

Inspection Report

9 June 2024



Chester

Type of service: Nursing

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Electus Healthcare 2 Ltd Responsible Individual: Mr Ed Coyle	Registered Manager: Mrs Vera Ribeiro – not registered
Person in charge at the time of inspection: Miss Kasia Deja – nurse in charge	Number of registered places: 43
Categories of care: Nursing Home (NH) DE – Dementia. PH – Physical disability other than sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: 28
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 43 patients. Patient bedrooms are located over three floors. Patients have access to communal lounges, a dining room and garden space.	

2.0 Inspection summary

An unannounced inspection took place on 9 June 2024 from 9.30 am to 4.30 pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients were happy to engage with the inspector and shared their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and were comfortable and settled in their surroundings.

RQIA were assured that the delivery of care and service provided in Chester was provided in a compassionate manner.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 6.0.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection patients, relatives and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in Chester. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

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

4.0 What people told us about the service

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. One patient said, "I am reasonably happy. The food is good and the staff treat me well". Another patient said, "I couldn't be any better."

Relatives spoken with were complimentary of the care provided in the home. One relative said, "There are some brilliant staff. We have seen an improvement in the home. They will listen and take on board our opinions. It would be useful if they had a suggestion box or relative's meetings."

Staff spoken with said that staffing levels and morale within the home has improved. One staff member said, "I feel morale has improved and the home is more organised. The staff know their roles." Staff commented positively about the manager and described them as supportive and approachable. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

No responses were received to the online staff survey and no questionnaires were returned by patients or their relatives.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 6 February 2024		
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: Second time	<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 • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. 	Partially met
	<p>Action taken as confirmed during the inspection:</p> <p>This area for improvement has been partially met and is stated for a third time. This is discussed further in 5.2.3.</p>	
Area for Improvement 2 Ref: Regulation 16 (1) Stated: First time	<p>The registered person shall ensure that care plans are prepared in sufficient detail to direct staff as to how to meet the assessed needs of patients.</p>	Partially met
	<p>Action taken as confirmed during the inspection:</p> <p>This area for improvement has been partially met and is stated for a second time. This is discussed further in 5.2.2.</p>	

Area for Improvement 3 Ref: Regulation 18 (2) (c) (e) Stated: First time	<p>The registered person shall ensure clean bedding is used at all times suitable to the needs of patients. Arrangements must be in place for the regular laundering of bed linen.</p> <p>Action taken as confirmed during the inspection: This area for improvement has not been met and is stated for a second time. This is discussed further in 5.2.3.</p>	Not met
Area for Improvement 4 Ref: Regulation 13 (8) (a) Stated: First time	<p>The registered person shall ensure the home’s social media policy is updated to reflect the privacy and dignity of patients in the home.</p> <p>Action taken as confirmed during the inspection: This area for improvement has not been met and is stated for a second time. This is discussed further in 5.2.4.</p>	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for Improvement 1 Ref: Standard 11 Stated: First time	<p>The registered person shall ensure activities are planned and delivered to provide structure to the patient’s day. The activity planner would be displayed in a suitable format to meet the needs of all the patients. A contemporaneous record of activities delivered must be retained.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
Area for improvement 2 Ref: Standard 4.9 Stated: Second time	<p>The registered person shall ensure that personal care records are accurately maintained.</p> <p>Action taken as confirmed during the inspection: This area for improvement has not been met and is stated for a third time. This is discussed further in 5.2.4.</p>	

Area for Improvement 3 Ref: Standard 4.1 Stated: Second time	The registered person shall ensure that the home's current audit processes are effective.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for Improvement 4 Ref: Standard 4.9 Stated: First time	The registered person shall ensure contemporaneous records are maintained. This area for improvement is made with specific reference to completion of food and fluid intake records.	Partially met
	Action taken as confirmed during the inspection: This area for improvement has been partially met and is stated for a second time. This is discussed further in 5.2.2.	
Area for Improvement 5 Ref: Standard 4.1 Stated: First time	The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission. Care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.	Partially met
	Action taken as confirmed during the inspection: This area for improvement has been partially met and is stated for a second time. This is discussed further in 5.2.2.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff members told us they were provided with a comprehensive induction programme to prepare them for providing care to patients. Checks were made to ensure that staff maintained their registration with the Nursing and Midwifery Council (NMC) or with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty.

A number of staff were observed not wearing name badges. This was discussed with the manager who confirmed these were on order for those staff who did not have one.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as first aid, infection prevention and control (IPC) and fire safety. However, review of staff training records confirmed that all staff were not up to date with mandatory fire safety and first aid training. This was discussed with the manager who agreed to arrange for outstanding training to be completed. An area for improvement was identified.

Staff reported good team work when planned staffing levels were adhered to. One staff member spoke of challenges achieving the correct skill mix of staff. This was discussed with the manager who confirmed staffing numbers have recently increased and a new daily allocation sheet had been introduced to ensure the needs of the patients were met.

Staff said they felt well supported in their role and were satisfied with the level of communication between staff and management. However, some staff said they were unaware of who to contact out of hours to report maintenance issues to. This was discussed with the manager who agreed to meet with staff and clarify out of hours' contingency arrangements.

Patients spoke positively about the care that they received. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff said met at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff members were respectful, understanding and sensitive to their needs.

It was observed that laundered and unlabelled net pants were in communal use. Discussion with staff confirmed these items were for individual patient use. This was discussed with the manager who arranged for them to be disposed. The manager agreed to highlight this issue with care staff and review the current system in use in the laundry. An area for improvement was identified.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning evidenced these were generally well completed.

A number of patients were on bed rest and were unable to use the nurse call system due to their cognitive impairment. This was discussed with the manager who agreed to audit the use of the nurse call system to ensure those patients who cannot use the system are appropriately supervised. Appropriate care plans should be implemented and records maintained. This will be reviewed at a future care inspection.

Management of wound care was examined. Review of a selection of care records confirmed that wound care was provided in keeping with care plan directions.

Examination of records regarding the management of falls evidenced that these were not consistently managed in keeping with best practice guidance. For example, care plans and risk assessments were not always reviewed post fall. This was discussed with the manager who agreed to speak with staff and monitor the management of falls through their audit systems. An area for improvement was identified.

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Review of patients' records confirmed that the correct procedures were followed if restrictive equipment was used. However, discussion with staff and review of records confirmed bedrail checks were not consistently in place for all patients who had bedrails in use. This was discussed with the manager and an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. A variety of drinks were served with the meal. Patients spoke positively in relation to the quality of the meals provided. Patients may need support with meals ranging from simple encouragement to full assistance from staff. Staff attended to patients' dining needs in a caring and compassionate manner.

Condiments and a choice of glassware were not readily available or offered to patients during lunch, while all the crockery and cups appeared to be plastic. This was discussed with the manager who agreed to review the mealtime experience with consideration given to patient choice and the use of tablecloths and flowers to make the dining room more inviting. This will be reviewed at a future care inspection.

Discussion with staff and review of records evidenced that written records of what patients had to eat and drink were not contemporaneously maintained. While improvements were noted since the previous care inspection, further work is required to ensure accurate records are maintained. An area for improvement was stated for a second time.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Review of a selection of care records evidenced that some care plans had not been fully developed within a timely manner to accurately reflect the patient's assessed needs or they contained inaccurate information regarding the patient's needs. In addition, some care plans had not been updated to reflect the patients assessed need. These shortfalls were highlighted during the previous care inspection and areas were stated for a second time.

Shortfalls were identified in completion of personal care records. For example, gaps in recording were noted for up to two weeks. Oral care records for an identified patient recorded that the patient "refused" care daily although there was no evidence that staff offered care at another time during the day. This was identified and an area for improvement during the previous two care inspections. Given the assurances provided by the manager during the inspection, it was agreed that the area for improvement would be stated for a third and final time. Failure to meet this area for improvement may lead to enforcement action.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm and comfortable. Patients' bedrooms were tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home.

A small number of bedrooms lacked personalisation and were sparsely furnished. The manager agreed to engage with the families of the patients in these identified rooms to discuss enhancing the environment.

It was observed that multiple areas in the home required repair or decoration. Areas of concern included damaged wallpaper and woodwork in patient bedrooms. In addition, some patient equipment required cleaning or fixing/replacing such as stained dining room chairs, rusted waste bins and broken hand towel dispensers. It was disappointing to note some of these issues had been highlighted during the previous care inspection and despite assurances given at the time, no action was taken. In order to drive the necessary improvements, areas for improvement were identified.

During the previous care inspection, it was noted that some beds had been 'made up' with bed linen that required changing. It was disappointing to find that one bed had stained bed linen while another had torn and frayed bed linen. This was discussed with the manager who arranged for the linen on these beds to be replaced without delay. An area for improvement was stated for a second time.

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures. Hand sanitisers were readily available throughout the home. It was observed that some personal protective equipment (PPE) was not readily available and some of the hand towel dispensers were either empty or broken. This was discussed with the manager who provided assurances that this would be reviewed without delay. An area for improvement was identified.

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of (PPE) had been provided. While some staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Some staff did not change/remove PPE or take an opportunity for hand hygiene after contact with patient/patient environment. This was identified as an area for improvement at the previous two care inspections and is stated for a third time.

5.2.4 Quality of Life for Patients

Patients were observed listening to music or watching TV while others enjoyed a visit from relatives.

There was evidence that planned activities were being delivered within the home. Balloons and artwork were displayed to commemorate the recent D-day celebrations. The activity planner displayed in the dining room included activities such as puzzles, music and chats and balloon games. Some of the content of the activity planner was repetitive and there was no evidence this had been reviewed recently in consultation with the patients or that it reflected their likes and preferences.

Examination of records evidenced that individual activity assessments with associated person centred activity care plans were not consistently in place. Some of the activity care plans did not accurately reflect the assessed needs of patient. From review of records it was not clear that registered nursing staff had oversight of activity care plans completed by the activity co-ordinator. This was discussed with the manager who agreed to meet with registered nursing staff and monitor completion of activity care plans and evaluations. An area for improvement was identified.

Review of the social media policy evidenced that it had not been reviewed to ensure patient's dignity and privacy is maintained at all times. The policy focused on staff and did not include detail regarding management of patient images and information. An area for improvement was stated for a second time.

5.2.5 Management and Governance Arrangements

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There has been a change in the management of the home since the last inspection; RQIA were notified appropriately. Mrs Vera Ribeiro has been the Manager since 26 March 2024.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. Although the reports of these visits were detailed, they were insufficiently robust so as to identify deficits and drive necessary improvements within the home. Some of the actions identified for completion within one month had been restated for up to and including a period of five months. An area for improvement was identified.

There have been four manager changes in Chester since April 2023. While there was evidence of improvement within the home, concerns regarding the management and governance arrangements and the lack of progress against the Quality Improvement Plan (QIP) was discussed during the inspection and again at more detailed feedback meeting with the manager, regional manager and managing director on 12 June 2024. An action plan detailing actions taken since the inspection and lessons learned was discussed. Areas for improvement were identified and will be managed through the home's QIP details of which are in Section 6.0. An additional area for improvement regarding the management and governance arrangements was identified.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	*10	*8

*The total number of areas for improvement includes two that have been stated for a third time, four that have been stated for a second time and one that has been carried over for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Vera Ribeiro, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: Third time To be completed by: 9 June 2024	<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 • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. <p>Ref: 5.1 and 5.2.3</p>
	<p>Response by registered person detailing the actions taken: Discussed with staff infection prevention and control issues identified during inspection, reviewed best practice guidelines and practical scenarios where breach of Infection prevention and control has been identified. Daily monitoring carried out by Acting Manager and Deputy Manager, continuous improvements identified.</p>
Area for improvement 2 Ref: Regulation 16 (1) Stated: Second time To be completed by: 9 June 2024	<p>The registered person shall ensure that care plans are prepared in sufficient detail to direct staff as to how to meet the assessed needs of patients.</p> <p>Ref: 5.1 and 5.2.2</p>
	<p>Response by registered person detailing the actions taken: A general review of care plans was taken place at the time of inspection. All residents care plans were reviewed to ensure accurate and reflective of each resident individual needs.</p>
Area for improvement 3 Ref: Regulation 18 (2) (c) (e) Stated: Second time To be completed by: 9 June 2024	<p>The registered person shall ensure clean bedding is used at all times suitable to the needs of patients. Arrangements must be in place for the regular laundering of bed linen.</p> <p>Ref: 5.1 and 5.2.3</p>
	<p>Response by registered person detailing the actions taken: Discussed with all staff the need to maintain attention for detail and ensure all bed linen is clean before beds are made or to change same according to needs. Regular checks of beds completed by Acting Manager and no further issues identified.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (8) (a)</p> <p>Stated: Second time</p> <p>To be completed by: 9 June 2024</p>	<p>The registered person shall ensure the home's social media policy is updated to reflect the privacy and dignity of patients in the home.</p> <p>Ref: 5.1 and 5.2.4</p> <p>Response by registered person detailing the actions taken: This has been updated as required and disseminated within the company.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 9 June 2024</p>	<p>The registered person shall ensure that nursing staff manage falls in keeping with best practice. All relevant risk assessments and care plans must be reviewed and updated as required following a fall.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Post fall management are reviewed after each fall by Acting Manager. All care plans and risk assessments have been reviewed and updated following each fall.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 9 June 2024</p>	<p>The registered person shall ensure that a system to supervise patients who use bedrails is implemented.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The home had a system to supervise residents who use bedrails by completing hourly safety checks - during these checks no functional check of bedrails was completed. The latter has been implemented following inspection.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 9 August 2024</p>	<p>The registered person shall ensure the environmental deficits identified on inspection are addressed without delay.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Any issues able to be resolved by home's maintenance have been addressed. No further refurbishment plans were completed due to further decision to proceed with closure of the home.</p>

<p>Area for improvement 8</p> <p>Ref: Regulation 16 (1) (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 9 June 2024</p>	<p>The registered person shall ensure activity care plans and evaluations are reviewed by registered nurses in keeping with this regulation.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: Following inspection discussed with Nursing and activities staff the need to ensure documentation completed is reviewed and monitored by nursing staff. Following review of documentation nursing staff contrasigns Activity therapist documentation and evidences this on electronic evaluation of care plan.</p>
<p>Area for improvement 9</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 9 June 2024</p>	<p>The registered person shall ensure that the Regulation 29 monitoring visits are robust and identify the actions required to drive the necessary improvements to ensure compliance with regulations and standards.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Regulation 29 completion is robust and identify actions to drive improvements. Slow pace of improvements due to external factors as recent changes in management but also due to the need to carry out education of staff to ensure practices and routines, are person centred as per each resident need, that follow best practice guidelines and are compliant with nursing home requirements.</p>
<p>Area for improvement 10</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: 9 June 2024</p>	<p>The registered person shall ensure that robust managerial arrangements are put in place to ensure the deficits in the report are appropriately actioned and improvements sustained.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Managerial arrangements are in place and will continue until closure.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 4.1</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the home's current audit processes are effective.</p> <p>Ref 5.1</p>

To be completed by: 6 February 2024	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 4.9 Stated: Third time To be completed by: 9 June 2024	The registered person shall ensure that personal care records are accurately maintained. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: Following inspection a general staff meeting has taken place and all staff informed of deficits identified at the time of inspection despite the frequent supervisions and discussion of best practice. Daily monitoring of records maintained by acting manager and deputy manager to ensure no further deficits. When identified these are now addressed as per the company disciplinary policies.
Area for improvement 3 Ref: Standard 4.9 Stated: Second time To be completed by: 9 June 2024	The registered person shall ensure contemporaneous records are maintained. This area for improvement is made with specific reference to completion of food and fluid intake records. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: This area has been reviewed since the day of inspection and no further issues have been identified. These have been completed in a timely manner and all staff has written record of exact intakes of each resident.
Area for improvement 4 Ref: Standard 4.1 Stated: Second time To be completed by: 9 June 2024	The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission. Care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: An admission checklist has been implemented and monitored by Acting Manager post admission. There were no further issues identified with completion of new residents documentation as per requirements.

<p>Area for improvement 5</p> <p>Ref: Standard 39.9</p> <p>Stated: First time</p> <p>To be completed by: 9 June 2024</p>	<p>The registered person shall ensure that mandatory training requirements are met.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Sessions for mandatory training were arranged ensure full compliance with mandatory training. Booked sessions were held however due to home closure no further sessions were scheduled. New system for e-learning had been implemented and staff continues to work through to ensure compliance.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 6.11</p> <p>Stated: First time</p> <p>To be completed by: 9 June 2024</p>	<p>The registered person shall ensure that net pants are only ever provided for individual patient use and that any unlabelled items of clothing are identified and labelled or disposed of to eliminate the potential for communal use.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Net pants are of individual use. Labelled when open with resident details. Any unlabelled pants were disposed at the time of inspection.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 43.2</p> <p>Stated: First time</p> <p>To be completed by: 9 August 2024</p>	<p>The registered person shall ensure that all furnishing and furniture in the home are suited to the needs of the residents.</p> <p>This area for improvement specifically relates to the cleaning and fixing/replacing of patient equipment referenced within this report.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Items able to be immediately changed / repaired were addressed by maintenance - Refurbishment review has taken place however due to planned closure of the home this has now been cancelled.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed by: 9 August 2024</p>	<p>The registered person shall ensure that the environment in the home is managed to minimise the risk and spread of infection.</p> <p>This area for improvement specifically relates to the availability of personal protective equipment and disposable hand towels.</p> <p>Ref: 5.2.3</p>

	<p>Response by registered person detailing the actions taken:</p> <p>Hand towel dispensers are all sensor activated and at the time of inspection it was identified that not all dispensers were functional. Complete review completed and maintenance addressed all the day after inspection. These are now in full working condition. All towel dispensers reviewed daily by domestic staff and PPE dispensers re stocked twice daily.</p>
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