



Unannounced Care Inspection Report

13 September 2019



Nightingale Care Home

Type of Service: Nursing Home
Address: 34 Old Eglish Road, Dungannon BT71 7PA
Tel no: 028 8775 2666
Inspector: Jane Laird

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.

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 35 patients.

3.0 Service details

Organisation/Registered Provider: Four Seasons (Bamford) Limited Responsible Individual: Maureen Claire Royston	Registered Manager and date registered: Jennifer Willis - registration pending
Person in charge at the time of inspection: Maria Tennyson, deputy manager 08.20 – 08.55 hours Jennifer Willis, manager 08.55 – 18.00 hours	Number of registered places: 35 There shall be a maximum of 3 patients in category NH-PH.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. MP – Mental disorder excluding learning disability or dementia. PH – Physical disability other than sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: 31

4.0 Inspection summary

An unannounced inspection took place on 13 September 2019 from 08.20 hours to 18.00 hours.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if improvements made had been sustained.

During this inspection we identified evidence of good practice in relation to the management of notifiable events, staff recruitment, adult safeguarding and communication between staff and other key stakeholders.

Areas for improvement were identified in relation to infection prevention and control (IPC), risk management, the environment, pressure area care and quality governance audits.

Areas identified at the previous care inspection in relation to patients' privacy and record keeping had not been suitably met and have been stated for a second time.

Patients described living in the home in mostly positive terms. Comments received from patients, people who visit them, professionals and staff during and after the inspection, are included in the main body of this report.

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	*3	*4

*The total number of areas for improvement includes two standards which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Jennifer Willis, 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 18 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 18 February 2019. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 2 September 2019 to 15 September 2019
- 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
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of monthly monitoring reports for July 2019 and August 2019
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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 previous inspection dated 18 February 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a) Stated: Second time	The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.	

<p>Area for improvement 2</p> <p>Ref: Regulation 27</p> <p>Stated: First Time</p>	<p>The registered person shall ensure that a refurbishment plan is implemented to include the repair or replacement of the vanity units in a number of patient bedrooms and repair to damaged walls in multiple rooms.</p> <p>A copy of the refurbishment plan, including timescales, should be submitted with the returned QIP.</p> <p>Action taken as confirmed during the inspection: The inspector confirmed that refurbishment work had been implemented in a number of bedrooms. Other areas within the home were identified as needing repaired and is discussed further in 6.3.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the outcome of care delivered is monitored and recorded contemporaneously.</p> <p>Action taken as confirmed during the inspection: The inspector reviewed a sample of care records which evidenced that the outcome of care delivered is monitored and recorded contemporaneously.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 41</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that communication between all grades of staff is frequent and effective so as staff receive clarity regarding the daily life of the home and the roles and responsibilities of the different staff.</p> <p>Action taken as confirmed during the inspection: Staff confirmed that they attend handovers daily to ensure that they receive clarity regarding the daily life of the home and the roles and responsibilities of the different staff.</p>	<p>Met</p>

<p>Area for improvement 3</p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patients have control over who accesses their room and when this happens. Arrangements must be in place to ensure that patient's privacy is upheld.</p> <p>Action taken as confirmed during the inspection: This area for improvement had not been reviewed by the manager.</p> <p>This area for improvement has been stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 23</p> <p>Stated: First time</p>	<p>The registered person shall ensure that where a patient is assessed as being at risk of pressure damage, information on the condition of the patient's skin is recorded following each repositioning intervention.</p> <p>Action taken as confirmed during the inspection: The inspector reviewed a sample of repositioning records which evidenced that the condition of the patient's skin was being recorded following each repositioning intervention. This is discussed further in 6.4.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all nursing interventions are appropriate to the individual patients needs and supported by current evidence and best practice guidelines.</p> <p>Specific reference to fluid intake recording charts:</p> <ul style="list-style-type: none"> • Fluid target should be recorded on daily intake chart over 24 hours. • Dietary type and fluid consistency should be recorded on daily intake charts to direct relevant care. <p>Action taken as confirmed during the inspection: The inspector reviewed a sample of fluid intake charts and identified inconsistencies in the 24 hour recording of fluids and charts with no dietary type and/or fluid consistency.</p> <p>This area for improvement has been stated for a second time.</p>	<p>Not met</p>

6.2 Inspection findings

6.3 Is care safe?

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

We arrived in the home at 08.20 hours and were greeted by the deputy manager and staff who were helpful and attentive. Patients were mainly in their bedroom and staff were attending to their needs. The registered nurse was administering medication and the kitchen staff were preparing breakfast.

Staff interactions with patients were observed to be compassionate and caring and they attended to patient's needs as promptly as possible; however, we noted that personal care of patients was ongoing at 12.00 hours. This was discussed with the manager who had already identified that they required an additional care assistant and was in the process of submitting this request to senior management following completion of the homes dependency levels. The manager further stated that recruitment for suitably skilled and experienced care assistants was ongoing with interviews scheduled over the next few weeks and that agency staff are being utilised until a full complement of staff are employed by the home. Following the inspection a weekly submission of the duty rota evidenced that the use of agency staff continues to ensure that the additional cover is maintained and until the appropriate recruitment checks for new employees have been obtained.

Staff spoken with expressed their dissatisfaction with current staffing levels and welcomed the addition of new employees to enhance the staffing levels and availability of cover during short notice absence. Comments from staff included;

- "I love my job but there is not enough time or staff"
- "We are trying so hard to ensure everything is done right"
- "Feel staffing levels can effect morale"

We also sought staff opinion on staffing via the online survey. There was no response in the time frame allocated.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Nightingale, however, some patients were not satisfied with the current staffing levels and use of agency stating that there is "no continuity". These comments were shared with the manager. We also sought the opinion of patients on staffing via questionnaires. Unfortunately there was no response in the time frame provided.

Review of two staff recruitment files evidenced that a pre-employment health assessment had been obtained prior to the commencement of employment in line with best practice. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. The manager had completed a matrix to record supervision/appraisals and was in the process of completing this with the assistance of the deputy manager.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses and care assistants. 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.

A number of infection prevention and control (IPC) deficits were identified in relation to the cleanliness of furniture/equipment within patients' bedrooms, bathrooms and lounges. The underneath of identified patient equipment evidenced that these had not been effectively cleaned following use. Dust was evident to high and low surfaces and bed linen was stained on several beds. We observed store rooms to be untidy and continence aids were identified outside of the packaging. Nebuliser machines, masks and oxygen tubing were identified as unclean and on discussion with the manager there was no clear system of cleaning or replacing equipment as necessary. Staff were observed to be non-compliant with the principles of good IPC and were observed wearing jewellery and/or nail polish. Hand washing practices were limited across all grades of staff and the use of alcohol gel was not observed throughout the inspection. This was discussed in detail with the manager and identified as an area for improvement.

A malodour was evident in identified patient bedrooms and on examination of the mattresses a number were found to be stained and not fit for purpose. These were immediately replaced during the inspection by the manager and a detailed review of all mattresses was scheduled to be undertaken. The manager further confirmed that a mattress audit would be commenced and completed on a monthly basis going forward.

Refurbishment of identified bedrooms was taking place during the inspection with further bedrooms scheduled over the next two months. In addition to the bedrooms other areas within the home were identified as needing repaired but had not been included in any plans. Multiple door frames, radiator covers, doors and identified over bed tables were damaged requiring repair or replacement. This was discussed with the manager who agreed to carry out a review of the home and devise a list of all areas that need refurbished. This was identified as an area for improvement.

On observation of identified patients in bed during meal delivery we observed patients to be inappropriately positioned and unsupervised with the potential risk of choking. On discussion with staff there was no delegation of staff to supervise patients within bedrooms during meal times only the dining room. We further identified that the registered nurses were not present in the dining room during lunch but care assistants stated that they would know how to raise the alarm if needed. This was discussed with the manager who acknowledged the potential risks and agreed to discuss this with all relevant staff and ensure that there is appropriate delegation of staff to supervise patients during meal times. This was identified as an area for improvement.

A number of audits were completed on a monthly basis by the manager and/or deputy manager to ensure the safe and effective delivery of care. Falls in the home were monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall. IPC, care records, wound care, hand hygiene and environment audits were also carried out monthly. However, on review of the issues identified during inspection a discussion was held with the management team around the effectiveness of the audits. This is discussed further in 6.6.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment and adult safeguarding.

Areas for improvement

The following areas were identified for improvement in relation to infection prevention and control (IPC), risk management and the home's environment.

	Regulations	Standards
Total number of areas for improvement	3	0

6.4 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 also reviewed the management of nutrition, patients' weight, management of falls and wound 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.

On review of a sample of repositioning records it was positive to note that the condition of the patient's skin was being recorded following each repositioning intervention, however, there were gaps identified within the charts where the patient had not been repositioned as per their care plan. The manager acknowledged the shortfalls in the documentation and agreed to review all patients care plans regarding pressure area care and to communicate with relevant staff to ensure that the frequency of repositioning is in accordance to the patients care plan. This was identified as an area for improvement.

A sample of dietary/fluid intake charts were reviewed which evidenced that there were inconsistencies in relation to the recording of the dietary type and fluid consistency to direct relevant care. This was an area for improvement which was identified at the previous care inspection and has been stated for a second time.

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 communication between staff and other key stakeholders.

Areas for improvement

The following areas were identified for improvement in relation to pressure area care.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 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.

Consideration around patient privacy within their own bedroom was discussed with the manager at the previous care inspection on 18 February 2019 who agreed that this would be discussed with patients and/or their representatives to establish a clear system of when patients do not wish to be disturbed and/or during personal hygiene interventions. On review of this area for improvement it has not been met and has been stated for a second time.

Discussion with patients and staff and review of the activity programme displayed in the lounges evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. On the day of the inspection there were two personal activity leaders (PAL's) on duty. One of the PAL's discussed the provision of activities and the current arrangements within the home to facilitate community involvement which was very positive and commended by the inspector, however, we observed limited interaction between staff and patients in the afternoon when the PAL's had completed their shift. Staff were visibly busy attending to patient's needs and were unable to spend quality time to sit with patients and offer comfort where necessary. This was discussed with the manager who had already identified that this required a review and was in the process of initiating a new system. This will be reviewed at a future inspection.

On review of the dining room it was identified that the menu was not on display. On discussion with the newly appointed chef, menus were currently being reviewed and new pictorial menus were being devised. The manager confirmed that this had been discussed with the chef and that progress was being made. This will be reviewed at a future inspection.

Consultation with ten patients individually, and with others in small groups, confirmed that living in Nightingale was a mostly positive experience.

Patient comments:

- "Staff are lovely here"
- "Most of the time it is ok. Can sometimes have to wait for a long time for staff to answer the bell"
- "Always short staffed"
- "The food is lovely"
- "Staff are very nice"

Representative's comments:

- "Feel that there is not enough staff to care for the patients"
- "Staff are kind and caring but not enough of them"
- "No concerns. I feel that care is good. Short staffed at times"

Visiting professional:

- "Good home. Staff able to use their own skills"

We also sought relatives' opinion on staffing via questionnaires. One response was received which did not indicate if it was a patient or a patient representative. The respondent was dissatisfied with the level of care across all four domains and raised concerns regarding staffing levels and high volume of falls due to lack of supervision. This was shared with the manager and assurances were provided that appropriate action had been taken to address staffing levels and increase supervision.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were 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.

Areas for improvement

There were no new areas for improvement identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

Since the last inspection there has been a change in management arrangements. Mrs Jennifer Willis took up position of manager in July 2019 and is awaiting registration. 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/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.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA which confirmed that records were maintained appropriately and notifications were submitted in accordance with regulation. The inspector also evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA and/or other relevant bodies appropriately.

There were ineffective auditing processes which failed to drive improvement and a lack of regulatory response in regard to the quality improvement plan (QIP) from the care inspection on 18 February 2019. As previously discussed in 6.3 the quality of management and governance audits maintained in the home were evidenced to be below a satisfactory standard. Action plans had not been devised for all audits where deficits were identified. Hand hygiene audits were identifying deficits which were evident by the overall percentage figure; however, there was no documented rationale for the deficit and no action plan to address what the issue was. This was discussed in detail with the manager and an area for improvement was identified.

It was of significant concern that the audits maintained in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 also failed to recognise the issues identified. Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis and copies of the report were available for patients, their representatives, staff and trust representatives.

Although the reports documented that audits had been carried out, they failed to fully identify the issues that were evident during the inspection in relation to the environment and deficits in IPC practices. This was discussed with Elaine McShane, Covering Regional Manager and assurances were provided that this information would be shared with the team to ensure that future monitoring visits review the content of the audits and establish appropriate action plans where necessary.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of notifiable events.

Areas for improvement

The following areas were identified for improvement in relation to quality governance 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 Jennifer Willis, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider 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 27 Stated: First time To be completed by: With Immediate effect	<p>The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: The identified issues commenced being addressed on the day of inspection. An Infection control audit and tracca has been completed. Findings from inspection, audit and tracca were discussed with staff under supervision, flash point and staff meetings. Staff have attended infection prevention control face to face training and in the process of completing the SOAR module. The Registered Manager will be monitoring compliance through the daily walkabout audit and monthly infection control audit.</p>
Area for improvement 2 Ref: Regulation 27 Stated: First time To be completed by: 13 November 2019	<p>The registered person shall ensure that a refurbishment plan is implemented in relation to the environment to include the repair or replacement of identified patient equipment and the refurbishment of doors, door frames and radiator covers in multiple areas throughout the home.</p> <p>A copy of the refurbishment plan, including timescales, should be submitted with the returned QIP.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: Thes submitted with the QIP</p>
Area for improvement 3 Ref: Regulation 27 (2) (t) Stated: First time To be completed by: With immediate effect	<p>The registered person shall, having regard to the number and needs of the patients, ensure that a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • Supervision of patients when in bed during meal times <p>Ref: 6.3</p>

	<p>Response by registered person detailing the actions taken: A Residents meeting was held to discuss each individual preference for location of dining. Care plans are in the process of being updated to include bedroom or dining room. Delegation of staff for residents having meals whilst in bed is now in place. Staff have been advised to ensure residents in bed are positioned appropriately before commencement of meal. IDDSI training has been arranged for 25th November. The Registered Manager will monitor compliance</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1 Ref: Standard 6 Stated: Second time</p>	<p>The registered person shall ensure that patients have control over who accesses their room and when this happens. Arrangements must be in place to ensure that patient's privacy is upheld. Ref: 6.1</p>
<p>To be completed by: 13 October 2019</p>	<p>Response by registered person detailing the actions taken: A Resident meeting to place to discuss this area of improvement and to establish resident choice. Care plans are to be put in place to reflect choice. Training and supervision commenced with staff in relation to the core values of dignity and respect. Registered Manager to monitor compliance through daily walk about. A review of door mechanisms is currently being undertaken by Health and Safety.</p>
<p>Area for improvement 2 Ref: Standard 4 Stated: Second time To be completed by: With Immediate effect</p>	<p>The registered person shall ensure that all nursing interventions are appropriate to the individual patients needs and supported by current evidence and best practice guidelines. Specific reference to fluid intake recording charts:</p> <ul style="list-style-type: none"> • Fluid target should be recorded on daily intake chart over 24 hours. • Dietary type and fluid consistency should be recorded on daily intake charts to direct relevant care. <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: The Registered manager and Deputy Manager have completed an audit on residents to ensure only those requiring dietary and fluid supplementary booklets are in place. The fluid consistency and target is recorded on supplementary booklet and in the care plan. The Registered manager has discussed with staff under supervision what action to take when fluid target is not met and how this should be recorded within the care plan. This has also been discussed at flash point and staff meetings. Compliance will be monitored during daily walk arounds and through the care Plan Traca .</p>

<p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 13 November 2019</p>	<p>The registered person shall ensure that there are clear and documented processes for the prevention, detection and treatment of pressure damage.</p> <p>With specific reference to ensuring:</p> <ul style="list-style-type: none"> • Where a patient has been repositioned the frequency should reflect the current care plan and state the intervention on each repositioning. <p>Ref: 6.4</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 13 November 2019</p>	<p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • Care records • IPC • Hand hygiene • Environment <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: A Care plan audit planner is now in place and updated following the completion of weekly care plan tracca. The named nurse allocation has been reviewed. Training on accountability, roles and responsibilities in keeping with NMC guidelines was completed 6th November. Infection prevention control audit completed, a link person is identified and has attended PHA training 28th October 2019. Hand hygiene audits are completed weekly at present and progressing to 85% compliance. Environmental deficits and improvements shall be monitored through the daily walk around.</p>

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



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