relation to the refurbishment plans for the dementia unit. He advised that costings had been approved and it was observed that two bedrooms had been painted.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Observation of practices and care delivery, discussion with staff and review of records evidenced that infection prevention and control measures and best practice guidance were consistently adhered to. Systems were in place to monitor the incidents of HCAI's and the manager understood the role of PHA in the management of infectious outbreaks.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails, alarm mats. Care plans were in place for the management of alarm mats.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, staffing, staff recruitment, staff appraisal, adult safeguarding, risk management, and listening to and valuing patients and their representatives and taking account of their views.

Areas for improvement

Areas for improvement were identified in relation to ensuring that a robust system is put in place regarding the registration of all care staff with the NISCC, the environment of the dementia unit and infection prevention and control.

	Regulations	Standards
Total number of areas for improvement	1	3

6.5 Is care effective?

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

Review of five patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition, patients' weight, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. Records in relation to nutrition, patients' weight, management of infection and wound care were found to be well maintained.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician changed.

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. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

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

The manager advised that patient and relatives meetings were held on a regular basis. Minutes were available. He also advised that daily 'flash meetings' were held with staff in order to update staff on current events and announcements within the home.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. They were aware of who the manager was.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care planning and effective communication with patients, relatives, staff and other professionals.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

We arrived in the home at 09.55 hours and were met by a staff member who answered the front door. Staff were observed responding to patient's needs and requests promptly, cheerfully and attentively. Patients were observed seated in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water 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.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The patient activity leader was observed chatting to patients while painting their nails during the planned pamper morning and patients were also observed in the salon having their hair done by the hairdresser.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

The serving of the lunchtime meal was observed in Millennium Suite and the serving of pudding in Pond Park Care Home. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal.

Three patients commented,

"Lunch was delicious. I had chicken."

"The shepherds pie's lovely."

"Lunch is enjoyable."

The manager said, "I often have meals with the residents at varied times of the day. One day I may have breakfast with them the next time tea. This way I can ensure they are enjoying good, nutritious meals."

Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

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

"Thank you for the care you gave...in her last few days. You're all angels on this earth."

"I can't thank you all enough for the special care and love given to our Mum."

All patients spoken with commented positively regarding the care they receive and the caring and kind attitude of staff at Pond Park Care Home. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Two patients said,

"The staff are all very nice. I'm happy here,"

"Staff are kind. We're well fed and watered."

Questionnaires were provided for patients and their representatives. Two were returned within the timescale. Both relatives indicated that they were very satisfied with the care provided across the four domains.

Three relatives said,

“All the staff are lovely. I have no concerns. My wife’s well looked after.”

“I’m very happy with the care. I visit the home often.”

“I think the home is beautiful. Everyone in the home is very friendly and also very happy. I think it is a very happy place.”

Staff were asked to complete an on line survey; we had no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date will be shared with the 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, dignity and privacy, and the patient dining experience.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been a change in management arrangements. RQIA were notified appropriately. A review of the duty rota evidenced that the manager’s hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and representatives evidenced that the manager’s working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The service collected equality data on service users and the nurse in charge was advised of the role of the Equality Commission for Northern Ireland and the availability of guidance on best practice in relation to collecting the data.

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.

On review of medication competency records for trained staff it was noted that three records were not current. This was discussed with the manager and an area for improvement was identified.

Discussion with the deputy 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 and IPC practices.

Discussion with the deputy manager and review of records from August to October 2018 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the deputy 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.

A staff member said, "I love it here. There's always someone to listen and act if you have any concerns."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

An area for improvement was identified in relation to medication competency and capability assessments for nursing staff.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

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

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21 Stated: First time To be completed: Immediate action required	<p>The registered person shall ensure that a robust system is put in place to monitor the registration status of care staff with NISCC.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: I can confirm that a monitoring system is now in place to monitor all registrants and this is up to date. A monthly audit has been carried out with appropriate action plan.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 44 Stated: Second time To be completed by: 28 February 2018	<p>The registered person shall ensure that the following areas relating to the environment of the dementia unit are addressed:</p> <ul style="list-style-type: none"> • Through the unit floors, skirting boards and walls were in need of more detailed cleaning or decoration. • In an identified ensuite the coving at the toilet was coming away from the wall. <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Refurbishment plan for the Dementia unit has been devised. Four Seasons Dementia care framework is commencing in January 2019 and an environmental audit will be carried out by the dementia care framework team on the 28th January 2019. Identified ensuite toilet covering has been fixed.</p>
Area for improvement 2 Ref: Standard 46 Stated: First time To be completed: Immediate action required	<p>The registered person shall ensure that store cupboards are uncluttered, tidy and items are stored appropriately.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The cupboards have been uncluttered and will be monitored regularly by Home Manager on daily walk arounds.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that ensuite are effectively cleaned to adhere to best practice guidance in relation to infection prevention and control.</p> <p>Ref: Section 6.4</p>
<p>Area for improvement 4</p> <p>Ref: Standard 28.3</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>Response by registered person detailing the actions taken: New infection control link nurse has been appointed. Infection control audits have been completed in line with policy. Domestic working hours has been reviewed to ensure effective.</p> <p>The registered person shall ensure that all registered nursing staff have medication competency and capability records completed and reviewed annually.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: I can confirm that all registered nurses competencies have been reviewed and are up to date. This will be reviewed annually and as required. Log to be reviewed monthly by Home Manager and as part of monitoring visit monthly.</p>

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



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