



# Unannounced Care Inspection Report

## 30 April 2019



## Lisburn Care Home

**Type of Service: Nursing Home**

**Address: 119a Hillsborough Road, Lisburn, BT28 1JX**

**Tel No: 028 9266 6763**

**Inspector: Julie Palmer**

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Assurance, Challenge and Improvement in Health and Social Care

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

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 38 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual:</b> Dr Maureen Claire Royston	<b>Registered Manager and date registered:</b> Jennifer Willis Application received - "registration pending".
<b>Person in charge at the time of inspection:</b> Christine Yabut - Registered Nurse	<b>Number of registered places:</b> 38
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 24 The home is also approved to provide care on a day basis to 1 person.

### 4.0 Inspection summary

An unannounced inspection took place on 30 April 2019 from 09.05 hours to 18.10 hours. The inspection was undertaken by the care inspector.

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

Evidence of good practice was found in relation to staffing, risk management, care records, communication, the quality of the food, activities, the culture and ethos in the home and governance arrangements.

Areas requiring improvement were identified in relation to reviewing night time staffing levels, carrying out repairs in an identified shower room, effective cleaning of identified areas, storage of equipment, timing of meals, management of catheter care and identifying the manager's working arrangements on the duty rota.

Patients described living in the home as being a generally good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and 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
<b>Total number of areas for improvement</b>	0	*7

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

Details of the Quality Improvement Plan (QIP) were discussed with Karen Blair, manager of another home in the group, who was providing cover as the manager was on leave, 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 10 December 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 10 December 2018. No further actions were required to be taken following this most recent 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 including estates, medicines management and finance issues, 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 22 April to 5 May 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 reports of visits by the registered provider from October 2018
- staff supervision/appraisal schedule
- 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 outstanding areas for improvement from previous inspections

Areas of improvement identified at the previous care inspection have been reviewed. Of the total number of areas for improvement three were met, one was not met. Areas of improvement had been identified in relation to safe storage of cleaning agents/chemicals, ensuring care plans reflected recommendations of other health care professionals and respecting patients' rights to privacy and dignity; these three areas were met. A fourth area of improvement relating to the timing of meals was not met and has been included in the QIP at the back of this report.

There were no areas for improvement identified as a result of the last medicines management inspection.

## 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.**

The manager confirmed the planned daily staffing levels for the home. A review of the staffing rota from 22 April to 5 May 2019 evidenced that the planned daily staffing levels were adhered to.

Staff spoken with were satisfied with staffing levels, they stated there were occasional issues with short notice leave but that this was unavoidable and shifts were generally 'covered'. We also sought staff opinion on staffing via the online survey; no responses were received.

The majority of patients spoken with were satisfied that there were enough staff on duty. However three of the 11 patients spoken with commented that in relation to staffing levels:

- “Not good at night, not enough staff”
- “Very short.”
- “Could do with more.”

Patients’ visitors spoken with were satisfied there were enough staff on duty with only one commenting that “staffing levels a bit low”.

Comments made about staffing levels were discussed with the manager who confirmed that staffing levels were kept under review to ensure the assessed needs of patients were met and patient dependency levels were reassessed monthly. However, following feedback from patients spoken with during the inspection, night time staffing levels should be reviewed by the manager in order to ensure there are sufficient staff on duty to meet the assessed care needs of patients. An area for improvement was identified in relation to reviewing night time staffing levels.

We also sought the opinion of patients and patients’ visitors on staffing levels via questionnaires; no responses were received.

During the inspection we observed that call bells were answered promptly and that staff provided appropriate assistance to patients in a caring and timely manner. Patients’ needs were met by the levels and skill mix of staff on duty.

Review of two staff recruitment and induction files evidenced that appropriate pre-employment checks, for example enhanced criminal checks, had been completed to ensure staff were suitable to work with patients in the home prior to commencing work there.

Review of records confirmed there was a system in place to monitor the registration status of registered nurses with the NMC and care staff with the NISCC and this clearly identified the registration status of all staff.

Discussion with staff confirmed that they had completed a period of induction and were knowledgeable regarding their roles and responsibilities. Review of records confirmed there was a supervision and appraisal schedule in operation and records of supervision and appraisals were maintained.

Discussion with staff confirmed they were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding, whistleblowing and their duty to report concerns. Review of records confirmed that in the event of a safeguarding issue arising regional protocols were followed and the relevant authorities were notified.

We observed staff adhering to infection prevention and control (IPC) measures in the home. Personal protective equipment (PPE), for example aprons and gloves, were available and appropriately used by staff.

A review of the home’s environment was carried out and included observations of a sample of bedrooms, bathrooms, shower rooms, lounges, storage areas, sluices, the laundry room, the activity room and the dining room. The home was found to be warm and generally fresh smelling and clean throughout. However, we observed that in one identified shower room there was a small pool of water on the floor and a ‘musty’ smell was evident. More effective cleaning was also

required to identified areas in other bathrooms and shower rooms reviewed. An area of improvement was identified to ensure compliance with best practice in infection prevention and control.

We also observed that in another identified shower room, tiles needed to be replaced in the shower area and there was no signage to indicate the shower should not be used. An area of improvement was identified to ensure the premises were maintained in a suitable condition.

Since the inspection the manager has confirmed that the identified shower room has been clearly designated as out of use and approved for refurbishment, although dates for this have not yet been arranged.

Patient's bedrooms were observed to be warm, clean and personalised. Review of the monthly reports by the registered provider evidenced that the manager had been tasked with identifying which bedrooms needed to be refurbished in order to maintain a pleasant and well decorated living environment for patients.

Patients spoken with were complimentary about the environment, comments included:

- "Well run, clean home."
- "Cleanliness is first class."
- "Couldn't get a better place."

The activity room was brightly decorated and well equipped with games, books, jigsaws and arts and crafts materials.

Observation of the domestic store and discussion with domestic staff confirmed that this was kept locked at all times and cleaning agents/chemicals were not accessible. This had been identified as an area for improvement at the previous care inspection and we were satisfied compliance had been met in this area.

We observed that, throughout the home, equipment was not always appropriately stored. For example, the hairdressing room was cluttered and untidy; equipment stored in the room included a hoist, a stedy, a wheelchair and a seated scale, there was also a pressure relieving cushion and a cot bumper on the floor in the corner. Three commodes and four commode lids were stored in an identified shower room. An area for improvement was identified in relation to ensuring appropriate storage of equipment.

Review of care records evidenced that a range of validated risk assessments were completed and informed the care planning process for patients. Where practices were in use, for example bedrails, that could potentially restrict a patient's choice and control, validated risk assessments and care plans were in place, consent was obtained and care plans were reviewed regularly. A monthly audit was also completed to review this area.

Discussion with the 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 and an action plan was devised if necessary.

Fire exits and corridors were observed to be clear of clutter and obstruction. Review of records confirmed staff had received mandatory training in fire safety.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, risk management and planned refurbishment of patient’s bedrooms.

**Areas for improvement**

Four areas were identified for improvement in relation to reviewing night time staffing levels, ensuring effective cleaning of identified areas in shower rooms and bathrooms, designating the identified shower room as out of use and arranging suitable repairs/refurbishment and appropriate storage of equipment.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	4

**6.4 Is care effective?**

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

Observation of care delivery and the daily routine in the home evidenced that patients care needs were met. Patients appeared to be comfortable, content and settled in their surroundings and spoke positively about the care provided, comments included:

- “I’ve no complaints.”
- “Very good care.”
- “They look after me alright here.”

Patients’ visitors spoken with were also satisfied with the care provided, comments included:

- “... is kept tidy and staff pay attention to detail.”
- “Care is excellent, no problems.”

The timing of meals had been identified as an area for improvement at the previous care inspection and we observed the times that meals and snacks were offered throughout the day. When we arrived at 09.05 hours patients were having breakfast in their bedroom or the dining room as they preferred. A mid-morning drink and snack was served around 11.15 hours. Lunch was served in the dining room at 12.30 hours. Patients were also offered a cup of tea and a snack mid-afternoon and the evening meal was served in the dining room at 16.35 hours. The timing of the evening meal had not changed since the previous care inspection and there was still not sufficient time between meals and snacks; this area for improvement had not been met and will be stated for a second time.

Patients and patients’ visitors spoken with about the timing of meals commented that:

- “Meals are too close together, I have to plan visits round these and ... seems to spend a long time in the dining room.”
- “Meals might be too close together.”

However, all patients and patients' visitors spoken with were complimentary about the food on offer, comments included:

- "The food's lovely."
- "Two choices for food every day."
- "The food is good enough."
- "Food is good, they excel at this."

We observed the serving of lunch in the dining room. The dining room was nicely decorated, clean, tidy and welcoming with a radio playing in the background. Menus were displayed on the tables and condiments were available. Patients were assisted into the dining room by staff and clothing protectors were available if required. Staff were observed carrying out hand hygiene at appropriate times and were also wearing aprons. Patients were offered a selection of drinks throughout the meal and staff demonstrated their knowledge of how to thicken fluids if required. A registered nurse was in attendance for the majority of the mealtime and patients were seen to enjoy a good rapport with all staff throughout the meal.

The chef was in attendance and served the meal from a heated trolley; there was soup to start with and two choices for main meal, roast ham or smoked fish. The food smelled appetising, it was well presented and appeared to be nutritious. One patient paid the chef a compliment when she said "your soup is lovely but then it always is" and another told him "that was a lovely meal as usual, thank you".

Staff were observed to appropriately assist patients throughout the meal. There was a pleasant atmosphere between staff and patients and it was obvious staff knew the patients well and were aware of their individual likes and dislikes. Staff were observed to have an efficient and effective system in place to ensure those patients who required meals to be taken to their rooms and/or required a modified diet were catered for in a timely and caring manner. The mealtime was calm, relaxed and unhurried.

Review of three patients care records evidenced that patients' nutritional needs had been identified and validated risk assessments were completed to inform care planning. Patients' weights were monitored on at least a monthly basis and there was evidence of referral to, and recommendations from, the dietician and the speech and language therapist (SLT) where required. Review of supplemental care records evidenced that patients' daily food and fluid intake was recorded and these records were up to date.

We spoke with a dietician who was in the home to review a newly admitted patient. She confirmed that patients' weights were reviewed monthly via the dietetic virtual ward round and that a visit was then arranged if any concerns were identified. It was her first visit to the home but she stated her colleagues had not identified any concerns with management in this area of patient care.

We also reviewed the management of falls, wounds and pressure area care. Care plans were in place to direct the care required and reflected the assessed needs of the patients. Care records contained details of the specific care requirements in the areas reviewed and a daily record was maintained to evidence the delivery of care. Care records reflected that, where necessary, referrals were made to other healthcare professionals. Care plans reviewed had been updated to reflect recommendations made by other healthcare professionals; this had been identified as an area for improvement at the previous care inspection.

Care records reflected that were there was a wound the relevant assessments, body maps and care plans were in place to direct the care required. There was evidence of referral to other healthcare professionals. Care plans reflected the recommendations of other healthcare professionals; this had been identified as an area for improvement and had been met. Wound charts, daily care records and supplemental care records reviewed were up to date.

Validated risk assessments and care plans were also in place to direct care for the prevention of pressure ulcers. Review of repositioning charts evidenced that records were up to date and repositioning was carried out in accordance with the patients' care plan.

We reviewed the management of falls and the care records evidenced that validated risk assessments and care plans were in place to direct the care required. Staff spoken with demonstrated their knowledge of how to care for a patient who had had a fall. Where a fall had occurred we observed that the appropriate risk assessments and care plans had been updated as necessary.

Whilst reviewing the environment we observed that one patient who was still in bed was not afforded effective catheter management; a stand which was available for the patient's catheter bag had not been used. We spoke with the patient and ensured they were not in any discomfort and alerted staff who ensured the catheter bag was immediately attached to the stand. We also observed that later in the morning the catheter bag had been disconnected but had not been emptied or disposed of and, whilst it was not visible from the doorway, it had been left at the end of the patient's bed. Staff immediately took action to resolve the issue once alerted to it and apologised for their lack of oversight in this area. As catheter management did not follow best practice guidelines in IPC an area for improvement was identified.

Throughout the inspection we observed that staff took time to communicate with patients, it was obvious they knew the patients well and understood their likes and dislikes. Staff spoken with confirmed they attended a handover at the beginning of each shift and they understood the importance of maintaining confidentiality when discussing patient information.

Patients and patients' visitors spoken with did not express any concerns regarding communication and stated they had been consulted with about care planning.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the quality of the food, record keeping, management of falls and communication between staff, patients and other professionals.

### **Areas for improvement**

One additional area was identified for improvement in this domain in relation to ensuring effective catheter management is provided at all times.

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

During the inspection we spoke with 11 patients about their experience of living in Lisburn Care Home. Patients spoken with remarked positively about living in the home and about the care provided, they said they felt safe and happy living there. Those patients who were unable to express their views appeared to be content and relaxed in their surroundings and in their interactions with staff. Comments from patients included:

- “Staff go out of their way to help you.”
- “I’m quite happy here.”
- “I’m very happy here.”
- “Not my home but fine.”
- “Everybody is friendly.”

We spoke with eight patients’ visitors and they also commented positively about the care and support provided in the home, comments included:

- “I’m happy, mum is safe and well looked after.”
- “Good care and nice staff.”

Patients’ visitors also confirmed they were consulted about care planning for their relative and were kept well informed of any changes with regular communication from staff.

We also sought the opinion of patients and patients’ visitors on the care provided via questionnaires; no responses were received.

Staff spoken with demonstrated their knowledge of planning care for their patients and also of the importance of evaluating the care provided to ensure it was effective. Staff interactions with patients were observed to be compassionate and caring; patients were treated with dignity and respect by staff. Staff were observed to knock on bedroom and bathroom doors prior to entering rooms and to keep doors closed when assisting patients. We observed that arrangements for healthcare provided patients their right to privacy and dignity; this had been identified as an area for improvement at the previous care inspection and had been met.

We spoke with the activity co-ordinator on duty and also observed an arts and crafts activity session. Patients involved in the session were enthusiastic about the activities on offer and appeared to be enjoying themselves, there was lots of chat, pleasant music was playing in the background and the atmosphere was calm and welcoming. The activity co-ordinator confirmed that activities on offer were regularly reviewed and patients’ opinion was sought on what activities they would enjoy. Patients were also consulted on their spiritual needs and how they would like these to be met. A record was kept of activities offered and how patients participated in and enjoyed the session.

Other activities on offer included a weekly armchair exercise class, pamper day and reminiscence session; there were also games, books, magazines, music and jigsaws available. The activity co-ordinator arranged to take those patients who were able to the local civic centre to watch a movie or out for coffee on occasions, she spoke positively about the benefits of this community engagement and involvement for the patients.

We observed that a record was kept of verbal compliments and thank you cards received in the home, compliments included:

- “Thank you for being part of my life.”
- “Many thanks for your care.”
- “I would like to express my sincere thanks to all of you for the respect, care and attention given to my mum.”

Training was provided to enable staff to competently meet the needs of all patients, for example, staff had attended dementia awareness training in April 2019. Staff spoken with commented positively about how useful and informative this had been. We observed that staff communicated effectively with patients and also with each other. The atmosphere within the home was pleasant and relaxed and patients were seen to be treated with kindness; the culture and ethos within the home was positive and patients spoken with said they felt staff listened to them.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, treating patients with dignity and privacy, listening to and valuing patients and the activities on offer.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations within the home confirmed that it was operating within the categories of care registered.

There has been no change in management arrangements since the last inspection. A review of the duty rota evidenced that the manager’s hours and the capacity in which these were worked were not clearly recorded unless she was working on the floor; an area for improvement was identified.

Staff spoken with commented positively about working in the home, they felt teamwork was good and the manager was approachable. Comments made by staff included:

- “I like it here.”
- “It’s a good place to work.”

Patients spoken with appeared to know the manager well and felt all staff took their opinions and views on board.

Patients’ visitors spoken with knew who the manager was although one commented that “she wouldn’t be terribly visible”. Another commented that there had been different managers over the last few years and “this has been obvious” although “things definitely improving and staff seem happier”. These comments were brought to the attention of the manager at the conclusion of the inspection, she confirmed relatives’ meetings were arranged and the home would continue to offer these along with an open door policy for access to the manager.

We observed that there was a system in place for recording complaints received and a monthly analysis of complaints was completed. The complaints procedure was clearly displayed in the entrance of the home.

Discussion with the manager and review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

We reviewed a sample of reports of monthly monitoring visits by the registered provider; these included evidence of consultation with patients, patients’ visitors and staff and a review of the environment. An action plan was in evidence and this detailed the improvement required, by whom and the completion date for resolution.

Staff spoken with were aware of their responsibilities around maintaining patient confidentiality and information.

Observation of staff interactions with patients evidenced friendly and sensitive communication that met the patients’ individual needs. As previously stated staff obviously knew the patients well and were kind and caring in their approaches to them.

We reviewed a selection of governance audits and these evidenced that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home and to ensure action was taken as a result of any deficits identified to drive quality improvement. Audits were completed to review, for example, accidents/incidents, IPC measures, falls, record keeping and wound analysis.

We reviewed records of staff supervision and appraisal schedules and registered nurse competency and capability assessment schedules; these evidenced systems were in place to ensure staff were well supported to meet the requirements of their roles and responsibilities.

Review of training records evidenced that a record was kept of all training that was provided in the home. Staff spoken with confirmed that the manager reminded them to complete mandatory training when it was due and also that one staff member was allocated time on a daily basis, workload permitting, to complete mandatory training.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, quality improvement and staff supervision, appraisal and training.

## Areas for improvement

One area for improvement was identified in relation to ensuring the manager's hours and the capacity in which these are worked is clearly recorded on the duty rota.

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

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Karen Blair, manager of another home in the group, 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> Second time  <b>To be completed by:</b> 1 July 2019	<p>The registered person shall ensure that the timing of patients' mealtimes is in accordance with regional guidelines.</p> <p>Ref: Section 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Catering hours have been reviewed and the proposal to extend the working day for the Kitchen Assistants to 18:30hrs. The lunchtime is being changed to 13:00hrs and Tea time 17:00hrs. This is also reflective of the outcomes from the recent residents meeting.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time  <b>To be completed by:</b> 30 June 2019	<p>The registered person shall ensure night time staffing levels are reviewed in order to confirm there are sufficient staff on duty to meet the assessed care needs of patients.</p> <p>Ref: Section 6.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Staffing levels have been reviewed and are matched to patients current dependency.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time  <b>To be completed by:</b> 30 September 2019	<p>The registered person shall ensure effective cleaning of identified areas in bathrooms and shower rooms is carried out in order to ensure compliance with best practice in IPC measures.</p> <p>Ref: Section 6.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            The outcome of the inspection was shared with staff. Management is satisfied that improvements have been made. Compliance will be monitored through the audit process.</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 44  <b>Stated:</b> First time  <b>To be completed by:</b> 1 May 2019	<p>The registered person shall ensure that repairs are carried out in the identified shower room and that the room is clearly designated as being out of use.</p> <p>Ref: Section 6.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            The identified bathroom was put fully out of service at time of inspection. Planned refurbishment is being progressed with the Estates Team.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 47</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2019</p>	<p>The registered person shall ensure that equipment in use in the home is appropriately stored and that common areas are kept tidy and free of clutter.</p> <p>Ref: Section 6.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Staff meeting following the outcome of the inspection and storage of equipment was discussed. Compliance will be monitored via the audit process.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 21</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 April 2019</p>	<p>The registered person shall ensure effective catheter management, in accordance with infection control best practice guidelines, is provided at all times.</p> <p>Ref: Section 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The provision of equipment was reviewed and was found to be satisfactory. This was an genuine oversight on the day of inspection and the staff have reflected appropriately.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 May 2019</p>	<p>The registered person shall ensure the manager's hours and the capacity in which these are worked is clearly recorded on the duty rota.</p> <p>Ref: Section 6.6</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The roster which includes the managers hours is now printed and highlighted.</p>

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



The **Regulation** and  
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