



# Unannounced Care Inspection Report 10 July 2018



## Greenpark

**Type of Service: Nursing Home (NH)**  
**Address: 15 Keady Road, Armagh, BT60 4DH**  
**Tel No: 028 37527445**  
**Inspector: 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 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 and residential care for up to 62 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Edward Maguire	<b>Registered Manager:</b> Mary Catherine Powell
<b>Person in charge at the time of inspection:</b> Mary Catherine Powell	<b>Date manager registered:</b> 10 June 2016
<b>Categories of care:</b> Nursing Home (NH) LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years MP – Mental disorder excluding learning disability or dementia MP(E) - Mental disorder excluding learning disability or dementia – over 65 years DE – Dementia I – Old age not falling within any other category	<b>Number of registered places:</b> 62  There shall be a maximum number of patients accommodated in the following categories: NH-DE (8); NH-MP/MP(E) (4); NH-PH/PH(E) (2); NH-LD(E) (1);  There shall be a maximum of 4 named residents receiving residential care in category RC-I and 1 named resident receiving residential care in category RC-LD(E).

### 4.0 Inspection summary

An unannounced inspection took place on 10 July 2018 from 09.00 to 18.00 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 term 'patient' is used to describe those living in (name of service) which provides both nursing and residential care.

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 staffing, induction, training, supervision and appraisal. There were examples of good practice found throughout the inspection in relation to record keeping, the management of nutrition, falls and wound care and the communication of patient needs between staff. Good practice was observed in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their relatives and taking account of the views of patients. There were robust systems in place for governance arrangements, management of complaints and incidents and maintaining good working relationships.

## Areas for improvement

The following areas were identified for improvement in relation to staff recruitment, NMC checks, the implementation of the adult safeguarding policy, infection prevention and control and the home's environment.

Patients said they were happy living in the home. 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
<b>Total number of areas for improvement</b>	<b>3</b>	<b>6</b>

Details of the Quality Improvement Plan (QIP) were discussed with Mary Catherine Powell, registered manager, and Edward Maguire, registered person, 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 28 September 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 28 September 2017.

There were no further actions required to be taken following the most recent 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 eight patients individually and with others in small groups, one patient's relative and seven staff. A poster was displayed for staff inviting them to provide feedback to RQIA on-line.

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 staff from week commencing 2 and 9 July 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
- two staff recruitment and induction files
- three patient care records
- two 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 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 28 September 2017

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

### 6.2 Review of areas for improvement from the last care inspection dated 3 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 27 (2) (d)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 October 2017	The registered person shall ensure that the kitchen floor and the identified corridor area leading to the kitchen floors are replaced.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observations of the kitchen and identified corridor evidenced that this area for improvement has been met.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 18 (2) (g)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 August 2017</p>	<p>The registered person shall ensure safe and effective storage of food stuff in accordance with environmental health guidelines and any equipment identified should be replaced as needed. The kitchen should be re-organised and effectively cleaned. The identified freezer should be removed/replaced and moved from the dining area to the kitchen area.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> We observed that in the vegetable preparation area only vegetables were stored, cooked foods in the refrigerator was labelled with the date of preparation and there was no inappropriate storage of items in the dry goods store.</p> <p>There was no freezer in the dining area. Discussion with the registered manager confirmed that the freezer had been disposed of. This area for improvement has been met.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 48</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure the smoke room checks are completed in keeping with the homes fire safety policies and procedures.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Records evidenced that smoke rooms checks were completed regularly. This area for improvement has been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2017</p>	<p>The registered person shall ensure minutes of staff meetings are made available for all staff. The registered manager should consider the comments made by staff and address any issues raised.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of the minutes of staff meeting held on 20 September and 27 October 2017 and 15 March 2018 evidenced that action was taken in response to issues raised by staff. Staff spoken with confirmed that the minutes of staff meetings were displayed in the staff room. This area for improvement has been met.</p>	<p><b>Met</b></p>



<b>Area for improvement 3</b> <b>Ref:</b> Standard 35 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 August 2017	The registered person shall ensure that more detail is provided in the Regulation 29 monitoring visits of the actions required.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The reports of the visits undertaken from January to June 2018 included a detailed action plan of area for improvement. This area for improvement has been met.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 44  <b>Stated:</b> First time  <b>To be completed by:</b> 31 July 2017	The registered person shall ensure that the identified stairwell is thoroughly cleaned and that this area is included to be cleaned in the weekly cleaning schedules.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The identified stairwell was clean and a cleaning schedule was in place to ensure it remained clean. This area for improvement has been met.	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 35  <b>Stated:</b> First time  <b>To be completed by:</b> 30 August 2017	The registered person shall ensure that the outcome or actions required following audits should confirm that the required actions have been addressed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the records of audits evidenced that the actions required to drive improvement were completed. 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 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 2 and 9 July 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.

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. We spoke with the relative of one patient during the inspection; they were complimentary regarding staff and their caring attitude.

A review of two staff recruitment records evidenced that there were not maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Whilst all files contained two references there were no references from the candidates' present or most recent employer in one file. In another file the registration status of the nurse had not been confirmed prior to employment. The registered nurse was included in the monthly checks and these evidenced that the nurse was appropriately registered at the time of employment. However registration with the appropriate professional body must be checked prior to making an offer of employment. This was identified as an area for improvement under the regulation. Recruitment records confirmed that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.

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. We discussed the systems in place to check, at the time of renewal, that nurses had renewed their registration with the NMC. It was agreed that the systems in place would be reviewed to ensure that they effective in confirming registration at the time of renewal. This was identified as an area for improvement under the standards. 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 the registered manager and reviewed staff training records. 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 was delivered through face to face interactive sessions and via an electronic learning programme. Records evidenced good compliance with mandatory training. The registered manager had systems in place to provide oversight of compliance with training. The registered manager confirmed that systems were in place to ensure staff received annual appraisal and regular supervision.

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 they were aware of the regional operational safeguarding policy and procedures and confirmed that they will be the safeguarding champion. The registered manager has not attended any enhanced training in adult safeguarding and there were no systems in place to collate the information required for the annual adult safeguarding position report. This was identified as an area for improvement.

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 7 February to 9 July 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 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. From a review of records, observation of practices and discussion with the 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.

Significant deficits with regard to compliance with infection prevention and control (IPC) best practice standards were noted as follows:

- sluice rooms were cluttered with equipment
- the general environment of one identified sluice room was dirty
- the clinical waste bin in the identified sluice room was dusty, dirty and heavily stained
- a number of commodes were stored in the identified sluice room
- a sharps box in the identified sluice room did not have the apertures closed. In addition, it was not signed and dated to ensure traceability
- the grouting and seals around a number of shower trays and tile edges were cracked and damaged and therefore these surfaces cannot be effectively cleaned

These shortfalls were discussed with the registered manager and immediate action taken to clear and clean the identified sluice room. An area for improvement under regulation was made in order to drive improvement relating to IPC practices and address the issues identified.

We observed that personal protective equipment (PPE) for example gloves and aprons were available throughout the home. Whilst dispensers were available, some PPE was stored on the hand rails located outside toilets and shower rooms. A review of the provision of PPE dispensers should be undertaken and additional dispensers provided where necessary. This was identified as an area for improvement under the standards.

The bedrooms in the home were clean and fresh smelling and had been personalised with patients' belongings. However issues with the general tidiness and cleanliness throughout the home were identified as follows:

- the dining room and lounges were cluttered with unnecessary items and equipment
- the walls below the hand sanitiser dispensers were stained with the alcohol gel
- the hairdressing room was dirty
- the wheelchairs were not clean

The issue identified must be address to ensure that the home is maintained to an acceptable standard of cleanliness; this was identified as an area for improvement under regulation.

Work to bring the standard of cleanliness in the hairdressing room up to an acceptable standard commenced prior to the conclusion of the inspection. Discussion with the registered manager and housekeeper identified that this area of the home was not included in the cleaning schedules for the home. The cleaning schedules for the home should be reviewed to ensure that all areas are included. This was identified as area for improvement under the standards. Cleaning schedules were in place for the wheelchairs but it was obvious from the dust and dirt that the cleaning schedules were not adhered to.

To ensure that the required improvements are made, sustained and embedded into practice the registered manager must implement a robust programme of audit of infection prevention and control practices and the cleanliness of environment. An action plan must be put in place to address any shortfalls identified and areas re-audited to ensure the necessary improvements are made. This was identified as an area for improvement under the standards.

The lounges, bedrooms and corridor areas of the home were warm, well decorated and fresh smelling throughout. In addition to the work required to ensure the shower rooms can be effectively cleaned we observed that the décor in a number of the shower rooms and toilets throughout the home was tired and requires updating; it was agreed that a refurbishment plan would be drawn up. This was identified as an area for improvement under the standards.

### Areas of good practice

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

### Areas for improvement

The following areas were identified for improvement in relation to staff recruitment, NMC checks, the implementation of the adult safeguarding policy, infection prevention and control and the home's environment.

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

#### 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, patients' weight, management of infections, wound care and healthcare associated infections (HCAI). 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.

We discussed the monitoring of patients' weights and were informed that all patients were weighed a minimum of monthly. We reviewed the management of nutrition for one patient. A nutritional risk assessment was completed and reviewed monthly; a care plan for nutritional management was in place. Food and fluid charts were maintained and evidenced the nature and quantity of each meal the patient consumed. Fluid intake was totalled on a 24 hour period and entered into the patients daily evaluation notes.

We reviewed the management of falls for two patients. Falls risk assessments were completed and reviewed regularly. Care plans for falls management were in place and were reviewed for each patient following a fall.

We reviewed the management of wound care for two patients. Care plans contained a description of the wound, location, the prescribed dressing regime and the frequency with which dressing were required to be renewed. A review of care records evidenced that dressings were renewed in accordance with the prescribed care. In one care record the frequency with which the dressing

was due to be renewed was changed following a review by the podiatrist. Care had been delivered in accordance with the change but the care plan had not been updated to reflect the change; this was discussed with the nursing sister who agreed to update the care plan. Repositioning charts for one patient was reviewed and consistently evidence that the patient was assisted to change their position for pressure relief regularly and in accordance with their care plans.

Care plans were in place for patients with a known healthcare associated infection (HCAI).

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians.

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.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, the management of nutrition, falls and wound care and the communication of patient needs between staff.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

#### 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 09:00 hours and were greeted by staff who were helpful and attentive. Patients were enjoying breakfast in the dining rooms, 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.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

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.

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. Patients able to communicate indicated that they enjoyed their meal. 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.

In one of the fridges in the kitchen we observed numerous bottles of drinks belonging to patients; the cook explained that due to the exceptionally warm weather patients and relatives requested the drinks to be kept cool. Each bottle was labelled with the patient's name. Following discussion with the registered manager it was agreed that they would seek advice from environmental health re the storage of patients' drinks in the kitchen fridge.

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

"Your kindness to her, and to us, is truly appreciated. We are grateful for all that you have done."

"I cannot thank you enough for the care and kindness shown to ... when he was in Greenpark. We will always remember your kindness." (May 2018).

There were systems in place to obtain the views of patients and their representatives on the running of the home. Annual questionnaires were issued to relatives; the registered manager explained that the responses and action taken were displayed in the home.

We spoke with the relatives of one patient who commented positively regarding the care their loved ones were receiving. They commented "I couldn't find fault, they are all wonderful."

Patients said that they were generally happy living in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. Patients commented:

"They couldn't do anymore for you."

"If I wasn't happy I'd soon tell them."

"I am comfortable and have everything I need."

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 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, dignity and privacy, listening to and valuing patients and their relatives and taking account of the views of patients.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 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.

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 and a relative evidenced that the registered manager's working patterns provided good opportunity to allow them to have contact as required. The registered manager explained that they had regular, daily contact with the patients and visitors and were available, throughout the day, to meet with both on a one to one basis if needed. It was obvious as the registered manager showed us around the home that the patients were familiar with her.

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 did not collect any equality data on service users and the registered 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.

Discussion with the registered 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, complaints and care records. As previously discussed in section 6.4 an area for improvement has been made to implement a robust programme of audit of infection prevention and control practices and the cleanliness of environment.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the registered person in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. The registered manager explained that the registered person, Mr Maguire, was generally available in the home daily for support. Mr Maguire was available in the home throughout the inspection.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA 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, management of complaints and incidents and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mary Catherine Powell, registered manager, and Edward Maguire, registered person, 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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 21(1)(b) Schedule 2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall ensure that before making an offer of employment they have obtained:</p> <ul style="list-style-type: none"> <li>• A reference from the candidates' present or most recent employer (if any)</li> <li>• Confirmation of the registration status of nurses with the NMC</li> </ul> <p><b>Ref: Section 6.4</b></p>
	<p><b>Response by registered person detailing the actions taken</b></p> <p>As part of the Recruitment Process we shall ensure that references are sought from most recent employer and NMC Registration is checked prior to making an offer of employment.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13(7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 August 2018</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.</p> <p>The issues identified in section 6.4 must be addressed and improvements sustained.</p> <p><b>Ref: Section 6.4</b></p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <ul style="list-style-type: none"> <li>- All sluice rooms have been de-cluttered and deep cleaned with a checking system in place that must be signed by staff.</li> <li>- All sharps boxes have been checked for dates and signatures of dates of opening.</li> <li>- Sharps boxes and dates of opening will be audited as part of infection control audit.</li> <li>- Wheelchair cleaning schedule has been received and will be audited monthly to ensure all wheelchairs are kept clean and to standard.</li> </ul>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27(1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 August 2018</p>	<p>The registered person shall ensure that all parts of the nursing home are kept clean and reasonably decorated.</p> <p>The cleanliness issue identified in section 6.4 must be address and improvements sustained.</p> <p><b>Ref: Section 6.4</b></p>

	<p><b>Response by registered person detailing the actions taken:</b></p> <ul style="list-style-type: none"> <li>- Unnecessary items have been removed from dining rooms and lounges.</li> <li>- Unfortunately it is unavoidable that hand gel will stain under the hand sanitiser, therefore wall covering has been sourced for beneath sanitiser units.</li> </ul>
<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>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 7 August 2018</p>	<p>The registered person shall ensure that the systems in place to monitor the registration status of nurses with the NMC are effective in confirming registration at the time of renewal.</p> <p><b>Ref: Section 6.4</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Checking system for NMC Registration has been changed to ensure that NMC Registration is checked for nurses the day of renewal date.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 35.11</p> <p>Stated: First time</p> <p>To be completed by: 7 August 2018</p>	<p>The registered person shall ensure that the regional operational safeguarding policy and procedures are embedded into practice by:</p> <ul style="list-style-type: none"> <li>• arranging the recommended level of training for the registered manager</li> <li>• implementing systems to collate the information required for the annual adult safeguarding position report.</li> </ul> <p><b>Ref: Section 6.4</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Registered manager has been attempting to source training through Volunteer Now, however all courses are fully booked, she will continue to attempt to get a cancellation. The Manager has made contact with Mark Owen (Safeguarding) who is planning on coming to the Home to meet with her to discuss Safeguarding Policies and Procedures and advise as how to embed into practice.</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed by: 7 August 2018</p>	<p>The registered person shall review the provision of PPE dispensers and provide additional dispensers where necessary.</p> <p><b>Ref: Section 6.4</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> New dispensers are mounted throughout the Home in appropriate places to ensure adequate PPE available.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 44.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 August 2018</p>	<p>The registered person shall ensure that the cleaning schedules for the home are reviewed to ensure that all areas are included.</p> <p><b>Ref: Section 6.4</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Cleaning schedule for the Home has been revised by Housekeeper and Home Manager to ensure all areas of the Home are included and will be regularly checked by Housekeeper. Hairdressing Room has been fully cleaned and systems are in place to ensure it is kept clean after use.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 35.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 August 2018</p>	<p>The registered person shall ensure that the registered manager implements a robust programme of audit of infection prevention and control practices and the cleanliness of environment.</p> <p>An action plan must be put in place to address any shortfalls and the areas re-audited to ensure the necessary improvements are made.</p> <p><b>Ref: Section 6.4</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A full Infection Control Audit is completed 2-3 monthly - action plan to be reviewed as part of Reg 29 process and progress documented.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 44.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 August 2018</p>	<p>The registered person shall implement a refurbishment plan for the shower rooms and toilets throughout the home.</p> <p><b>Ref: Section 6.4</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Refurbishment plan in place and agreed with proprietor to bring shower rooms and toilets up to date with décor / standards.</p>

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



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