

Unannounced Care Inspection Report 27 February 2017



Laganvale (Dementia Unit)

Type of Service: Nursing Home
Address: 37 Laganvale Mews, Moira, BT67 0RE
Tel No: 028 9261 9915
Inspectors: Dermot Walsh and Gerry Colgan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Laganvale Dementia Unit took place on 27 February 2017 from 09.40 to 17.00 hours.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

Relevant checks were conducted within the recruitment process prior to a staff member commencing in post. RQIA were suitably informed of notifications under Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. A safe system for monitoring compliance in attending mandatory training was in place. A requirement and recommendation was made on ensuring compliance with infection prevention and control (IPC). A recommendation on moving and handling practices has been made and a recommendation on basic life support training has been stated for the second time. A further recommendation has been made to review the ambient temperature within the home.

Is care effective?

Risk assessments had been conducted and informed subsequent care plans. Staff demonstrated confidence and awareness in raising any potential concerns to the relevant people. Staff meetings were held regularly. There was evidence of engagement with patients' representatives. Two recommendations were made in this domain in relation to care planning and repositioning records. No requirements or recommendations were made in this domain.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients and their representatives were very praiseworthy of staff and a number of their comments are included in the report.

Is the service well led?

Many compliments had been received by the home in relation to the care and compassion provided to patients/relatives and some of these comments are contained within this report. Appropriate certificates of registration and public liability insurance were on display. Complaints received had been managed appropriately and systems were in place to monitor the quality of nursing. No requirements or recommendations were made in this domain.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	6*

*The total number of recommendations includes one recommendation which has been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Shily Paul, 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 23 February 2017. There were no further actions required to be taken following the most recent inspection. Enforcement action did not result from the findings of this inspection.

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

2.0 Service details

Registered organisation/registered person: Laganvale Dementia Unit Four Seasons Health Care Dr Maureen Claire Royston	Registered manager: Mrs. Shily Paul
Person in charge of the home at the time of inspection: Mrs. Shily Paul	Date manager registered: 7 November 2007
Categories of care: NH-DE	Number of registered places: 36

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and the returned QIP
- pre inspection assessment audit.

During the inspection we met with 10 patients individually and others in small groups, six patient representatives, four care staff, two registered nurses and two ancillary staff members.

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 inspectors.

Questionnaires were also left in the home to facilitate feedback from patients, patients' representatives and staff not on duty. Nine staff, five patient and seven patient representative questionnaires were left for completion.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- three patient care records
- staff training records
- staff induction template
- complaints records
- incidents / accidents records since the last care inspection
- minutes of staff meetings
- a selection of audit documentation
- competency and capability assessments for nurse in charge
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- duty rotas for the period 20 February to 5 March 2017

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 23 February 2017

The most recent inspection of the home was an unannounced medicines management inspection. No requirements or recommendations were made at this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 3 October 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13 (1) (b) Stated: First time	The registered person must ensure that patients assessed as requiring one to one supervision are supervised at all times as required.	Met
	Action taken as confirmed during the inspection: One to one supervision was maintained on the day of inspection. However, a recommendation was made on care planning of the required one to one supervision. See section 4.4 for further information.	

<p>Requirement 2</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p>	<p>The registered person must ensure that all safeguarding incidents are reported/referred immediately to the adult safeguarding team as per policy and professional guidance.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>All safeguarding incidents had been reported/referred as appropriate since the last care inspection.</p>		
<p>Requirement 3</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person must ensure that the post falls management of patients is reviewed to ensure that it is in accordance with best practice guidance.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Best practice guidance had been adhered too in relation to post falls management of patients.</p>		
<p>Requirement 4</p> <p>Ref: Regulation 12 (1)(a)(b)</p> <p>Stated: First time</p>	<p>The registered person must ensure that that when a MUST risk assessment identifies a high malnutrition risk, appropriate actions are taken and the patients' care records are updated to reflect these actions and the outcome of these actions.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of three patient care records evidenced that this requirement has now been met.</p>		
<p>Last care inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 4 Criteria (1) (7)</p> <p>Stated: Second time</p>	<p>It is recommended that patients' continence assessments and care plans are fully completed to include the specific continence products required by the patient.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of three patient care records evidenced that this recommendation has now been met.</p>		

<p>Recommendation 2</p> <p>Ref: Standard 39</p> <p>Stated: First time</p>	<p>The registered person should ensure that the system to review mandatory training compliance is reviewed to ensure timely completion.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and a review of training records evidenced this recommendation has now been met.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 39 Criteria (7)</p> <p>Stated: First time</p>	<p>The registered person should ensure that basic life support training currently provided through electronic learning is reviewed to ensure the effectiveness of such training.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that practical training in basic life support has been requested from the Four Seasons Health Care training department. A date for the requested training had not been scheduled. The current basic life support training does not contain a practical element. See section 4.3 for further information.</p> <p>This recommendation has not been fully met and will be stated for a second time.</p>	<p>Partially Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 44 Criteria (1)</p> <p>Stated: First time</p>	<p>The registered person should ensure that high dusting is carried out in all bedrooms in the home on a regular basis.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of three patients' bedrooms evidenced that high dusting had been conducted.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 46 Criteria (2)</p> <p>Stated: First time</p>	<p>The registered person should ensure that all pressure cushions in use in the home are reviewed to ensure that they are clean and not in a state of disrepair. Pressure cushions in disrepair must be repaired/replaced.</p> <hr/> <p>Action taken as confirmed during the inspection: There were no pressure cushions observed in disrepair during the inspection.</p>	<p>Met</p>

<p>Recommendation 6</p> <p>Ref: Standard 44</p> <p>Stated: First time</p>	<p>The registered person should ensure that patients have an accessible means to summon assistance if required when using the identified toilet.</p> <hr/> <p>Action taken as confirmed during the inspection: An accessible means to summon assistance was observed within the identified toilet.</p>	Met
<p>Recommendation 7</p> <p>Ref: Standard 37</p> <p>Stated: First time</p>	<p>The registered person should ensure that staff date and sign any record they create in accordance with best practice and professional guidance.</p> <hr/> <p>Action taken as confirmed during the inspection: Dates and signatures were evident within three patient care records reviewed.</p>	Met
<p>Recommendation 8</p> <p>Ref: Standard 6 Criteria (14)</p> <p>Stated: First time</p>	<p>The registered person should ensure that patients are presented in a manner which protects their dignity.</p> <hr/> <p>Action taken as confirmed during the inspection: Patients were observed to have been presented well and in a manner which protected their dignity.</p>	Met

4.3 Is care safe?

A review of the staffing rota for the period 20 February to 5 March 2017 and discussion with 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. One respondent within a staff questionnaire indicated that they were of the opinion that there was not enough staff on duty and 'especially during the night'. Discussion with patients and their representatives evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the numbers and skill mix of staff on duty.

Discussion with staff and review of records confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. An induction booklet was completed and signed by the new employee and the staff member responsible for completion of the induction.

Discussion with the registered manager and review of training records evidenced that a system was in place to monitor staff attendance at mandatory training. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. The majority of staff were compliant with mandatory training requirements. However, during a review of the home, moving and handling practices were observed where staff were not in compliance with current best practice guidelines. This was discussed with the registered

manager and a recommendation was made to ensure that moving and handling training provided to staff was embedded into practice.

Concerns had been raised by staff during the previous care inspection in regard to basic life support training which was conducted electronically and did not include a practical element. Staff stated they did not find this method of training effective. Discussion with the registered manager confirmed that practical basic life support training had been requested but no date as yet had been scheduled. Given that there was no definitive date for a practical element to the training, the recommendation has been stated for a second time.

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

Staff confirmed that appraisals and supervision sessions were conducted in the home. A review of records evidenced that supervision and appraisal planners were used in the home. Discussion with the registered manager confirmed that 93 percent of supervisions and 95 percent of appraisals had been completed with staff during the past year.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Discussion with the registered manager confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures.

A review of the recruitment file for one recently employed staff member, evidenced a safe system was in practice. Relevant checks and interviews had been conducted prior to the staff member commencing in post.

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

Review of notifications forwarded to RQIA from 3 October 2016 confirmed that these were appropriately managed. Accidents and incidents were reviewed monthly to identify any potential patterns or trends.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Rooms and communal areas were clean and spacious. Fire exits and corridors were observed to be clear of clutter and obstruction.

The following issues were not managed in accordance with best practice guidelines in IPC:

- inappropriate storage in identified rooms
- patients' chairs not effectively cleaned
- shower chairs not effectively cleaned after use
- laundry bag holders not effectively cleaned
- paper towel holders and toilet roll holders not clean
- open sharps boxes in treatment room.

The above issues were discussed with the registered manager and an assurance was provided by the registered manager that these areas would be addressed with staff and measures taken to prevent recurrence. A requirement was made. A recommendation was made for a more robust management system to be put in place to ensure compliance with best practice in IPC.

During the review of the home, staff and a relative commented to the inspectors regarding the heat in the home. They were of the opinion that the home was 'to hot' and 'uncomfortable to work in due to the heat'. This was discussed with the registered manager and a recommendation was made to review the ambient temperature in the home to ensure that it was maintained within recommended parameters at all times.

Areas for improvement

It is recommended that staffs' moving and handling practices in the home are observed to ensure training has been embedded into practice.

It is required that the registered person ensures the infection control issues identified on inspection are managed to minimise the risk and spread of infection.

It is recommended that a more robust management system is put in place to ensure compliance with best practice in infection prevention and control.

It is recommended that the ambient temperature in the home is reviewed to ensure that it is within recommended parameters at all times.

Number of requirements	1	Number of recommendations	3
-------------------------------	---	----------------------------------	---

4.4 Is care effective?

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. Care plans had been personalised to meet the individual needs of the patients and had been reviewed monthly. However, a patient requiring one to one supervision did not have a care plan in place to reflect this need. This was discussed with the registered manager and a recommendation was made.

Staff demonstrated an awareness of patient confidentiality in relation to the storage of records. Records were stored securely in lockable cabinets at the nursing stations.

Review of records pertaining to the management of wounds evidenced that registered nurses were adhering to regional guidelines and the care planning process. Repositioning records were recorded well in relation to evidencing skin checks but did not always comply with requested frequency of repositioning. For example, one patient was recommended as requiring two to three hourly repositioning by a tissue viability nurse within the patient's care records. A review of repositioning records indicated a daily gap of four to five hours between repositioning. One day indicated that no repositioning had occurred between 08.00 and 21.30 hours. This was discussed with the registered manager and a recommendation was made to ensure that patients were repositioned as directed within their individualised care plans and where repositioning did not occur/was not possible; the reason for this was recorded.

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.

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 consulted 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 registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with staff and the registered manager confirmed that general staff meetings were conducted regularly. There was evidence of a meeting conducted on 13 February 2017. Minutes of this meeting were not available and the registered manager confirmed that this was due to unforeseen circumstances. There was evidence of a registered nurses meeting conducted on 11 November 2016 and a carers meeting conducted on 28 September 2016. Minutes of these meetings were available and maintained within a file and included details of attendees; dates; topics discussed and decisions made. The registered manager also confirmed that a patient meeting was conducted on 6 February 2017 and that a relatives' meeting was in the process of being arranged.

A 'Quality of Life' (QOL) feedback system was available at the entrance to the home. The registered manager confirmed that the home aimed to achieve service feedback from a variety of staff; visiting professionals; patients and patient representatives. Four hundred and forty nine responses in the past year were confirmed by the registered manager.

The registered manager confirmed that they operate an 'open door policy' and are available to discuss any issues with staff, patients and/or relatives. The registered manager also confirmed that they would undertake a daily walk around the home and would avail of the opportunity to engage with patients and relatives at this time.

Areas for improvement

It is recommended that the identified patient has an individualised care plan created and regularly reviewed in regard to the assessed need for one to one supervision.

It is recommended that patients are repositioned as directed within their individualised care plans and were repositioning did not occur/was not possible; the reason for this was recorded.

Number of requirements	0	Number of recommendations	2
-------------------------------	---	----------------------------------	---

4.5 Is care compassionate?

Two registered nurses, four carers and two ancillary staff members were consulted to ascertain their views of life in Laganvale Dementia Unit. Staff consulted confirmed that when they raised a concern, they were happy that the home's management would take their concerns seriously. Nine 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 alright here."

"It's fine."

"I like it here."

"The manager has offered me great support when I have needed it."

"There are short staffing levels most days and I feel the home would benefit from more staff during the night."

Ten patients were consulted. 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. Five patient questionnaires were left in the home for completion. One patient questionnaire was returned.

Some patient comments were as follows:

- “It’s a great place here. It’s first class.”
- “It’s great here.”
- “It’s alright.”
- “We are very well looked after and the food is good.”
- “It’s very very pleasant.”

Six patient representatives were consulted with on the day of inspection. Seven relative questionnaires were left in the home for completion. One relative questionnaire was returned. The respondent indicated that they were very satisfied with the care provided in the home.

Some relatives’ comments were as follows:

- “It is lovely in here.”
- “I have always liked this place. The patients are well looked after.”
- “The care is very good but the home is too warm.”
- “Staff are very approachable. They would get us seats and offer us tea.”

Staff interactions with patients were observed to be compassionate, caring and timely. Discussion with patients and staff evidenced that arrangements were in place to meet patients’ religious and spiritual needs within the home.

The serving of lunch was observed in the main dining room downstairs. Lunchtime commenced at 13.00 hours. Patients were seated around tables which had been appropriately laid out for the meal. Food was served from the kitchen when patients were ready to eat or be assisted with their meals. Food appeared nutritious and appetising. A pictorial menu was on display on the wall of the dining room reflecting the food served. The mealtime was well supervised. Staff were observed to encourage patients with their meals. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors were required. Patients were observed to be assisted in an unhurried manner. Condiments were available on tables and a range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience. Two posters with regard to protected mealtimes were on display on a door at the entrance to the dining room. The messages on the posters conflicted with each other in relation to patients’ representatives’ involvement in the mealtime experience. One poster encouraged visitors and the second poster discouraged visitors during mealtimes. This was discussed with the registered manager who agreed to review the posters to ensure clear direction was given.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.6 Is the service well led?

Discussion with the registered 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 registered manager evidenced that the home was operating within its registered categories of care.

Discussion with the registered 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 DHSSPS Care Standards for Nursing Homes 2015.

A compliments file was maintained to record and evidence compliments received. Some examples of compliments received are as follows:

"Thank you so much for looking after me whilst I have been here."

"Major thank you to all the staff at Laganvale for how you made the last years of ... life so perfect."

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, monthly audits were completed in accordance with best practice guidance in relation to wound analysis, care records, accidents and complaints. The registered manager confirmed that one care record audit would be conducted per week in the home. There was evidence within this audit that shortfalls had been identified and actions taken to address the shortfalls had been completed. A recommendation has been made in section 4.3 to ensure that a more robust management system was put in place to ensure compliance with best practice in IPC.

Further improvements have been identified in the safe and effective domains with regard to compliance with IPC, care planning, repositioning, temperature control and moving and handling practices. Compliance with this requirement and recommendations will further drive improvements in these domains.

Discussion with the registered 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. An action plan was generated within the report to address any areas for improvement and a review of the previous action plan was included within the report. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Shily Paul, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP via web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 14 March 2017</p>	<p>The registered person must ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered provider detailing the actions taken: Staff are aware of the points raised during inspection. Inappropriate items have been removed from the rooms. Decontamination records have been revisited, and systems put in place to carry out cleaning on all equipments including recliner chairs, shower.bath chairs. Paper towel holder/toilet holder are effectively cleaned, a system is in place to record this and they will be spot checked by House Keeper/Home Manager A supervision session is arranged for all staff nurses regarding temporary closure of sharp containers, this will be monitored by Deputy/Home manager</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 39 Criteria (7)</p> <p>Stated: Second time</p> <p>31 March 2017</p>	<p>The registered person should ensure that basic life support training currently provided through electronic learning is reviewed to ensure the effectiveness of such training.</p> <p>Ref: Section 4.2, 4.3</p>
	<p>Response by registered provider detailing the actions taken: The training department and Laganvale are in discussion of the training arrangements. Staff will be given the opportunity to undertake practical basic life support sessions.</p>
<p>Recommendation 2</p> <p>Ref: Standard 47 Criteria (3)</p> <p>Stated: First time</p> <p>To be completed by: 1 March 2017</p>	<p>The registered manager should observe staffs moving and handling of patients within the home to ensure training is embedded into practice.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered provider detailing the actions taken: Staff have been made aware of the issue, Staff supervision are being completed to ensure knowledge is embedded in practice. This will be monitored by Moving and handling Trainer /Staff Nurse and Home manager.</p>

Recommendation 3 Ref: Standard 46 Criteria (1) (2) Stated: First time To be completed by: 31 March 2017	It is recommended that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home. Ref: Section 4.3
	Response by registered provider detailing the actions taken: The decontamination documents are in place which will be spot checked by House keeper/ Home Manager
Recommendation 4 Ref: Standard 44 Stated: First time To be completed by: 5 March 2017	The registered person should ensure that the ambient temperature in the home is reviewed to ensure that it is within recommended parameters at all times. Ref: Section 4.3
	Response by registered provider detailing the actions taken: The temperature will be monitored by Maintenance Man A temperature control unit is fitted with the heating system, which will be checked by Maintenance Man and will be reported to engineer if required.
Recommendation 5 Ref: Standard 4 Stated: First time To be completed by: 28 February 2017	The registered person should ensure that the identified patient has an individualised care plan created and regularly reviewed in regard to the assessed need for one to one supervision. Ref: Section 4.4
	Response by registered provider detailing the actions taken: A care plan has been developed and details of activities included as needed
Recommendation 6 Ref: Standard 4 Criteria (9) Stated: First time To be completed by: 1 March 2017	The registered person should ensure that patients are repositioned as directed within their individualised care plans and were repositioning did not occur/was not possible; the reason for this is recorded. Ref: Section 4.4
	Response by registered provider detailing the actions taken: This has been shared with all staff in the unit, in addition supervisions are being carried out. This will be checked and monitored by staff nurse/deputy in a regular basis

Please ensure this document is completed in full and returned via web portal



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews