

# **Unannounced Follow-up Care Inspection Report 21-22 November 2019**



## **Fairfields Care Centre**

**Type of Service: Nursing Home (NH)**

**Address: 80a Fair Hill Road, Cookstown BT80 8DE**

**Tel no: 028 8676 6294**

**Inspectors: Gillian Dowds,  
Karen Scarlett  
Sharon McKnight**

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Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 What we look for



## 2.0 Profile of service

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

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Care Facilities & Management Ltd  <b>Responsible Individual:</b> Barbara Haughey	<b>Registered Manager:</b> Phillip McGowan
<b>Person in charge at the time of inspection:</b> Phillip McGowan	<b>Date manager registered:</b> 18 April 2016
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP (E) - Mental disorder excluding learning disability or dementia – over 65 years. LD (E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment.	<b>Number of registered places:</b> 70  A maximum of 28 patients in category NH-DE, 33 patients in categories NH-I/NH-PH, no more than 1 patient in category NH-MP(E) and 1 identified patient in category NH-LD(E). The home is also approved to provide care on a day basis for 5 persons. There shall be a maximum of 3 named residents receiving residential care in category RC

### 4.0 Inspection summary

An unannounced inspection took place on 21 November 2019 from 20.55 to 23.00 hours and 22 November 2019 from 10.15 to 18.30 hours.

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

The inspection was undertaken following information received by RQIA from an anonymous caller to the duty desk and information from the Northern Health and Social Care Trust (NHSCT).

It is not the remit of RQIA to investigate complaints or adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- staffing
- environment
- meals and mealtimes
- provision of activities.

Patients said they were happy with the care they received in Fairfields comments such as:

- “Grand place.”
- “Foods good.”
- Staff “are good to you.”

Due to the findings of this inspection significant concerns were identified in relation to the staffing particularly on night duty, the lack of meaningful activities, a lack of person centred care for those patients with dementia, the environment in the dementia units and provision of meaningful activities in these units.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients’ experience.

The term ‘patients’ is used to describe those living in Fairfields which provides both nursing and residential care.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	6*

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

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

Enforcement action resulted from the findings of this inspection.

Significant concerns were identified in relation to the staffing particularly on night duty, the lack of meaningful activities, a lack of person centred care for those patients with dementia, the environment in the dementia units and provision of meaningful activities in these units.

As a consequence of the inspection findings a meeting was held on 28 November 2019 in RQIA with the intention of issuing a Failure to Comply Notice under The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 21 (1)(a) - staffing. A serious concerns meeting was also held on 28 November 2019 to discuss the deficits regarding the lack of meaningful activity, the environment in the dementia units and deficits in patient centred care planning for patients with dementia.

At both meetings Barbara Haughey, responsible individual, Phillip McGowan, registered manager, Kieran Haughey, owner and James Haughey, quality improvement lead, acknowledged the deficits identified and presented an action plan as to how the deficits would be addressed by management. RQIA were provided with appropriate assurances and the decision was made to take no further enforcement action at this time.

A further inspection will be undertaken to validate sustained compliance and to drive necessary improvements. A number of additional areas for improvement are also identified and detailed in the body of the report below.

The enforcement policies and procedures are available on the RQIA website.

[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/)

## 4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 21 August 2019. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 21 August 2019.

## 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 nine patients, three patients' relatives and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

The inspector provided the registered manager with 'Have we missed you cards' to be placed in a prominent position to allow patients and their representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rota for 11 November 2019 to 24 November 2019
- activities records
- seven care records
- complaints record
- categories of care
- one staff induction
- fire risk assessment
- staff registration monitoring.

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

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 21 August 2019

The most recent inspection of the home was an unannounced care inspection on 21 August 2019.

The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 21 August 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 <b>Stated:</b> Second time	The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the environment identified that this area for improvement was met.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 14 (2) (a) (c) <b>Stated:</b> First time	The registered person shall ensure that the practice of propping open of doors ceases with immediate effect.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that the door to the snack kitchen was not propped open and a locking device had been fitted as stated.	



<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 14 (2) (a) (b) (c)  <b>Stated:</b> First time	The registered person shall ensure as far as reasonably practicable unnecessary risks to the health and safety of patients is identified and so far as possible eliminated this is particular reference to: <ul style="list-style-type: none"> <li>• Access to equipment, chemicals and supplement drinks.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the environment evidenced that this area for improvement was met.	
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time	The registered person shall ensure that RQIA are notified of events occurring in the home in accordance with Regulation 30.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records confirmed that RQIA were appropriately notified of events occurring in the home.	
<b>Area for improvement 5</b>  <b>Ref:</b> Regulations 27.(4)(a) & 14.(2)(a),(b) & (c)	The registered person shall ensure that the facility health & safety, plus the NIHTM84 fire risk assessments are reviewed. The risk assessments action plan recommendations must be implemented in accordance with risk assessor`s time-frame.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records reviewed and discussed with estates inspector confirmed that this area had been met.	
<b>Area for improvement 6</b>  <b>Ref:</b> Regulations 14.(2)(a),(b) & (c)	The registered person shall confirm that new glazing conforms with relevant safety standards.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Manufacturer verification was submitted by e-mail to confirm that the new glazing conformed with relevant safety standards.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time	The registered person shall ensure that a review of the staffing levels and supervision arrangements is carried out to ensure the social and care needs of the patients are met. This is in particular reference to the Spires and Church units.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records evidenced a review of staffing had been completed. This area for improvement as stated has been met.  However given the findings of this inspection a further area for improvement has been made with regard to staffing. This is further discussed in section 6.3	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 5  <b>Stated:</b> First time	The registered person shall ensure that confidential information regarding patients' individual care is not on view or accessible by others to protect patients human rights.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Whilst the initial issue identified during the previous inspection had been addressed we observed patient and staff files stored in two other locations; neither of which were secure. This area for improvement has been partially met and has therefore been stated for second time.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	The registered person shall ensure that robust patient centred care plans are in place for each patient's assessed need, including those with a dementia diagnosis and presentation of behaviour that challenges.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Care plans reviewed did not evidence patient centred care for those patients with a diagnosis of dementia. This area for improvement has not been met and has been stated for a second time.	



<b>Area for improvement 4</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time	The registered person shall ensure that nutritional care plans are reflective of the current SALT guidelines.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Care plans reviewed were reflective of current SALT Guidelines.	
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time	The registered person shall ensure the daily menu is displayed in an appropriate format in each dining area in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Menus were displayed in an appropriate format	
<b>Area for improvement 6</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> First time	The registered person shall review the provision of activities in the dementia unit to ensure meaningful activities are offered and training is sourced to enable the activity therapist to provide same.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> There were a lack of meaningful activities provided during the inspection. A review of care records evidenced that activities were not provided for patients on a regular basis.  No training had been provided for the activity therapist. This area for improvement has not been met and has been stated for a second time.	
<b>Area for improvement 7</b>  <b>Ref:</b> Standard 16  <b>Stated:</b> First time	The registered person shall ensure that the actions taken to address complaints are clearly recorded and include the complainant's levels of satisfaction with the complaint process.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records reviewed evidenced this area for improvement was met.	

<b>Area for improvement 8</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time	The registered person shall ensure that a robust system is in place to ensure the outcome of the governance audits is implemented and maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records reviewed evidenced that this area for improvement was met.	

### 6.3 Inspection findings

#### Staffing

As previously discussed a review of staffing had been requested by RQIA following the previous care inspection on 21 August 2019; this review was with particular reference to the Spires and Church units, which are both units for patients with dementia. The manager explained that following this review a nurse was now on duty until 20.00 hours in both units.

However observation during the inspection on the evening of 21 November 2019 raised concerns with staffing levels in the home at night.

On arrival to the home at 21.15 hours the majority of the patients in the general nursing unit on ground floor, were in their bedrooms. The patients were comfortable and content. We spoke with the nurse in charge of the home who confirmed the number of staff on duty throughout the home. We discussed the management and timing of the medication round with the nurse who stated that medications were commenced at approximately 20.15 hrs and would not be completed until approximately 23.30 hours.

On the first floor of the home in the Spires and the Church units there was one nurse on duty for both units. We discussed the management and timing of the night time medication round with the nurse who confirmed that the rounds commenced at approximately 20.15 hours and usually finished around 23.45 hours. RQIA was concerned that the medicine round commenced earlier than medicines were prescribed. We were also concerned that, given the length of time it took to complete the medication round across both units, the nurse had to waken a number of patients from their sleep to receive their medications.

There was one twilight care assistant and two care assistants providing care across the Spires and Church units. The twilight care assistant was supervising the patients in the lounge of the Spires unit. We observed that in one instance a patient was in a sound sleep in an armchair in the lounge before additional staff were available to assist them to bed. The other two care assistants were assisting patients to bed in the Church unit. There were no staff available to supervise the patients in the lounge of the Church unit.

Staffing was discussed at length with the manager who advised that, according to the internal system used to identify staffing levels, the current staffing provision was in keeping with patient dependencies and the size and layout of the home.

Due to the serious concerns identified with the night time staffing in the Spires and Church units and the impact on the patients we invited the responsible individual and the manager to an intention to serve a failure to comply meeting on the 28 November 2019. During this meeting we discussed the staffing of the home particularly at night and the impact on the patients. They presented an action plan as to how they planned to address the situation which RQIA accepted. An area for improvement was made with regard to staffing. Implementation of the action plan will be monitored during future inspections.

We discussed the staffing levels during the day with staff and they confirmed that, whilst they were “busy” they felt that they had enough staff. No issues were identified with the staffing provision on day duty. One staff member did feel that they could benefit from a hospitality staff member in the spires unit to assist with breakfast; this suggestion was shared with the manager.

Patients told us:

- “They are good to me.”
- “Good.”

Visitors spoken to said:

- “Staff are fantastic but not enough of them.”
- “They look after XXX well.”
- “They are very good to him.”
- “Staff brilliant.”

## **Activities**

We reviewed the provision of activities in the home. Whilst a two week activity programme was available it was unclear which programme related to which week. The activity therapist was unable to provide any clarity with regard to the dates. Discussion with staff and a review of care records evidenced that meaningful activities were not being offered regularly to patients. Staff spoke with had a lack of awareness of the importance of life story work in the delivery of dementia care. The provision of activities was discussed with the manager and RQIA acknowledge that there has been extended staff leave. However meaningful activities and engagement in the day to day care of patients with dementia should be delivered by all staff and not seen as the sole responsibility of the activity therapist. The provision for meaningful activities and for training to enable the activity therapist to deliver activities was identified as a result of the previous inspection; this had not been addressed and had now been stated for a second time.

## **Care records**

We observed that assessments to identify patient need and a range of care plans to direct the care required were in place. Deficits were identified in the care plans for individual patients with dementia. These care plans did not contain details of actions to address individual patient’s needs but contained generic, pre-printed statements which would not direct care meaningfully. This had been raised as an area for improvement during the previous care inspection and has now been stated for a second time. On the ground floor two rooms used for the archiving of documentation pertaining to patients and staff, were observed to be unlocked and accessible by others. This was brought to the attention of the manager.

The secure storage of personal information had been discussed at the previous inspection on 21 August 2019 and an area for improvement made. Whilst we saw that improvements have been made to the management of confidential information further action is required to ensure this area for improvement is complied with fully.

## Environment

We reviewed the environment of the home and observed fire safety measures were in place; corridors and fire exits were clear from obstruction. A sample of patient's bedrooms were reviewed and some good examples of personalisation were observed.

We observed also that the environment in the home lacked methods to promote and orientate patients to their surroundings. There was a lack of visual aids to assist patients to find their way from room to room in the course of their daily routines. One of the upstairs corridors was being painted during the inspection and it was good to note that there was ongoing maintenance plan within the home. However there was a marked difference in the standard of décor and presentation of the dementia units when compared to the general nursing unit on the ground floor. This was discussed with the responsible individual and the manager at the conclusion of the inspection, who acknowledged the differences and were considering how to improve the overall appearance of first floor. An area for improvement was made with regard to the environment in the identified units.

A malodour was identified in one bedroom and two corridors. This was discussed with the manager and an area for improvement was identified.

We observed that the wheelchairs in use did not have footplates which could potentially cause injury to patients. We discussed this with the staff at the time of inspection but they were unable to locate the foot plates. This was identified as an area for improvement. We also noted that the wheelchair frames were dirty. We discussed this with the manager who advised that there was a cleaning schedule for the wheelchairs in place however, given the lack of cleanliness observed, the effectiveness of the current cleaning schedule was queried. An area for improvement was identified.

We observed that following the mopping of two bedrooms floors staff did not display wet floor signs. This was discussed with the housekeeping staff who were knowledgeable regarding the displaying of wet floor signs in the corridors and dining room but were unaware of the need to display them in bedrooms. This was identified as an area for improvement.

## Areas of good practice

The personalisation of some of the patients' bedrooms and ongoing maintenance with the painting of corridors in the spires unit

## Areas for improvement

A comprehensive review of staffing levels must be undertaken to ensure sufficient staff to meet the assessed needs and dependencies of patients. Maintenance and cleaning of wheelchairs, usage of wet floor signs, the environment in the identified units and address the malodours in the identified areas.

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	3

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Phillip McGowan, manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

## **7.1 Areas for improvement**

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

## **7.2 Actions to be taken by the service**

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20 1(a)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from time of inspection	<p>The registered person shall having regard to the size of the nursing home, the statement of purpose and the number and needs of the patients –</p> <p>(a) Ensure that at all times suitably qualified competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients.</p> <p>A comprehensive review of staffing must be undertaken to ensure there is sufficient staff to meet the assessed needs and dependencies of patients.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b>  The assessed needs of each resident has been assessed using several dependency tools validated by the RCN. Dependency levels against staffing would indicate safe staffing levels are in place, the supervision needs of the Dementia Unit has been added to the dependency needs of the home and two-light resources added to the staffing requirement. The home actively continues to advertise and recruit for the remaining two-light vacancies. The needs of the home are assessed weekly in line with resident changes, dependency and occupancy levels. Rosters are flexed to meet the demand of the daily needs.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (2) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from time of inspection	<p>The registered person shall ensure that all wheelchairs are fitted with footrests.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b>  The registered manager has implemented a weekly wheelchair check form . Each wheelchair has their unique identifier and the maintenance department checks them weekly and reports any issues.</p>



<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from time of inspection</p>	<p>The registered person shall ensure that all staff know when to display wet floor signs.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Staff have underwent a COSHH and Health and Safety update which includes the requirements for wet floor signs</p>
<p><b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 5</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 January 2020</p>	<p>The registered person shall ensure that confidential information regarding patients' individual care is not on view or accessible by others to protect patients human rights.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> All staff have been reminded of the need for confidentiality and notices which include residents names have been removed</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 January 2020</p>	<p>The registered person shall ensure that robust patient centred care plans are in place for each patient's assessed need, including those with a dementia diagnosis and presentation of behaviour that challenges.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> All trained staff have had additional training on the use of the Fairfields assessment book which indicates the likes and dislikes under each of the daily care headings. In addition to this a Care Passport has been developed with Alzheimers society to now demonstrate the care activities and a 'You care for me like this' system. These are being rolled out throughout the two dementia units.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 9</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 1 February 2020</p>	<p>The registered person shall review the provision of activities in the dementia unit to ensure meaningful activities are offered and training is sourced to enable the activity therapist to provide same.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> The home has appointed two new therapists. One to each of the units with an overall increase in hours of 20 per week. Each therapist has skills which will benefit the client group and the home manager is currently looking for training development courses.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 43</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 February 2020</p>	<p>The registered person shall ensure that an audit of the environment is completed and action plan developed, to ensure the environment is in keeping with best practice guidelines for patients with dementia.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Monthly environmental audits are undertaken and action plans developed by the PIC. These will now form part of the governance cycle.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from day of inspection</p>	<p>The registered person shall ensure that there is a system in place to ensure the maintenance and cleaning of equipment.</p> <ul style="list-style-type: none"> <li>• This is in reference but not limited to the wheel chairs.</li> </ul> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> The registered manager has implemented a weekly wheelchiar check form . Each wheelchair has their unique identifier and the maintenance department checks them weekly and reports any issues. All equipment is included on the log</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from time of inspection.</p>	<p>The registered person shall ensure that the malodours in the identified areas are investigated and eliminated.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Area was shampooed and mal odour removed</p>

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



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