



# Unannounced Follow Up Care Inspection Report 11 November 2019



## Leabank

**Type of Service: Nursing Home**  
**Address: 1 Beechwood Avenue, Ballycastle BT54 6BL**  
**Tel No: 028 2076 3392**  
**Inspector: Dermot Walsh**

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Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 What we look for



## 2.0 Profile of service

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

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Leabank  <b>Responsible Individuals:</b> Brian Macklin Mary Macklin	<b>Registered Manager:</b> Matilda Kathleen Annette Lindsay - manager
<b>Person in charge at the time of inspection:</b> Matilda Kathleen Annette Lindsay	<b>Date manager registered:</b> Matilda Kathleen Annette Lindsay - application received and registration pending
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	<b>Number of registered places:</b> 53  A maximum of 9 patients in category NH-DE. There shall be a maximum of 1 named resident receiving residential care in category RC-I.

### 4.0 Inspection summary

An unannounced inspection took place on 11 November 2019 from 09.50 to 18.00 hours.

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.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection.

The following areas were examined during the inspection:

- staffing arrangements
- nutrition and hydration
- environment
- falls management
- wound care
- medicines management
- consultation.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

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.

The term 'patients' is used to describe those living in Leabank which provides both nursing and residential care.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	*4

\*The total number of areas for improvement includes three which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Matilda Kathleen Annette Lindsay, 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.

#### 4.2 Action/enforcement taken following the most recent inspection dated 29 July 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 29 July 2019. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent 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 QIPs from the previous care and finance inspections
- the previous care and finance inspection reports.

During the inspection the inspector met with nine patients, three patients' relatives and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' and patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager 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.

A poster informing visitors to the home that an inspection was being conducted was displayed and invited visitors to speak with the inspector.

The following records were examined during the inspection:

- five patient care records
- a sample of daily patient care charts including food and fluid intake charts, bowel management and reposition charts
- incident and accident records
- a sample of governance audits/records
- a selection of medication administration records
- records of incoming medications.

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

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 29 July 2019

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 29 July 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (b) and (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure as far as reasonably practicable unnecessary risks to the health and safety of the patients is identified and so far as possible eliminated.</p> <p>This is in relation to the portable hotplate outside the kitchen area and also access to the electrical supply cupboard.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b> A review of the environment and of the mealtime experience evidenced that this area for improvement has now been met.</p>		

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review the management of incidents to ensure that staff recognise that when there is no supply of a medicine, this is reported to management and RQIA.</p> <p><b>Action taken as confirmed during the inspection:</b> There had been no recent incidents where medications had not been supplied. Discussion with the manager and registered nursing staff evidenced that they were aware to notify RQIA when this occurred.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall make the necessary arrangements to ensure that all medicines are administered as prescribed.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of newly developed medication administration records and medication auditing records evidenced that this area for improvement has now been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (1) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all unwitnessed falls are managed in line with current best practice guidelines and neurological observations are recorded.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of two patients' accident records evidenced that this area for improvement has now been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 12 (1) (a)(b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of two patients' wound care records evidenced that this area for improvement has now been met.</p>	<p><b>Met</b></p>



<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 41 <b>Stated:</b> First time	<p>The registered person shall review the supervision arrangements within the lounges in the home to ensure the patients are appropriately supervised. This is in particular reference to the dementia unit.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            We reviewed the lounge in the dementia unit on four separate occasions during the inspection and the lounge was supervised on each occasion. Staff were aware of the need for supervision of patients in the lounge.</p>	
<b>Area for improvement 2</b> <b>Ref:</b> Standards 29 &30 <b>Stated:</b> First time	<p>The registered person shall review the management of thickening agents to ensure that these are safely stored and records clearly indicate when they have been administered.</p>	<b>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Records indicated the use of thickening agents and the level required. However, thickening agents were observed accessible to patients within two unsupervised areas in the home.</p> <p>This area for improvement has been partially met and has been stated for a second time.</p>	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 29 <b>Stated:</b> First time	<p>The registered person shall review the receipt of medicines process to ensure that staff maintain a record all incoming medicines.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            A new stock control record evidenced the amount of medications ordered and the amount of medications received in the home.</p>	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time	<p>The registered person shall review the fluid management arrangements in the home to ensure daily fluid targets are reflective of individual assessed needs. The registered nurses review and evaluate anyone requiring a daily fluid target to assess the effectiveness of care.</p>	<b>Not met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            A review of hydration records evidenced that this area for improvement has not been met. This will be further discussed in section 6.3.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure care plans are developed in response to acute infections whereby patients have been prescribed antibiotics.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of two patients' care records evidenced that this area for improvement has not been met. This will be further discussed in section 6.3.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	<p><b>Not met</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that bowel management records are accurately recorded and nursing staff evaluate the effectiveness of this care.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of patients' daily progress notes evidenced that bowel management had been transcribed into records reflecting Bristol stool score or days since last bowel movement.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure repositioning charts are completed in full at the time of each repositioning and nursing staff evaluate the effectiveness of this care.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of three patients' repositioning records evidenced that this area for improvement has now been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the dining experience is reviewed and enhanced in accordance to best practice. This is in particular reference to the dementia unit.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the manager and a review of the mealtime experience in the dining room evidenced that this area for improvement has now been met.</p>	<p><b>Met</b></p>



## 6.3 Inspection findings

### Staffing arrangements

The manager confirmed the number of staff and the skill mix of staff on duty at any given time. The manager also confirmed that since the last care inspection the number of care assistant hours had increased with an additional six hours per day. Discussion with staff evidenced that three staff were of the opinion that the current staffing arrangements did not meet patients' needs. There appeared to be confusion as to where the additional six care assistant hours should be allocated to. This was discussed with the manager who agreed to review the staffing arrangements with staff.

One patient consulted stated that they had to wait for care at times when they used the call bell. The patient's concerns were passed to the manager for their review and action as appropriate. Patients' needs and requests for assistance were observed to have been met in a timely and caring manner during the inspection. Patients and their visitors consulted with spoke positively in relation to the care provision in the home.

The manager confirmed that since the last care inspection a new care supervisor role had been created. This role would allow the care supervisor to become involved in the training and development of care assistants, conducting care assistant appraisals and monitoring the care provision in the home ensuring documentation was completed and patients were cared for to a high standard. A second deputy manager has also been recruited sharing deputy management responsibilities with the first deputy manager. Each deputy manager worked 20 hours per week and were allocated supernumerary time to carry out their duties.

We discussed staff training in respect of dementia management. Where some staff were clear that they had received this training; other staff were not clear. This was discussed with the manager and an action plan was submitted to RQIA following the inspection identifying the response from the home to meet this area. This will be reviewed at a subsequent care inspection.

### Nutrition and hydration

Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. Patients and staff confirmed that they had 24 hour access to food and fluids. Patients commented positively on the food provision in the home.

We reviewed two patients' hydration records. Records did not demonstrate that the required fluid target had been achieved consistently in both patients' records. Care plans did not demonstrate the actions to take should the targets not be met. Some fluid targets calculated for patients appeared to be very high. This was discussed with the manager who agreed to review the fluid targets and an area for improvement in this regard has been stated for the second time.

We reviewed the lunchtime meal experience in the dementia unit. Lunch commenced at 12.50 hours. Patients dined in the main dining area adjacent to the lounge or at their preferred dining area such as their bedroom or the lounge. Food was plated in the kitchen and wheeled to the dining room. The food was only served when patients were ready to eat their meals or to be assisted with their meals. A range of drinks was served with the meal. The food served

appeared nutritious and appetising. Staff were knowledgeable in relation to patients' dietary requirements. Patients wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with patients when assisting with meals and patients were assisted in an unhurried manner. The mealtime was well supervised. Food intake records were maintained well.

## **Environment**

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and stairwells were observed to be clear of clutter and obstruction. However, the communal corridor on the first floor was partially blocked with a patient's chair and a hoist which would have impeded on any evacuation of the home in the event of a fire. This was discussed with the manager and identified as an area for improvement. Bedrooms and communal rooms were maintained clean and tidy. There were no malodours detected in the home. Compliance with best practice on infection prevention and control had been generally well maintained. Isolated issues were managed during the inspection. Although, a hoist observed in a communal area was visibly dirty. Decontamination records suggested the hoist had been cleaned. This was discussed with the manager and identified as an area for improvement.

During the review of the environment, thickening agents were observed accessible to patients in two unsupervised areas of the home. This was discussed with the manager and an area for improvement made in this regard has been stated for the second time.

We observed three mattresses in patients' bedrooms which were being used as 'crash mats'. Use of a crash mat is a protective measure used to prevent injury if the patient poses an assessed risk of falling out of bed. An area for improvement was made to ensure that appropriate equipment, suitable for the purpose it was intended, is used to maintain the safety of patients within the home.

## **Falls management**

Discussion with the manager and a review of two patients' accident records evidenced that falls in the home had been managed in accordance with best practice. Falls risk assessments and care plans had been developed and updated regularly or following a fall. Accident records had been maintained appropriately. Central nervous system observations had been conducted and monitored for 24 hours following a head injury or an unwitnessed fall. The appropriate persons had been notified of the fall.

Falls in the home were monitored on a monthly basis for any patterns and trends. This would be to review the pattern to proactively plan measures to reduce the incidences of falls where possible.

## **Wound care**

Patients' risk of pressure related skin damage was assessed on their admission and reviewed on a monthly basis. When a risk was identified, such as immobility, poor diet or incontinence, a care plan was developed to guide staff in measures to prevent skin breakdown. We reviewed two patients' wound care records; in one of which, the patient had two separate wounds requiring treatment. Initial wound care assessments were completed. A clear wound care plan was evident within the patients' care records to guide the dressing regime and management of

the wounds. The care plans reflected the recommendations of tissue viability nurses. Wound observation charts were completed at the time of wound dressing to monitor the progress of the wounds.

Records of repositioning had been maintained well and in accordance with their care plans. Discussion with the manager confirmed a new system was implemented in the home to quickly identify the frequency of repositioning. Supplementary records were maintained in patients' bedrooms and colour coded. For example, a black file identified no need to reposition; a red file identified two to three hourly repositioning and a green file identified four to six hourly repositioning required. Staff consulted were aware of the colour coding and found this system useful as an aid memoir.

## **Medicines management**

Discussion with the manager confirmed that since the last care inspection, new medications management documentation had been developed in response to areas for improvement. New medication administration records had been developed to detail the administration of warfarin, insulin and medicated patches. New stock control records evidenced when medications were ordered in the home and the number of medications received in the home. Daily audits were conducted on all medications that were not contained in monitored dosage systems and running totals of these medications were maintained. A new audit record of medications administered only when required, for example, paracetamol suspension, were also maintained with a running total.

There have been no recent incidents of patients missing medications due to the medications not being supplied when ordered. Discussion with the manager and registered nursing staff evidenced that they were aware of the need to notify RQIA when or if this occurred. There were notices on medicine trolleys advising staff of this direction.

We reviewed two patients' care records where the patients were in receipt of antibiotic therapy. Both patients' care plans were not sufficient in directing the care of the antibiotic therapy. This was discussed with the manager and an area for improvement in this regard has been stated for the second time.

## **Consultation**

During the inspection we consulted with nine patients, three patients' relatives and seven staff. As previously stated, patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others. Patients commented:

- "I find it grand here. The staff are very good."
- "It is ok but staff can be slow at responding at times."
- "The care is fine. Staff are very good."
- "I have no complaints. Staff are very good."
- "There are very good staff here."

The three relatives consulted spoke positively in relation to the care provision in the home. Relatives commented:

- “The care is brilliant. Couldn’t say a bad thing about it. The staff are very good.”
- “The home has improved immensely since Anette took over. Any concerns that I have had were acted on and followed up. Historical issues have now been resolved.”

Of the 10 questionnaires left in the home, two were returned; one from a relative and one which did not indicate if it was from a relative or a patient. Both respondents indicated that they were very satisfied the home was providing safe, effective and compassionate care and that the home was well led.

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from seven staff consulted during the inspection included:

- “I enjoy it here. We are always learning.”
- “It’s alright here.”
- “There are a lot of changes. Things are grand at the moment.”
- “I love it here.”
- “I really like working here.”
- “Things are really improving here.”
- “I enjoy working here.”

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the manager for their information and action, as required.

### Areas for improvement

Areas for improvement were identified in relation to fire safety, use of equipment and decontamination of equipment. Areas for improvement in relation to access to thickeners, hydration management and antibiotic care planning have been stated for the second time.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Matilda Kathleen Annette Lindsay, 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 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 DHSSPS 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (4) (d) (iii)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that corridors in the home are maintained free from any clutter or obstruction that would impede in the event of an evacuation of the home.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Staff have been made aware of the need to keep corridors uncluttered. An occasional use chair which had been placed outside a resident's room has since been moved to another area, dead space at the top of main staircase. This situation is being monitored on a daily basis, nurse in charge of the units have been informed of the need to check frequently throughout the day and advise staff if and when corridors appear cluttered.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 12 (2) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that all equipment used within the home is only used for the purpose for which it is designed. The use of bed mattresses as crash mats must cease.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>            All mattresses being used as crash mats were removed on the day of inspection. New crash mats were purchased and put into place on the day of inspection. All staff have been informed that the use of mattresses as crash mats is unacceptable. Staff have been informed at staff meetings and via a notice placed on the staff notice board. Nurses in charge of each unit have been informed of their responsibility to ensure this does not occur.</p>
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standards 29 &30  <b>Stated:</b> Second time  <b>To be completed by:</b> 18 November 2019	<p>The registered person shall review the management of thickening agents to ensure that these are safely stored and records clearly indicate when they have been administered.</p> <p>Ref: 6.2 and 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Staff have been informed via staff notice board and at staff meetings of the need to store thickening agents in a locked cupboard when not in use. Senior staff check daily for any thickening agent not locked away.            Locks have been fitted on all cupboards containing thickeneing</p>



	<p>agents. A coded box has been placed in the kitchen for the storage of the kitchen cupboard keys.</p> <p>The documentation used to document fluids taken is ongoing. This documentation indicates what level of fluids have been given.</p> <p>The documentation has a column for the signature of the person giving the drink.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 November 2019</p>	<p>The registered person shall review the fluid management arrangements in the home to ensure daily fluid targets are reflective of individual assessed needs. The registered nurses review and evaluate anyone requiring a daily fluid target to assess the effectiveness of care.</p> <p>Ref: 6.2 and 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Fluid management has been researched and new fluid targets have been set for all patients. All nurses and carers have been informed at staff meetings regarding the new fluid targets. A careplan has been developed as a prompt for nurses to implement when a patient is at risk of dehydration. A list of patient fluid targets has been implemented and available at the front of the food and fluid recording file.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 November 2019</p>	<p>The registered person shall ensure care plans are developed in response to acute infections whereby patients have been prescribed antibiotics.</p> <p>Ref: 6.2 and 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Prompt careplans have been developed according to best practice and are available for nurses to use in the event of an acute infection when an antibiotic has been prescribed. All nurses have been informed at a staff meeting. QIP response has been shared with all nurses.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 46.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 November 2019</p>	<p>The registered person shall ensure that equipment in the home is properly decontaminated and that hoists in use are maintained clean at all times.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Staff have been informed of the need to ensure all equipment has been decontaminated after use. All staff have been informed that they all have responsibility for the cleanliness of equipment. Night staff have been spoken to regarding the need to fulfill their duty of checking the cleanliness of equipment at night when not as much in use. This information was passed on at the staff meetings held</p>

	post inspection 11.11.19. Macklin group provided a nurse consultant to work on the action plan for current QIP from 26.11.19 until 31.12.19.
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***\*Please ensure this document is completed in full and returned via Web Portal***



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