

Unannounced Care Inspection Report

20 April 2021



Victoria Court

Type of Service: Nursing Home

Address: 34 Larne Road, Carrickfergus, BT38 7DY

Tel no: 028 9336 6194

Inspector: Mandy Ellis

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 43 patients.

3.0 Service details

Organisation/Registered Provider: Tamlaght Private Nursing Home Limited Responsible Individual(s): Mrs Sharon Duffy	Registered Manager and date registered: Mr Martin Kelly - Acting manager – no application required.
Person in charge at the time of inspection: Mr Martin Kelly	Number of registered places: 43 The home is also approved to provide care on a day basis only to 4 persons.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.	Number of patients accommodated in the nursing home on the day of this inspection: 24

4.0 Inspection summary

An unannounced inspection took place on 20 April 2021 from 09.00 to 17.45 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 assessed progress with any areas for improvement identified since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- staffing arrangements
- infection prevention and control (IPC) measures
- the internal environment
- fire safety
- care delivery
- governance and management arrangements.

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	7*	3*

*The total number of areas for improvement includes two areas under regulation; one which has been subsumed into a new area for improvement and one which has been stated for a second time; one area for improvement under the standards has also been stated for a second time.

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

Enforcement action did result from the findings of this inspection. The evidence seen during the inspection in relation to: governance arrangements and managerial oversight; environmental deficits; infection prevention and control, care records, staff compliance with Control of Substances Hazardous to Health (COSHH) regulations and fire safety raised concerns that these aspects of the quality of care were below the standard expected.

The responsible individual and manager were invited to attend a serious concerns meeting with RQIA via video teleconference on 28 April 2021 to discuss the inspection findings and their plans to address the issues identified. During the meeting, the responsible individual provided RQIA with an action plan, and advised of the completed or planned actions to secure the necessary improvements and address the concerns identified during the inspection. It was agreed during the meeting that a revised and enhanced action plan should be submitted to RQIA following this meeting.

A further inspection will be undertaken to ascertain the progress made in addressing the areas for improvement identified and the arrangements in place to monitor and ensure the improvements are sustained.

The enforcement policies and procedures are available on the RQIA website at [https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

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 four patients and 12 staff. Questionnaires were also left in the home to obtain feedback from patients and their relatives/ representatives. Ten questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

We provided the manager with 'Tell us 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.

No completed questionnaires or responses to the staff survey were returned within the indicated timeframe.

The following records were examined during the inspection:

- the duty rota from 12 to 25 April 2021
- the home's registration certificate
- three patients' care plans and supplementary care charts in regard to repositioning
- two staff recruitment files
- a sample of governance audits/records
- a sample of monthly monitoring reports.

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

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 1 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 12 (1) Stated: Third time and final time	The registered person shall ensure that care records evidence the delivery of pressure area care as prescribed in patients' care plans.	Not met
	Action taken as confirmed during the inspection: A review of three patients' care records highlighted that their pressure area care had not been provided in keeping with their prescribed plan of care. This area for improvement has not been met and was discussed during the serious concerns meeting held on 28 April 2021. This area for improvement has been subsumed into a new area for improvement under regulation.	
Area for improvement 2 Ref: Regulation 32 (h) Stated: First time	The registered person shall submit a variation to registration application to RQIA; this is in regard to those rooms identified during the inspection.	Met
	Action taken as confirmed during the inspection: A retrospective variation was submitted to RQIA after the last care inspection.	
Area for improvement 3 Ref: Regulation 13 (4) (a) Stated: First time	The registered person shall ensure thickening agents are securely stored when not in use.	Not met
	Action taken as confirmed during the inspection: Observation of the environment highlighted that thickening agents were insecurely stored within two identified areas of the home; this deficit was discussed during the serious concerns meeting held on 28 April 2021. This area for improvement has not been met and is stated for a second time.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 12 Stated: First time	The registered person shall review the dining experience for patients to ensure : <ul style="list-style-type: none"> • all staff wear appropriate Personal Protective Equipment while serving food to patients • food leaving the dining room is appropriately covered. 	Met
	Action taken as confirmed during the inspection: The serving of lunch was observed during which staff were seen to wear the appropriate PPE; meals were also appropriately covered when being transported from the dining room.	
Area for improvement 2 Ref: Standard 35 Stated: First time	The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and best practice. This includes but is not limited to: <ul style="list-style-type: none"> • nutritional audits • pressure ulcer audits • PPE use • Care documentation. 	Partially met
	Action taken as confirmed during the inspection: It was noted that a system of audits had been introduced by the acting manager which focused on various aspects of care delivery to patients. However, the quality and robustness of these audits was inconsistent. This is further discussed in Section 6.2.6. This area for improvement has been partially met and is stated for a second time.	

6.2 Inspection findings

6.2.1 Staffing arrangements

On arrival to the home we were greeted by the manager and staff who were helpful and attentive. There was a pleasant and calm atmosphere throughout the home. We observed that staffing levels allowed for patients' needs to be met in a timely manner. We reviewed the duty rotas for the period 12 to 25 April 2021. The duty rotas reflected that the planned daily staffing levels were adhered to. The review of staff duty rotas also evidenced a number of deficits, for example: the nurse in charge was not indicated and there was evidence of the use of correction fluid when alterations had been made. This was discussed with the manager and an area for improvement was identified. Oversight of the staff rota was also discussed at the serious concerns meeting on 28 April 2021 and it was agreed that this should be accurately maintained at all times.

Several staff told us that they liked their job however, some staff feedback indicated dissatisfaction with a lack of teamwork within the home and commented that staff morale was poor; this was shared with the manager and the responsible individual during and/or following the inspection; the responsible individual acknowledged that staff morale needed to be improved and that the management team were focusing on improving staff culture and teamwork within the home.

Comments from staff included:

- "I like my job".
- "It's more settled, I love my job".
- "It's rewarding, I enjoy looking after people".

Discussion with some staff highlighted that they possessed a limited understanding and awareness of their role and responsibilities in regard to the Mental Capacity Act (2016) and associated Deprivation of Liberty Safeguards (DoLs); the manager was unable to confirm if staff had received training in this area. An area for improvement was identified.

6.2.2 Infection Prevention and Control measures

Signage had been erected at the entrance to the home to reflect current guidance relating to COVID-19. The manager told us that the home had sufficient PPE supplies available. PPE stations were found to be well stocked throughout the home. The manager confirmed that both staff and patients had their temperature checked twice daily as part of COVID-19 monitoring arrangements within the home.

The majority of staff were observed to use PPE appropriately and were observed to carry out hand hygiene correctly. However, a number of staff were observed wearing cloth face masks which is not in keeping with IPC best practice. This was discussed with the manager and responsible individual at the serious concerns meeting with RQIA on 28 April 2021. RQIA were advised at this meeting that the use of face masks was mandatory for all staff and staff compliance in this area was being actively monitored by the manager; the manager also confirmed that a risk assessment had since been completed for any staff who were medically exempt from wearing an appropriate face mask.

The pull cords of a recently installed nurse call system throughout the home were observed to be uncovered. The manager was unable to provide assurance on the day of inspection that the material of the pull cords was in keeping with IPC standards. This was discussed at the serious concerns meeting with RQIA on 28 April 2021 during which the responsible individual advised that the pull cords were embedded with an antibacterial material, it was agreed at this meeting that effective cleaning of these pull cords should form part of a regular cleaning schedule which will be monitored by the manager. An area for improvement was made.

6.2.3 The internal environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluice rooms and storage areas.

The patients' bedrooms which were viewed appeared clean, warm and had been personalised with items that were meaningful to individual patients.

We observed a number of environmental deficits, namely:

- a number of wardrobes were not secured to the bedroom wall
- items of bedroom furniture in several bedrooms were observed to be worn and/or damaged
- several items of bed linen were observed to be worn and/or stained
- flooring in the nurses station was observed to be damaged
- the ceiling of an identified bathroom and dining room was observed to be stained
- inappropriate storage was noted on top of some patients' wardrobes
- there was evidence of inappropriate storage within some communal areas
- a faulty keypad was observed on one identified doorway.

An area for improvement was made.

These environmental deficits were discussed with RQIA at the serious concerns meeting held on 28 April 2021. During this meeting, the responsible individual advised RQIA an audit of bed linen had been undertaken throughout the home and that existing items would be replaced as necessary.

The responsible individual also advised that patients' furniture and the identified flooring would be addressed as part of an ongoing refurbishment plan within the home; it was agreed that these environmental improvements should be addressed in a timely manner for patients.

The manager advised that storage was difficult although an external storage area was soon to be cleared which would help ensure that inappropriate storage would not occur within the home. It was stressed that rooms within the home should only be used for their designated purpose at all times; this will be reviewed at a future care inspection. Managerial oversight of the premises is considered further in Section 6.2.6.

We identified deficits with regards to staff compliance with COSHH regulations. The domestic stores throughout the home were observed on occasion, to be unlocked and unmonitored. Domestic products were also found in an unlocked cabinet in a communal bathroom. This was brought to the attention of the manager so that these cleaning chemicals could be appropriately secured.

RQIA were advised at the serious concerns meeting on 28 April 2021 that all the domestic stores had been fitted with locks since the inspection. An area for improvement was identified.

We observed thickening agents in patients bedrooms and in an unlocked dresser in the dining room. This had been an area for improvement from the previous care inspection and will be stated for the second time.

6.2.4 Fire safety

We found corridors and fire exits to be clear and unobstructed.

An up to date fire risk assessment was not immediately available for review upon request although was forwarded to the inspector via email at a later stage during the inspection. A review of the fire risk assessment highlighted that it contained no written evidence to indicate whether required actions had been addressed. RQIA discussed this deficit with the manager and responsible individual at the serious concerns meeting on 28 April 2021; it was stressed that the home's fire risk assessment should be available at all times for review by RQIA and should clearly indicate any actions taken in regard to the action plan which it contained. RQIA was concerned that the manager was unable to provide RQIA with an update as to what progress had been made against the fire risk assessment action plan; information received following the inspection provided assurance that the fire risk assessment action plan had been addressed appropriately. An area for improvement was identified.

6.2.5 Care delivery

Patients appeared content and settled in their surroundings and in their interactions with staff. Staff were seen to treat patients with respect and to talk to them in a friendly and pleasant manner. Patients commented positively about the care they received; they told us:

- "The girls (carers) are good".
- "The staff are polite".
- "I have no issues".

We observed the serving of the lunch time meal and found this to be a pleasant and unhurried experience for patients. We saw the staff attended to patients' needs in a prompt and caring manner and that staff wore appropriate PPE. The dining tables were set and condiments were available. Patients were offered a selection of drinks and the food served looked and smelt appetising. Food leaving the dining room to be served to patients in their rooms was appropriately covered and on a tray. The menu displayed was reflective of the food on offer.

A new electronic care recording system ('CareDocs') had recently been installed. This system included hand held devices for care staff to record all care interventions provided to patients, for example, repositioning, activities and food and fluid intake. The nursing staff are required to assess, document and review prescribed nursing care for patients using the electronic system.

However, when requesting access to patients' care records we noted that nursing staff on duty possessed an inadequate understanding of how to use the CareDocs system and had to contact an off duty staff member for assistance.

The responsible individual advised RQIA at the serious concerns meeting on 28 April 2021 that although staff had been trained in the use of Care Docs, further training had been arranged to improve staff competency with regard to the use of CareDocs. This will be followed up on a future care inspection. The responsible individual also advised that they would personally monitor the use of CareDocs by both the manager and nursing staff, on a daily basis until improvements were sustained.

A review of four patients' repositioning records evidenced that they had not been assisted with repositioning in keeping with their prescribed plan of care. There were also inconsistencies noted in regard to pressure relieving mattress settings and how their use was recorded in patients' care records. These deficits were discussed at the serious concerns meeting on 28 April 2021; the manager advised during this meeting that staff awareness regarding the importance of patient repositioning was being enhanced through staff supervision and staff memos being issued. The manager also agreed to include monitoring of pressure relieving mattress settings within his daily walk around audit of the home. This area for improvement has been subsumed into a new area for improvement under regulation.

6.2.6 Governance and management arrangements

Since the last inspection there has been a change in management arrangements with the appointment of an acting manager. RQIA had been appropriately informed of this change. The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with the manager confirmed that the home was operating within its registered categories of care.

A number of governance audits were completed to monitor the quality of care and services. Audits available for inspection included: infection prevention and control, hand hygiene, PPE compliance, care records, pressure care, weight loss, food and fluid intake, wound care and patient dependency. There was inconsistency in regard to the quality of the audits reviewed. For instance, a number of the audits had not been completed consistently every month and the care record audits reviewed did not provide evidence that the identified deficits had been addressed. An area for improvement was identified.

A review of records evidenced that monthly monitoring reports were completed by a representative of the responsible individual. The monitoring reports from December 2020 to February 2021 were reviewed. It was noted that a number of actions relating to improving the quality of the environment were restated across several monthly monitoring reports; this was discussed during the serious concerns meeting on 28 April 2021 and it was agreed that such deficits should be effectively and promptly actioned during monthly monitoring visits.

There was a system in place to monitor the registration status of nursing and care staff with their appropriate regulatory body on a regular basis. The records reviewed were up to date.

Two staff recruitment files were reviewed. The review of both recruitment records highlighted that some information was absent and/or had not been obtained as part of the recruitment process. This was discussed at the serious concerns meeting with RQIA on 28 April 2021; the responsible individual stated that the selection and recruitment process had subsequently been improved and now included the use of a recruitment checklist. The responsible individual further advised that an audit would be carried out on all staff recruitment files and that selection and recruitment processes would be an area of focus during monthly monitoring visits. An area for improvement was identified.

Areas for improvement

Eight new areas for improvement were identified during the inspection. Details can be found throughout the body of the report and in the Quality Improvement Plan (QIP).

	Regulations	Standards
Total number of areas for improvement	6	2

6.3 Conclusion

On the day of the inspection we observed that patients appeared comfortable, and that staff treated them with kindness and compassion. The staff were timely in responding to the patients' individual needs. However, RQIA were concerned that aspects of the quality of care were below the standard expected as outlined in this report.

The responsible individual and manager were invited to attend a serious concerns meeting with RQIA via video teleconference on 28 April 2021 to discuss the inspection findings and their plans to address the issues identified; this is discussed further in section 4.1. New areas for improvement were highlighted and are discussed within the body of the report and section 7.2.

RQIA will continue to monitor and review the quality of service provided in Victoria Court. A further inspection will be undertaken to assess the progress made in addressing the areas as detailed in the QIP.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Martin Kelly, 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 (4) (a) Stated: Second time To be completed by: With immediate effect	<p>The registered person shall ensure that thickening agents are securely stored at all times when not in use.</p> <p>Ref: 6.1 & 6.2.3</p> <p>Response by registered person detailing the actions taken: All staff have been advised to ensure that all thickening agents when not in use is securely stored in locked cupboards. Additional check in the room was also carried out by the Domestic staff during completion of their task in their individual rooms. Compliance is audited on daily basis.</p>
Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that robust governance arrangements are in place regarding pressure area care to patients; these arrangements shall include but not be limited to ensuring the following:</p> <ul style="list-style-type: none"> • That patients are repositioned in keeping with their prescribed care • That repositioning records are accurately and comprehensively maintained at all times • That the type and/or setting of pressure relieving mattresses are effectively managed in keeping with the assessed needs of patients. <p>Ref: 6.1 & 6.2.5</p> <p>Response by registered person detailing the actions taken: All resident are repositioned as prescribed care and recorded accordingly in a timely manner. Repositioning is audited,in addition there is an integrated alert system on the computerised care system to alert staff with respect to repositioning..</p> <p>A mattress register has been established in addition to the audit tool which is used on a daily basis to monitor the accurate setting. Mattress details are recorded where appropriate in the nursing care plans.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection. This relates specifically to the following:</p> <ul style="list-style-type: none"> • The use of fluid repellent surgical masks by all staff members when required • If staff are medically exempt from wearing a fluid repellent face mask, a risk assessment should be completed and appropriate alternative protection provided • Pull cords are cleaned and form part of the daily domestic cleaning schedule. <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: Staff adhere to infection policy procedure in relation to the wearing of PPE and handwashing. Trained staff complete daily audits which are submitted to the Nurse Manager for review.</p> <p>All staff are now wearing the appropriate mask the wearing of face shields has been discontinued. Where for medical reasons a staff member is unable to wear the appropriate mask then a risk assessment will be carried out. Mask wearing is included in the daily Infection control audit.</p> <p>Pull cords of new buzzer system are included on the daily cleaning schedule.</p>
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<p>Area for improvement 4</p> <p>Ref: Regulation 27 (1)(2) (b) (d)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2021</p>	<p>The registered person shall ensure that the environmental deficits identified during this inspection form part of a time bound refurbishment action plan; this action plan should be available for inspection at all times and evidence meaningful oversight by the manager; the action plan should include but not be limited to the following:</p> <ul style="list-style-type: none"> • Wardrobes are secured to bedroom walls • Worn bed linen is replaced • Flooring within the nurses station is repaired • The stained ceiling within the identified bathroom and dining room is repaired • Communal rooms and/or the top of patients' wardrobes are not used for inappropriate storage • The identified faulty keypad is repaired • Damaged or worn bedroom furniture is replaced. <p>Ref: 6.2.3</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 14 (2)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken:</p> <p>All wardrobes are now secured to the wall. Worn bed linens has been immediately replaced. Flooring in Nurses Station now been replaced with new vinyl floor Program for refurbishment is in place. Top of residents wardrobe are now cleared and staff had been advised not to use as storage. Staff also instructed not to use communal room as storage. Keypad has been replaced. Register provider was informed of damaged furnitures that possibly need to condemn.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 14 (2)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected at all times from hazards to their health.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken:</p> <p>All chemicals are kept in a locked cupboard. Only staff have access. New domestic trolley has a built in locker within which all chemicals being used are safely stored.</p>

<p>Area for improvement 6</p> <p>Ref: Regulation 27 (4)(a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in regard to fire safety arrangements:</p> <ul style="list-style-type: none"> • A current fire risk assessment is in place and available for RQIA inspection at all times • The fire risk assessment is effectively maintained by the manager and evidences any actions taken in regard to recommended actions required. <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: Fire Risk assessment is scheduled for the 22nd of July 2021 by Chris Glass.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 21 (1)(b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that a robust selection and recruitment process is implemented in keeping with regulation and best practice.</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: Home Manager and Administrator have completed online recruitment training. A robust auditing system is now in place to ensure recruitment process is implemented in line with Regulations.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015																
Area for improvement 1 Ref: Standard 35 Stated: Second time To be completed by: With immediate effect	<p>The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and best practice.</p>															
	<p>This includes but is not limited to:</p> <ul style="list-style-type: none"> • Pressure ulcer audits • PPE use • Care documentation. • 															
	<p>Response by registered person detailing the actions taken: The new Home Manager has commenced a robust system of audits including care audits and governance audits as detailed below:</p> <table border="0"> <tr> <td>Repositioning Audit</td><td>Wound Care audit</td></tr> <tr> <td>Care Plan Audit</td><td>Complaints and Compliments</td></tr> <tr> <td>Falls and Non Falls Audit</td><td>Infection Audit</td></tr> <tr> <td>Nutritional Audit</td><td>Death and Hospital admission</td></tr> <tr> <td>Restraint Audit</td><td>Bedrails</td></tr> <tr> <td>Mattress Audit</td><td>Hand hygiene Audit</td></tr> <tr> <td>NMC/NISCC Audit</td><td>Competency</td></tr> <tr> <td>Dependency</td><td>Medications Audit</td></tr> </table> <p>Compliance audit with respect to repositioning is in place basis</p>	Repositioning Audit	Wound Care audit	Care Plan Audit	Complaints and Compliments	Falls and Non Falls Audit	Infection Audit	Nutritional Audit	Death and Hospital admission	Restraint Audit	Bedrails	Mattress Audit	Hand hygiene Audit	NMC/NISCC Audit	Competency	Dependency
Repositioning Audit	Wound Care audit															
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NMC/NISCC Audit	Competency															
Dependency	Medications Audit															
Area for improvement 2 Ref: Standard 41 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure the following in regard to the staff duty rota:</p> <ul style="list-style-type: none"> • The person in charge of the home is clearly identified • The use of correction fluid ceases. <p>Ref: 6.2.1</p>															
	<p>Response by registered person detailing the actions taken: A new off duty rota in placed and clearly displayed in the folder. Nurse in Charge of the Home is identified with highlight and asterisk No correction liquid is permitted to be used on documents in the Nursing Home</p>															

<p>Area for improvement 3</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2021</p>	<p>The registered person shall ensure that governance arrangements are in place which will ensure that staff receive training commensurate with their role in regard to the Mental Capacity Act (2016) and associated Deprivation of Liberty safeguards.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: All staff of Victoria Court Nursing Home have completed mental Capacity Act Training. and is recorded on the home's computerised training log Citation.</p>
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Please ensure this document is completed in full and returned via Web Portal



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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