

# Unannounced Care Inspection Report 11 March 2021



## Carmoyne

**Type of Service: Residential Care Home**  
**Address: 38 Church Street, Ahoghill, BT42 2PA**  
**Tel No: 028 2587 1439**  
**Inspector: Marie-Claire Quinn**

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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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide residential care for up to 16 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Benmacdui Ltd  <b>Responsible Individual(s):</b> Ben Logan	<b>Registered Manager and date registered:</b> Emma Logan 30 October 2014
<b>Person in charge at the time of inspection:</b> Emma Logan	<b>Number of registered places:</b> 16
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH(E) - Physical disability other than sensory impairment – over 65 years. SI – Sensory impairment.	<b>Number of residents accommodated in the residential home on the day of this inspection:</b> 16

### 4.0 Inspection summary

An unannounced care inspection was conducted on 11 March 2021 from 10.55 to 15.15 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:

- care delivery
- contact with relatives
- staffing levels
- staff training
- recording of care
- the home's environment
- governance and management arrangements.

Residents said they were happy living in the home. Specific comments are included in the report below.

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

## 4.1 Inspection outcome

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

\*The areas for improvement include one standard identified at the last medicines management inspection which was not reviewed and is carried forward to the next medicines inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Emma Logan, 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
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During our inspection we:

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

A number of questionnaires and 'Tell Us' cards were left in the home, for residents, their relatives and/or staff to provide additional feedback following the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. Any feedback received is included in the report below.

The following records were examined during the inspection:

- staff duty rota from 8 to 21 March 2021
- the weekly food menu
- care records for four residents
- a record of staff's professional registration with Northern Ireland Social Care Council (NISCC)
- a sample of fire safety records
- accidents and incidents records from 14 March 2020 to 11 February 2021
- complaints records
- Monthly monitoring reports dated 6 March 2019 and 5 March 2020.

Areas for improvement identified at the last care inspection were reviewed and an assessment of compliance recorded as met. Areas for improvement identified at the last medicines management inspection were not reviewed and are carried forward to the next inspection.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous medicines management inspection on 29 September 2020

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 6.3 <b>Stated:</b> Second time	The registered person shall ensure that the resident or their representative, where appropriate, sign the care plan along with the member of staff responsible for drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We reviewed four care records. Three of four care records reviewed included the signature of the resident or their representative. One of the four records recorded why a resident was unable to sign the care plan. This area for improvement was met.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 20.3</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that staff annual retention with NISCC is included within the staff registration template so that this can be monitored.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The manager provided sufficient evidence during the inspection that staff's registration was monitored on a monthly basis via the NISCC portal. This area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 23.3</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that update fire safety training is provided twice yearly. The annual fire drill is necessary with a record retained of staff present and outcome.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> We reviewed records which confirmed staff had received fire safety training and took part in a fire drill in February 2020. The manager advised that no additional fire safety training had taken place since then due to the COVID-19 pandemic, but provided evidence of arrangements for this to take place by the end of March/early April 2021. This area for improvement is met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a robust auditing system, which covers all aspects of medicines management in the home, is implemented, appropriate action taken when necessary and a record maintained.</p> <hr/> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next medicines management inspection.</b></p>	<p><b>Carried forward to the next medicines management inspection</b></p>

## 6.2 Inspection findings

### 6.2.1 Care delivery

There was a busy but pleasant atmosphere in the home when we arrived. Staff were supporting resident's with their morning routine, including attending to personal care. Several residents had their hair washed and set in rollers, and it was clear staff had taken time to support them with their appearance. Staff told us they also cut and dyed resident's hair, if requested. Some residents wore jewellery, make-up and scarfs, depending on their interests and wishes, and told us that staff help them "look their best." Specific comments from residents included:

- "My son says we are spoilt rotten and I think so too. The girls (staff) get us whatever we want".
- "I'm very happy here, I like the company. It's my birthday soon and we'll have a party and I'll have a Bacardi and coke!"
- "It's quiet here. Yes, there's enough staff".

Some residents were attending a review appointment with the district nurse, and staff provided reassurance and guidance as required. Residents told us that the staff and the district nurse helped them stay healthy, and manage any pain they were experiencing due to health conditions.

We observed friendly and relaxed observations between staff and residents throughout the inspection; it was clear residents felt comfortable around staff and knew them by name. Staff attended to resident's needs in a timely manner. If residents appeared confused or distressed, staff were able to comfort and reassure them.

Staff described how they tried to maintain good morale among residents, during COVID-19 restrictions. This included finding alternatives to news programmes that residents enjoyed, such as old comedies, Ulster Scots programmes and documentaries about the local area. Residents were also reported to enjoying watching football and listening to music; "They like the Alexa for listening to country!"

Routine COVID-19 testing was being conducted in the home, with both staff and residents. This was completed by the manager in a calm and organised way, with no evidence of any residents being distressed by this process.

We observed the serving of the lunch time meal. The food was served hot and looked and smelled appetizing. Residents enjoyed gammon, potatoes and vegetables, followed by semolina for dessert. The menu was on display and included a range of healthy and nutritious meals. Staff were attentive and offered additional portions or alternatives if required. We did note a 20 minute delay between residents being seated in the dining room and the meal being served. This was highlighted to the manager and an area for improvement made.

Following the inspection, we received feedback from two residents. Both reported they were very satisfied that the care in the home was safe, effective and compassionate and that the service was well led. No specific comments were made.



### 6.2.2 Contact with relatives

A range of visiting arrangements were in place in the home, depending on residents and their relative's needs, wishes and preferences. Indoor visits were booked in advance with resident's relatives, and held in the dining room, where social distancing could be maintained. Some residents enjoyed short walks around the grounds of the home, with their visitors wearing PPE. Residents and their families could also continue to use window visits and video calling as required. The residents we spoke with were content with the visiting arrangements.

The manager was aware of the care partner programme and had shared this information with resident's representatives. No care partners were currently identified.

Following the inspection, we received feedback from six resident's relatives. All were very satisfied that the care in the home was safe, effective, and compassionate and that the service was well led. Specific comments included:

- "My (relative) has received exemplary care...The staff are supportive and professional and my (relative's) needs are paramount. I am able to contact at any time and they have been creative in keeping contact during COVID-19. Little videos, photos, letters, cards and video calls. They have facilitated visits where possible".
- "Very good quality and staff very helpful and friendly".
- "My (relative) has been cared for in a loving, caring and fun place to be even in 'covid' times. I can't explain how good each and every staff member is to (my relative) and me and her care is of the utmost standard and quality in a homely environment".
- "The staff treat residents like family. Residents care is given with compassion and dignity and each member of staff give excellent care".
- "We are so grateful for our (relative's) care in Carnmoyne".

### 6.2.3 Staffing levels

We reviewed the duty rota, which included the hours worked by the manager and deputy manager. A system was in place to highlight the person in charge of the home in the absence of the manager; however this was not clearly marked on two dates. In addition, staff's full names were not recorded. An area for improvement was made.

During the week, the manager or deputy manager work an 8am to 2pm shift. From discussion with residents and staff, and observation of practice, it was clear management are 'hands on' and provide direct care when needed. We noted that there was no such additional staffing on weekends. Management stated this was not required, as usually residents do not shower during the weekend. We highlighted that residents must be offered choice and flexibility for when to shower. We asked the manager to consider whether there was any impact on care delivery, as staff now undertook additional tasks such as the donning and doffing of PPE and additional cleaning tasks, in line with COVID-19 guidance.

We queried the night time staff arrangements, whereby only one staff member is awake and the other on 'sleep in' duty. We noted that one resident had been assessed as requiring the assistance of two staff, including support with repositioning throughout the night. We noted that another resident had recently experienced a change in mobility, which may also require additional assistance. Feedback from staff identified a lack of certainty regarding some residents changing needs. For instance, some staff reported being unsure about whether residents now required nursing care, additional assistance with mobility or a specialised diet for



the management of diabetes. Discussion with the manager and review of care records did not provide the required assurance regarding the residents' mobility needs or that the home was appropriately staffed at night. Following the inspection, the manager provided written confirmation that night time staffing levels had increased, and that an urgent district nursing review had been carried out. The home is to further liaise with the NHSCCT to ensure all residents' needs assessments are up to date. This is essential to ensure residents are appropriately placed in the home, that residents' needs can be met within the residential setting, and so that the home can plan staffing levels accordingly.

We received staff feedback that night time and weekend shifts could be pressured due to current staffing arrangements. Staff highlighted additional tasks such as facilitating indoor visits and cleaning, as no cleaner was scheduled during the weekend. Staff also raised concerns regarding their ability of care staff to effectively respond to call bells in one part of the home, when the fire door was closed. This was fed back to the manager for action and review. An area for improvement was made.

#### **6.2.4 Staff training**

At the outset of the inspection, the manager advised that she was currently making arrangements for staff training to be provided, which was overdue. Staff feedback established that staff were also concerned about overdue training, and were very keen for this to be addressed. During the inspection, the manager provided written evidence that both online and in person training will be provided to all staff. Moving and handling, Infection Prevention and Control, first aid, managing challenging behaviour, dementia and complaints training was to be provided to staff by the end of March/start of April 2021. Therefore an area for improvement was not required during this inspection.

Discussion with staff did not provide sufficient assurance regarding their knowledge and understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The manager confirmed that although management and senior care staff had completed the Level 3 online training, other care staff had yet to complete the Level 2 online training. An area for improvement was made.

#### **6.2.5 Recording of care**

Care records were holistic, including a range of assessments and care plans in relation to resident's physical, social and psychological needs. There was a good level of detail in relation to mobility, continence, skin care, communication, pain management, activities and interests. The information was individualised depending on the resident's needs, wishes and preferences.

However, we could not clearly evidence needs and risks assessments were routinely reviewed and updated. An area for improvement was made.

Care plans had also not been reviewed on a minimum annual basis, and individual care plans regarding the management of diabetes were not in place. Two areas for improvement were made.

Progress notes evidenced good communication with resident's relatives and multi-agency professionals, such as G.P's. Resident's weights were monitored and appropriate action taken as required.

The manager advised, and provided written evidence, that annual care reviews were being completed with the NHSCT. Mental Capacity Assessments were also ongoing, and the home retained Deprivation of Liberty Safeguards documentation when applicable.

### **6.2.6 The home's environment**

On arrival to the home, staff did not take our temperature in line with current COVID-19 guidance for visitors. However, we did observe staff completing the required checks with resident's family members who visited during the inspection. Similar checks were conducted and recorded for staff and residents.

The majority of staff wore face masks and other Personal Protective Equipment (PPE) as required. However, we observed several occasions when staff did not wear their mask correctly, and did not change it when required. In addition, we observed some staff not wearing adequate PPE when offering support with personal care or completing cleaning tasks. This was discussed with the manager for further risk assessment and an area for improvement was made.

Overall, the home was clean and tidy. Resident's bedrooms were individual and reflected the resident's interests and needs.

However, some deficits were identified in relation to the general maintenance of the home:

- signs of wear and tear to the arms of one resident's chair
- in the staff bathroom, activities equipment was inappropriately stored and documentation was insecurely stored.
- a wipe able sheath cover was required for the pull light cord in the staff bathroom
- the legs of one shower chair were showing signs of rust
- three identified radiator covers needed repair
- flooring in one resident's bedrooms needs repair/replacement
- water damage to a small section of one bathroom ceiling
- there was no lock on the door to the sluice.

These were discussed with the manager and an area for improvement made.

The manager also advised that planned refurbishment work, including repainting of the whole home and new doors, had been delayed due to the COVID-19 pandemic. However there was no time bound action plan to monitor and oversee this.

Following the inspection, additional written assurances were provided by the manager, regarding actions taken to address the above. Additional assurances will be provided through the monthly monitoring report, discussed further in section 6.2.7 in relation to governance and management arrangements.

### **6.2.7 Governance and management arrangements**

Staff advised that the manager and deputy manager were hands on and accessible. Staff advised that management had recently provided new equipment, specifically a smart TV, which had been of great benefit to the residents.

Staff feedback established staff had some concerns regarding the responsiveness of management. Staff were clear that management were approachable, but felt there was

difficulties with updating and communicating with staff, if they raised concerns, such as those discussed in section 6.2.3 and 6.2.4. During the inspection, the manager had confirmed that staff meetings were to recommence, in line with social distancing guidelines. Following the inspection, staff feedback was discussed with the manager, for their action and review as required.

We reviewed the home's complaints records. One complaint had been received since the previous care inspection. This had been investigated and managed appropriately.

Accident and incidents records were well maintained and evidenced that staff in the home managed these appropriately and management maintained oversight of same. Staff promptly sought medical attention when necessary and updated resident's relatives and care managers in a timely way. Discussion with management confirmed that unwitnessed falls, with the potential risk of head injury, were appropriately managed in the home. However, this was not clearly documented in accident and incident records. An area for improvement was made. Discussion with the manager and review of records established that there was no record of minimum monthly visits by the registered person since March 2020. These visits and written reports are required under Regulation. We discussed the need and purpose of such reports and action plans to monitor the service and drive improvements in the home, including the planned refurbishment the manager had outlined in section 6.2.6. An area for improvement was made regarding the completion of these reports.

An additional area for improvement was made for the completed reports to be submitted to RQIA for a minimum of three months, given the inspection findings and to provide assurance regarding the management and governance arrangements in the home.

### Areas of good practice

Areas of good practice were identified in relation to the delivery of individualised personal care, communication with residents and their representatives and visiting arrangements.

### Areas for improvement

Areas for improvement were identified in relation to the dining experience, the duty rota, review of staffing levels and DoLS training. Care records, including assessments and care plans required review and care plans regarding the management of diabetes were not in place. Additional areas for improvement were identified regarding staff's use of PPE, the home's environment, the recording of unwitnessed falls, monthly monitoring reports and submission of completed reports to RQIA.

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	9

## 6.3 Conclusion

Residents looked well cared for and there was good attention to detail regarding the delivery of individualised personal care. There was good communication and working relationships evidenced between staff, residents and their representatives. We were satisfied with the visiting arrangements in the home. The home was clean and tidy.

We received good feedback from both residents and relatives after the inspection.

Areas for improvement are to be managed through the QIP included below.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Emma Logan, 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 residential 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 15.-(2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediate and ongoing</p>	<p>The registered person shall ensure that the assessment of resident's needs is –</p> <p>(a) kept under review: and</p> <p>(b) revised at any time when it is necessary to do so having regard to the any change of circumstances and no less than annually.</p> <p>Ref: 6.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All resident's care plans are now up to date and a template devised to ensure they are updated at least annually or sooner if level of needs change.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 29.-(3) and (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediate and ongoing</p>	<p>The registered person shall complete an unannounced visit to the home at least once a month and shall –</p> <p>(a) interview, with their consent and in private, such of the residents and their representatives and persons working in the home as appears necessary in order to form an opinion of the standards of care provided in the home;</p> <p>(b) inspect the premises of the home, its record of events and records of any complaints; and</p> <p>(c) prepare a written report on the conduct of the home.</p> <p>Ref: 6.2.7</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The registered provider has undertaken the monthly monitoring reports in line with regulation 29.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 29.-(5) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediate and ongoing</p>	<p>The registered person shall ensure that Regulation 29 reports are forwarded to RQIA by the fourth day of each month, for a period of at least three months.</p> <p>Ref: 6.2.7</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The monthly monitoring reports are being completed by the registered person and the first two of these have been forwarded to RQIA.</p>

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time <b>To be completed by:</b> Immediate effect	<p>The registered person shall ensure that a robust auditing system, which covers all aspects of medicines management in the home, is implemented, appropriate action taken when necessary and a record maintained.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next medicines management inspection.</b></p> <p>Ref: 7.3 &amp; 7.5</p>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time <b>To be completed by:</b> immediate and ongoing	<p>The registered person shall review the dining experience to ensure there is minimal delay between residents being seated in the dining room and meals being served.</p> <p>Ref: 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>  All staff have been informed via a one point lesson of residents going to the dining room not 15 minutes before lunch is served. However if a resident requests to go before this, this is entirely their choice to benefit from the social aspect of the dining experience.</p>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 25.6 <b>Stated:</b> First time <b>To be completed by:</b> immediate and ongoing	<p>The staff duty rota must always clearly mark the person in charge of the home in the absence of the manager, and record staff's first name and surname.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>  The duty rota has been amended to include staff full names and the person in charge in the absence of the manager.</p>
<b>Area for improvement 4</b> <b>Ref:</b> Standard 25.1 <b>Stated:</b> First time <b>To be completed by:</b> immediate and ongoing	<p>The registered person and manager will review staffing arrangements, including at night time and the weekend, to ensure that at all times the staff on duty meets the assessed care, social and recreational needs of residents, taking into account the size and layout of the home, the statement of purpose and fire safety requirements.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>  The registered manager has undertaken an audit of all staffing duties, nights shifts and weekend and believe the current staffing level is appropriate for the residents' needs. A decision has been made to recruit a part time domestic assistant for weekend work.</p>

<p><b>Area for improvement 5</b></p> <p>Ref: Standard 23.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 11 May 2021</p>	<p>All staff in the home must complete Mental Capacity Act training (<a href="https://www.health-ni.gov.uk/mental-capacity-act-training">https://www.health-ni.gov.uk/mental-capacity-act-training</a>) relevant to their roles and responsibilities in the home.</p> <p>Ref: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> All staff have completed the mental capacity act training detailed above and evidence of such contained in the training folder.</p>
<p><b>Area for improvement 6</b></p> <p>Ref: Standard 6.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediate and ongoing</p>	<p>Resident's care plans are kept up-to-date and reflect the resident's current needs.</p> <p>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> All care plans have been updated to reflect current level of needs.</p>
<p><b>Area for improvement 7</b></p> <p>Ref: Standard 6.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 11 April 2021</p>	<p>An individual comprehensive care plan is in place regarding the management of and care required for any resident living with diabetes.</p> <p>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> In conjunction with district nursing a diabetes care plan is now in place for residents living with diabetes.</p>
<p><b>Area for improvement 8</b></p> <p>Ref: Standard 28.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediate and ongoing</p>	<p>The registered person promotes safe and healthy working practices through the provision of training and monitoring of staff in Infection Prevention and Control measures.</p> <p>Ref: 6.2.6</p> <p><b>Response by registered person detailing the actions taken:</b> Staff have since the inspection completed mandatory training in the areas of infection prevention and control and reminded of the current importance of PPE and screening of visitors in line with covid 19 principles.</p>
<p><b>Area for improvement 9</b></p> <p>Ref: Standard 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 11 May 2021</p>	<p>The deficits identified in section 6.2.6 are addressed to ensure that the home is kept safe, well maintained and suitable for its stated purpose as a residential home.</p> <p>Ref: 6.2.6</p> <p><b>Response by registered person detailing the actions taken:</b> All estates deficits identified have been rectified with some ongoing such as trial of new radiators in the hallway of the Home.</p>



<p><b>Area for improvement 10</b></p>	<p>Full and accurate records are maintained regarding the management of unwitnessed falls, including any action taken by staff and reasons for same.</p>
<p><b>Ref:</b> Standard 8.2</p>	<p>Ref: 6.2.7</p>
<p><b>Stated:</b> First time</p>	
<p><b>To be completed by:</b> immediate and ongoing</p>	<p><b>Response by registered person detailing the actions taken:</b> All staff have been reminded via a learning memo of the importance of reporting any unwitnessed falls and accident policy updated to reflect same.</p>

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



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