

# Unannounced Care Inspection Report 18 and 19 October 2017



## Hollywood

**Type of Service: Nursing Home**  
**Address: 221 Old Hollywood Road, Hollywood, BT18 9QS**  
**Tel no: 028 9042 6900**  
**Inspector: Dermot Walsh**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 71 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Healthcare  <b>Responsible Individual:</b> Dr Maureen Claire Royston	<b>Registered Manager:</b> See below
<b>Person in charge at the time of inspection:</b> Mrs Roxana Mitrea	<b>Date manager registered:</b> Mrs Roxana Mitrea (Acting – application pending)
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of registered places:</b> 71  A maximum of 18 patients in category NH-DE located on the Ground Floor and a maximum of 8 patients in categories NH-MP/MP(E) located in the Dunville Unit.

### 4.0 Inspection summary

An unannounced inspection took place on 18 October 2017 from 10.00 to 16.30 hours and on 19 October 2017 from 09.45 to 15.30 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the 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 governance processes relating to staff recruitment and management, quality assurance and service delivery; adult safeguarding, risk assessment, the culture and ethos of the home, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas requiring improvement were identified under regulation in relation to compliance with control of substances hazardous to health (COSHH) regulations and compliance with best practice in infection prevention and control (IPC). An area for improvement in respect of care planning has been stated for a second time.

Areas requiring improvement were identified under standards in relation to the environment, safe use of equipment and supplementary care records.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*3	4

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

Details of the Quality Improvement Plan (QIP) were discussed with Roxana Mitrea, Manager, and Elaine McShane, Resident Experience Support 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 13 and 14 March 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 13 and 14 March 2017. 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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection the inspector met with 11 patients, 12 staff and two patients' representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- duty rota for week commencing 9 October 2017
- 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
- one staff recruitment and induction file
- four patient care records
- four patients' daily care charts including bowel management, personal care, food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of minutes from staff meetings
- a selection of governance audits
- records pertaining to safeguarding
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability insurance
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistleblowing and any other communication received since the previous care inspection.

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

The findings of the inspection were provided to the manager and resident experience support manager at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 13 and 14 March 2017**

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 13 – 14 March 2017

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 12 (1) (a) (b) <b>Stated:</b> First time	The registered person must ensure good practice guidance is adhered to with regard to post falls management.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of accident records evidenced that this area for improvement has now been met.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 16 (1) (2) (b) (c) (d) <b>Stated:</b> First time	The registered persons must ensure that care plans are reviewed to confirm that they reflect the current care needs of patients and where appropriate, include recommendations made by visiting professionals.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of four patients' care records evidenced that two had not been updated to reflect the current needs of the patient.  This area for improvement has been partially met and has been stated for a second time.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 13 (1) (a) <b>Stated:</b> First time	The registered person must ensure that that patient treatment plans are adhered to. Fluid balance charts must be accurately maintained to evidence fluid intake.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Three fluid intake charts reviewed had been completed appropriately and were in accordance with the patients' care plan.	

<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 11 Criteria (1)  <b>Stated:</b> Second time	The registered person should review the programme of activities in the dementia unit to ensure meaningful activities are offered to patients.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the activities programme and discussion with the manager and personal activities leader (PAL) evidenced that this area for improvement is now met. See section 6.6 for further information.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 44  <b>Stated:</b> First time	The registered person should ensure that the ambient temperature in the home is reviewed to ensure that it is within recommended parameters.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the environment evidenced that the ambient temperature in the home was within recommended parameters. There were no concerns raised from staff, patients or patients' representatives in regard to the ambient temperature.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time	The registered person should ensure that the timing of meals is reviewed to ensure adequate gaps between mealtimes.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the times at which meals were served evidenced that this area for improvement has now been met. See section 6.6 for further information.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to a regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 9 October 2017 evidenced that the planned staffing levels were adhered to. Discussion with patients evidenced that there were no concerns regarding staffing levels. One respondent in a patient questionnaire indicated concern with the staffing level. One patient representative consulted expressed concern with staffing. Two staff consulted expressed concern with the staffing arrangements. All concerns were passed to the manager for review and action as appropriate. Observation of the delivery of care during the inspection evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection. Records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Supernumerary hours were in place during this time to enable new staff members to work alongside a more experienced staff member to gain knowledge of the home's routines, policies and procedures. Discussion with staff and the manager confirmed that where agency nursing and care staff were employed, the same staff were employed to ensure consistency of care. The manager and staff confirmed that agency staff received an induction in the home prior to commencing their first shift.

Discussion with the manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. The majority of staff were compliant with mandatory training requirements. Staff consulted confirmed that the training provided was relevant to their roles and responsibilities. Staff also confirmed that they have the opportunity to request further training pertinent to their role. Staff spoke positively in regard to recent training on a 'dementia care framework.' The completion of this training had been recently celebrated in the home and involved patients and their relatives/representatives who had the opportunity to participate in elements of the 'dementia care framework' training programme.

Discussion with the manager and staff and a review of records evidenced that staff supervision and appraisals had been conducted appropriately and a system was in place to ensure completion. Records had been maintained appropriately.

Competency and capability assessments for the nurse in charge of the home in the absence of the registered manager had been completed appropriately.



Discussion with the manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. An adult safeguarding champion had been identified.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. A review of accident records evidenced that the appropriate actions were taken following the accident and that the records had been maintained appropriately. RQIA had been suitably notified of accidents. This information informed 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 number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Bedrooms and communal areas were clean and spacious. The home was found to be warm, well decorated, fresh smelling and clean throughout. Fire exits were observed to be clear of clutter and obstruction. However, deficits were highlighted in regards to an area of flooring which was in need of replacement; exposed piping which had the potential of causing a burn hazard and the inappropriate use of an electrical cable which was a potential trip hazard. These weaknesses were discussed with the manager and identified as an area for improvement.

During the review of the environment, a door leading to an identified room containing harmful chemicals was observed accessible to patients. This was discussed with the manager and identified as an area for improvement in relation to compliance with COSHH regulations.

The following issues were not managed in accordance with infection, prevention and control best practice guidelines:

- the storage of incontinence products
- rusting shower chairs and commodes
- shower chairs not cleaned effectively after use
- personal protective equipment (PPE) dispenser not replenished

The above issues were discussed with the manager who provided assurance that these areas would be addressed with staff and measures taken to prevent recurrence. An area for improvement under regulation was made.

During the review of the environment, the pressure settings on two pressure alternating mattresses were observed to have been incorrectly set for patients. These observations were discussed with the manager and identified as an area for improvement.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to recruitment, training and development, monitoring of staff registrations, adult safeguarding and risk assessment.

**Areas for improvement**

Areas for improvement under regulation were identified in relation to COSHH and infection prevention and control practices within the home environment.

Areas for improvement under the standards were identified in relation to the environment and safe use of equipment.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	2

**6.5 Is care effective?**

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

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. However, a review of two of these patients’ care records evidenced that their care plans had not been updated to reflect the patients’ current needs. This was discussed with the manager and an area for improvement in this regard made at the previous inspection has been stated for the second time at this inspection.

Supplementary care charts such as reposition and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation. Shortfalls were evidenced in relation to bowel management records which were found to be recorded within a communal recording book and not transcribed into patients’ individual care records. This was discussed with the manager and identified as an area for improvement under standards.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including general practitioners, speech and language therapists, dieticians and/or tissue viability nurses.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that they received appropriate information at the handover to meet the needs of patients.

Discussion with staff and a review of minutes of staff meetings confirmed that regular staff meetings for registered nurses and care assistants had been conducted. Minutes of meetings were available for review and included dates, attendees, topics discussed and decisions made.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

A 'Quality of Life' (QOL) electronic feedback system was available at the entrance to the home. The manager confirmed that the home aimed to achieve service feedback from a variety of staff; visiting professionals; patients and patient representatives.

The manager confirmed that they operate an 'open door policy' and are available to discuss any issues with staff, patients and/or relatives. The manager also confirmed that they would undertake daily recorded walks around the home and would avail of the opportunity to engage with patients and relatives at this time. An electronic notice board was maintained at the entrance to the home which provided pertinent information for patients and a range of visitors.

The manager confirmed that a coffee morning was hosted in the home on a weekly basis and patients and their representatives were welcomed to attend. The manager also confirmed that they would aim to achieve patient/patient representative meetings twice yearly. There was evidence that a patient/representative meeting had been conducted on 27 July 2017.

Patients spoken with 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 patient assessment and communication between patients, staff and other key stakeholders.

### Areas for improvement

An area for improvement under regulation has been stated for the second time in relation to care planning.

An area for improvement under the standards was identified in relation to supplementary care records.

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

### 6.6 Is care compassionate?

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

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with 11 patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed chatting with patients when assisting them. Staff were also observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

One patient representative, two staff and one respondent within a patient's questionnaire expressed concerns regarding call bell response times. This was discussed with the manager who provided evidence of audits in relation to call bell response times. The manager confirmed that they would increase the frequency of this audit and action as appropriate in order to drive improvement.

The serving of lunch was observed in the dining room on the first floor within the Seapark Unit. Lunch commenced at 12.50 hours. Staff confirmed that breakfast was served at 09.00 hours and that the evening meal was served at 17.00 hours. An area for improvement made in this regard has now been met. A menu was displayed on the wall of the dining room which reflected the food being served. Patients were seated around tables which had been appropriately laid for the meal. The mealtime was well supervised with food being served when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. Staff were organised to assist patients in the patients' preferred dining area. Food was covered when transferred from the dining room. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals. Patients were observed to wear the same aprons as staff for the purpose of clothing protectors. This was discussed with the manager and identified as an area for improvement. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Discussion with the manager and the personal activities leader (PAL) confirmed that since the previous inspection a second PAL had been employed to assist in the provision of activities. An updated activities board was maintained within the dementia unit. The PAL confirmed the range of activities provided which included one to one activities such as hand massage, reading and/or reminiscence. Patients were observed playing games with staff during the inspection in the dementia unit.

Twelve staff members were consulted to determine their views on the quality of care within the home. Ten staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Five of the questionnaires were returned within the timescale for inclusion in the report.

Some staff comments were as follows:

"It's really really good here. Always interesting."

"I really like working here."

"It has its ups and downs but I love working here."

"I love it here."

"I don't think we have enough staff on duty."

"It's brilliant."

"I like it here, have no complaints."

Eleven patients were consulted during the inspection. Eight patient questionnaires were left in the home for completion. Five of the patient questionnaires were returned. The respondents indicated that they were 'satisfied' or 'very satisfied' with the care provided to them.

Some patient comments were as follows:

- “The staff are very pleasant.”
- “It’s very nice here and the staff are very nice.”
- “Not enough staff for the amount of residents. Staff always very busy.”
- “I’m comfortable here. I can’t complain.”
- “It’s very good. Staff are very conscientious.”

Two patient representatives were consulted during the inspection.

Some patient representative comments were as follows:

- “The care is very good. The home is very clean. You’ll get no complaints here.”
- “The staff are extremely good and pleasant. Sometimes the response is slow.”

Ten relative questionnaires were left in the home for completion. None of the relative questionnaires were returned within the timeframe for inclusion in the report.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the manager for 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**

An area for improvement was identified under standards in relation to the mealtime experience for patients.

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

**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.**

During the inspection the manager confirmed that they were in the process of making an application for registration of manager to RQIA.

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the manager evidenced that the home was operating within its registered categories of care.

Discussion with the manager and review of the home’s complaints record evidenced that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. A copy of the complaints procedure was displayed at the reception area in the home.

A compliments file was maintained to record and evidence compliments received.

Some examples of compliments received are as follows:

“Thank you very much for caring and looking after .... You all do a wonderful job and we greatly appreciate it.”

“... wish to thank you for the contribution your team made to my mother’s stay. We have been greatly comforted by the quality of care.”

“You all do an excellent job and your hard work is very much appreciated.”

Discussion with the manager evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, regular audits were completed in accordance with best practice guidance in relation to accidents; incidents; complaints; care plans; medication; staff training and infection prevention and control. Patient care record audits were reviewed. The audits were conducted monthly and actions taken to address shortfalls were identified within the auditing records.

Staff consulted confirmed that when they raised a concern, the home’s management would take their concerns seriously.

Discussion with the 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.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

**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**

No areas for improvement were identified during the inspection.

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

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Roxana Mitrea, Manager, and Elaine McShane, Resident Experience Support 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 16 (1) (2) (b) (c) (d)  <b>Stated:</b> Second time  <b>To be completed by:</b> 26 October 2017	<p>The registered persons must ensure that care plans are reviewed to confirm that they reflect the current care needs of patients and where appropriate, include recommendations made by visiting professionals.</p> <p>Ref: Section 6.2 and 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All files are being re-audited using TracaD and Resident Care Traca to identify any deficits-if found will be addressed.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered persons shall ensure that all chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health.</p> <p>Ref: Section 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Supervisions carried out with the entire staff in the home regarding COSHH policy.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 October 2017	<p>The registered persons must ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>Robust systems must be in place to ensure compliance with best practice in infection prevention and control within the home.</p> <p>Ref: Section 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> New shower chairs and commode chairs have been purchased as identified on inspection and a new audit has been devised and is in place to monitor infection control further.</p>



<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2017</p>	<p>The registered persons shall ensure that the environmental issues identified are maintained in keeping with legislative and best practice standards.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> A quote has been obtained and authorised for new flooring as identified on inspection.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 45</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 that equipment used within the home is used safely and in accordance with the manufacturer's guidelines.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Stickers are now available on each mattress pump to indicate the correct setting for the individual resident</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4 Criteria (9)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 November 2017</p>	<p>The registered persons shall ensure that bowel management is recorded contemporaneously on individual patient care records.</p> <p>Ref: Section 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Supervisions are being held with the care staff in relation to recording bowel motions and pattern. This will be monitored by the HM and DM.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 12 Criteria (25)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 November 2017</p>	<p>The registered persons shall ensure that dignified clothing protectors are provided for patients who require this form of provision.</p> <p>Ref: Section 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> One resident has a care plan in place for the use of plastic apron, staff have been informed at staff meeting regarding the use of dignified clothing protectors-this is being monitored by the HM and DM.</p>



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