

Unannounced Care Inspection Report

23 April 2021



Jordanstown

Type of Service: Nursing Home

Address: 1a Old Manse Road, Jordanstown, BT37 0RU

Tel No: 028 9085 2258

Inspector: Michael Lavelle

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 53 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care	Registered Manager and date registered: Mrs Wendy McMaster
Responsible Individual(s): Mrs Natasha Southall	Date Registered 26 June 2017
Person in charge at the time of inspection: Mrs Wendy McMaster	Number of registered places: 53
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.	Number of patients accommodated in the nursing home on the day of this inspection: 20

4.0 Inspection summary

An unannounced inspection took place on 23 April 2021 from 9.30 am to 6.00 pm. 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 if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control (IPC) measures and environment
- leadership and governance.

Patients said they were happy living in the home. Examples of comments provided are included in the main body of the report.

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	5	*6

*The total number of areas for improvement includes one under the care standards which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Wendy McMaster, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

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

During the inspection we met with 11 patients, six staff and one visitor. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the deputy manager with 'Tell Us' cards for distribution to residents' relatives not present on the day of inspection to give an opportunity to give feedback to RQIA regarding the quality of service provision. No questionnaires were returned within the timeframe for inclusion in the report.

The following records were examined during the inspection:

- staff duty rota for the week commencing 19 April 2021
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- care records for three patients
- accident and incident reports
- record of complaint and compliments
- records of audit and fire risk assessment
- annual quality report
- a selection of monthly monitoring reports.

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

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

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 22 October 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure the environmental and hygiene practices outlined in the report do not impact on other infection prevention and control (IPC) measures and effective cleaning practices.	Met
	Action taken as confirmed during the inspection: Observation of the environment and of staff practice evidenced the deficits identified at the previous care inspection have been addressed. This area for improvement has been met.	
Area for improvement 2 Ref: Regulation 13(7) Stated: First time	The registered person shall ensure that the infection prevention and control issues identified during the inspection, such as the appropriate use of PPE, availability of alcohol gel and dress code are managed to minimise the risk and spread of infection.	Met
	Action taken as confirmed during the inspection: Observation of the environment and of staff practice evidenced the deficits identified at the previous care inspection have been addressed. This area for improvement has been met.	

<p>Area for improvement 3</p> <p>Ref: Regulation 13(7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the person in charge of the home demonstrates a full knowledge and understanding of IPC policies and procedures.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of records and discussion with the manager evidenced this rea for improvement has been met.</p>	<p>Met</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 22</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that patients' risk assessments and care plans, relating to falls, are reviewed post fall.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of care records confirmed that patients' risk assessments and care plans, relating to falls, were reviewed post fall.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the issues identified during the inspection in relation to care records are addressed</p> <hr/> <p>Action taken as confirmed during the inspection: Examination of care records confirmed the issues identified at the last care inspection have been addressed.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure that fluid and food and fluid balance charts are reconciled daily.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of fluid balance charts confirmed that these were not reconciled daily.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	<p>Not met</p>

6.2 Inspection findings

6.2.1 Staffing

A system was in place to identify appropriate staffing levels to meet the patients' needs. A review of the staffing rotas for the week of the inspection confirmed that the planned staffing levels were provided. Observations on the day of the inspection confirmed that patients' needs were met by the staff on duty. Examination of the staffing rota identified it did not clearly identify the nurse in charge on all shifts. It was not signed by the manager or a designated representative and it did not have the first name and surname of all staff. The manager gave assurances that this would be addressed.

Patients expressed no concerns regarding staffing levels in the home.

Staff spoken with displayed commitment and empathy towards the patients and they had a good knowledge and understanding of patients' individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the COVID 19 pandemic on staff, patients and relatives. Staff said that there was good team working and that there was effective communication between staff and management. Staff also told us the following:

"We have all worked with each other a long time and get along so well".

"We have enough staff. We work together as a team. They are all team players. The working environment is good. I get a lot of support from the manager".

"We all get on and help each other".

6.2.2. Care delivery

The atmosphere in the home was relaxed and organised. Patients were either being cared for in their individual bedrooms or in the dining areas. Staff told us that many patients prefer to stay in their own bedrooms. Patients were supported by staff to adhere to social distancing where possible. Patients appeared warm and comfortable. They were nicely dressed with good attention to detail. Their personal care needs had been met.

Staff were well informed with regard to patients' needs, what areas patients were independent with and the level of assistance they required in daily life. Staff encouraged choice and independence.

Patients told us:

"The care is good. I ask questions and I feel I have a choice. I feel I am treated with dignity and respect".

"I like it alright. The staff aren't bad. The food is ok".

"I am happy".

"I am happy here. I have no concerns".

"The food is lovely".

"I am happy here. If only I could get to the bookies".

"I like the place. All the staff are very good".

"They are looking after me here".

One relative spoken with said,

“The reputation of the home is good. We have regular contact with the home and communication has been quite good. I am happy with the care here. The staff are nice and caring; they have done their best under the circumstances”.

We provided questionnaires in an attempt to gain the views of relatives and patients that were not available during the inspection; none were received within the timeframe for inclusion in this report. A poster was provided for staff to give online feedback; no responses were received.

We reviewed activity provision. An activity planner was on display close to the ground floor dining room but had not been completed to show what activities were planned. Discussion with patients confirmed that they would not know what activities were planned in the home. Patients told us,

“I don’t do any activities. I remember men coming from the church. You miss wee things like that”.

“I have been offered activities but I have said no”.

“I don’t do any activities. There isn’t anything like that”.

One to one activities were observed during the inspection. Staff spoken with confirmed the activity programme delivered had not been reviewed recently in consultation with the patients. Review of records confirmed no consistent record was retained if patients enjoyed the activities provided or not. Activity delivery was not consistently included in patient’s daily progress notes. We saw no evidence that individualised activity care plans had been developed following an assessment of patient need. Staff should ensure that patients are aware when activities are being delivered and contribute to the development of the activity planner; this should be reviewed on a bi-annual basis. This was identified as an area for improvement.

We discussed the visiting arrangements in place during the current pandemic. The home had designated a lounge area and a visiting ‘pod’ had been put in place to facilitate safe visiting where social distancing could be maintained. Visitors had their temperatures taken on arrival at the home and were required to make a declaration regarding their health and that they were Covid-19 ‘symptom free’. There was ample personal protective equipment (PPE) and hand sanitiser available for visitors. Management advised that in addition to the visiting pod, care partners had been identified for some patients and their relatives along with phone calls. We asked the manager to ensure their visiting policy was updated to reflect current guidance on visiting and care partners from the Department of Health. Following discussions with patients, we identified inconsistencies in facilitating outdoor visiting by staff. This was discussed with the manager and assurances were given that all staff will be provided with an update about visiting arrangements.

The dining experience was a well organised and an unhurried experience for patients. Patients enjoyed their meal either in the dining room or their bedroom in keeping with their choice. The food looked and smelled appetising. Patients had a choice of two meals and discussions with catering staff confirmed both these options were available for those who required a modified diet. The food looked fresh, healthy and nutritious and appropriate portions were served. Choices of drinks were offered. Patients told us they enjoyed their meal and the food served in the home. Most patients commented positively on the food served in the home with one patient commenting negatively; this was discussed with the manager for follow up as required.

The daily menu was written on a whiteboard but did not reflect the correct date or meals choices for the day of the inspection. Discussion with staff evidenced regular variations to the menu although these were not recorded. Staff confirmed the menu had been recently revised by their parent company in England and patients had not been involved in discussions prior to the changes being implemented. Review of the menu evidenced it had not been developed to reflect regional variances between meals traditionally eaten in England compared to Northern Ireland. An area for improvement was identified to ensure patients are involved in the design of planned menus.

The home had received numerous letters and cards of support throughout the current pandemic. Comments included the following:

“I hope things are a bit easier for you all. Thanks for all the care given to...”

“Thank you for taking such good care of my...”

6.2.3 Care records

We reviewed three patients' care records. A range of assessments, to identify each patient's needs, was completed on admission to the home; from these assessments, care plans to direct the care and interventions required were produced. Other healthcare professionals, for example speech and language therapists (SALT), podiatry and dieticians also completed assessments as required. We were pleased to see evidence within the records that recommendations made by other healthcare professionals were adhered to.

We reviewed the management of patients who had falls. Review of records for one identified patient evidenced that the appropriate actions were not consistently taken following the fall in keeping with best practice guidance. This was discussed with the manager and an area for improvement was identified.

Wound care, which was being provided to an identified patient, was considered. Wound care documentation evidenced that the podiatrist had been involved in the patient's care and recommendations made by them had been incorporated into the patient's care plan. There was evidence that wound assessments and evaluation of care were not consistently recorded in keeping with best practice guidance. An area for improvement was identified.

Records reviewed did not provide assurances that all patient care plans were consistently developed in consultation with the patient or patient's representative. The manager agreed to discuss this with registered nursing staff and focus on this issue during audits of care records.

We saw a small number of records which did not accurately reflect the care delivered to patients. Other records examined contained repetitive nursing entries with some evaluations of care not personalised. Care records reviewed for an identified patient evidenced gaps in recording of the patient's weight and completion of their malnutrition assessment. This was discussed with the manager who confirmed they would address the deficits identified with registered nursing staff through clinical supervision. This will be reviewed on a future care inspection.

Review of records relating to administration of topical medicines identified deficits in record keeping. Regularly gaps in recording were identified and inconsistencies regarding dates, times and signatures were noted. This was discussed with the manager who was reminded

that all staff should have appropriate training in the appropriate use, administration and recording of topical medicines. An area for improvement was identified.

Further deficits in record keeping were identified. Staff did not consistently record the accurate date and time that care was delivered and when nursing entries were made. We saw examples where members of staff were signing for care delivered on behalf of other staff. All staff need to ensure contemporaneous records are maintained for all nursing interventions. An area for improvement was identified.

Examination of food and fluid intake charts confirmed these had not been consistently totalled on a daily basis. This had been identified as an area for improvement during a previous care inspection on 22 October 2020. This is stated for a second time.

6.2.4 Infection prevention and control (IPC) measures and environment

On arrival to the home we were met by the manager who recorded our temperature. We observed that hand sanitiser and PPE were available close to the entrance to the home. We saw limited signage at the entrances to the home to provide visitors advice and information about Covid-19. This was discussed with the manager who confirmed via email this had been addressed following the inspection.

We found that there was an adequate supply of PPE and hand sanitiser; no issues were raised by staff regarding the supply and availability of these. There were numerous laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE.

Observation of staff practice throughout the day identified inconsistencies in staff knowledge regarding the correct use of PPE and when they should take an opportunity for hand hygiene. While most staff wore their face masks correctly, we saw some staff applying and removing PPE incorrectly. An area for improvement was made.

There was a good availability of hand sanitising gel throughout the nursing home. Audits, including hand hygiene and use of PPE, were completed regularly. These audits are discussed further in 6.2.5.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be generally clean, warm, and fresh smelling throughout. However, we saw at least three cluttered storage cupboards with inappropriate items stored. While we observed some adherence to the national colour coding scheme; domestic cleaning equipment was not consistently used in keeping with best practice guidance. An area for improvement was identified.

Most fire exits and corridors were observed to be clear of clutter and obstruction; however one fire exit had been obstructed by a hoist. We saw one fire door had been propped open by a chair. Review of the personal emergency evacuation plans (PEEP's) confirmed the folder had not been updated to reflect the actual number of patients in the home at the time of the inspection. This was brought to the attention of the manager who agreed to review and update the records immediately. The manager should establish a system to ensure that any record in relation to fire safety procedures is maintained accurately. An area for improvement was identified.

The annual fire risk assessment of the home was undertaken in June 2020. The manager confirmed the recommendations of the report had been addressed. We asked the manager to ensure they sign and date the assessment to evidence when any recommendations have been addressed.

We asked the manager to review the use of electronic key pads on the gate to the garden of the home with consideration to be given to sharing the access code with patients or displaying the access code.

A number of risks to the health, welfare and safety of patients were identified. These included:

- food and fluid thickening agent stored in an area accessible to patients
- the treatment room on the first floor was observed to be unlocked with access to medicines
- a domestic cleaning trolley was unsupervised allowing potential patient access to substances hazardous to health
- signage had not been erected within the home to advise a patient was using oxygen.

These incidents were discussed with staff who took necessary action to mitigate any risk. An area for improvement was identified.

6.2.5 Leadership and governance

There was a clear management structure within the home and the manager was available throughout the inspection process. The manager retained oversight of the home and was supported by the deputy sister. Staff commented positively about the manager stating they were available for guidance and support. Discussion with the manager and observations confirmed that the home was operating within the categories of care registered.

We looked at the records of accidents and incidents which occurred in the home; we found that these were managed appropriately.

Review of records confirmed systems were in place to monitor staffs' registrations with their relevant professional bodies. Discussion with staff and the manager confirmed that systems were in place to ensure compliance with mandatory staff training.

Records reviewed confirmed there was a system of audits which covered areas such as falls, wounds, IPC, hand hygiene, care records and accidents and incidents. These audits were designed to ensure that the manager had full oversight of all necessary areas. However, given the deficits identified during the inspection, we discussed ways the manager could enhance the current governance systems particularly with regards to hand hygiene and PPE use. An area for improvement was identified.

We examined the reports of the visits made on behalf of the responsible individual from January 2021 to March 2021. All operational areas and management of the home were covered. Where any issues were identified, an action plan was developed which included timescales and the person responsible for completing the action.

Areas of good practice

Areas of good practice were identified in relation to care delivery. There were positive interactions between staff and patients throughout the inspection and patients looked content and well cared for.

Areas for improvement

Ten areas for improvement were identified. These related to management of falls, topical medicine administration records, contemporaneous record keeping, infection prevention and control and management of risks. Further areas for improvement were identified about activities, menu choice, wound management, fire safety and IPC audits.

	Regulations	Standards
Total number of areas for improvement	5	5

6.3 Conclusion

The atmosphere in the home was relaxed during the day. Staff were observed attending to patients in a caring and compassionate manner. Patients have commented positively on the care that they received and were well presented in their appearance. The staffing arrangements in the home were suitable to meet the needs of patients. There was evidence of good working relationships between staff and management.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Wendy McMaster, Manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: Immediate action required	The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations and appropriate actions taken post fall are recorded in the patient's care record. Ref: 6.2.3 Response by registered person detailing the actions taken: Registered Manager has completed falls supervision with Registered Nurses. This has included falls protocols and clinical neurological observations. There have been no unwitnessed falls since the inspection.
Area for improvement 2 Ref: Regulation 13 (4) (c) Stated: First time To be completed by: Immediate action required	The registered person shall ensure a written record for the administration of medicines for topical administration is accurately maintained. Ref: 6.2.3 Response by registered person detailing the actions taken: The Registered Manager has reviewed residents requiring administration of topical medications. Supervision has been completed with staff. Registered Manager will continue to monitor records and accuracy of completion.

<p>Area for improvement 3</p> <p>Ref: Regulation 19 (1) (a) Schedule 3 (3) (k)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure accurate and contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out in relation to each patient, in accordance with NMC guidelines.</p> <p>Ref: 6.2.3</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>Response by registered person detailing the actions taken: The Registered Manager has completed supervision with Registered Nurses on the completion of records in accordance with NMC guidelines.</p> <p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • staff knowledge and practice regarding hand hygiene • decluttering of storage cupboards • adherence to the national colour coding scheme. <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: Registered Manager has completed supervision with all staff in regards to donning and doffing of PPE, hand hygiene and adherence to national colour coding. Storage cupboards have been de cluttered. Staff have received infection control training 27th May 21.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure unnecessary risks to the health, welfare and safety of patients are identified and so far as possible eliminated. This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • domestic trolleys are not left unsupervised • the treatment room should be locked at all times • food and fluid thickening agent should be securely stored • oxygen signage should be in place. <p>Ref: 6.2.4</p>

	<p>Response by registered person detailing the actions taken: Registered Manager has ordered lockable caddies. In the interim of receiving these, the Manager has utilised staff meetings to discuss the importance of domestic trolleys not being left unattended. Registered staff have been advised during meetings to ensure the treatment room is locked when not in use, food and fluid thickening agents to be securely stored when not in use and to place oxygen signage when in use.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that fluid and food and fluid balance charts are reconciled daily.</p> <p>Ref: 6.1 & 6.2.3</p> <p>Response by registered person detailing the actions taken: Registered Manager has discussed with Registered Nurses the importance of the fluid balance, food and fluid charts needing to be reconciled daily and appropriate action taken if deficits are identified.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure the programme of activities is displayed in a suitable format in the home and is accessible for all patients. This should be developed in consultation with the patients and reviewed at least twice yearly to ensure it meets patients changing needs.</p> <p>Individual activity assessments should be completed and reviewed as required to inform and compliment patient centred care plans. A contemporaneous record of activities delivered must be retained. Activities must be integral part of the care process with daily progress notes reflecting activity provision.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: The Registered Manager has met with the Home's Magic Moments Co-ordinator and discussed the programme of activities and how to display in a suitable format that is accessible to residents. It has been agreed the Magic Moments Co-ordinator will keep a separate file with the activity care plan and corresponding records. The Registered Nurse will then write an overarching care plan with regards to activities clearly referencing the full care plan written by the Magic Moments Co-ordinator. The Registered Nurse will then evaluate the overarching record on at least a monthly basis by reviewing the documentation. Manager has advised that activities are to be recorded as part of the daily progress notes.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure the daily menu displayed should reflect the meals served and be displayed in a suitable format. Any variation from the planned menu must be recorded. Patients should be involved in planning the menu to ensure their preferences are considered.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: A resident food questionnaire has been completed. Registered Manager has discussed with Catering staff the importance of when displaying the daily menu that this needs to reflect the meals served. A variation form has been provided to catering staff to utilise when required.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure wound assessments and evaluations are recorded in keeping with best practice guidance.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Registered Manager has discussed with Registered Nurses the importance of wound assessments and evaluations to be recorded in keeping with best practice guidance.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 48</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure the personal emergency evacuation plans (PEEP's) are maintained in an up to date manner and reflect the current occupancy in the home at any given time. Fire exits and fire doors should be clear from obstructions at all times.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: Personal emergency evacuation plans were updated on day of inspection. These will be reviewed as any change occur. Fire exits and doors are monitored to ensure they are clear from obstruction.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure a more robust system is in place to ensure compliance with best practice on infection prevention and control.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: The Registered Manager when completing infection control audit will incorporate staff compliance with the 5 moments of hand hygiene and their practice in donning and doffing of PPE.</p>

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



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