



The Regulation and
Quality Improvement
Authority

Fairfields Care Centre
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Cookstown
BT80 8DE

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**Unannounced Care Inspection
of
Fairfields Care Centre**

17 July 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 17 July 2015 from 10:30 to 17:00.

Overall on the day of the inspection, concerns and areas of improvement were identified and are required to be addressed to ensure that care in the home is safe, effective and compassionate. These areas are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

For the purposes of this report, the term 'patients' will be used to describe those living in Fairfields Care Centre which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

As a result of the inspection of 25 May 2015, RQIA were concerned that the quality of care and service within Fairfields Care Centre was below the minimum standard expected. The findings were reported to senior management in RQIA, following which a decision was taken to hold a serious concerns meeting with the registered provider, Mr Ciaran Sheehan. The inspection findings were communicated in correspondence to the Responsible Person who was invited to attend a serious concerns meeting at RQIA on 1 June 2015.

Mr Sheehan and Mr Chris Walsh, Business Support Manager, attended the meeting and they confirmed that some of the areas of concern had been addressed and submitted an action plan to address the identified deficits. Mr Sheehan and Mr Walsh were informed that a follow-up monitoring inspection will be undertaken to monitor the progress made.

1.2 Actions/Enforcement Resulting from this Inspection

As a result of the inspection, RQIA were concerned that the quality of care and service within Fairfields Care Centre was below the minimum standard expected. The findings were reported to senior management in RQIA, following which a decision was taken to hold a meeting with the Responsible Person, Ciaran Sheehan, to discuss the findings of the inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	6	11

The details of the Quality Improvement Plan (QIP) within this report were discussed with Bernie Neal, Deputy Manager, as part of the inspection process. A telephone discussion was also held with Chris Walsh, Business Support Manager, at the conclusion of the inspection and again on 3 August 2015. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Care Circle Limited Ciaran Sheehan	Registered Manager: Zeana Watson
Person in Charge of the Home at the Time of Inspection: Bernie Neal, Deputy Manager	Date Manager Registered: Registration pending
Categories of Care: NH-MP(E), NH-LD(E), RC-DE, RC-I, NH-DE, NH-I, NH-PH	Number of Registered Places: 70
Number of Patients Accommodated on Day of Inspection: 64	Weekly Tariff at Time of Inspection: RC - £470 per week NH - £593 - £613 per week

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection of 25 May 2015.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report

During the inspection, we observed care delivery/care practices and undertook a review of the general environment of the home. We met with 15 patients, three care staff, four registered nurses and two visiting relatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- staff duty rotas
- four patient care records
- complaints record
- personal care charts
- repositioning charts
- elimination records
- staff training records
- staff induction records

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced Estates inspection dated 25 June 2015. The completed QIP, when returned, will be reviewed and approved by the estates inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection on 25 May 2015

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14 (5) Stated: First time	The registered person must ensure that patients are not restrained unless as a last resort and agreed by a multi-disciplinary team and recorded in accordance with best practice guidance on restraint.	Partially Met
	Action taken as confirmed during the inspection: Care records confirmed that the use of restrictive practice had been reviewed and care plans had been revised. A register of restrictive practice is maintained in each unit. There was a lack of evidence of consultation with the multidisciplinary team and the patient and/or their representative.	
Requirement 2 Ref: Regulation 12 (1) (a) and (b) Stated: First time	The registered person must ensure that the treatment and other services provided to each patient meets their needs and reflects current best practice in relation to: <ol style="list-style-type: none"> 1. Personal Care 2. Repositioning of patients 	Partially Met
	Action taken as confirmed during the inspection: Repositioning charts evidenced greater diligence and consistency of recording. However, whilst it had been stated by the provider that new personal care charts had been introduced, staff consulted did not support that new records have been introduced nor were completed charts available for review on inspection.	

<p>Requirement 3</p> <p>Ref: Regulation 12 (4) (b) (c) (d) and (e)</p> <p>Stated: First time</p>	<p>The registered person must review the menu choice and the serving of food and fluids in accordance with the 'Nutritional guidelines and menu checklist for residential and nursing homes' 2014. The registered person must ensure:</p> <ol style="list-style-type: none"> 1. A choice of fluids is available to all patients at regular intervals 2. A choice of food is available to patients, including those who require a specialised diet at regular intervals 3. Handling of food is in keeping with food hygiene principles 4. Patients at risk of dehydration have their fluid intake recorded 	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Observation of the serving of afternoon tea/drinks confirmed that a choice is available. Jugs of fresh water and juice were observed in the lounge areas of the three units in the home. Patients who require a specialised diet were offered snacks which were suitable for their nutritional needs. The presentation of tea trolleys could be improved and the use of tongs whilst serving biscuits or cake should be used. A recommendation has therefore been made in relation to the serving of food and drinks.</p>	
<p>Requirement 4</p> <p>Ref: Regulation 13 (1) (a) and (b)</p> <p>Stated: First time</p>	<p>The registered person must ensure that the nursing home is conducted so as to promote and make proper provision for the nursing, health and welfare of patients; to make proper provision for the nursing and where appropriate, treatment and supervision of patients in relation to the following:</p> <ol style="list-style-type: none"> 1. Dementia care practice 2. The management of restrictive practice 3. The management of infection prevention and control 4. Nutrition and hydration needs 5. Personal care needs 6. The management of complaints 	<p>Partially Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The review of staff training records did not evidence that training in all areas detailed above had taken place or had been arranged.</p> <p>Please refer to Section 5.3.3</p>	

Requirement 5 Ref: Regulation 16 (2) Stated: Carried forward from the previous care inspection	<p>The registered person shall ensure that patients and residents care plans are reviewed monthly or more often if deemed appropriate.</p> <p>Action taken as confirmed during the inspection: The last recorded audit of care records made available for review was March 2014.</p>	Not Met
Last Care Inspection Recommendations		
Recommendation 1 Ref: Standard 41.4 Stated: First time	<p>The registered person shall ensure that a minimum skill mix of at least 35% registered nurses and up to 65% care assistants is maintained over 24 hours.</p> <p>Action taken as confirmed during the inspection: The review of the duty rota for the period 6 June 2015 to 19 June 2015 evidenced satisfactory staffing arrangements. Agency staff are being used to supplement the staff team where vacancies are present. The ratio of registered nurses to care staff was generally in accordance with the recommended ratio as stated in DHSSPS Care Standards for Nursing Homes April 2015.</p>	Met
Recommendation 2 Ref: Standard 16 Stated: First time	<p>The registered person shall ensure that a record is kept of all complaints to include details of:</p> <ol style="list-style-type: none">1. All communications with complainants2. The result of any investigations3. The action taken4. The outcome of the complaint <p>Action taken as confirmed during the inspection: The two deputy managers stated they had been made aware by senior management of their responsibilities regarding the management of any complaint received into the home. The review of the complaints record evidenced recording was in accordance with regulatory requirements and management had verified the nature of and action taken, in respect of each complaint viewed.</p>	

Recommendation 3 Ref: Standard 39 Stated: First time	The registered person shall ensure that all newly appointed staff completes a period of induction and records are maintained.	Not Assessed
	Action taken as confirmed during the inspection: This recommendation was not assessed on this occasion and has been carried forward for review at the next inspection.	

5.3 Additional Areas Examined

5.3.1. Management and Governance Arrangements

Discussions regarding the management support arrangements, in the absence of the manager, were discussed with Bernie Neal and Patricia McDonald, who are the deputy managers in the home. Whilst the two deputies have assumed management responsibilities, their hours worked are predominantly nursing hours. The review of the staff duty rota for the period 6 June 2015 to 19 June 2015 evidenced that both deputies were rostered for eight hours in a supernumerary capacity. This does not readily facilitate the governance arrangements required in the home and afford sufficient time for the quality for nursing and services provided for the home to be reviewed and assessed. Areas of concern that were evident during the inspection included infection prevention and control, care records, dementia practice and operational routine practices in the home in relation to the management of the residential unit.

Staff were unable to confirm the robustness of the support mechanisms made available to them from senior management within the organisation. A senior manager is available by phone at all times; however, the actual presence of management support could not be defined. In view of previous concerns identified at the last inspection and discussed formally with the registered provider at a meeting in RQIA on 1 June 2015, this remains a concern and robust and evidential arrangements must be put in place to support the deputy managers. A recommendation has been made.

5.3.2. Dementia Practice

An activities coordinator is employed and is responsible for social and recreational opportunities for all patients. As there are three units in Fairfields Care Centre, this affords a limited amount of time in each unit. The social needs of persons with dementia are a crucial aspect of care and it would be of benefit to have a dedicated activities coordinator for the dementia unit.

Observation of the dining tables at mealtimes evidenced that dining tables were not appropriately set or presented. For example, there was a lack of tablecloths, place settings and condiments. The dining experience for patients was not in accordance with best practice in dementia care and a recommendation has been made. This was raised with staff who stated there was little point in setting tables as patients lifted cutlery. Not only is this poor practice but it is also an example of staff's limited knowledge regarding dementia care. Staff also made reference to patients lifting 'things.'

It would be of benefit if patients had recreational opportunities and other diversional activities were made available, for example, rummage boxes. Dementia training must be viewed as a priority for staff and the culture and approach to daily life in the dementia unit reviewed and enhanced for the benefit of patients. A requirement has been made.

5.3.3 Staff Training

Training in a number of areas was a requirement of the previous inspection.

A review of the training completed evidenced the following:

- Dementia – no recorded dementia training or input from the last inspection
- Restrictive practice – 7 of the 72 nursing and care staff employed attended training on 17 July 2015
- Infection control – 19 of the 72 staff employed attended training on 7 July 2015
- Nutrition and hydration – 20 of the 72 staff employed attended training on 8 July 2015
- Personal care – no record of training delivered
- Complaints management – no training recorded although both deputies stated they had been verbally informed of their responsibilities by senior management

It is concerning that training in respect of dementia care, restrictive practice, and personal care had not been completed by the majority of staff. Staff stated that the Business Support Manager had talked to them about restrictive practice and seven staff had attended training on the day of inspection. However, this is a specialist area of care which can infringe on the human rights of patients if not assessed, planned for and monitored in accordance with legislative and best practice guidance.

Despite staff have completed training in respect of infection control, nutrition and hydration, shortfalls were observed at the inspection and further recommendations have been made. As highlighted above, robust governance arrangements of the home should afford for the appropriate monitoring and supervision of staffs daily practice. A requirement made at the last inspection has been stated for a second time in this report.

5.3.4 Care Practice

In discussion with staff in the residential unit, it was stated that the evening meal is served at 16:00, supper at 18:30 and no further food or fluid is made available until breakfast at 09:00 the following day unless specifically asked for. The evening meal should not be served before 17:00 hours and there should not be a time period exceeding 12 hours whereby food and fluids are not available. These routines should be reviewed and revised. A requirement has been made.

Residential Unit

Staff informed that the majority of patients in this unit are in bed by 20:00, some patients earlier. If this reflects patients' choice, care records should include the preferred time of patients' rising and going to bed. Staff informed that if the general nursing or dementia units are short staffed, care staff from the residential unit, are taken to help in the general nursing or dementia unit. Continuity of staffing arrangements in the residential unit should be reviewed and a recommendation has been made.

General Nursing Unit

The tea trolley was observed whilst patients were being served their afternoon tea in the general nursing unit. Milk should be in a covered serving jug. Biscuits were being offered to patients in packets within a biscuit barrel; tongs were not being used. Food should not be handled by staff or other patients and trolleys should be properly and attractively set. A recommendation has been made.

Dementia Unit

In discussion with staff, it was stated they had been issued with new personal care recording charts, for completion on a daily and individualised basis. Staff had not implemented the system as they did not feel the recording chart was user friendly and felt it was complicated and duplicated information retained on other recording charts. Recording charts were made available for review. It was apparent that the recording of patients elimination needs was detailed on two differing charts. The review of both these charts did not evidence that patients' bowel patterns were being accurately monitored, possibly due to duplication of recording. Patients' bowel pattern had not been recorded from 1 July 2015 to the time of inspection on 17 July 2015. A recommendation has been made regarding the rationalisation of recording charts in use to ensure that accurate and consistent recording is maintained.

5.3.5 Fire Safety

An estates inspection of the home was undertaken by RQIA on 25 June 2015. The inspection highlighted that there had not been a fire drill undertaken in the home for over twelve months. This issue is being followed up with the home by the estates inspector who will monitor to ensure fire safety procedures are completed in accordance with regulation. However, during the tour of the premises, evidence of extensive cigarette burns on the carpeting was observed in the designated smoking room. The management of the smoking room should be reviewed and a more appropriate floor covering is recommended. It is recommended that management ensure receptacles for cigarette debris are fit for purpose.

5.3.6 Infection Control and the Environment

During the tour of the environment, a number of areas in the home were in need of redecorating and plaster work made good as the lower parts of some walls were observed to be damaged and the plaster had come away. The deputy manager stated this was due to the use of hoists. A rolling programme of redecoration should be implemented to enhance and adequately maintain the appearance of these areas in the home and a recommendation has been made.

Attention is required to be given to the daily monitoring of infection control procedures. Signage in patients' bedrooms was not laminated, some bedrails were observed as being 'chipped' and staff should ensure that all disposal bins in the home have a lid so as to minimise the risk of the spread of infection. A recommendation has been made.

Infection control audits were unavailable. The most recent Regulation 29 monthly monitoring report, completed on 24 June 2015, did not evidence any issues with fire safety, the environment or infection control procedures. The report did not evidence that quality reviews of nursing and other services provided by the home were sought or reviewed. A recommendation has been made.

5.3.7 Patients and Relatives Comments

Patients commented in a positive manner about life in the home and the care afforded.

Comments included:

“I like it here.”

“The food is very nice.”

“Staff are good to me.”

“Staff are helpful.”

Two visiting relatives took the opportunity to also state their satisfaction with the care and services available in Fairfields stating:

“Staff keep me informed.”

“Very happy with here.”

“A lot of privacy here.”

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Bernie Neal, deputy manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 Ref: Regulation 14 (5) Stated: Second time To be Completed by: 31 August 2015	<p>The registered person must ensure that patients are not restrained unless as a last resort and agreed by a multi-disciplinary team and recorded in accordance with best practice guidance on restraint.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The home has in place a restraint register detailing all residents who have an assessed need for restrictive interventions. Staff are responsible for liaising with care managers to inform them of the use of tilting chairs and lapstraps where they have been assessed as required.</p>
Requirement 2 Ref: Regulation 12 (1) (a) and (b) Stated: Second time To be Completed by: 31 August 2015	<p>The registered person must ensure that the treatment and other services provided to each patient meets their needs and reflects current best practice in relation to:</p> <ul style="list-style-type: none"> • Personal Care <p>Response by Registered Person(s) Detailing the Actions Taken: There is a internally devised person care record which is completed for each resident in the home.</p>
Requirement 3 Ref: Regulation 13 (1) (a) and (b) Stated: Second time To be Completed by: 30 September 2015	<p>The registered person must ensure that the nursing home is conducted so as to promote and make proper provision for the nursing, health and welfare of patients; to make proper provision for the nursing and where appropriate, treatment and supervision of patients in relation to the following:</p> <ol style="list-style-type: none"> 1. Dementia care practice 2. The management of restrictive practice 3. The management of infection prevention and control 4. Personal care needs <p>Response by Registered Person(s) Detailing the Actions Taken: The following numbers of staff have been trained in the above areas. Principles of care training– 24 attendees YTD Infection Control training - 18 attendees YTD Nutrition and Fluid management training – 37 staff YTD Dementia and challenging behaviour training – 45 staff YTD There are more training sessions planned on the above. Hand hygiene audit will be carried out by the infection control link nurse. Housekeeping audit will be implemented by the head housekeeper. There will be a register of residents with infections collated. KPIs have been agreed to be submitted monthly.</p>

Requirement 4 Ref: Regulation 16 (2) Stated: Second time To be Completed by: 31 August 2015	<p>The registered person shall ensure that patients and residents care plans are reviewed monthly or more often if deemed appropriate.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A care plan matrix has been established in the house. A new named nurse structure is being devised in the house and residents and relatives will be informed. The deputy managers will sign off at the end of each month that all care plans have been reviewed.</p>
Requirement 5 Ref: Regulation 12 (1) (a) and (b) Stated: First time To be Completed by: 31 October 2015	<p>The registered person must ensure the quality of care and life afforded to patients in the dementia unit is in accordance with best practice in dementia care. A dementia audit should be undertaken and where shortfalls are identified the action required is stated and confirmation of progress made to fully address any shortfall.</p> <p>Ref: Section 5.3.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: An audit tool has been sourced from the Kingsfund. This audit will be undertaken by the deputy manager, facilities director and business support manager. Actions will be agreed and implemented.</p>
Requirement 6 Ref: Regulation 12 (4) (a) Stated: First time To be Completed by: 31 August 2015	<p>The registered person must ensure that the provision of food and fluids to patients in the residential unit is available at appropriate intervals and the lack of this provision does not exceed 12 hours.</p> <p>Ref: Section 5.3.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: An informal consultation has taken place with residents in the residential unit regarding their preferred mealtimes and bedtimes. This process is being formalised with the residents in the residential unit to determine if their wishes are for dinner at 1600, 1630 or 1700. Residential staff will provide an evening supper at 1830. There will be a night time supper provided by the care assistant assigned to the residential wing. This will be stated in the daily evaluation.</p>
Recommendations	
Recommendation 1 Ref: Standard 39 Stated: Carried forward from the previous inspection report To be Completed by: 31 August 2015	<p>The registered person should ensure that newly appointed staff complete a period of induction and records are maintained.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The corporate trainer provides induction and follow up. Records are maintained in the personnel file. There is a 1st, 2nd and 3rd month induction and assessment at each month.</p>

<p>Recommendation 2</p> <p>Ref: Standard 12.2 and 12.21</p> <p>Stated: First time</p> <p>To be Completed by: 30 September 2015</p>	<p>The dining experience for patients in the dementia unit should be evidently reviewed and enhanced in accordance with best practice in dementia care.</p> <p>Ref: Section 5.3.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The dementia audit will be utilised to review the dining experience and ensure best practice guidelines.</p>
<p>Recommendation 3</p> <p>Ref: Standard 41.1</p> <p>Stated: First time</p> <p>To be Completed by: 31 August 2015</p>	<p>The continuity of the staffing arrangements in the residential unit should evidently remain under review and care staff should not be readily taken from this unit to working in the nursing units.</p> <p>Ref: Section 5.3.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: There is a clearly documented individual on the off duty and they are responsible for the care of the 9 residents in this unit. This will be overseen by the deputy managers.</p>
<p>Recommendation 4</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be Completed by: 31 August 2015</p>	<p>Evidence should be present of the monitoring of patients' bowel pattern in accordance with assessed need.</p> <p>Ref: Section 5.3.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: New documentation has been delivered to the home and this will enable staff to document the bowel pattern of residents in line with the bristol stool guidelines.</p>
<p>Recommendation 5</p> <p>Ref: Standard 4.10</p> <p>Stated: First time</p> <p>To be Completed by: 31 August 2015</p>	<p>Recording mechanisms specifically in relation to personal care and the elimination needs of patients should be user friendly and maintained in an accurate and consistent manner.</p> <p>Ref: Section 5.3.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The home have devised their own personal hygiene documentation and this is in place within the home.</p>

<p>Recommendation 6</p> <p>Ref: Standard 48.1</p> <p>Stated: First time</p> <p>To be Completed by: 31 August 2015</p>	<p>The management of the smoking room should be kept under review and ensure that the flooring is fit for purpose and in accordance with fire safety regulations.</p> <p>Receptacle's used for cigarette debris should be fit for purpose and in accordance with fire safety regulations.</p> <p>Confirmation that the flooring in the designated smoking room has been replaced should be submitted to RQIA.</p> <p>Ref: Section 5.3.5</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The above actions have planned for implementation with maintenance staff replacing the flooring. The unsuitable receptacle has been removed and any non-flame retardant materials removed while awaiting floor replacement</p>
<p>Recommendation 7</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be Completed by: 30 September 2015</p>	<p>A rolling programme of redecoration and repairing plaster work in the home, especially patients' bedrooms, should be put in place and evidently monitored by management.</p> <p>Ref: Section 5.3.5</p> <p>Response by Registered Person(s) Detailing the Actions Taken: This programme has been in place for several months now and is under ongoing review by the Facilities Director. There are delays in rooms where the resident is cared for in bed.</p>
<p>Recommendation 8</p> <p>Ref: Standard 46.1 and 46.2</p> <p>Stated: First time</p> <p>To be Completed by: 31 August 2015</p>	<p>Evidence should be present in the home of regular auditing of infection prevention and control procedures in the home. The audits should reflect the remedial action taken where a shortfall has been identified. Action should be taken regarding the areas identified in the report.</p> <p>Ref: Section 5.3.6</p> <p>Response by Registered Person(s) Detailing the Actions Taken: There is a new infection control audit for completion by the deputy managers and there is a hand hygiene audit undertaken by the infection control link nurse. Bins have been replaced and signage laminated.</p>

Recommendation 9 Ref: Standard 35.3 and 35.4 Stated: First time To be Completed by: 31 August 2015	The regulation 29 monthly monitoring report should evidence that reviews of the quality of services provided by the home have been completed on a monthly/regular basis and includes an action plan to ensure any shortfalls identified following the completion of quality audits are fully addressed. Ref: Sections 5.3.1 and 5.3.4		
	Response by Registered Person(s) Detailing the Actions Taken: The provider visit has been reviewed and forwarded to the inspector for comment and feedback.		
Recommendation 10 Ref: Standard 47.3 Stated: First time To be Completed by: 31 August 2015	The handling and presentation of food by staff should be in keeping with food hygiene principles. Ref: Requirement 3		
	Response by Registered Person(s) Detailing the Actions Taken: There are now tongs available for the distribution of food to residents.		
Recommendation 11 Ref: Standard 35 Stated: First time To be Completed by: 31 August 2015	The registered person must ensure that robust governance and support arrangements are in place for the deputy managers and the home. Ref: Section 5.3.1		
	Response by Registered Person(s) Detailing the Actions Taken: It has been agreed that where business and care continuity permits the deputy managers will be afforded two days each a week supernumerary status while the home awaits the appointment of a registered manager.		
Registered Manager Completing QIP	Bernie Neall/Patricia McDonald	Date Completed	09/09/15
Registered Person Approving QIP	Ciaran Sheehan	Date Approved	09/09/15
RQIA Inspector Assessing Response	Heather Sleator	Date Approved	29/09/15

Please ensure the QIP is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address