

# Unannounced Care Inspection Report

## 29 April 2021



## Redburn Clinic

**Type of Service: Nursing Home**

**Address: 89 Belfast Road, Ballynahinch, BT24 8EB**

**Tel no: 028 9756 3554**

**Inspector: Dermot Walsh**

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Assurance, Challenge and Improvement in Health and Social Care

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

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 registered to provide nursing care for up to 27 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Spa Nursing Homes Ltd  <b>Responsible Individual:</b> Mr Christopher Philip Arnold	<b>Registered Manager and date registered:</b> Mr Michael Bagood: Not registered
<b>Person in charge at the time of inspection:</b> Mr Michael Bagood	<b>Number of registered places:</b> 27
<b>Categories of care:</b> 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 ill.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 17

### 4.0 Inspection summary

An unannounced inspection took place on 29 April 2021 from 09.40 to 18.00 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control measures
- the environment
- leadership and governance.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	*10

\*The total number of areas for improvement includes one which has been carried forward for review to the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Michael Bagood, Manager; Linda Graham, Regional Manager and Linda Kelly, Regional Support 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.

## 5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 12 patients and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' and patients' relatives/representatives questionnaires were left for distribution. Two were returned. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell us' cards 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. No responses were received.

The following records were examined during the inspection:

- duty rota for week commencing 19 April 2021
- staff training records
- a selection of quality assurance audits
- incident and accident records
- staff recruitment records
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- complaints/compliments records
- menu
- RQIA certificate
- monthly monitoring reports
- visiting policy
- four patients' care records.

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 persons in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 23 November 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 43  <b>Stated:</b> First time	The registered person shall repair or replace all worn and faded carpets in the home.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> A plan was in place to replace the identified flooring. Measurements of the flooring had been taken and work had been scheduled to commence. This area for improvement will be reviewed at a subsequent care inspection.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 45  <b>Stated:</b> First time	The registered person shall recover or replace the identified Kirton chair.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The Kirton chair had been replaced.	

## 6.2 Inspection findings

### 6.2.1 Staffing

On the day of inspection 17 patients were accommodated in the home. The manager confirmed the staffing arrangements in the home at the commencement of the inspection. Planned staffing levels were reflected on the duty rota for week commencing 19 April 2021. Staff consulted during the inspection raised some concerns in relation to the staffing arrangements. This was discussed with the home's management team who agreed to engage with staff to discuss their concerns. Observation of care delivery during the inspection raised no concerns in relation to the staffing arrangements. Patients spoke positively on the care that they received. One told us, "It's great here in every way. Staff are lovely. I want for nothing." Another commented, "The staff are very good here. It's very good living here; I like it."

Staff confirmed that they had a good understanding of one another's roles in the home. Staff also confirmed they were satisfied that the training provided in the home was sufficient in enabling them to perform their roles safely. The majority of training during the COVID pandemic had been completed electronically. Remote training had also been provided using technology with live video and DVDs. A yearly training planner had been developed and upcoming training was identified within the staffs' duty rota. Compliance with mandatory training was monitored by the home's management on a monthly basis. The majority of staff were compliant with training requirements. Staff consulted confirmed that they had received training on infection prevention and control (IPC) and with the use of personal protective equipment (PPE) such as visors, facemasks, gloves and aprons.

Staff spoke positively in relation to the teamwork in the home. One commented, "It's very good here; we always cover for each other when any of us needs help." Staff were observed to communicate well with each other during the inspection.

### **6.2.2 Care delivery**

There was a relaxed environment in the home throughout the day. Staff were observed to interact with patients in a compassionate and caring manner. Patients we encountered were well presented in their appearance. Staff were aware of patients' needs and requirements. Patients told us that they were very well cared for. One patient told us, "I approve of it here. The manager is very helpful and staff are on the ball when I hit the buzzer."

An activities coordinator was employed in the home for four hours three days per week. Activities included floor games, snakes and ladders, bowls, chair exercises, gardening, arts and crafts, music and quiz. Activities were conducted in socially distanced groups or on a one to one basis. It was good to see engagement between the home and local schools in the area through letters. On admission a 'life story' was developed on each patient identifying their likes and dislikes, including their hobbies. A newsletter was published quarterly across all of the Spa Nursing Homes group of homes and shared with patients. We discussed the potential of sharing this newsletter with patients' next of kin. A daily record of the activities conducted in the home was recorded and patients spoke positively in relation to the activity engagement. The regional support manager discussed a lottery funded project known as 'Food for Life Project' where food could be grown in the grounds and used in the home or donated to others.

However, a programme of activities was not available for patients to review. Discussion with care assistants in the home identified concerns regarding their lack of training in providing activities to patients when the activity coordinator was off. They described their difficulties in finding time to provide activities due to ongoing work demands. This was discussed with the manager and identified as an area for improvement.

An indoor visiting area had been identified in the home taking IPC measures into consideration. Visits were by appointment only. Bedroom visits had been approved where deemed appropriate. Visitors were required to complete a self-declaration form, perform hand hygiene and wear a facemask before entering the visiting room. In addition to indoor visiting, window visits and virtual visiting was encouraged. The manager confirmed that they would normally communicate any changes with patients' relatives via the telephone.

The manager confirmed that they were open to the care partner concept but so far had received no interest from any patient or relative to progress the role. The regional support manager confirmed that the local Trust had sent patients' relatives/representatives information on the

care partner role and agreed to engage more proactively with patients' relatives to see if any patient would benefit from having a care partner.

During the inspection we reviewed the lunchtime meal experience. Patients dined in the dining room, the dayroom or their own bedrooms. The menu was displayed in the dining room and offered a choice for lunch and evening meal. There were also meal choices available for patients who required modified meals and alternatives were available for all patients who did not like either choice of meal. Discussion with the cook confirmed that personal preferences were catered for. Each morning kitchen staff would engage with each patient to determine their choice of meal. Food would be plated in the kitchen and served from a heated trolley at the mealtime. Plate coverings identified which patient the meal was for. The food served appeared nutritious and appetising. Staff were observed wearing the appropriate PPE when serving or assisting with meals, however, we observed two staff transferring a patient from chair to chair when not wearing the appropriate PPE. This was discussed with the manager and identified as an area for improvement.

A number of compliments were noted and logged from thank you cards and letters received by the home, examples included:

- 'Just a quick note to say thank you to each staff member for all your incredibly hard work over this past year. We can't even imagine the stress and difficulties you've all had to deal with.'
- 'A big thank you for looking after ... so well... . ... was happy here and content so take care and stay safe.'
- 'We really appreciate how well you all cared for ... . You are all so kind.'

Feedback from two returned questionnaires indicated that the respondents were very satisfied with the care provision in the home. One did not indicate if it was from a relative or patient and the second was from a relative who commented, "The family of ... are very satisfied with all aspects of her care in Redburn."

Feedback from all staff was positive in relation to working in Redburn. One commented, "I love working here; love having the craic with the residents."

### **6.2.3 Care records**

Four patients' care records were reviewed during the inspection. We reviewed wound care, pressure management and nutrition. On finding a wound, an initial wound assessment was completed. This informed the wound care plan and a wound dressing regime developed. A body map was completed to identify the location of the wound and a photograph of the wound was taken for easy comparison. At the time of dressing the wound care plan was evaluated and a wound assessment chart completed to monitor the progress of the wound. However, within the wound care records reviewed we found an old care plan which was no longer relevant and had not been discontinued. Photographs were also present which did not include the date that they were taken. This was discussed with the manager who provided an assurance that old care plans will be discontinued and archived and future photographs would be dated. Nursing staff were aware of the current management of the wound with reference to the new wound care plan.

We reviewed two patients' nutritional records. Nutritional assessments had been conducted monthly using the Malnutrition Universal Screening Tool (MUST).



Patients' weights were monitored monthly for weight loss and/or weight gain. Nutritional care plans were in place identifying specific nutritional requirements for each patient. One patient's weight had remained stable over the past six months and the second patient's weight had showed a weight loss. The second patient's MUST score had been incorrectly calculated. This was discussed with the manager and identified as an area for improvement. Although the MUST had been incorrectly calculated, the patient had been cared for appropriately and in accordance with their care plan; the patient's weight had been steadily increasing over the previous four months.

A pressure risk assessment tool known as 'Braden' had been completed monthly identifying if patients were at risk of skin breakdown. Patients deemed at risk had a care plan in place identifying measures in place to reduce the risk such as the use of a pressure relieving mattress. However, when we reviewed the mattresses in use for three patients, we found that the mattresses settings had not been correctly set in accordance with the patients' weights. This was discussed with the manager and identified as an area for improvement.

#### **6.2.4 Infection prevention and control measures**

When we arrived to the home we were required to wear a facemask, complete a self-declaration form regarding recent contacts and symptoms and have our temperature checked and recorded. Hand hygiene was available at the entrance to the home. Personal protective equipment such as masks, visors, gloves and aprons were readily available throughout the home. No issues or concerns were identified with staff in relation to the availability or supply of PPE.

Infection control audits had been completed on a monthly basis. Records indicated deficits which had been found during the audit. Action plans were created identifying the actions required to rectify the deficits and the persons responsible. However, there was evidence that many of the actions identified in previous monthly audits had frequently not been reviewed to ensure completion. This was discussed with the manager and identified as an area for improvement.

Regular hand hygiene audits had been conducted to ensure this vital practice had been conducted appropriately. We observed staff performing good hand hygiene practices during the inspection. Signage was available throughout the home advising on appropriate hand hygiene technique and safe donning and doffing of PPE. Enhanced cleaning measures had been introduced into the home's cleaning regime. The frequency of the cleaning of touchpoints had increased. Cleaning records indicated when bedrooms and communal rooms had received an enhanced clean.

#### **6.2.5 The environment**

The home was found to be clean, warm and tidy. Corridors were clear of clutter and obstruction and fire exits were also found to be clear of obstruction. Fire extinguishers were easily accessible. However, four doors within the home leading to bedrooms and the laundry area were observed to have items to be either holding the door open or preventing it from closing if the fire alarm were to sound. This was discussed with the manager and identified as an area for improvement.

There were several areas around the home which required redecoration including walls, skirting boards and architraves.



Areas which have worn or chipped to bare wood or plaster could inhibit effective cleaning. An area for improvement was identified and we have also requested a refurbishment plan to be submitted with the completed Quality Improvement Plan included at the end of this report. An area for improvement in relation to the replacement of new flooring in the home has been carried forward for review to a subsequent care inspection as plans for these works were already in progress.

During the inspection we observed chemicals accessible to patients in a sluice cupboard and the door to the treatment room was maintained open where medications were also accessible to patients in open cupboards. This was discussed with the manager and identified as an area for improvement.

An oxygen cylinder in the treatment room was not stored appropriately and the appropriate signage was not in place when oxygen therapy was delivered in a patient's bedroom. This was discussed with the manager and identified as an area for improvement. A concern was raised during the inspection in relation to the appropriate disposal of certain medicines. The regional manager investigated this and provided assurances that staff were aware of the correct processes of medicines disposal; the correct equipment was available and the appropriate medications records had been completed.

During a review of the environment, two bed mattresses were observed placed against the walls in two identified rooms. Discussion with staff confirmed that the mattresses were placed on the floor when the patients were in bed and were being used as 'fall-out bedside mats' which is a protective measure used to prevent injury if the patient poses an assessed risk of falling out of bed. This practice requires a mat which has been specifically designed and made for this purpose. An area for improvement was identified to ensure that appropriate equipment, suitable for the purpose it was intended, was used to maintain the safety of patients within the home.

#### **6.2.6 Leadership and governance**

Since the last inspection there had been no change in the management arrangements. The RQIA certificate of registration was displayed at the entrance to the home and reflected the management arrangements. The manager was not registered with RQIA and confirmed that an application for registration would be submitted for review. Staff confirmed that they found the manager to be 'very approachable' and that he would 'always listen' when staff engaged with him. Staff confirmed that they would not have any issue in bringing any concerns to the attention of any of the home's management team. The manager confirmed that they felt well supported by the senior management team within the Spa Nursing Home's group. There was a clear organisational structure in the home which staff were aware of.

A record of all accidents, incidents and injuries occurring in the home was maintained. Accidents had been reviewed monthly for patterns and trends as a means to identify if any further falls could potentially be prevented. The number of falls in the home was low. A review of the accident records where a patient had an unwitnessed fall indicated that the appropriate people had been informed of the fall, the appropriate records had been maintained and that the appropriate post fall monitoring had been completed.

On review of the incidents records, we identified two where patients had been found with unexplained bruising. These incidents had not been reported to the relevant commissioning Trust for review. The manager agreed to submit both retrospectively. This was identified as an area for improvement.

A system was in place to ensure that staff nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers maintained their registrations with the Northern Ireland Social Care Council. (NISCC). All nurses employed in the home were current on the NMC register. There was a good record of evidence monitoring NISCC registrations including information that staff had applied to register, where necessary, and that staff had paid their annual subscription where appropriate.

We reviewed the recruitment processes in the home. Prior to staff commencing employment in the home pre-employment checks were conducted including Access NI checks, reference and health checks. However, there was no evidence of documentary qualification checks as part of the pre-employment checks. This was discussed with the manager and identified as an area for improvement.

A complaints book was maintained to record any areas of dissatisfaction expressed to staff. The complaints procedure was displayed at the reception area. A review of the most recent complaint made to the home evidenced that this had been managed well to the complainant's satisfaction. Complaints records included the nature of the complaint, any investigations conducted, any corresponding actions completed and any follow up actions completed. The complaint had been managed in a timely manner.

The manager confirmed the areas which were audited on a monthly basis. These included care records, accidents/incidents, hoists and slings, dining experience, restrictive practice, complaints, patient dependencies, wound care, medicines management, infection control and hand hygiene. As previously stated we reviewed the infection prevention and control audits during the inspection.

Discussion with staff and the manager confirmed that there were good working relationships in the home between staff and management.

### Areas for improvement

Areas for improvement were identified in relation to the environment, recruitment, provision of activities, compliance with PPE, nutritional assessment, pressure management, oxygen usage and review of auditing action plans to ensure completion.

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	10

## 6.3 Conclusion

Patients spoke positively on the care that they received in the home and were all presented well in their appearance. Staff were observed attending to and engaging with patients in a caring and compassionate manner. Thirteen areas have been identified for improvement. Following the inspection the regional manager submitted an action plan identifying how they intend to drive the required improvement. These will be reviewed at a subsequent care inspection.

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Michael Bagoood, Manager; Linda Graham, Regional Manager and Linda Kelly, Regional Support 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (4) (d) (i)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that the practice of propping open doors, or placing items in front of open doors preventing them from closing in the event of a fire, ceases with immediate effect.</p> <p>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>            The Acting Manager has addressed with staff the propping open of fire doors and is monitoring this in his daily walkarounds. Some new door guards have been fitted and some were adjusted.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that any area accessible to patients is maintained hazard free. This is in relation to:</p> <p>Patients' access to chemicals in any area in the home.</p> <p>Patients' access to medications in the treatment room.</p> <p>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>            The Acting Manager has addressed with staff the safe storage of chemicals and medication to ensure no resident has access to these and the home is maintained hazard free. This was further reinforced to staff through COSHH and Medication Training.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 21 (1) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 May 2021	<p>The registered person shall ensure that they review documentary evidence of qualification, where appropriate, prior to completing the pre-employment checks of a prospective employee.</p> <p>Ref: 6.2.6</p> <p><b>Response by registered person detailing the actions taken:</b>            The Acting Manager has spoken to his nursing staff about review of documentary evidence of qualification. The HR Manager has been informed of this matter in order to ensure that pre-employment checks for any future prospective employee is in place and recruitment processes have been reviewed and updated.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 43	<p>The registered person shall repair or replace all worn and faded carpets in the home.</p> <p>Ref: 6.1</p>

<b>Stated:</b> First time  <b>To be completed by:</b> 31 January 2021	<b>Action required to ensure compliance with this area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 11 Criteria (12) and (15)  <b>Stated:</b> First time  <b>To be completed by:</b> 14 May 2021	<p>The registered person shall ensure that the provision of activities in the home is reviewed to make sure that meaningful activities are provided to patients on a regular and consistent approach.</p> <p>Ref: 6.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>  The Acting Manager has spoken with staff about provision of activities and has introduced a new way to capture these. Training on activities to be rolled out for staff.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 46 Criteria (2)  <b>Stated:</b> First time  <b>To be completed by:</b> 14 May 2021	<p>The registered person shall ensure that training provided on infection prevention and control and the use of personal protective equipment is embedded into practice.</p> <p>Ref: 6.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>  The Acting Manager has addressed with staff the importance of ensuring that infection prevention control training for any planned interventions and the use of personal protective equipment is embedded into practice. The Acting Manager will continue to monitor this on his daily walkarounds with observation of practice.</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time  <b>To be completed by:</b> 31 May 2020	<p>The registered person shall ensure that MUST assessments are accurately calculated.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>  The Acting Manager has addressed this with all staff nurses and they have attended updated training. Training was provided from the South Eastern Trust Dietetics Service. Must Scores have been checked and updated.</p>
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that pressure relieving equipment in use in the home is set correctly in accordance with patients' weights.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>  The Acting Manager has addressed with all staff the importance of correct settings for pressure relieving mattresses. A new checklist</p>

	for daily checking of mattresses has been introduced. The acting manager checks mattress settings on his daily walkarounds.
<b>Area for improvement 6</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time  <b>To be completed by:</b> 31 May 2021	The registered person shall ensure that the action plans developed, addressing deficits identified during infection prevention and control audits, are reviewed in a timely manner to ensure completion.  Ref: 6.2.4
	<b>Response by registered person detailing the actions taken:</b> The Acting Manager is addressing deficits identified during infection prevention control audits and is reviewing his action plans in order to ensure all areas are addressed in a timely manner.
<b>Area for improvement 7</b>  <b>Ref:</b> Standard 44 Criteria (1)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 July 2021	The registered person shall ensure that an environmental audit is completed to identify areas which require redecoration in the home and a refurbishment plan put in place. The refurbishment plan should be submitted to RQIA with the completed QIP.  Ref: 6.2.5
	<b>Response by registered person detailing the actions taken:</b> The Acting Manager has identified areas for redecoration. A refurbishment plan has been submitted to RQIA.
<b>Area for improvement 8</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that signage is in place when oxygen therapy is delivered and that oxygen cylinders are stored appropriately when not in use.  Ref: 6.2.5
	<b>Response by registered person detailing the actions taken:</b> The Acting Manager has addressed with staff in relation to ensuring signage is in place for oxygen therapy and he has addressed storage of cylinders when not in use.
<b>Area for improvement 9</b>  <b>Ref:</b> Standard 47 Criteria (7)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall that equipment is only used for the purpose it was designed for. This is in reference to the use of a mattress as a fall-out bedside mat.  Ref: 6.2.5
	<b>Response by registered person detailing the actions taken:</b> The Acting Manager has in place two new fall out mats and the practice referred to has ceased.
<b>Area for improvement 10</b>	The registered person shall ensure that any episodes of unexplained bruising, which cannot be accounted for, are reported as soon as possible to the commissioning Trust for review.

<b>Ref:</b> Standard 13  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	Ref: 6.2.6
	<b>Response by registered person detailing the actions taken:</b> The Acting Manager has reported unexplained bruising to the commissioning trust. He has also consulted with the resident's general practitioner for two residents who have fragile skin and are on anticoagulants. One resident's anticoagulants have been reviewed and reduced.

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





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