

# Unannounced Care Inspection Report 13 & 14 April 2016



## Millcroft

**Address: 66 Mill Street, Enniskillen, BT74 6DW**

**Tel No: 0286632 4000**

**Inspector: Sharon Loane**

## 1.0 Summary

An unannounced inspection of Millcroft took place on 13 April from 10.45 to 16.00 and 14 April 2016 from 10.25 to 13.30. The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

For the purposes of this report, the term “patients” will be used to describe those living in Millcroft which provides nursing and residential care.

### Is care safe?

One recommendation has been made in regards to the monitoring of infection prevention and control.

### Is care effective?

There were no areas for improvement identified in this area of assessment.

### Is care compassionate?

There were no areas for improvement identified in the delivery of compassionate care.

### Is the service well led?

One recommendation has been made in regards to the Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, monitoring report.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes, April 2015.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

Details of the quality improvement plan (QIP) within this report were discussed with Carol Kelly, Registered Person, Wendy Shannon, Clinical Quality Governance Manager and Carmen Leonard, 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 announced estates inspection on 6 August 2015. Other than those actions detailed in the previous QIP there were no further actions required.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Carewell Homes Ltd. Ms Carol Kelly	<b>Registered manager:</b> Carmen Leonard
<b>Person in charge of the home at the time of inspection:</b> Carmen Leonard	<b>Date manager registered:</b> 19 January 2016
<b>Categories of care:</b> NH-I, NH-PH, NH-PH(E), RC-I, RC-PH, RC-PH(E) 65 Nursing; 15 Residential	<b>Number of registered places:</b> 80

## 3.0 Methods/processes

Prior to inspection we analysed the following records:

- 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 quality improvement plan (QIP)
- pre- inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment was undertaken. The inspector met with seven patients individually and with the majority of others in small groups, two registered nurses, four care staff, one ancillary staff, one visiting professional and four patient's representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staff duty rota from 4 April 2016 to 17 April 2016 for registered nurses and care staff
- one recruitment file
- a sample of staff training records
- a sample of accident and incident records
- three patient care records

- a sample review of minutes of staff meetings
- complaints record from April 2015 to April 2016
- a selection of audits
- monthly quality monitoring reports for February & March 2016

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection

The most recent inspection of the home was an announced estates inspection. The completed QIP was returned and approved by the estates inspector.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 21 April 2015

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 13 (1) (a)  <b>Stated:</b> First time	The registered person must ensure the nursing home is conducted so as to promote and make proper provision for the nursing, health and welfare of patients.	<b>Met</b>
	The registered person must ensure that moving and handling practices reflects best practice guidelines.	
	<b>Action taken as confirmed during the inspection:</b> Staff were observed assisting patients directly to transfer, no inappropriate moving and handling practices were observed in this regard. However, one staff member was observed transferring a patient in a specialist chair by pulling the chair backwards. This matter was discussed with the staff member at the time, which recognised that this practice was not in accordance with best practice and gave assurances they would correct their practice in this regard. This was also discussed with the registered manager who gave an assurance that this matter would be discussed with all staff and monitored accordingly. Since the last care inspection a number of training sessions had been provided and a high ratio of staff attended. Further, safe moving and handling training sessions are scheduled for this calendar year. This requirement has been met.	

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 36  <b>Stated:</b> First time	<p>It is recommended that a policy and procedure should be developed on communicating effectively. This should include reference to the regional guidance for breaking bad news.</p> <p>The following policy guidance should be reviewed and updated to reflect GAIN Guidelines for Palliative Care and End of Life in Nursing Homes and Residential Care Homes (November 2013):</p> <ul style="list-style-type: none"> <li>• death and dying (September 2010)</li> <li>• terminal care</li> <li>• sudden death (September 2012)</li> <li>• Jewish Faith</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Policies had been developed and reviewed in August 2015 in relation to breaking bad news and palliative and end of life care. These were reflective of best practice guidelines.</p> <p>This recommendation has been met.</p>	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 39  <b>Stated:</b> First time	<p>It is recommended that the registered person ensures that all grades of staff receive training on the following:</p> <ol style="list-style-type: none"> <li>1. Palliative / End of Life Care</li> <li>2. Breaking bad news communication skills</li> </ol>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of training records evidenced that a number of training opportunities had been afforded to staff in this area of practice. Five training sessions facilitated by the WHSCT had been provided for staff of which 22 staff attended. In addition, a high number of staff had completed training via e-learning. Three registered nurses had also completed an updated training session regarding the Mc Kinley Syringe driver. Records were also available to evidence that the Palliative Care link nurses had attended the Trust Link meetings.</p> <p>This recommendation has been met.</p>	

<b>Recommendation 3</b>  <b>Ref:</b> Standard 33.2  <b>Stated:</b> First time	<p>It is recommended that a protocol should be developed for timely access to any specialist equipment or drugs which may be necessary to deliver end of life care including weekends and out of hours.</p> <p><b>Action taken as confirmed during the inspection:</b> A protocol had been developed July 2015 and was available to direct staff practice.</p> <p>This recommendation has been met.</p>	<b>Met</b>
<b>Recommendation 4</b>  <b>Ref:</b> Standard 33.1  <b>Stated:</b> First time	<p>The registered person should ensure that a care plan for pain management has been developed and reviewed regularly for all patients in receipt of prescribed pain management medication.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of three patient's record evidenced that care plans were available for pain management and reflected the outcomes of the pain assessments. There was evidence that pain assessments had been reviewed at a minimum of monthly intervals and the care plan had been reviewed and/ or amended accordingly.</p> <p>This recommendation has been met.</p>	
<b>Recommendation 5</b>  <b>Ref:</b> Standard 20.2  <b>Stated:</b> First time	<p>The registered person should ensure that end of life care plans are person-centred and reflect the patient's wishes.</p> <p><b>Action taken as confirmed during the inspection:</b> In the care records reviewed, the end of life care wishes and after death arrangements were included in detail to direct staff practice.</p> <p>This recommendation has been met.</p>	<b>Met</b>
<b>Recommendation 6</b>  <b>Ref:</b> Standard 33.4  <b>Stated:</b> First time	<p>The registered person should ensure that nurse competency assessments include end of life and palliative care.</p> <p><b>Action taken as confirmed during the inspection:</b> The competency and capability assessments had been updated to include this area of practice.</p> <p>This recommendation has been met.</p>	

### 4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the nursing and care staff rota for week commencing 4 April until the 17 April 2016 evidenced that the planned staffing levels were adhered to. However, there were some occasions that planned staffing levels were not met due to unexpected staff sickness. This issue was also referred to in a returned staff questionnaire. The registered manager and staff advised that every effort is taken to cover these hours however; it can be difficult to get cover at short notice. This was evidenced at this inspection and from observations made there was minimal impact on the quality and delivery of care. Discussions with the majority of staff confirmed that staffing levels met the assessed needs of the patients; however two staff spoken with indicated that staffing levels had not been reviewed in accordance with the dependency levels of the patients. Discussion with the registered manager and review of records evidenced that dependency levels were kept under review to determine staffing requirements. Observations of the delivery of care evidenced that patients were being assisted and responded to in a timely and dignified manner. No concerns were raised by patients and/ or patient representatives in regard to the availability of staff.

Discussion with staff and a review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. This included a period of supernumerary hours in which the staff member would shadow their senior colleagues. Discussion with staff that were responsible for assisting in the induction process demonstrated knowledge of the structure and processes involved. A review of one induction record evidenced that this had been completed appropriately.

Review of the training matrix for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Additional training provision was organised in accordance with patients' needs, for example Stroke Awareness, Diabetes, Parkinson Disease, Pain Management and Wound Management. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. A system was in place to monitor compliance levels and this information was referred to by the management team at monthly intervals and actions were taken in regards to non-compliance.

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

The registered manager and staff spoken with demonstrated knowledge of their specific role and responsibility in relation to the safeguarding of adults. Discussion with one registered nurse indicated a lack of understanding in regards to the regional safeguarding protocol and in particular to the investigatory process. The registered nurse advised that the registered manager reports and processes all safeguarding matters and failed to appreciate that should they be the nurse in charge of the home then the reporting requirements was carried by themselves. This was discussed at length with the registered manager, who acknowledged that they were the nominated person and dealt with the majority of safeguarding concerns. The home had a protocol in place, to deal with safeguarding issues in the absence of the registered manager. The registered manager advised they would carry out supervisions with all registered nurses to gain assurances that they had a comprehensive knowledge of the regional protocol and the homes recently reviewed policy and procedure.



There was also training scheduled in this area of practice for all staff to attend. The registered manager advised that there were no current open safeguarding concerns.

Review of three patient care records evidenced that a range of validated risk assessments were completed and reviewed as required as part of the admission process. There was evidence that risk assessments informed the care planning process. Care plans reviewed were very detailed and demonstrated a person-centred approach to care. This is commended.

Discussion with the registered manager confirmed that a range of audits were conducted on a regular basis (refer to section 4.6). A review of audits for falls (accidents& incidents) was undertaken and included the number, type, place and the outcome of falls were analysed to identify any patterns and trends. An action plan was in place to address any deficits or interventions required. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A sample review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection confirmed that these had been appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found in general to be warm, reasonably tidy, well decorated, fresh smelling and clean throughout. In one identified bathroom a "black bin liner" was fixed to a window to ensure privacy and dignity for patients, the registered manager advised that this was a temporary measure and a privacy blind had been ordered and the home was waiting on installation. A call bell in the same identified bathroom was broken and items were observed being inappropriately stored on the floor in some storage areas. The registered manager actioned the majority of these matters immediately. Confirmation has been received via email that the privacy blind has since been installed.

Some additional issues identified were not in accordance with Infection prevention and control best practice guidance. For example, however not limited to; continence pads removed from their packaging and gloves and wipes were stored in bathrooms, some chairs, over bed tables and bedframes were damaged and could not be clean effectively, some posters were not laminated and displayed using adhesive tape. These matters were discussed with management who advised that they would address same. A review of the infection prevention and control audit tool used indicated that the tool was not sufficiently robust to measure this area of practice comprehensively. A recommendation has been made.

Fire exits and corridors were observed to be clear of clutter and obstruction. The registered manager advised that the PEEP (personal emergency evacuation plan) were reviewed on a daily basis and updated accordingly. The home had reported to RQIA a recent fire incident in the laundry. A review of the records pertaining to the management of this incident evidenced that this incident had been appropriately managed. Supervisions had been completed with all laundry staff, in regards to any learning gained from the event and additional systems and processes had been implemented to reduce and manage any further risks. This is an example of good practice, leadership and management.



## Areas for improvement

There is an established system to assure compliance with best practice in infection prevention and control within the home in accordance with policy and procedure and best practice guidelines.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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### 4.4 Is care effective?

Review of three patient care records evidenced that registered nurses assessed, planned evaluated and reviewed care in accordance with NMC guidelines. 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.

The care records accurately reflected the assessed needs of patients, were kept under regular review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. Registered nurses spoken with were aware of the local arrangements and referral process to access members of the multidisciplinary team.

There was evidence that the care planning process included input from patients and/ or their representatives, if appropriate. There was also evidence of ongoing communication with representatives within the care records, specifically when there had been a change in the patient's plan of care or when they required any medical/specialist intervention. There was evidence that care management reviews had been conducted in most instances on a yearly cycle, however these could be requested as and when required to discuss any issues regarding the patient's placement and/ or health and welfare.

Staff demonstrated an awareness of the importance of maintaining contemporaneous records and the management of records in accordance with legislation and best practice guidance. However, supplementary charts for example repositioning charts, food and fluid records were held in a file, which was placed on the handrails outside the patients' bedroom area. This arrangement was discussed with the registered manager as it had the potential to impact on patient confidentiality. The registered manager agreed and gave assurances to address this with immediate effect by ensuring that all records would be stored discreetly in the patient's room. This will be monitored during subsequent care inspections.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff spoken with confirmed that the handover report provided the necessary information regarding any changes in the patients care and wellbeing. A review of the duty rota evidenced the time scheduled for the handover reports.

Discussion with the registered manager confirmed that staff meetings for each discipline were scheduled quarterly and records were maintained. The registered manager advised that staff are required to attend one meeting every six months. A review of records evidenced the agenda and signatures of attendees, issues discussed and any agreed outcomes.

The registered manager confirmed that the minutes of the meeting were made available for staff to consult.

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

Discussion with the registered manager and review of records evidenced that patients and/ or relatives meetings were held on a regular basis and records were maintained. The minutes of a relatives meeting held in February 2016 were reviewed and confirmed who attended and the areas discussed. Discussion with patient representatives advised that the registered manager is very approachable and had a visible presence in the day to day running of the home.

There was information available to staff, patients, representatives in relation to advocacy services. The complaints procedure was displayed in each bedroom. Information regarding the named nurse and key worker allocation was available in each patient's bedroom.

### Areas for improvement

No areas for improvement were identified in the assessment of effective care during this inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.5 Is care compassionate?

Observations throughout the inspection evidenced that patients were afforded dignity and respect during care delivery and interactions with staff. Staff were observed responding to any patients requests in a timely manner.

Patients were observed to be sitting in lounge areas or in their bedroom in accordance with their personal preference.

An observation of the lunch time meal confirmed that patients were given a choice in regards to where they preferred to dine, food and fluid choices and the level of help and support requested. Staff treated patients with dignity and respect affording adequate time for patients to make decisions and choices and offered reassurance and assistance appropriately.

Discussions with staff confirmed that they had a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Patients spoken with commented positively in regards to the care they received and life in the home. Those 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.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. A review of the Annual Quality Report for 2015 – 2016 evidenced that the views and comments recorded were analysed and an action plan was developed with achieved outcomes. Discussion with management advised that the report was not shared with staff, patients and representatives. Refer to section 4.6 for further details.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and that all concerns were addressed appropriately. Discussions with staff, relatives and patients a review sample of compliment cards evidenced that staff cared for the patients and their representatives in a kind, caring and thoughtful manner.

As part of the inspection process, questionnaires were issued to the registered manager for distribution to a selected sample of staff (ten), patients (five) and patient representatives (ten). At time of writing this report, questionnaires have been returned to include; three staff, five patients and two patient representatives. The responses to the questionnaires were all in general positive and all groups were happy with the quality of care delivered.

One staff questionnaire returned, indicated that although there were sufficient staff to meet the needs of the patients, when staff phoned in sick they are not replaced on many occasions and this has a “knock on effect”. This comment was discussed with the registered manager. Refer to section 4.3 of the report.

### Areas for improvement

No areas for improvement were identified in the assessment of compassionate care.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 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 spoken with were knowledgeable in regards to their role and responsibilities.

Staff spoken with were knowledgeable regarding the line management structure within the home and who they would escalate any issues or concerns to.

Discussions with staff also confirmed that there were good working relationships in the home and that the registered manager was responsive to any concerns and suggestions made.

The certificate of registration certificate issued by RQIA and the homes certificate of public liability insurance were appropriately displayed in the foyer of the home.

Discussion with the registered manager, a review of care records and observations confirmed that the home was operating within its registered categories of care.

The registered manager advised that the policies and procedures for the home were currently being reviewed and updated by the Quality Clinical Governance Manager in accordance with legislation, standards and best practice guidance. The Quality Clinical Governance Manager advised that the process would be completed within a six to nine month timeframe. A sample of policies and procedures that had been reviewed were in accordance with the criteria outlined in the Care Standards for Nursing Homes, July 2015. Staff confirmed that they had access to the policies and procedures and were aware that these were currently being reviewed.

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. Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients/ representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Those patients as deemed appropriate were aware of who the registered manager was. As previously referenced the complaints procedure was displayed in all patients' bedrooms and in the main foyer.

Discussion with the management team 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, audits were completed in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents. However, a review of the audit for infection prevention and control evidenced that the tool was not sufficiently robust to ensure a comprehensive assessment and a recommendation has been previously made under section 4.3.

A review of the accident/ incident analysis for March 2016 had been audited by the registered manager and appropriate actions taken to address any shortfalls identified. There was evidence that the necessary improvements had been embedded into practice.

A discussion with the management team confirmed that the outcomes of the audits undertaken were not formally/systematically shared with staff. The management team agreed that this process would further assure and enhance the safe delivery of quality care and learning for staff practice. The registered manager advised that they would implement a system to share relevant information with staff in accordance with their role and function.

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

A discussion with the registered manager and a review of records confirmed there were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and review of records evidenced that Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005; monthly monitoring visits were completed in accordance with the regulations and care standards. An action plan was generated to address any areas for improvement. Copies of the reports were not made available for patients, their representatives, and staff and Trust representatives. This was discussed at feedback and a recommendation has been made.

## Areas for improvement

A copy of the monthly quality monitoring report should be made available to patients, patient representatives, staff and stakeholders.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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### 5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed as part of the inspection process. The timescales commence from the date of inspection.

The registered person/ 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 person/ manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 person/s meets legislative requirements based on 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 person may enhance service, quality and delivery.

### 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the establishment. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 46 Criteria 2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 May 2016</p>	<p>The registered person should review and develop an established system to assure compliance with best practice in infection prevention and control within the home.</p> <p>Matters as detailed below should be addressed with immediate effect;</p> <ul style="list-style-type: none"> <li>• continence pads should be stored in their original packaging until required for use</li> <li>• gloves and patient single use wipes should not be stored uncovered in bathrooms</li> <li>• chairs, over bed tables and bedframes with surface damage should be repaired or replaced to ensure effective cleaning</li> <li>• posters for display should be laminated or placed in a protective coating which permits effective decontamination</li> <li>• notices/posters should not be displayed using adhesive tape</li> </ul> <p><b>Ref Section: 4.3</b></p> <p><b>Response by registered person detailing the actions taken:</b> Chairs and overbed tables repaired or replaced, adhesive tape removed, posters laminated. All staff reminded of Infection Control procedures and advised to update training to ensure best practice. Infection Control monitoring and associated audits allocated to Senior Care Assistants.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 35 Criteria 16</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2016</p>	<p>The registered person should display a poster on the notice board to advise to patients, patient representatives, staff and stakeholders that the monthly monitoring report is available.</p> <p><b>Ref Section: 4.6</b></p> <p><b>Response by registered person detailing the actions taken:</b> Poster displayed. Findings of monthly monitoring report displayed in Staff rooms.</p>

*\*Please ensure this document is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\**





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