



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 22 December 2019



Victoria

Type of Service: Nursing Home
Address: 22-24 Windsor Park, Belfast BT9 6FR
Tel no: 028 9066 8437
Inspector: James Lavery

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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 registered nursing home which is registered to provide nursing care for up to 33 persons.

3.0 Service details

<p>Organisation/Registered Provider: Dr. Robert Francis Alistair Lynas Mrs Helen Lynas</p> <p>Responsible Individuals: Dr. Robert Francis Alistair Lynas Mrs Helen Lynas</p>	<p>Registered Manager and date registered: Helen Frances Chambers 20 November 2008</p>
<p>Person in charge at the time of inspection: Staff Nurse, Kathy MacGougan</p>	<p>Number of registered places: 33</p> <p>There shall be a maximum of 1 named resident receiving residential care in category RC-I.</p>
<p>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 ill.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 26</p>

4.0 Inspection summary

An unannounced inspection took place on 22 December 2019 from 13.00 to 19.45 hours.

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. Areas for improvement arising from the previous finance inspection were not reviewed and have been carried forward to be reviewed at a future inspection.

Evidence of good practice was found in relation to staff inductions, staff communication with patients' relative/representatives, staff communication with patients and monthly monitoring reports.

Areas for improvement were highlighted in relation to: Control of Substances Hazardous to Health (COSHH) regulations compliance; infection prevention and control (IPC) practices; the internal environment; smoking arrangements for patients and staff awareness of adult safeguarding. Further areas requiring improvement were also noted in regard to the statutory notification of incidents, staff uniforms and fire safety. Areas for improvement in relation to falls management and governance audits have been stated for a second time.

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. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

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	4	*8

*The total number of areas for improvement includes two under the standards which have been stated for a second time. One area for improvement under regulation and two areas for improvement under the standards arising from the previous finance inspection have been carried forward for review at a future care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Kathy MacGgougan, nurse in charge, 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 10 January 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 10 January 2019. No further actions were required to be taken following the most recent inspection on 10 January 2019.

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 which may include information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the previous care inspection report
- the returned QIP from the previous care inspection
- pre-inspection audit

During the inspection the inspector met with patients individually and other patients who were sitting within group settings in addition to five staff. Ten questionnaires requesting feedback from patients and/or their relatives/representatives were left for distribution. The inspector

provided the nurse in charge 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.

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

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training
- four patients' care records
- staff supervision and appraisal
- notifiable incidents to RQIA
- governance audits
- restraint register
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met or not met.

6.0 The inspection

6.1 Review of areas for improvement from previous inspections

Areas for improvement from the last care inspection dated 19 July 2018		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 12 (1) (a) (b) and (c) Stated: First time	The registered person shall ensure that bed mattresses are not used in place of fallout/crash mats in the management of falls from bed.	Met
	Action taken as confirmed during the inspection: Observation of the environment and feedback from nursing staff evidenced that this area for improvement was met.	

<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that fire safety measures and fire safety practices are adhered to by staff. For example, fire exits and fire doors must not be obstructed or blocked and staff must not store combustible material inappropriately.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observation of the environment confirmed that this area for improvement was met. Fire safety is discussed further in section 6.3.</p>		
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that medicine trolleys, not secured in a locked treatment room, are secured to a wall when not in use.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observation of the environment confirmed that this area for improvement was met.</p>		
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 22</p> <p>Stated: First time</p>	<p>The registered person shall ensure that risk assessments and care plans are reviewed following a fall and that a post falls analysis is undertaken in accordance with Standard 22</p> <p>Action taken as confirmed during the inspection:</p> <p>Review of care records for one patient who had experience a fall evidenced that this area for improvement was not met; this is discussed further in section 6.4.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 46</p> <p>Stated: First time</p>	<p>The registered person shall ensure, in accordance with regional infection prevention and control guidelines that trolleys are not stored in bathrooms where there is a toilet and that medicine cups are not left to dry on the top of a radiator.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: Observation of the environment evidenced that this area for improvement was met. IPC observations are discussed further in section 6.3.</p>	
<p>Area for improvement 3 Ref: Standard 35.7 Stated: First time</p>	<p>The registered person shall ensure that any deficits identified through governance audit processes are addressed.</p>	<p>Not met</p>
	<p>Action taken as confirmed during the inspection: A review of governance audits evidenced that this area for improvement was not met; this is considered further in section 6.6.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	

<p>Areas for improvement from the last finance inspection dated 25 September 2018</p>		
<p>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</p>		<p>Validation of compliance</p>
<p>Area for improvement 1 Ref: Regulation 5 (1) (a) (b) Stated: First time</p>	<p>The registered person shall ensure that each patient is provided with an individual written agreement setting out the terms and conditions of their residency in the home.</p>	<p>Carried forward to the next care inspection</p>
	<p>Action taken as confirmed during the inspection: The manager and home administrator were not available during this inspection. As such, action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 14.10 Stated: First time	<p>The registered person shall ensure that a standard financial ledger format is used to clearly and accurately detail transactions for residents. The format captures the following information each time an entry is made on the ledger: the date; a description of the entry; whether the entry is a lodgement or withdrawal; the amount; the running balance of the resident's cash total held; and the signatures of two persons able to verify the entry on the ledger.</p>	Carried forward to the next care inspection
	<p>Action taken as confirmed during the inspection: The manager and home administrator were not available during this inspection. As such, action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	
Area for improvement 2 Ref: Standard 14.26 Stated: First time	<p>The registered person shall ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p>	Carried forward to the next care inspection
	<p>Action taken as confirmed during the inspection: The manager and home administrator were not available during this inspection. As such, action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	

6.2 Inspection findings

6.3 Is care safe?

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

Upon arrival to the home we were warmly greeted by the nurse in charge. The hallway entrance was neatly presented and decorated in a homely style.

Staffing levels within the home were discussed and reviewed with the nurse in charge who confirmed that staffing levels were planned and kept under review by the manager to ensure that the needs of patients were met. No patients or staff expressed any concerns about staffing levels. Staff were visible throughout the inspection and consistently attended to any patients who were overheard requesting assistance.

Staff told us that they received regular mandatory training and that this provided them with the skills and knowledge to effectively care for the patients. Staff stated that this training was completed using both online resources and by attending face to face sessions. Staff feedback also confirmed that a structured induction programme was in place for newly appointed staff; one staff member who had undergone such an induction described it as “useful.” While staff supervision and appraisal records were not available during the inspection, staff told us that they felt “well supported” by the manager.

A review of accident records highlighted that not all notifiable incidents had been reported to RQIA as required. An area for improvement was made.

The nurse in charge confirmed that arrangements were in place to ensure that all staff attend adult safeguarding training and have sufficient awareness of the home’s adult safeguarding policy to help ensure that it is embedded into practice. However, while the majority of staff spoken with knew how to respond to a potential safeguarding incident, some did not. An area for improvement was made.

An inspection of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The interior of the home was decorated in a comfortable manner and the majority of patients were observed socialising in a relaxed manner within two communal lounges located on the ground floor; other patients chose to remain in their bedrooms. We observed that some parts of the home were not appropriately secure, namely, the laundry area, a lift machinery area and access to external oil heating equipment. An area for improvement was made.

We also observed one patient using an outside bench when choosing to smoke outside. The bench was damp due to inclement weather and staff told us that patients could use a smoking shelter if they preferred which was located at the rear of the building. However, this smoking shelter was poorly maintained and not sufficiently clean for patient use. An area for improvement was made.

Review of the treatment room highlighted that oxygen cylinders were not secured in keeping with best practice. This was highlighted to the nurse in charge who agreed to action this.

Observation of staff compliance with infection prevention and control best practice standards was considered and the following shortfalls were noted:

- inconsistent use of Personal Protective Equipment (PPE) such as aprons
- incorrect storage of hoist slings
- the use of personal clothing by staff over their uniform while attending to patients
- inadequate cleaning and storage of mops/mop buckets by domestic staff
- one identified chair noted to be stained within a communal lounge

These observations were shared with the nurse in charge and an area for improvement was made.

Fire exits and escape routes were observed to be free from clutter throughout the inspection while staff adhered to good fire safety practices. However, while all staff stated that they had undertaken fire training and that they attend regular fire drills, staff understanding of what the fire alarm sounds like was lacking and/or inconsistent. An area for improvement was made.

Observation of the environment and staff practices highlighted that chemicals were not stored securely when not in use; for instance, we noted that a domestic trolley was left unattended and unsecured on two occasions and that the a domestic store was also left unlocked by staff. This was discussed with the nurse in charge and it was stressed that the internal environment of the home must be managed to ensure that Control of Substances Harmful to Health regulations are adhered to at all times. An area for improvement was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff inductions.

Areas for improvement

Areas for improvement were highlighted in regard to: COSHH compliance, IPC practices, the statutory notification of incidents, the environment, fire safety and adult safeguarding.

	Regulations	Standards
Total number of areas for improvement	4	3

6.4 Is care effective?

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

Discussion with staff and the nurse in charge evidenced that staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' conditions and that they were encouraged to contribute to the handover meeting. One staff member told us, "We try our best to look after them (patients)."

Staff who were spoken with stated that that if they had any concerns, they could raise these with their line manager and/or the manager. Staff feedback evidenced a good awareness of the need for person centred care at all times; one staff member stated that patients are “100 per cent looked after” while another felt that “the care is excellent.”

There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found. Nursing staff who were spoken with demonstrated an awareness of the importance of contemporaneous record keeping.

We reviewed the care records for one patient who required a modified diet. It was positive to note that a detailed and accurate care plan was in place. In addition, associated risk assessments relating to nutrition and the risk of choking were also up to date. Information which had been supplied by the attending SALT team was also available within the patient’s care file.

The management of restrictive practices within the home was also reviewed. The care records for one patient who required close supervision by staff demonstrated that the restrictive measure was thoroughly assessed and kept under review. The records also evidenced that staff had consulted the patient’s next of kin to discuss the required intervention. This is commended. It was highlighted to the nurse in charge that any amendments to patients’ care plans should be clearly dated and signed in a legible manner.

Supplementary repositioning records for one patient were reviewed and provided assurance that a patient on bedrest was assisted by staff in a timely manner.

Accident records and care records for one patient who had experienced a fall were reviewed. As stated in section 6.3, it was noted that this incident should have been resulted in a notification being submitted to RQIA and had not been done. The patient’s records contained no evidence that neurological observations of the patient had been carried out by staff following an unwitnessed fall. An area for improvement was stated for a second time.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff communication with patients’ relatives/representatives.

Areas for improvement

No new areas for improvement were highlighted. An area for improvement in relation to the monitoring of a patient following an unwitnessed fall has been stated for the second time.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

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

Staff interactions with patients were observed to be compassionate and caring. All patients were positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the nurse in charge and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

Feedback received from several patients during the inspection included the following comments:

- "I think it's (the home) brilliant."
- "The staff are wonderful."
- "(I'm) very well looked after and well fed."
- "I couldn't praise the staff highly enough."

Equally, feedback from visiting relatives was also consistently positive when asked about care within the home; relatives' comments included:

- "(the patient) is looked after very well."
- "It's wonderful ... staff (are) infinitely patient and provide small interactions which make all the difference ... (staff are) very quick to keep me updated after taking to the doctor."
- "This is where I'd move into if I had to ... (the patient) doesn't look at this like a second home but as *her* home."

In addition to speaking with patients, patients' relatives and staff, RQIA provided 10 questionnaires for patients and their relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report, no questionnaires have been returned within the specified timescales. Questionnaire comments received after specified timescales will be shared with the registered manager as necessary.

A large 'Activities' board containing information was displayed within the reception area of the home. However, the volume and variety of information on display made the board potentially confusing for patients/relatives. This was discussed with the nurse in charge and it was recommended that the signage area is improved to make it easier to read.

It was positive to note that a photographic display of staff was located within the entrance hall. However, while the majority of staff were wearing uniforms, some were not. It was also noted that no staff were wearing any name badges to identify themselves to patients, relatives and/or visitors. An area for improvement was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff communication with patients.

Areas for improvement

An area for improvement was highlighted in regard to staff uniform.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is the service well led?

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

We were informed by the nurse in charge that neither the manager nor administrator was on duty. As such, some governance records will be reviewed at a future care inspection. As stated in section 4.0 and 6.1, areas for improvement arising from the previous finance inspection have been carried forward for review at a future inspection.

Discussion with the nurse in charge and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised. In discussion, patients were aware of the roles of 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. Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

A review of records and feedback from the nurse in charge 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 relation to the environment, medication and the kitchen. A recently completed environmental/IPC audit was reviewed and while several deficits had been noted, there was no associated time bound action plan in place. A kitchen audit was also reviewed and found to contain no evidence of who the auditor was, whether it had been reviewed by the manager and had one section which wasn't completed. An area for improvement was stated for a second time.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monthly monitoring reports.

Areas for improvement

No new areas for improvement were highlighted. An area for improvement in relation to auditing has been stated for the second time.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kathy MacGougan, Nurse in Charge, 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 5 (1) (a) (b) Stated: First time To be completed by: 25 October 2018	<p>The registered person shall ensure that each patient is provided with an individual written agreement setting out the terms and conditions of their residency in the home.</p> <p>Ref: 6.1</p>
	<p>Action required to ensure compliance with this regulation/standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: All staff have been informed that PPE must be worn as appropriate. Daily checks will be carried out to ensure staff adhere to infection control policy and procedure.</p>
Area for improvement 3 Ref: Regulation 30 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that all statutory notifications are submitted to RQIA in keeping with regulatory requirements.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: The registered manager confirms that all statutory notifications will be submitted to rqi. Closer monitoring of accidents and incidents by the registered manager will ensure that this regulation is met.</p>
Area for improvement 4 Ref: Regulation 27 (4)(f) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that by means of fire drills and practices at suitable intervals, that staff have an effective understanding of the procedure to be followed in the event of a fire. This is in regard to staff understanding of the home's fire alarm.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: staff were able to identify fire alarm and respond in time appropriate manner and follow procedure correctly. Fire drill frequency has been increased in the last number of weeks. Frequent fire drills to include night staff will continue in the coming weeks to ensure all staff follow procedure without hesitation. Clear records will be maintained to evidence the above.</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 14.10 Stated: First time To be completed by: 26 September 2018	<p>The registered person shall ensure that each patient is provided with an individual written agreement setting out the terms and conditions of their residency in the home.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this regulation/standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 2 Ref: Standard 14.26 Stated: First time To be completed by: 25 October 2018	<p>The registered person shall ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this regulation/standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 3 Ref: Standard 22 Stated: Second time To be completed by: With immediate effect	<p>The registered person shall ensure that risk assessments and care plans are reviewed following a fall and that a post falls analysis is undertaken in accordance with Standard 22.</p> <p>Ref: 6.1 and 6.4</p> <p>Response by registered person detailing the actions taken: These records have been checked and at this time the above have been adhered to. Ongoing monitoring will take place weekly to ensure this standard is maintained</p>
Area for improvement 4 Ref: Standard 35.7 Stated: Second time To be completed by: With immediate effect	<p>The registered person shall ensure that any deficits identified through governance audit processes are addressed.</p> <p>Ref: 6.1 and 6.6</p> <p>Response by registered person detailing the actions taken: The registered manager has reviewed all audits the manager will ensure that this process is embedded in practice and will itself become part of the audit process.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety and that all unnecessary risks to their health and safety are eliminated as far as is reasonably practicable. This relates specifically to those areas identified in this report.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: oxygen cylinders are now chained to the wall in the treatment room.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that any outside smoking area designated for patient use is well maintained and fit for patient use.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: unfortunatly the inspector was wrongly informed in regards to the smoking area for patients. The patients smoke to the side of the front door where cover is provided by balcony. The area at the back of the car park is provided for staff who smoke. Both areas will be maintained as to provide a safe and clean enviroment.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that adult safeguarding is effectively embedded into practice. This relates to staff awareness of what appropriate actions to take in the event of witnessing a potential safeguarding incident.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The registered manager was able to identify the memebers of staff who on the day inspection appeared to be unclear about adult safe guarding dispite having received training. The Registered manager has spoken with staff and given clear guidance. Futher training on adult safe guarding will commence for all staff week beginning 4th Febuauary 2020.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 19</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that staff adhere to the home's uniform policy at all times and that this facilitates effective communication with patients, relatives and visitors.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: All staff are reminded of uniform policy. New staff have been supplied uniform as per home policy. Staff supervisions reflect adherance of unifom policy.</p>

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



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