



Unannounced Care Inspection Report 19 November 2018



Templemoyle

Type of Service: Nursing Home (NH)
Address: 41a Whitehill Road, Eglinton, BT47 3JT
Tel No: 0287181 1461
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.

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 30 persons.

3.0 Service details

Organisation/Registered Provider: Elizabeth Kathleen Mary Lisk Responsible Individual: Elizabeth Kathleen Mary Lisk	Registered Manager: Jeya Pratheeksha
Person in charge at the time of inspection: Jeya Pratheeksha	Date manager registered: 9 January 2015
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of registered places: 30

4.0 Inspection summary

An unannounced inspection took place on 19 November 2018 from 09.15 to 16.15 hours.

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

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

Evidence of good practice was found in relation to care delivery, and staffing arrangements. Good working relationships were maintained and patients' opinions were sought and valued. Patients were treated with dignity and privacy was maintained.

An area for improvement was identified under regulation in relation to obtaining neurological observations following unwitnessed falls.

Areas for improvement were identified under care standards in relation to, compliance with best practice in infection prevention (IPC), maintaining communication records with other healthcare professionals, recording of activities in the absence of the activity therapist and management systems are in place to ensure the safe delivery of quality care.

Patients described living in the home in positive terms.

"The staff are great"

"Very happy living here. The staff do as much as they can for you"

"Glad to be living here"

Patients were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	4

Details of the Quality Improvement Plan (QIP) were discussed with Jeya Pratheeksha, registered 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 23 October 2018

The most recent inspection of the home was a medicines management inspection undertaken on 23 October 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the home
- 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 seven patients, two visiting professionals and six staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with a 'Have we missed you card' which was then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed at the main entrance of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- duty rota for all staff from 12 November to 25 November 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- complaints record
- compliments received
- RQIA registration certificate
- Public liability Insurance 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, not met or partially 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 23 October 2018

The most recent inspection of the home was an unannounced medicines management inspection.

The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection to ensure that improvements made have been sustained.

6.2 Review of areas for improvement from the last care inspection dated 4 August 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
<p>Area for improvement 1</p> <p>Ref: Regulation 12 (1) (a)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons must ensure that the treatment and care provided to each patient meets their individual needs and reflects current best practice in respect of wound care.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that a patient with a wound had a relevant care plan in place and staff were following instructions as recommended by the Tissue Viability Nurse. Records of the dressing regime and review of the care plan were available and up to date at the time of inspection.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that the IPC issues identified at the previous inspection were addressed.</p>	Met
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all medicines are stored safely and securely within the home at all times.</p> <p>Action taken as confirmed during the inspection: Medicines were stored safely and securely on the day of inspection.</p>	Met

<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (a)(c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that chemicals are stored in keeping with COSHH regulations.</p> <hr/> <p>Action taken as confirmed during the inspection: Inspector confirmed that chemicals were stored in keeping with COSHH regulations at the time of inspection.</p>	Met
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the internal environment is maintained in such a manner as to promote and ensure the safety and well-being of patients at all times. This relates specifically to the maintenance store within the home.</p> <hr/> <p>Action taken as confirmed during the inspection: The maintenance store within the home was locked at the time of inspection.</p>	Met
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 4 (9)</p> <p>Stated: Second time</p> <p>To be completed by: 15 September 2018</p>	<p>The registered person shall ensure that staff receives training and or supervision in developing care plans.</p> <hr/> <p>Action taken as confirmed during the inspection: Inspector confirmed that staff had received training in record keeping relating to developing care plans.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in relation to the provision of nutritional care for all patients:</p> <ul style="list-style-type: none"> • that care plan(s) are in place which accurately describe the assessed needs of patients, including both foodstuffs and fluids • that the nutritional needs of patients will be effectively and accurately communicated between nursing and kitchen staff <hr/> <p>Action taken as confirmed during the inspection: Inspector confirmed that identified patient folders had care plans in place regarding their dietary needs including both foodstuffs and fluids and these details were communicated between the nursing and kitchen staff.</p>	Met

<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in relation to pressure relief care for all patients:</p> <ul style="list-style-type: none"> • that care plan(s) and any relevant supplementary risk assessments/records will be reviewed in a timely manner and/or in keeping with any changes in the patient's assessed pressure area care needs • that staff will provide pressure area care in compliance with the prescribed care and shall document the delivery of such care in a contemporaneous and accurate manner at all times <p>Action taken as confirmed during the inspection: Identified patient folders had care plans in place and relevant supplementary risk assessments/records were reviewed in a timely manner. This was in keeping with any changes in the patient's assessed pressure area care needs and documentation evidenced the delivery of such care in a contemporaneous and accurate manner.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in relation to the dining experience of patients:</p> <ul style="list-style-type: none"> • that an accurate menu will be on display for patients within all dining areas and which is presented in an easy to read format for patients • that care staff will serve meals in a manner which promotes the dining experience of patients • that meals will be appropriately covered when being transported by staff from the dining area to patients' bedrooms <p>Action taken as confirmed during the inspection: On the day of inspection staff were observed serving meals in a manner which promoted the dining experience for the patient's. Meals were appropriately covered when being transported from the dining room to the patient's bedroom. The menu was accurate on the day of the inspection.</p>	<p>Met</p>

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 19 November to 25 November 2018 evidenced that the planned staffing levels were adhered to. The registered manager was identified to be scheduled on the rota for two shifts the week commencing the 19 November 2018 but stated that this was not a regular occurrence. 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.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that they felt supported by the home manager and that they worked well together as a team. Comments included, "I really like working here". We also sought staff opinion on staffing via the online survey although nil responded within the required time frame post inspection.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Templemoyle. We also sought the opinion of patients on staffing via questionnaires. Three patient questionnaires were returned indicating that they were very satisfied with the service provision across all four domains.

Review of one staff recruitment file evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also 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.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC).

We discussed the provision of mandatory training with staff and reviewed staff training records for an area identified during the previous care inspection regarding care plan training. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of DHSSPS Care Standards for Nursing Homes 2015. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients and the monitoring of care plans.

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

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

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation. However, it was identified that following an unwitnessed fall staff did not obtain neurological observations. This was discussed with the registered manager who advised that this would be implemented immediately into practice. An area of improvement was identified under regulation.

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

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm and fresh smelling throughout. Fire exits and corridors were observed to be clear of clutter and obstruction.

The following issues were identified which were not managed in accordance with best practice guidelines on infection prevention and control (IPC):

- identified shower chair and toilet seat not cleaned effectively following use
- inappropriate disposal of PPE
- underneath identified soap/hand paper towel dispensers not thoroughly cleaned
- no evidence of a schedule to renew oxygen tubing/nasal spectacles.

The above issues were discussed with the registered manager and an assurance was provided that these areas would be addressed with staff and measures taken to prevent recurrence. This is discussed further in 6.7. An area for improvement was made under care standards.

The door to an identified linen store was unable to close fully. This was brought to the attention of the registered manager as an area requiring immediate action due to the fact that this was a fire door. The manager notified the maintenance personnel immediately. This was then followed up in an email confirming that the door had been fixed.

The door to two identified sluice rooms were unlocked. There were no chemicals evident inside but the environment posed a potential risk to patients. This was discussed with the registered manager and assurances were received that both doors would be kept locked going forward. Further review of the doors on inspection identified that they were locked.

A number of trip hazards were identified in a patient's bedroom. This was discussed with the registered manager and it was agreed that the layout of the room would be reviewed to minimise the risk of trip hazards.

Areas of good practice

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

Areas for improvement

An area for improvement was identified under regulation in relation to post falls management.

An area for improvement was identified under care standards in relation to compliance with best practice in infection prevention and control (IPC).

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

Review of three patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of infections and wound care. A daily record had been maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. Supplementary care charts such as food and fluid intake, repositioning records and elimination records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician. However, one patient's care record did not have any written advice from SALT regarding the revised swallowing assessment. The registered manager advised that she had spoken with SALT via a telephone conversation two weeks prior to the inspection and was assured that a copy of the revised swallowing assessment and recommendations would be sent in the post. There was no evidence of the registered manager's conversation and an area of improvement under standards was made regarding effective documentation of all communications with health care professionals.

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

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Areas of good practice

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

Areas for improvement

An area for improvement was identified under standards in relation to the accurate recording of conversations with Health Care Professionals.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

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

We arrived in the home at 09.15 hours and were greeted by staff who were helpful and attentive. Patients were seated mainly within one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

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

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality. However, a notice was observed above an identified patient's bed regarding dietary requirements. This was discussed with the registered manager given the lack of and consideration of dignity and privacy for the patient. The registered manager advised that she would remove the notice and educate staff going forward.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. However, on the day of the inspection there was no activity therapist as currently on leave. The staff were observed communicating with the patient's and putting on

music or a movie of their choice. The registered manager had stated that she had devised a new form for care staff to record activities however this was not observed on the day of the inspection. This was identified at the previous care inspection regarding the importance of ensuring that social stimulation for patients is effectively addressed and recorded in the absence of the activity therapist. The home must ensure that activity provision is maintained when the activity therapist is on planned or unplanned leave. An area for improvement was identified under standards.

Patients' bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. Patients and staff spoken with were complimentary in respect of the home's environment, however, torn fabric was observed on the arm rests of identified chairs. This was discussed with the registered manager who agreed to remove these chairs and arrange suitable replacement.

We observed the serving of the lunchtime meal. Lunch commenced at 12.45 hours. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime and were observed to encourage patients with their meals in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors as required. A range of drinks were offered to patients and they appeared to enjoy the mealtime experience. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. On review of the menu which was on display within the dining room it was identified that the format was difficult to read. This was discussed with the registered manager who advised that new white boards were to be ordered so as to display the menu in a more easy to read format.

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

"Thank you all for your kindness and diligence towards"

"Thank you so much for all that you have done for my"

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

Patient comments:

"Any concerns the manager sorts it out."

"I love it here. Feel very safe."

"Very happy living here. The staff do as much as they can for you."

"Happy living here. The staff are great."

Visiting Professional's comments:

Two visiting professionals did not raise any concerns regarding the home or the staff. "Staff very good."

Representative's comments:

One questionnaire was returned which did not identify if they were from a patient or a patients' representative. The respondent was satisfied with the service provision across all four domains.

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

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

An area for improvement was identified under standards in relation to recording activities in the absence of the activity therapist

	Regulations	Standards
Total number of areas for improvement	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.

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

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. Staff had access to on line training. The equality data collected was managed in line with best practice.

In addition to the IPC issues listed in 6.4, limited availability of PPE dispensers, and incorrect colour coding of identified laundry bags were discussed with the registered manager and a more robust auditing system is required. This was identified as an area for improvement.

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 quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Copies of the report were available for patients, their representatives, staff and trust representatives.

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

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

Areas of good practice

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

Areas for improvement

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

	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 Jeya Pratheeksha, registered manager as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all unwitnessed falls are managed in line with current best practice and that neurological observations are obtained.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: With any unwitnessed falls there is now a neurological observations and these are recored. All trained staff have been informed of this and it is being audited monthly.</p>
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Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the environmental issues identified in the main body of the report are managed effectively to minimise the risk of infection for staff, residents and visitors.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Shower chair has decontamination has bee added to the weekly decontamination for each of the floors. Various items like better placed PPE dispensers have been ordered. New colour coded bags are now in place for the laundry trolleys. Underneath of all soap and hond towel disoensers have been replaced. Staff have been reminded that Sluice room doors must remain locked at all times. There is now a schedule for changing any oxygen tubing and nasal spectacles.</p>
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<p>Area for improvement 2</p> <p>Ref: Standard 21</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that any guidance or direction sought or provided from the multiprofessional team is fully recorded in the patient care records.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Any multiprofessional team discussions will be recored in the care file. All staff have been made aware of the importance of taking note of any telephone conversations.</p>
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<p>Area for improvement 3</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that when the activity co-ordinator is on planned or unplanned leave, a meaningful activity program is maintained. Records must clearly reflect that such activities have taken place clearly stating the date, time and person providing the activity.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: This has now been implemented, care staff are maintaining activities in the absence of the the activity co-ordinator. These activities are reflected in the care file. A new activity co-ordinator has been appointed after the resignation of the previous co-ordinator.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that robust environmental audits are maintained to quality assure the standard of hygiene in the home.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Various items like better placed PPE dispensers have been ordered. New colour coded bags are now in place for the laundry trolleys</p>

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



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