



Unannounced Care Inspection Report 28 November 2018



Ashgrove

Type of Service: Nursing Home (NH)
Address: 55 Belfast Road, Newry, BT34 1QA
Tel No: 02830269110
Inspector: Linda Parkes

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 52 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual(s): Dr Maureen Claire Royston	Registered Manager: See below
Person in charge at the time of inspection: Alison Dunlop	Date manager registered: Alison Dunlop - application received - registration pending.
Categories of care: Nursing Home (NH) DE – Dementia.	Number of registered places: 52 All 52 residents accommodated shall be assessed as DE.

4.0 Inspection summary

An unannounced inspection took place on 28 November 2018 from 09.30 to 17.10 hours.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training, communication between patients and staff and the patient dining experience. There were also examples of good practice in relation to the culture and ethos of the home and the caring and compassionate manner in which staff delivered care.

Areas requiring improvement were identified regarding infection prevention and control and the contemporaneous completion of patient charts. Some concerns were raised by staff and relatives regarding the approachability and responsiveness of the manager. This was raised with the regional manager and RQIA were informed on 18 December 2018 that the manager had resigned. Temporary management arrangements were put in place.

Patients spoken with during the inspection stated they were content and comfortable in their surroundings, were well cared for and had confidence that staff had the training, ability and willingness to meet their needs. No concerns were expressed by patients during the inspection and patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Alison Dunlop, manager, and Lorraine Thompson, regional manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 24 July 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 24 July 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with five patients, four patients' relatives and four staff. Questionnaires were also left in the home for patients and patients' representatives for distribution. A poster was provided for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 19 November to 2 December 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records from 4 August to 2 November 2018
- three patient care records
- five patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports from August to November 2018 undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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

The findings of the inspection were provided to the 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 24 July 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 24 July 2018.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 24 April 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (a) (b) Stated: First time	The registered person shall ensure that staff are recruited for all vacant positions in the home.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and regional manager confirmed that they have taken steps to recruit staff for all vacant positions. They confirmed that two care staff have been recruited and they are awaiting the completion of the pre-employment process. Three nurses are in the process of completing a programme to be placed in post early 2019. This area of improvement has been met.	
Area for improvement 2 Ref: Regulation 13 (5) Stated: First time	The registered person shall ensure the safe administration of medication.	Met
	Action taken as confirmed during the inspection: Observation and discussion with the manager confirmed this area for improvement has been met.	
Area for improvement 3 Ref: Regulation 12 (2) (b) Stated: First time	The registered person shall ensure the identified hoist and all aids and equipment are properly maintained and in good working order.	Met
	Action taken as confirmed during the inspection: Observation and discussion with the manager and regional manager confirmed this area for improvement has been met.	

Area for improvement 4 Ref: Regulation 30 Stated: First time	The registered person shall ensure that there is no delay in sending notifications to RQIA.	Met
	Action taken as confirmed during the inspection: Observation and discussion with the manager and regional manager confirmed that notifications were sent to RQIA in a timely manner. This area for improvement has been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 26.6 Stated: First time	The registered person shall have systems in place to ensure all care records are subject to timely review/evaluation.	Met
	Action taken as confirmed during the inspection: Review of records and discussion with the manager confirmed this area for improvement has been met.	
Area for improvement 2 Ref: Standard 43 Stated: First time	The registered person shall ensure the issues in relation to the environment are addressed.	Met
	Action taken as confirmed during the inspection: Observation and discussion with the manager confirmed this area for improvement has been met.	
Area for improvement 3 Ref: Standard 7.3 Stated: First time	The registered person shall ensure that all patients have access to a nurse call system.	Met
	Action taken as confirmed during the inspection: Observation and discussion with the manager confirmed this area for improvement has been met.	

Area for improvement 4 Ref: Standard 46 Stated: First time	The registered person shall ensure the issues in relation to infection prevention and control are addressed.	Met
	Action taken as confirmed during the inspection: Observation and discussion with the manager and regional manager confirmed that the chair in question had been removed from the home. This area for improvement has been met.	
Area for improvement 5 Ref: Standard 7 Stated: First time	The registered persons should ensure that the comments made by staff, patients and their representatives are considered and are addressed accordingly. Specifically in relation to patient representatives.	Met
	Action taken as confirmed during the inspection: Observation of minutes of a relatives meeting on 3 May 2018 and discussion with the manager confirmed this area for improvement has been met.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 19 November to 2 December 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Discussion with patients' relatives and staff evidenced that there were some concerns regarding staffing. Relatives and some staff felt that there was lack of continuity for the patients due to the reliance on agency staff covering shifts and staff movement between both units in the home. They advised that due to the need to recruit more permanent staff there was a greater reliance on agency staff and existing staff covering shifts. The manager confirmed that staff recruitment was ongoing and that two new care staff had been interviewed. A start date would be arranged on the completion of pre-employment checks. The manager advised that a programme had commenced to employ three nurses who are to be in post by early 2019.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. The manager advised that staff were required to complete shifts in both units to ensure that there was the correct level of skill mix throughout the home.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. However, on discussion with three staff individually, they advised that they were feeling stressed as they would prefer not to move between the units and they would like more permanent staff on duty. We also sought staff opinion on staffing via the online survey; we had no responses within the timescale specified.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Ashgrove. We also sought the opinion of patients on staffing via questionnaires; we had no responses within the timescale specified.

A patient commented, "The staff are dead on. I have no concerns."

We also sought relatives' opinion on staffing via questionnaires. One questionnaire was returned with the following comment:

"I'm happy with the care of my relative but there seems to be a lot of agency staff lately. I'm concerned they don't know the residents so well. Therefore they don't have continuity of care."

The manager advised that all patient's care requirements were being met and that a number of agency staff were 'block booked' in order to provide continuity of care for the residents in the home. This was supported by observation on inspection.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. It was confirmed by the regional manager that all registrations were current. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training records for moving and handling training, adult safeguarding, food textures, falls awareness and completion of food, fluid and repositioning charts. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients. On the morning of inspection moving and handling training was arranged for staff to attend.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. The manager is identified as the safeguarding champion.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from 4 August to 2 November 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

From a review of records, observation of practices and discussion with the manager and staff there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, fresh smelling and generally clean throughout. Patients, representatives and staff spoken with were complimentary in respect of the home's environment. However, it was noted that high dusting had not been completed in the conservatory. Toilets and raised toilet frames including the visitor's toilet were not effectively cleaned and pipes under the wash hand basins were dusty. In a specified toilet, the toilet frame required replacement as it was rusted and could not be effectively cleaned. Also grab rails beside toilets were in need of replacement due to rust at the wall mounts. An area for improvement was identified.

Some areas of the home including the communal toilets and bathrooms and the visitor's toilet are in need of refurbishment as well as some corridors in the home. Underneath the soap dispenser in a specified room was badly stained and the room requires to be decorated. This was discussed with the manager who advised that a refurbishment programme is planned to commence in 2019.

It was observed that a number of wheelchairs in the home were not effectively cleaned. An area for improvement was identified.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance was adhered to. For example, staff were observed wearing aprons and gloves when required during the delivery of patient care.

The manager had an awareness of the importance to monitor the incidents of HCAI's and when antibiotics were prescribed.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. Care plans were in place for the management of bedrails.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, adult safeguarding and risk management.

Areas for improvement

Areas for improvement were identified in relation infection prevention and control.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. Records in relation to nutrition and wound care were well documented.

However, two repositioning charts reviewed identified 'gaps' in recording the delivery of care. It was evidenced that the recording of frequency of the repositioning of patients, dates and time was inconsistent. One patient's chart viewed, who required repositioning every three to four hours, showed a gap from 0215 to 0830 on 26 November 2018. On inspection of three daily care charts it was evidenced that there were gaps in the recording of the delivery of care. Three charts had no entries on 27 November and two charts had no entries on 28 November 2018. An area for improvement under the standards was made.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician changed.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

The manager advised that staff and relatives meetings were held on a regular basis. Minutes were available. She also advised that daily 'flash meetings' were held with staff in order to update them on current events and announcements within the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care planning and effective communication with patients, relatives and staff and other professionals.

Areas for improvement

An area for improvement was identified in relation to the contemporaneous recording of patient repositioning charts and daily care charts.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09.30 hours and were greeted by staff who were helpful and attentive. Staff were observed responding to patient's needs and requests promptly and cheerfully. Patients were enjoying breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. A nurse was administering medication to patients. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. A religious service was arranged for the afternoon of the inspection and patients were observed enjoying a chat with the patient activity leader and staff while decorating Christmas trees.

The patient activity leader commented, "I enjoy my time with the residents."

A student on placement said, "I'm loving it here. There's a great atmosphere."

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

The serving of the lunchtime meal was observed in Clanrye Suite. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal.

Two patients commented,

“Lunch is nice.”

“The food’s good.”

Staff demonstrated their knowledge of patients’ likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

“It is a very great comfort to know that Mum spent her final days amongst friends in familiar surroundings.”

“A very big thank you for all your caring, kindness and help to Mum. This was very much appreciated and won’t be forgotten.”

All patients spoken with commented positively regarding the care they receive and the kind attitude of staff at Ashgrove. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Two patients said,

“The staff are good. Sometimes they are short staffed.”

“The staff are wonderful.”

Questionnaires were provided for patients and their representatives. One was returned within the timescale. The relative indicated they were very satisfied that staff are compassionate.

Two relatives said:

“Mum’s gained weight since she came here. The staff make contact with me and communicate well. I’ve no concerns at all.”

“The nursing care’s second to none.”

Staff were asked to complete an on line survey; we had no responses within the timescale specified.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, and the patient dining experience.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager. An application for registration of the manager with RQIA had been received.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The service collected equality data on service users and the manager was advised of the role of the Equality Commission for Northern Ireland and the availability of guidance on best practice in relation to collecting the data.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

It was noted that a complaint had been raised in relation to the increase of agency staff working in the home and that management were addressing the matter effectively in relation to staff recruitment. Please refer to section 6.4 of this report.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, bed rails, alarm mats and wounds. However, the manager confirmed that no audits were in place for hand washing and the infection prevention and control of the environment. This was concerning given the findings of the inspection outlined in this report and detailed in the quality improvement plan. An area for improvement was identified.

Discussion with the manager and regional manager and review of records from August to November 2018 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with staff confirmed that there were generally good working relationships within the home. Three staff and two relatives were of the opinion that management could be more supportive and responsive to any suggestions or concerns raised. They advised that they felt their concerns were not actioned in a timely manner. Discussion with the regional manager after the inspection on 30 November 2018 confirmed she was aware of these concerns and that ongoing support had been offered to the manager. The regional manager advised by telephone on 18 December 2018 that the manager had made the decision to resign. Temporary management has been put in place and is ongoing until a permanent manager is appointed in post. RQIA will be kept informed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

An area for improvement was identified in relation to infection prevention and control audits.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Alison Dunlop, manager and Lorraine Thompson regional manager as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13(7) Stated: First time To be completed: Immediate action required	The registered person shall ensure that the issues in relation to infection control are addressed. Ref: Section 6.4
	Response by registered person detailing the actions taken: The Infection Control audit has been revisited and will be completed monthly with an action devised and shared with staff. The Domestic cleaning schedules have been reviewed and high dusting reiterated to staff, this will be monitored as part of the daily walk around. The areas noted on the day of the inspection have been deep cleaned and a programme in place for decontamination of wheelchairs. A refurbishment programme is in place for the Home for 2019
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 46 Stated: First time To be completed: Immediate action required	The registered person shall ensure that a cleaning schedule is in place for the decontamination of wheelchairs and adherence to this is regularly monitored. Ref: Section 6.4
	Response by registered person detailing the actions taken: A schedule is now in place for the decontamination of wheelchairs, this will be monitored by Deputy Manager and Acting Home Manager
Area for improvement 2 Ref: Standard 4.9 Stated: First time To be completed: Immediate action required	The registered person shall ensure that patient charts including repositioning and daily care charts are completed contemporaneously in accordance with legislative requirements and best practice guidance. Ref: Section 6.5
	Response by registered person detailing the actions taken: Completion of Supplementary charts has been and will continue to be a standing agenda point at the daily flash meetings. RN are to review and record on the daily shift report that records are up to date at the end of their shift. Sample charts will be viewed daily and recorded on the daily walk around

<p>Area for improvement 3</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that a robust system is in place to audit and monitor hand washing and infection prevention and control of the environment within the home in order to minimise the risk of infection for staff, residents and visitors.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: Hand Hygiene audits have been reimplemented and will be completed over a number of occasions throughout the month. The Infection control audit will be maintained monthly and an action plan devised as needed with clear time frames</p>
---	---

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



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

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

Assurance, Challenge and Improvement in Health and Social Care