Unannounced Care Inspection Report
29 April 2019

Harold McCauley House

Type of Service: Nursing Home
Address: 7 Camowen Terrace, Omagh, BT79 0AX
Tel No: 02882252550
Inspector: Michael Lavelle

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.

1.0 What we look for

2.0 Profile of service

This is a registered nursing home which provides care for up to 32 patients.

3.0 Service details

Organisation/Registered Provider: Presbyterian Council of Social Witness **Responsible Individual(s):** Lindsay Conway – registration pending	**Registered Manager and date registered:** Janet Clements – acting – no application required
Person in charge at the time of inspection: Janet Clements	**Number of registered places:** 32 A maximum of 7 patients in category NH-DE and a maximum of 2 patients in category NH-PH/PH(E). Category NH-LD for 1 identified patient only.
Categories of care: 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 DE – Dementia. LD – Learning disability.	**Number of patients accommodated in the nursing home on the day of this inspection:** 32

4.0 Inspection summary

An unannounced inspection took place on 29 April 2019 from 09.20 hours to 18.20 hours.

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, staff recruitment, induction, adult safeguarding, communication between residents, staff and other key stakeholders, the culture and ethos of the home, maintaining dignity and privacy and maintaining good working relationships.

Areas requiring improvement were identified in relation to staff training, access to hazards within the home, staff supervision and appraisal, falls management, management of infections, medicine administration and recording and contemporaneous record keeping. Further areas for improvement were identified in relation to staff meetings, the provision of activities and governance arrangements.

Patients described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	7*	4

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

Details of the Quality Improvement Plan (QIP) were discussed with Janet Clements, manager, as part of the inspection process and with Lindsay Conway, responsible person, and Denise Keegan, Head of Older Peoples Services during a phone call on 30 April 2019. 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 July 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 23 July 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including 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.

A lay assessor was present during this inspection and their comments are included within this report. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. Comments received by the lay assessor are included within this report.

The following records were examined during the inspection:

- duty rota for all staff from weeks commencing 22 April 2019 and 29 April 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
- one staff recruitment and induction file
- agency staff induction records
- three patient care records
- a selection of patient care charts including topical medicine administration, thickener administration, personal care records, food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- staff supervision and appraisal planner
- minutes of staff meetings and patient meetings
- a sample of reports of visits by the registered provider
- RQIA registration certificate.

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 23 July 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**
Area for improvement 1 **Ref**: Regulation 30 (1) (d) **Stated:** First time	The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications identified in this report should be submitted retrospectively.	**Met**
	Action taken as confirmed during the inspection: Review of records confirmed that notifiable incidents were reported without delay. All relevant notifications were submitted retrospectively.	
Area for improvement 2 **Ref**: Regulation 13 (7) **Stated:** First time	The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff. This area for improvement is made in reference to the issues highlighted in 6.4.	**Partially met**
	Action taken as confirmed during the inspection: Review of the environment and observation of practice evidenced some improvements, although deficits were identified. This will be discussed further in section 6.3. **This area for improvement is partially met and is stated for a second time**.	

Area for improvement 3 **Ref**: Regulation 13 (4) (a) **Stated:** First time	The registered person shall ensure any medicine which is kept in the nursing home is stored in a secure place.	**Met**
	Action taken as confirmed during the inspection: Review of the environment and observation of practice evidenced medicine was safely stored within the home.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 4.9 **Stated:** First time	The registered person shall ensure that care records, specifically, fluid intake, should reflect a full 24 hours and that the total intake / output are collated into the patient's daily progress records.	**Met**
	Action taken as confirmed during the inspection: Review of care records confirmed that fluid intake was recorded and collated in patient's daily progress records.	

6.2 Inspection findings

6.3 Is care safe?

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

We arrived at the home at 09.20 hours and were greeted by the manager who was friendly and welcoming. They 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 for weeks commencing 22 April 2019 and 29 April 2019 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff 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 manner. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Harold McCauley House.

Review of one staff recruitment file confirmed staff were recruited in accordance with relevant statutory employment legislation and mandatory requirements. Appropriate pre-employment checks are completed and recruitment processes included the vetting of applicants to ensure they were suitable to work in the patients in the home.

Staff spoken with said they completed a period of induction alongside a mentor and they would actively support new staff during their induction to the home. Review of records confirmed that agency staff and student nurses receive a comprehensive induction when they start working in the home. Review of records evidenced the manager had a robust system in place to monitor staffs' registration with their relevant professional bodies.

Discussion with staff and the manager confirmed that systems were in place for staff training, supervision and appraisal. We discussed the low uptake of elements of mandatory training with the manager; particularly safeguarding of vulnerable adults and infection prevention and control training. The manager must ensure that mandatory training for all staff has been completed in a timely manner to achieve 100 percent compliance. This was identified as an area for improvement under regulation. Review of staff supervision and appraisal planners evidenced that annual appraisals and twice yearly supervisions were not being completed for all staff. To ensure supervision and appraisal requirements were met, an area for improvement under the care standards was made.

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

We reviewed accidents/incidents records since January 2019 in comparison with the notifications submitted by the home to RQIA. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Observation of practice and discussion with staff evidenced deficits in infection prevention and control (IPC) practices; these related to hand hygiene, use of personal protective equipment (PPE), management of laundry, cleaning of patient equipment, environmental cleaning, management of sharps and storage of single use items. This was discussed with the manager who agreed to address the deficits identified. They should also review the current IPC and environmental audit arrangements currently in use in the home to ensure they are fit for purpose. IPC practices were identified as an area for improvement during the previous care inspection on 23 July 2018; this is stated for a second time.

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. This information was also reviewed as part of the monthly monitoring visits. However, deficits identified during the inspection in relation to the management of falls were not detected during the falls analysis. This is discussed further in section 6.4 and section 6.6.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices. There was also evidence of consultation with relevant persons. Care plans were in place for the management of restrictive practices including bedrails and buzzer mats. Discussion with the manager confirmed there was no regular review of restrictive practices within the home. This is discussed further in section 6.6.

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

A fire drill took place during the inspection; all staff responded appropriately. The manager confirmed fire drills were ongoing and additional drills were planned for the rest of the year.

During review of the environment the door to the treatment room was observed to be unlocked with access to sharps. A domestic trolley with access to substances hazardous to health was observed unsupervised for five minutes. We also observed thickening agents stored within the dining room. This was discussed with the manager and an area for improvement under the regulations was made.

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

Two areas for improvement under the regulations were identified in relation to staff training and access to hazards within the home.

One area for improvement under the care standards was identified in relation to staff supervision and appraisal.

	Regulations	Standards
Total numb of areas for improvement	2	1

6.4 Is care effective?

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

Review of three patient care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process. Care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of infections, falls and wound care. Generally care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

As discussed in 6.3 deficits were identified in relation to the management of falls. Review of falls for three identified patient's evidenced that clinical/neurological observations were not taken in keeping with best practice guidance. In addition, on one occasion staff did not consider that a patient may have sustained a head injury following an unwitnessed fall. This was discussed with the manager and identified as an area for improvement under the regulations.

One care record reviewed evidenced that the patients care plan was not updated to reflect antibiotic therapy for treatment of a recent infection. In addition, two patient care plans had not been updated following the completion of antibiotic therapy to treat a previous infection some three weeks previous. This was discussed with the registered manager and an area for improvement under the regulations was made.

There was evidence that when a wound was identified, an initial wound assessment would have been completed and a wound care plan developed to direct the care in managing the wound. Body maps were completed identifying the location of the wound and wound assessment charts were well completed to monitor the progress of the wound at the time of wound dressing. Of the two patient's wound care records reviewed, we identified gaps in dressing of one of the wounds. This was discussed with the manager for action as required. This will be reviewed at a future care inspection.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as dietician, General Practitioners (GPs), podiatry, speech and language therapist (SALT) and diabetic nurse specialist. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals.

We observed the serving of the midday meal. Patients were assisted to the dining room and staff were observed assisting patients with their meal appropriately. Patients appeared to enjoy the mealtime experience and were offered a choice of meal and drinks. 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. Staff were knowledgeable in relation to the new International Dysphagia Diet Standardisation Initiative (IDDSI) indicators to ensure that patients were safely given the correct foods and fluids.

Review of records evidenced that registered nurses and care assistants were not accurately recording when thickening agents had been administered. Similar deficits were identified in relation to administration of topical medicines. This was discussed with the manager who was reminded that all staff should have appropriate training in the appropriate use, administration and recording of thickening agents and topical medicines. An area for improvement under regulation was made.

Review of the menu and discussion with the cook evidenced that planned meals had been adhered to. The cook confirmed any changes to the planned menu are appropriately recorded.

Review of supplementary care charts such as personal care records, food and fluid intake records and repositioning charts evidenced deficits in record keeping. The manager must ensure that supplementary records are wholly reflective of care planning directions and completed to demonstrate adherence to the plan of care as required. This was discussed with the manager and an area for improvement was made under the care standards.

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 would raise theses with the manager or the nurse in charge. When we spoke with staff they had a good knowledge of patients' abilities and level of decision making; staff know how and when to provide comfort to patients because they know their needs well.

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

Discussion with the manager and review of records confirmed that three staff meetings were held since April 2018 and records were maintained. Staff meetings should be held on at least a quarterly basis for all staff. This was discussed with the manager and an area for improvement under the care standards was made.

Areas of good practice

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

Areas for improvement

Three areas for improvement under the regulations were identified in relation to falls management, management of infections and medicine administration and recording.

Two areas for improvement under the care standards were identified in relation to contemporaneous record keeping and staff meetings.

	Regulations	Standards
Total number of areas for improvement	3	2

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.

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. However we did observe a lack of interaction between patients and staff during the morning in the upstairs lounge. This was discussed with the manager for action as required. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

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. Some patients spoken with stated they enjoyed the activities provided within the home, while others stating they did not. One patient commented that they were not able to take part in some activities due to their health. Discussion with the activity coordinator and review of records confirmed that although there were a wide variety of activities including external trips, there was no evidence of patient engagement in the development of the activity programme. No arrangements were in place for the provision of activities in the absence of the activity coordinator. This was discussed with the activity coordinator and manager who should review current arrangements to ensure all patients have access to meaningful activities. An area for improvement was made in the care standards.

The environment had been adapted to promote positive outcomes for the patients. Many of the bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. We commended the home on the patient dining experience. Patients had an excellent choice of meals and the dining room was very well presented. The tables had a selection of condiments with matching crockery and cutlery.

The lay assessor consulted with six patients individually and with others in smaller groups. Patients confirmed they were happy and content living in Harold McCauley House. Some of the patient's comments included,

"I am very happy with the care. Staff are lovely and helpful."
"Everything is exemplary."
"Some of the days are long and there is not a lot going on."
"This is as good as it can be but it is not home. The food is excellent and staff respond quickly."
"Some of the staff are very motherly."

Five patient questionnaires were provided, none were returned in the expected timeframe. 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 relative questionnaires were provided and staff were asked to complete an online survey; we had no responses within the timescale specified. Two relatives/visitors were spoken with during the inspection. Both indicated they were either satisfied or very satisfied with care across all four domains.

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 and maintaining dignity and privacy.

Areas for improvement

One area for improvement under the care standards was identified in relation to the provision of activities.

	Regulations	Standards
Total number of areas for improvement	0	1

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 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.

Since the last inspection there has been a change in management arrangements with the retirement of the previous registered manager. An acting manager has been identified to work in their place. RQIA were notified appropriately. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and visiting professionals evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff stated they were able to identify the person in charge of the home in the absence of the manager although review of the duty rota evidenced that the nurse in charge was not clearly recorded. This was discussed with the manager who agreed to action this as required.

We examined and discussed the quality assurance processes maintained in the home with the manager. We were concerned that no audits had been completed to assure the quality of care and services since the manager had taken over. Specially, there was a lack of audits of care records, accidents and incidents, IPC/environment, wounds and restrictive practice. The registered persons must make improvements in relation to the governance arrangements within the home. An area for improvement under regulation was made to ensure robust governance arrangements are developed and adhered to.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the responsible individual in accordance with the relevant regulations and standards.

Patients spoken with said they would be confident if they raised a complaint that it would be dealt with accordingly. Review of the home's complaints records evidenced that no complaints had been recorded since July 2017. This was discussed with the manager who was reminded that any expression of dissatisfaction should be managed as a complaint. This will be reviewed at a future care inspection.

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 maintaining good working relationships.

Areas for improvement

An area for improvement under regulation was identified in relation to the need for significant improvements in governance arrangements in the home.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Janet Clements, manager, as part of the inspection process and with Lindsay Conway, responsible person, and Denise Keegan, Head of Older Peoples Services during a phone call on 30 April 2019. 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	
Area for improvement 1 **Ref**: Regulation 13 (7) **Stated:** Second time **To be completed by:** Immediate action required	The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff. This area for improvement is made in reference to the issues highlighted in 6.3. Ref: 6.1 and 6.3
	Response by registered person detailing the actions taken: Infection Control training was delivered on the 22nd May 2019. Hand Washing and Invironmental Audits in place.
Area for improvement 2 **Ref:** Regulation 20 (1) (c) (i) **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure that the persons employed by the registered person to work in the nursing home receive mandatory training appropriate to the work they are to perform. Updates in mandatory training should be delivered in a timely manner. Ref: 6.3
	Response by registered person detailing the actions taken: All areas of Mandatory Training is provided on two occasions which staff are required to attended. As a result of this inspection the Mandatory Training index has been coloured coded using the traffic light system - to indenify staff who have not attended training.
Area for improvement 3 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible eliminated. Ref: 6.3
	Response by registered person detailing the actions taken: The Registered Person will continue to ensure a safe and obstacle free environment as practicably possible. Staff made aware of this.

Area for improvement 4 **Ref:** Regulation 13 (1) (a) (b) **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure that nursing staff carry out clinical and neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record. Ref: 6.4
	Response by registered person detailing the actions taken: Nursing staff have been made aware of the shortfalls of this this practice and the Registered person will ensure that nursing staff will follow good practice at all times.
Area for improvement 5 **Ref:** Regulation 16 (2) (b) **Stated:** First time **To be completed by:** Immediate action required	The registered person shall patient care plans are kept under review. This area for improvement is made in reference to management of infections. Ref: 6.4
	Response by registered person detailing the actions taken: Nursing Staff have been reminded of the necessity to insure care plans are reviewd and updated.
Area for improvement 6 **Ref:** Regulation 13 (4) (c) **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure a written record for the administration of thickening agents and medicines for topical administration is accurately maintained. Ref: 6.4
	Response by registered person detailing the actions taken: A written record for the administration of thickening agents has been put in place and will be reviewed by nursing staff on a daily basis.
Area for improvement 7 **Ref:** Regulation 10 (1) **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure that robust governance arrangements are established and maintained. Monthly audits should be completed in accordance with best practice guidance. Any shortfalls identified should generate an action plan to ensure learning is disseminated and the necessary improvements can be embedded into practice. Ref: 6.6
	Response by registered person detailing the actions taken: Audit Forms have been reviewd and are in place to ensure that the Governance arrangements are established and maintained. These will be completed monthly in accordance with best practice.

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 40.2 **Stated:** First time **To be completed by:** 29 July 2019	The registered person shall ensure all staff have a recorded annual appraisal and supervision no less than every six months. A supervision and appraisal schedule shall be in place, showing completion dates and the name of the appraiser/supervisor. Ref: 6.3
	Response by registered person detailing the actions taken: Supervision and appraisal schedule is now in place detailing completion dates and the staff name and supervisor. The Registered Person will ensure that all staff will have an annual staff apraisal and supervision, at least every six months.
Area for improvement 2 **Ref**: Standard 4.9 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure contemporaneous nursing records are kept of all nursing interventions and procedures carried out in relation to each patient, in accordance with NMC guidelines. Registered nurses should evidence review of supplementary care records. Ref: 6.4
	Response by registered person detailing the actions taken: All above actioned in accordance with NMC guidelines and will be monitored.
Area for improvement 3 **Ref**: Standard 41 **Stated:** First time **To be completed by:** 31 July 2019	The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly. Ref: 6.4
	Response by registered person detailing the actions taken: Following the inspection a general staff meeting was held on the 8th May 2019, to highlight and discuss the findings of the inspection. Meetings will continue quarterly from now on.
Area for improvement 4 **Ref**: Standard 11 **Stated:** First time **To be completed by:** 10 June 2019	The registered person shall ensure the programme of activities reflects the preferences and choices of the patients and is evaluated at least twice yearly. Arrangements should be made to ensure activities are delivered in the absence of the activity co-ordinator. Ref: 6.5
	Response by registered person detailing the actions taken: An audit will be carried out to establis the residents preferences and choices. The organising of further activities and entertainment will be sterred by this information. In the abscense of the coordinator - care staff will be responsible.

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

The Regulation and Quality Improvement Authority

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