

Unannounced Care Inspection Report 4 August 2016



Tudordale

Type of Service: Nursing Home
Address: 294 Holywood Road, Belfast, BT4 1SG
Tel No: 028 9065 1336
Inspector: Heather Sleator

1.0 Summary

An unannounced inspection of Tudordale Care Home took place on 4 August 2016 from 09.30 to 17.30 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was evidence of the competent delivery of care. Staff were required to attend mandatory training and the observation of care delivery evidenced that knowledge and skill gained, through training, was embedded into practice.

Staffing arrangements were satisfactory. Staff confirmed communication in the home was good and that there was a system of annual appraisal and supervision in place. Recommendations have been made in relation to submitting an updated fire risk assessment in respect of the new nurses' station and ensuring any equipment used by patients is in a good state of repair and does not pose infection prevention and control risk.

Is care effective?

There was evidence of positive outcomes for patients through the delivery of safe and effective care. There was evidence that there was meaningful engagement with patients and patients had benefitted from the activities programme in the home. A recommendation has been stated for the second time in respect of patients' dining experience.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. There was evidence of good communication in the home between staff and patients and patients and patients' representatives were very praiseworthy of staff.

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. One recommendation has been made.

Is the service well led?

Discussion with the acting manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

There was clear evidence that systems were in place to monitor and report on the quality of nursing and other services provided.

The acting manager had implemented and managed systems of working within the home which were patient focused, impacted positively of the patient experience and involved and encouraged staff, relatives and the wider community to participate in the daily life of the home.

This had been achieved in a relatively short period of time as the acting manager had commenced in the home in June 2016. The acting manager was available to patients and their relatives and operated an 'open door' policy for contacting her and for discussion.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3*

*Refers to a recommendation stated for a second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Rosalind Morrison, acting 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 3 February 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Four Seasons Health Care Dr Maureen Claire Royston	Registered manager: Ms. Rosalind Morrison (Acting)
Person in charge of the home at the time of inspection: Rosalind Morrison	Date manager registered: Acting – No application
Categories of care: NH-DE	Number of registered places: 45

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with 15 patients, six staff and two registered nurses and a relative.

Questionnaires for patients (8), relatives (10) and staff (10) to complete and return were left for the home manager to distribute. Please refer to section 4.5 for further comment.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspectors.

The following were examined during the inspection:

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| • validation evidence linked to the previous QIP | • staff supervision and appraisal planner |
| • staff roster | • complaints and compliments records |
| • staff training records | • incident and accident records |
| • staff induction records | • records of quality audits and |
| • staff competency and capability assessments | • records of staff, patient and relatives meetings |
| • staff recruitment records | • patient care records |

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 3 February 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider, as recorded in the QIP will be validated at the next care inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 3 February 2016

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 14 (1) (b)</p> <p>Stated: Second time</p> <p>To be Completed by: 30 April 2016</p>	<p>The registered person is required to ensure that the use of any restrictive practice is in accordance with departmental and best practice guidance.</p> <p>Action taken as confirmed during the inspection: Observation of the use of restrictive practice evidenced that the number of patients seated in specialised seating had reduced to two. The chairs were not in the 'tilt' position and lap belts were not in use.</p>	Met
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 18.10</p> <p>Stated: Second time</p> <p>To be Completed by: 30 April 2016</p>	<p>The registered person shall ensure that staff are appropriately trained to ensure they have the knowledge and skills in relation to the use of restrictive practice/s.</p> <p>Action taken as confirmed during the inspection: The review of staff training records evidenced that 30 staff completed training in the use of restrictive practice in February, March and July 2016.</p>	Met
<p>Recommendation 2</p> <p>Ref: Standard 6.14</p> <p>Stated: First time</p> <p>To be Completed by: 14 March 2016</p>	<p>The registered person shall ensure that greater attention is given to the personal care afforded to patients. A high standard of personal care is the responsibility of all staff. Management should implement a system to monitor the personal care needs of patients.</p> <p>Action taken as confirmed during the inspection: The personal care afforded to patients was observed during the inspection. There was an improvement in the level of personal care being given to patients. Patients on bed rest appeared comfortable, well hydrated and appropriately clothed.</p>	Met

<p>Recommendation 3</p> <p>Ref: Standard 12.14 and 12.15</p> <p>Stated: First time</p> <p>To be Completed by: 14 March 2016</p>	<p>The registered person shall ensure the approach to meals and mealtimes in the home are conducive to the needs of the patients and in accordance with best practice.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There had been an improvement in the arrangements for meals and mealtimes. However, following observation of the serving of the midday meal a number of issues were identified. Refer to section 4.4 for further detail.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p> <p>To be Completed by: 14 March 2016</p>	<p>The registered person shall ensure the issues identified in the kitchen and two bathrooms of the home are made good.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observation of the identified areas evidenced the issues previously identified had been actioned.</p>		
<p>Recommendation 5</p> <p>Ref: Standard 35.6</p> <p>Stated: First time</p> <p>To be Completed by: 1 March 2016</p>	<p>The registered person shall ensure that the auditing of services provided by or in the home are robust and remedial action is taken where shortfalls are identified.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The review of the quality auditing systems operational in the home evidenced that where a shortfall had been identified remedial action had been taken in a timely manner.</p>		

4.3 Is care safe?

The acting 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. Review of the staffing rota from 1 to 14 August 2016, evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Staff commented, "staffing levels are good; we've time to spend with the patients now."

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. Staff were mentored by an experienced member of staff during their induction. Records for three staff members were reviewed and these were found to be completed in full, dated and signed appropriately. The acting manager had signed the induction training programme to validate the completion of a satisfactory induction programme.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Staff training was delivered by combining an e-learning programme and face to face training in the home. Training outcomes for 2016, so far, indicated that the acting manager was monitoring staff compliance with mandatory training requirements. For example, 90 percent compliance had already been achieved in infection prevention and control procedures and 89 percent in respect of adult safeguarding; other areas had compliance levels were 70 percent. The acting manager stated that the overall compliance level had increased from commencing in the home in June 2016 and she continued to regard increasing the compliance level as a priority. Staff consulted with and observation of care delivery and interactions with patients clearly, demonstrated that knowledge and skills gained through training and experience were embedded into practice. The acting manager confirmed that staff also attend a range of other training areas provided by the local health and social care trust.

Discussion with the acting manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The acting manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were also notified appropriately.

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of the Nursing Home Regulations (Northern Ireland) 2005. Review of accidents/incidents records confirmed that notifications were forwarded to RQIA appropriately.

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. New furnishings had been purchased and areas of the home had been repainted. The garden/patio areas had been well maintained and were attractive and interesting for patients.

Three issues were discussed with the acting manager. The bed linen in use was observed to be aged and mismatched and new bed linens should be purchased. A recommendation has been made. Bedside/small tables used by patients for meals and beverages were evidenced significant wear and tear and were an infection prevention and control risk.

The third issue concerned vanity units in patients' bedrooms. A number of these units were observed to be in a poor state and presented as an infection prevention and control risk due to evidence of significant wear and tear. The acting manager stated a number of the vanity units had already been replaced and she would verify with the regional manager if/when the remaining units would be made good. An email was sent to RQIA on 5 August 2016 from the regional manager which confirmed that work in respect of replacing the identified vanity units would commence on 15 August 2016 and a further email would be sent to RQIA on the completion of the works.

Fire exits and corridors were observed to be clear of clutter and obstruction. A second nurse's station had been created in a corridor toward the 'back' of the home. This was a positive initiative and will afford a higher level of supervision for patients. However, although an application of variation regarding the proposal had been submitted to RQIA, the use of the nurse's station had not been finalised with RQIA. The acting manager stated the Health and Safety Officer for the organisation would assess the area of work on 8 August 2016 in respect of fire safety. The outcome of the assessment will be forwarded to RQIA. A recommendation has been made. The estates inspector aligned to Tudordale was informed of the current status of the application of variation.

Areas for improvement

New bed linen should be purchased for patients bedrooms and bedside tables replaced which pose infection prevention and control risk.

The outcome of the fire risk assessment in respect of the new nurse's station should be submitted to RQIA on or following 8 August 2016.

Number of requirements	0	Number of recommendations:	2
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4.4 Is care effective?

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that registered nurses, assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Risk assessments informed the care planning process. It was evident that care records reflected that the assessed needs of patients were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

The review of the patient progress records maintained by registered nurses did not evidence a person centred/relationship centred approach to recording which should be an integral part of dementia care. This was discussed with the acting manager who stated all staff in the home would be commencing the organisations training programme entitled 'Dementia Care Framework' in the near future. It is anticipated that this training will increase staffs knowledge and skills in dementia care and this will be reflected in the care planning process. This will be followed up at subsequent inspections of the home.

Supplementary care charts such as repositioning and food and fluid intake records evidenced that care was delivered and records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate, and included regular communication with representatives within the care records. The review of patient care records evidenced that patients had been in receipt of an annual care review chaired by a representative from the relevant health and social care trust. The minutes of the care reviews evidenced that patients next of kin/representatives had attended the review and at this time the individual's care needs and care plans were discussed.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff also confirmed that regular staff meetings were held, that they could contribute to the agenda and the meeting and minutes were available. The review of the minutes of staff meetings evidenced the acting manager had held general staff meetings and subsequent meetings with the individual groups of staff for example; catering staff and housekeeping. On occasions, these were on a one-to-one basis. Staff confirmed they found the level of communication from the acting manager to be very good and clarified what was expected of them. Staff also stated the acting manager was receptive and encouraged their ideas. The following comment was received from a staff member, "we're finally on the right track now with the new manager."

Staff stated they knew they worked together effectively as a team and had strong communication skills. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals as discussed in section 4.5.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives were aware of who their named nurse was and knew the acting manager. This information was also displayed on the notice boards in each patient's bedroom.

There was information available to staff, patients and representatives in relation to advocacy, the home's complaint's procedure and information regarding the availability of the monthly quality monitoring report was displayed on the 'families' information board in the entrance porch. As discussed with the acting manager the location of this information is not as clearly visible as it could be and may benefit from being moved to the entrance lobby and placed adjacent to the photographs and names of staff. The organisation's electronic quality of life feedback system was also situated in the entrance lobby.

The acting manager commenced in the home in June 2016 and as her focus has been patient care, getting to know the staff team and meeting with relatives informally. A relatives' meeting had not taken place yet, however, a meeting will be held in September/October 2016. Relatives commented positively in respect of the changes in the home from the acting manager has been in the home, refer to section 4.5 for further detail.

Observation of the mid-day meal confirmed that the dining experience for patients had been reviewed, and had improved. Dining tables were attractively set, a range of condiments were available and patients were afforded a choice of meals at mealtimes, including patients who required a therapeutic diet. The meal time was not rushed in any manner and there were sufficient staff on duty to assist patients with their meal. A registered nurse was present in the dining room to assist and monitor patients' nutritional intake. Issues arose following the observation of the mealtime arrangements and were discussed with the acting manager.

Patients who choose not to come to the dining room should have their meals delivered on trays, the meal should be appropriately covered, condiments provided and the patients preferred choice of fluid, for example; juice or milk on the tray. Staff were observed taking meals to patients who were not in the dining room uncovered and by hand. A staff member was also observed placing the main course in front of patients before they had finished their first course (soup). Meals should remain in the heated trolley until such times as patients are ready to eat their meal. A recommendation regarding meal time arrangements has been made.

The mid-morning tea trolley was also observed. The presentation of beverages and snacks for patients had greatly improved and patients were offered a choice of snack including fresh fruit, yoghurts and biscuits. Consideration should be given to the purchase of new and suitable crockery as patients were observed receiving a cup of tea in their 'hand.' This did not appear dignified or easy for patients to use. Milk should also be placed in a suitable receptacle instead of the milk container being on the trolley. A recommendation has been made. The acting manager stated six patients had participated in a 'food survey' on 2 August 2016. Three patients stated they would like coffee to be available. The acting manager stated this is now available to all patients. This was a positive outcome for patients and is commended.

Areas for improvement

Mealtime arrangements should be reviewed and enhanced and auditing of mealtimes should ensure:

- meals are transported to patients by tray, are covered and the tray should be appropriately set
- patients should not be served a meal until they have finished one course before commencing another
- consideration should be given to the purchase of new and suitable crockery
- milk should be in a suitable receptacle on tea trolley's and not the container/packaging

Number of requirements	0	Number of recommendations:	*1
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

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.

On this occasion the arrangements for the provision of activities was not assessed and will be reviewed at the next inspection. However, a new personal activities leader (PAL) had commenced in the home. We observed an activity which was on-going in one of the lounges. The PAL was engaging with patients in the lounge and responding to the patients individually. The entrance lobby of the home had been decorated to reflect the Olympic Games and the flags of different countries were displayed. A staff member commented, “we can see the difference (positive) in patients from the PAL has started in the home.” It was evident from patients’ response to staff that they enjoyed the ‘banter’ and the company of staff. The inspector was impressed by the level of engagement by staff with patients throughout the home.

Questionnaires

In addition 10 relative/representatives; eight patient and 10 staff questionnaires were provided by RQIA to the registered manager for distribution. At the time of issuing this report six staff and seven relatives returned their questionnaires within the specified timeframe. The returned questionnaires were positive regarding the quality of nursing and other services provided by the home. Specific comments are detailed below:

Comments from patient representatives included:

“Since new manager the home is much improved.”

“Sometimes visiting can be difficult as day room is small and other visitors make it feel crowded, also lack of seating can be a problem at times.”

Comments from staff included:

“I feel the service is now well led and the future is positive.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Discussion with the acting manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients knew the staff in the home and whom they should speak to if they had a concern.

The registration certificate was up to date and displayed appropriately. A valid certificate of public liability insurance was current and displayed. Discussion with the acting manager and observations evidenced that the home was operating within its registered categories of care.

Discussion with the acting manager and review of the home’s complaints record evidenced 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. Representatives spoken with and who responded by questionnaire, confirmed that they were aware of the home’s complaints procedure. Staff and representatives confirmed that they were confident that staff and management would manage any concern raised by them appropriately.

Discussion with the acting 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. A review of notifications of incidents to RQIA since the last care inspection in February 2016 confirmed that these were managed appropriately.

Discussion with the acting manager and staff; and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, care records, infection prevention and control, environment, complaints and incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice. The organisations governance arrangements include a range of other audits to be completed as well as the audits listed above. For example, the acting manager completes, on a monthly basis, audits in relation to housekeeping, the use of bed rails, restrictive practice and a health and safety walk around audit. On a daily basis the acting manager completes a feedback survey with one patient and/or one relative and completes and records the findings of a daily walk around the home. The information garnered is automatically forwarded to a team in the organisation who generate an action notice where a shortfall had been identified. The findings of any audit completed in the home are also reviewed by the regional manager when completing the monthly quality monitoring visit.

Discussion with the acting manager and review of records for April, May and June 2016 evidenced that Regulation 29 monthly quality monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and Trust representatives. There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised, as discussed in section 4.5.

As discussed in the preceding sections it was evident that the acting manager, from commencing in the home in June 2016, had implemented and managed systems of working within the home which were patient focused, impacted positively on the patient experience and involved and encouraged staff to participate in the life of the home. The acting manager was available to patients and their, relatives and operated an 'open door' policy for contacting her.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Rosalind Morrison, Acting Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 12

Stated: Second time

To be completed by:
30 September 2016

The registered provider should ensure the approach to meals and mealtimes in the home are conducive to the needs of the patients and in accordance with best practice. Specific attention should be given to;

- meals are transported to patients by tray, are covered and the tray should be appropriately set;
- patients should not be served a meal until they have finished one course before commencing another;
- consideration should be given to the purchase of new and suitable crockery; and
- milk should be in a suitable receptacle on tea trolley's and not the container/packaging

Ref: section 4.4

Response by registered provider detailing the actions taken:

Catering cloches have been ordered to cover plates during transport and also trays are monitored for their settings, tray mats have also been ordered.

Staff have been advised regarding the serving of courses separately and this will be monitored.

Additional colours and styles of drinking vessels have been purchased already and new and appropriate crockery is being sourced.

New milk receptacles for the tea trolleys have already been purchased to replace the delivery containers.

Recommendation 2

Ref: Standard 44.1

Stated: First time

To be completed by:
31 October 2016

The registered provider should ensure that any small table in use in the home is in a good state of repair and does not pose infection prevention and control risk.

The appearance of patients' bedrooms would be enhanced with the purchase of new bed linens.

Ref: section 4.3

Response by registered provider detailing the actions taken:

New over bed tables have been sourced and ordered, small over bed tables with open bases have also been ordered to replace the tables that may have posed an infection control risk.

<p>Recommendation 3</p> <p>Ref: Standard 48.1</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2016</p>	<p>The registered provider should ensure an update fire risk assessment is submitted to RQIA following the installation of a new nurses station.</p> <p>Ref: section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: Reviewed by health and safety officer and returned with QIP</p>
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