



# Unannounced Care Inspection Report

## 14 January 2019



## Corkhill Care Centre

**Type of Service: Nursing Home (NH)**  
**Address: 27 Coolmaghery Road, Donaghmore,**  
**Dungannon, BT70 3HJ**  
**Tel no: 028 8776 7362**  
**Inspector: Jane Laird**

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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 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 36 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Mr Gary George Watt	<b>Registered manager:</b> Shona McKeown
<b>Person in charge at the time of inspection:</b> Linda Buchanon (Registered Nurse) 10.25 – 11.40 Shona McKeown (Registered manager) 11.40 – 16.25	<b>Date manager registered:</b> 4 April 2017
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. LD – Learning disability. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment.	<b>Number of registered places:</b> 36 comprising:  There shall be a maximum of 10 persons in category NH-DE and a maximum of 2 patients in category NH-LD/LD(E).

### 4.0 Inspection summary

An unannounced inspection took place on 14 January 2019 from 10.25 to 16.25.

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 recruitment, induction, training, supervision and appraisal, adult safeguarding, communication between residents, staff and other key stakeholders and maintaining good working relationships. Further areas of good practice was identified in relation to the culture and ethos of the home, governance arrangements, listening to and valuing patients and their representatives and taking account of the views of patients.

An area requiring improvement was identified under care standards in relation to the governance of infection prevention and control (IPC) audits.

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. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Shona McKeown, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 28 July 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 28 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 11 patients, three patients' relatives and seven 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' which were then to be 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 at the main entrance of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- staff training records
- staffing rota for weeks commencing 7 and 14 January 2019
- three patients' care records
- three patients' repositioning records
- staff supervision and appraisal records
- staff induction records
- notifiable incidents to RQIA
- RQIA registration certificate
- Public liability insurance certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last careinspection 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 theinspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 28 July 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 28 July 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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that the infection prevention and control issues identified during the previous inspection were addressed.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)(c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that chemicals are stored in keeping with COSHH regulations.</p> <p><b>Action taken as confirmed during the inspection:</b> Inspector confirmed that chemicals were stored in keeping with COSHH regulations during the inspection.</p>	<b>Met</b>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all medicines are stored safely and securely within the home at all times.</p> <p><b>Action taken as confirmed during the inspection:</b> Inspector confirmed that all medicines were stored safely and securely during the inspection.</p>	<b>Met</b>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 27 (4) (b) (c) (d)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that adequate precautions against the risk of fire are taken and that best practice guidance in relation to fire safety is embedded into practice.</p> <p><b>Action taken as confirmed during the inspection:</b> Inspector confirmed that adequate precautions against the risk of fire were taken and that best practice guidance in relation to fire safety was embedded into practice during the inspection.</p>	<b>Met</b>
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that a robust monitoring system is developed and implemented to ensure that staff attends training in line with the homes policy and their roles and responsibilities.</p> <p><b>Action taken as confirmed during the inspection:</b> A matrix of staff training was reviewed during the inspection which evidenced that the area for improvement had been addressed.</p>	<b>Met</b>



<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that monthly monitoring visits are undertaken and a report is completed and made available for patients; relatives and staff to access.</p> <p><b>Action taken as confirmed during the inspection:</b> The monthly monitoring visits were available and up to date at the time of inspection.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 37</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that patients' records are stored safely and securely at all times in keeping with legislative requirements and best practice guidance.</p> <p><b>Action taken as confirmed during the inspection:</b> Patients' records were stored safely and securely at all times during the inspection in keeping with legislative requirements and best practice guidance.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 43</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all patients have effective access to the nurse call system as required.</p> <p><b>Action taken as confirmed during the inspection:</b> A new nurse call system had recently been installed and patients had effective access to the nurse call system during the inspection.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the following in regards to the management of patients who require assistance with repositioning care:</p> <ul style="list-style-type: none"> <li>• all supplementary repositioning care records will be completed in an accurate and contemporaneous manner</li> <li>• the patient will be repositioned in compliance with existing care plans and/or multi professional advice, where appropriate</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> The inspector reviewed the management of patients who require assistance with repositioning care which evidenced that the area for improvement has been addressed.</p>	<p><b>Met</b></p>



<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a robust process is in place which ensures that the nutritional care needs of patients are communicated effectively to catering staff.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector reviewed the process in place for communicating the nutritional care needs of the patients with catering staff and evidenced that this area for improvement has been addressed.</p>		
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that there is a robust system in place which ensures/demonstrates that staff have recorded individual, formal supervision/appraisal according to the home's procedures and best practice standards.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector reviewed the system of recording staff formal supervision/appraisal which evidenced that this area for improvement has been addressed.</p>		
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 August 2018</p>	<p>The registered person shall ensure that a robust process is in place which ensures that all new staff undergo a structured orientation and induction period and that records of such this process are effectively maintained and available, as appropriate.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>On review of a sample of staff records it was evident that a structured orientation and induction period had been provided.</p>		

## 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 registered 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 weeks commencing 7 and 14 January 2019 evidenced that the planned staffing levels were adhered to. The registered manager was identified to be scheduled on the rota for two shifts the week commencing the 14 January 2019 but stated that this was not a regular occurrence. Discussion with the registered manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. 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.

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. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Corkhill. We also sought the opinion of patients on staffing via questionnaires.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that they felt supported by the home manager and that they worked well together as a team. Comments included, "I love my work". We also sought staff opinion on staffing via the online survey. There was no response in the time frame specified.

Review of three staff induction records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. A system was also in place to direct the management team of when staff were due their bi-annual supervision and yearly appraisal.

We discussed the provision of mandatory training with staff and reviewed staff training records for an area identified during the previous care inspection regarding adult safeguarding. 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 DHSSPS Care Standards for Nursing Homes 2015. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

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

Review of three patients' care records evidenced that a range of validated risk assessments were completed and informed the care planning process. This is discussed further in 6.5.

We reviewed accidents/incidents records 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 registered 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.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. The home was found to be warm and comfortable throughout and although infection prevention and control (IPC) issues that were identified at the previous care inspection had been addressed, there were other areas identified as not being effectively managed in accordance with best practice guidelines on IPC. It was identified that fabric to a chair within the dayroom and commode lids were torn resulting in them not being able to be effectively cleaned. There was no bin in the sluice room on the top floor for staff to dispose of personal protective equipment (PPE) and the bedrail protector to an identified patient's bed was substantially stained. This was discussed with the registered manager and an assurance was provided that these areas would be addressed with staff and measures taken to prevent recurrence. This is discussed further in 6.7.

Window blinds identified in a patient's bedroom and within the dayroom on the ground floor were discussed with the registered manager as a potential ligature risk due to the length and nature of the cord suspended to the side of the blinds. The registered manager consulted with the Responsible Individual of the home during the inspection and an assurance was provided that this would be reviewed immediately to ensure the safety of the patients. This information was shared with the estates inspector for the home.

Nutritional supplements and thickening agents were identified within the dining room belonging to several patients which were easily accessible. This was discussed with the registered manager who confirmed that all patients are risk assessed on admission and although there was no current risk identified, it was acknowledged that there was a potential risk due to the unpredictable nature of the patient's cognitive function. The registered manager provided assurances that these products would be stored in a secure area going forward. This information was shared with the pharmacy inspector for the home.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, supervision and appraisal, induction, training and adult safeguarding.

### Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 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 generally reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight and management of pressure care. A daily record had been maintained to evidence the delivery of care and there was evidence that the care planning process included input from patients and/or their representatives, if appropriate. A system was also in place to audit patient care records and each patient had a key worker.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dietitians. Supplementary care charts such as repositioning 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), SALT or the dietician.

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. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

The registered manager advised that patient and/or relatives meetings were held on a regular basis and minutes were available. On discussion with relatives during the inspection they confirmed that the management team of Corkhill facilitated a relatives meeting in December 2018 which informed them about events occurring within the home and plans for further refurbishment. They further expressed their confidence in raising concerns with the home's staff/management.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, team work and communication between patients, staff and other key stakeholders.

### Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 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 10.25 and were greeted by staff who were helpful and attentive. Patients were seated mainly within one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as 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. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. On the day of the inspection the activity therapist had arranged a prayer service which took place in the afternoon. Over 20 patients attended the service and appeared to have enjoyed the experience.

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. Patients and staff spoken with were complimentary in respect of the home's environment whilst recognising that further improvements were planned. The registered manager discussed the home's painting/decorating refurbishment schedule and plans to install swing free door closures to identified bedroom doors which would be linked to the home's fire system enabling patients to stay within their bedroom with the door open if they choose to.

We observed the serving of the lunchtime meal. 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 and were observed to encourage patients with their meals in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors as required. A range of drinks were offered to patients and they appeared to enjoy the mealtime experience. 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. The menu was on display within the dining room and offered a choice of two main meals.

Patients able to communicate indicated that they enjoyed their meal "the food is great here". 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:

- “Thanks to everyone for all your help and hospitality”
- “Sincere thanks and appreciation to the manager and all the staff”

There were systems in place to obtain the views of patients and their representatives on the running of the home and a suggestion box was placed at the main reception area of the home.

Consultation with 11 patients individually, and with others in small groups, confirmed that living in Corkhill was a positive experience.

Patient comments:

- “Good staff here. It’s excellent.”
- “Very happy here. Feel safe.”
- “It’s nice here. The food is great.”
- “Staff are good.”

Representative’s comments:

- “All the staff are very caring”
- “Care is excellent”
- “Staff are terrific”

Four questionnaires were returned from patients’ representative. The respondents were very satisfied with the service provision across all four domains.

Staff were asked to complete an on line survey. There was no response within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered 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, listening to and valuing patients and their representatives and taking account of the views of patients.

### **Areas for improvement**

No areas for improvement were identified within this domain during the inspection.

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

There was evidence of strong management within the home. The areas for improvement identified in the previous care inspection have been appropriately actioned and sustained. The registered manager and the senior management team are commended for these actions.

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 certificate of public liability insurance was in date and on display within the foyer of the home.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff/patients/representatives evidenced that the registered 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 registered manager.

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 equality data collected was managed in line with best practice.

As previously mentioned in 6.4 regarding issues with the governance around IPC, it was further identified that there was limited availability of personal protective equipment (PPE) dispensers, and alcohol hand sanitiser dispensers. This was discussed with the registered manager and a more robust auditing system is required. This was identified as an area for improvement under care standards.

Discussion with the registered manager and review of records 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. It was identified that the responsible individual did not include the duration of the visits or a timescale to the action plans documented or by whom the action should be addressed by. This was discussed with the registered manager who agreed to share this with the responsible individual prior to the next monitoring visit. Copies of the report were available for patients, their representatives, staff and trust representatives.

We evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA and/or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and maintaining good working relationships.

## Areas for improvement

Whilst there was evidence to demonstrate that the home is well led an area for improvement under the Care Standards is stated in regards to the governance of IPC audits.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Shona McKeown, registered 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 February 2019</p>	<p>The registered person shall ensure that robust environmental audits are maintained to quality assure the standard of hygiene in the home by:</p> <ul style="list-style-type: none"> <li>• ensuring that necessary equipment is available for staff to reduce the risk and spread of infection</li> <li>• replacing or repairing damaged equipment as identified in 6.4.</li> </ul> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Monthly environmental checks will be carried out to provide quality assurance regarding the standard of hygiene in the Home.</p> <p>In the recently refurbished area sanitizers and PPE dispensers have been appropriately fixed to the wall for staff use.</p> <p>The chair within the dayroom has been recovered which allows it to be effectively cleaned. The lids of the commodes with damaged fabric are in the process of being replaced.</p> <p>A Clinical waste bin is available for staff in the Dementia Unit sluice room. The bed 'bumper' has been cleaned and new bumpers have been purchased to ensure there is a supply to allow periodic cleaning and in the event of staining.</p> <p>Window blind cords are being shortened and secured to tackle the risk of ligature.</p> <p>Nutritional supplements and thickening agents are now stored in a closed cupboard.</p>

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



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